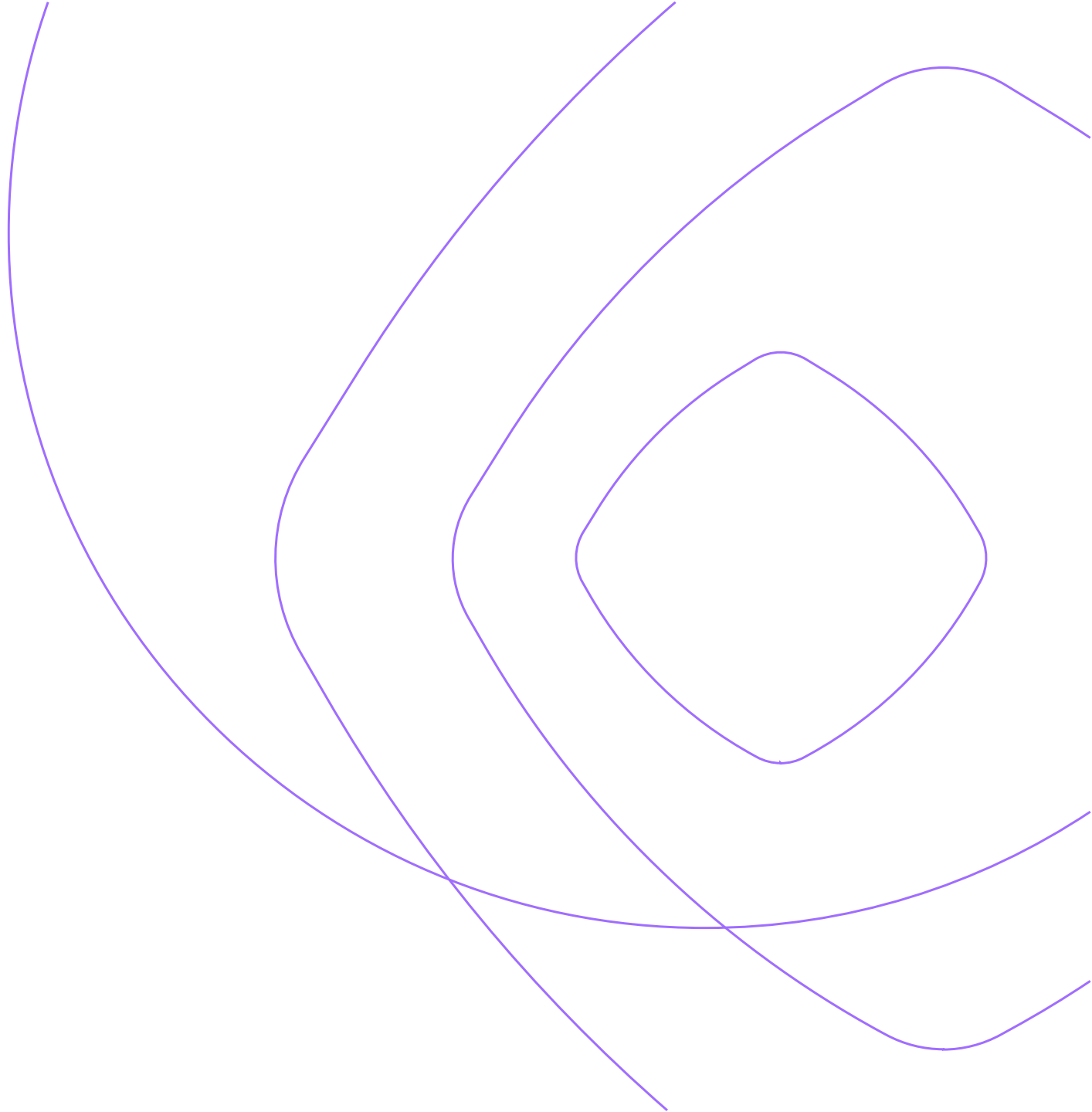




Impact assessment of Project Karein Roshni

LG Electronics India Limited

January 2026



15th January 2026

To,
LG Electronics India Limited (“LG”)

LG engaged Grant Thornton Bharat LLP (“GT”) to conduct impact assessments of its CSR projects - Karein Roshni, Let’s Build a House, Life’s Good Nutrition (Mid day Meals & Daily Nutrition), and Cancer Support.

The focus of our assessment included understanding outreach and impact of the projects; gauging the perception of stakeholders; analysing perception and feedback about the projects/ processes followed; and providing any relevant way forward. We followed a four-stage methodology which included, kick off call with the client to understand the project and its scope; review of all project related documents; stakeholder interactions to map their perspective; and analysis and reporting of key findings. GTBL confirms completion of all tasks within the scope of work as detailed in the engagement letter dated 15th September 2025 signed between both parties.

This report is with restrictive circulation and has been prepared exclusively for LG. Information collected for this study is through field visits, meeting with various stakeholders, information shared by respondents and backend data provided by the client. We have relied on the information shared by these sources. The scope of work here does not constitute an audit or due diligence of the information shared. This report should not be considered as an expression of opinion on any form of assurance on the financial statements of or on its financials or other information. GTBL holds no responsibility on accuracy or sanctity, or authenticity of information provided by company or implementing partner or stakeholders covered or any other party involved, and results / references drawn basis the same. We shall not take responsibility for the consequences resulting from decisions based on information included in the report.




Abhishek Tripathi
Partner – ESG & Risk Consulting
Grant Thornton Bharat LLP

Notice to the reader

- This report is with restrictive circulation and has been prepared exclusively for LGEIL as part of the engagement. It should not be used, reproduced, or circulated for any other purpose, in whole or in part, without prior written consent if used or referred for any other inference / study as an input or reference document. Grant Thornton Bharat LLP would only give such consent after full consideration of circumstances.
- The information collected for this study is through field visits, interactions with the project team, interviews with stakeholders, facilitated by LGEIL and its Partners. We have relied on the information shared by these sources.
- The scope of work here does not constitute an audit or due diligence of the information shared. Hence, information received from the various sources was believed to be accurate.
- The recommendations provided as part of the assessment exercise may be implemented after an analysis of prioritization. The decision to implement the recommendations is the responsibility of the management of LGEIL.
- Field visits were conducted in cognizance with LGEIL's prior acceptance on approach, methodology, coverage plan, tools and indicators.
- Owing to communication gap and the inherent human instinct to report everything as above-expectations and glitch-free, it was challenging to make interviewees understand the purpose of the survey and ensure that correct data was accordingly gathered.
- Grant Thornton Bharat LLP holds no responsibility on accuracy or sanctity, or authenticity of information provided by LGEIL or implementing partner or stakeholders covered or any other party involved, and results / references drawn basis the same.
- This report should not be considered as an expression of opinion on any form of assurance on the financial statements of or on its financial or other information.
- This report has been prepared solely to address issues specific to the Client and may not have addressed issues of relevance to any other person or entity. Any person or entity that is not a party to our engagement letter with the Client shall have no right to enforce any of its terms against us.

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Introduction and background



About LG Electronics India

- LGEIL, a wholly owned subsidiary of LG Electronics Inc, South Korea was established in January 1997 in India.
- It is one of the most formidable brands in consumer electronics - Home Entertainment, home appliances*, HVAC, IT hardware.
- In India, LG Electronics has earned a premium brand positioning and is an acknowledged trendsetter in the industry.
- LGEIL's manufacturing unit at Greater Noida is one of the most eco-friendly units among all LG manufacturing plants in the world.
- The second Greenfield facility is located at Ranjangaon; Pune which manufacture LED TVs, air conditioners, commercial air conditioning systems, washing machines, refrigerators, and monitors.

Key CSR focus areas in alignment with the Schedule VII:



Eradicating hunger, poverty and mal-nutrition, promoting preventive health care and sanitation



Promoting education, including special education and employment enhancing vocation skills



Measures for the benefit of armed forces veterans, war widows and their dependents.



Ensuring environmental sustainability, ecological balance, and protection of flora and fauna

Project rationale

Outline the project's necessity by detailing current conditions and relevant historical data from government reports, industry reports, and studies.

Cataract continues to be a significant cause of preventable blindness worldwide, disproportionately affecting vulnerable communities due to limited access to healthcare services.

- **Prevalence of cataract:** According to the **National Blindness and Visual Impairment Survey (2015-2019)** conducted by the Ministry of Health and Family Welfare, Government of India, cataract remains a leading cause of visual impairment and blindness in India, accounting for around 62.6% of avoidable blindness cases.
- **Limited access to healthcare:** Government reports indicate that underprivileged individuals face significant barriers in accessing quality eye care services. **The National Health Mission's** data highlight disparities in healthcare infrastructure and human resources distribution. This is particularly true for rural and remote areas, where access to specialized eye care facilities are limited.
- **Impact on productivity and quality of life:** Data from the **Indian Council of Medical Research (ICMR)** highlights that untreated cataract leads to lower productivity, earnings, and quality of life for individuals and families.
- **Community Needs Assessment:** Surveys conducted by the **All India Institute of Medical Sciences (AIIMS)** and other research institutions have consistently highlighted the urgent need for targeted interventions to address cataract-related blindness among marginalized communities. These assessments underscore the importance of initiatives/ intervention to fill the existing gaps in eye care services.

About the project

Karein Roshini plays a crucial role in addressing the root causes of preventable blindness, promoting health equity, and enhancing the overall well-being of marginalized communities across India.

- Under National Programme for Control of Blindness and Visual Impairment (NPCBVI), a Mission Mode Cataract Surgery campaign (Netra Jyoti Abhiyan) was launched (2022-2025) to aid cataract surgeries by allotting yearly targets to each State and Union Territory.
- Many eye care hospitals in parallel to their commercial activities, have been running programmes aimed at improving eye care accessibility, often receiving support from government and corporate entities to enhance these initiatives.
- LGEIL identified such hospitals and started 'Karein Roshni' to support cataract surgeries for underprivileged individuals in India. The key objective is to restore their vision and improve their quality of life.
- The partner hospitals play a crucial role in the successful implementation of the project. The hospitals contribute their expertise, infrastructure, and commitment to improving eye health outcomes for underprivileged individuals.

Partner hospitals	Location	Number of surgeries supported by LG
Dr. Shroffs Charity Eye Hospital	Delhi	3,000
ICARE Eye Hospital & Post Graduate Institute	Noida, UP	2,500
Sri Sankaradeva Nethralaya	Guwahati, Assam	2,000
Akhand Jyoti Eye Hospital	Saran, Bihar	1,000

Implementation process



Patient outreach and clinical assessment

- The project team at partner hospitals conduct extensive outreach activities to identify and assess potential beneficiaries.
- Outreach activities include health camps and door-to-door campaigns.
- Vision centers serve as the first point of contact for individuals seeking clinical assessments and comprehensive eye examinations are provided to determine the need of surgery.



Surgery

- Recognizing the importance of accessibility, hospitals arrange transportation services to facilitate transfer of patients from vision centers to surgical centers.
- Cataract surgeries are conducted by skilled surgeons at designated surgical centers, adhering to stringent quality standards and safety protocols.



Post-surgery care

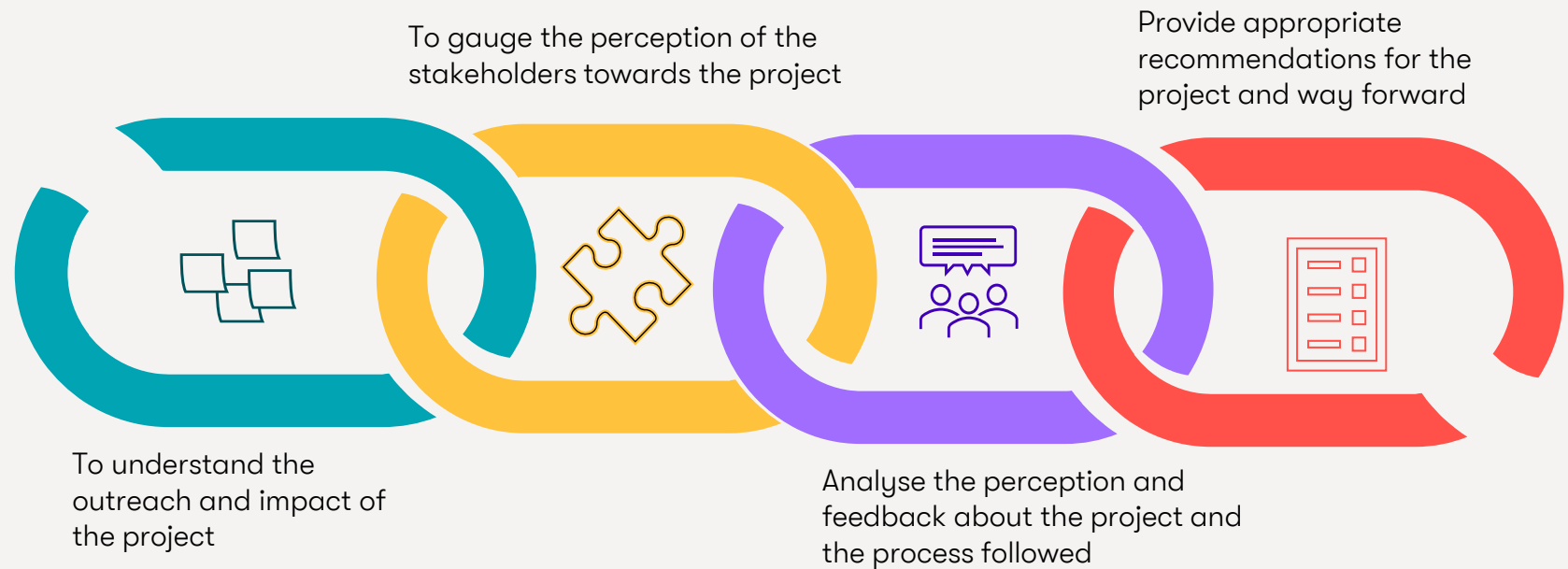
- Following the surgical procedure, patients are provided with postoperative care, including overnight observation and administration of necessary medications.
- Healthcare professionals monitor patients closely to detect and address any complications post surgery.

Scope of work

Grant Thornton Bharat LLP was appointed by LGEIL to conduct an impact assessment of the Karein Roshni Project. The primary respondents were beneficiaries of cataract surgeries (FY23-24). 04 hospitals were covered as a part of the impact assessment-

- Dr. Shroffs Charity Eye Hospital – INR 1,20,000
- ICARE Eye Hospital & Post Graduate Institute – INR 75,00,000
- Sri Sankaradeva Nethralaya- INR 68,00,000
- Akhand Jyoti Eye Hospital – INR 38,57,000

Objectives of the assessment



02

Approach and methodology



Our framework

Based on the principals of OECD DAC, the APICS evaluation framework for social development projects helps evaluate projects holistically.



Accessibility

- Evaluating the accessibility of the initiative to the target beneficiaries, in terms of ease of participation, and inclusivity.
- Assessing the barriers, if any, that may hinder access to services provided through the project.



Importance

- Assessing the importance of the services within the context of addressing the health needs of the beneficiaries.
- Recognizing the significance of LGEIL's contribution in providing access to free and quality services



Performance

- Analyzing performance of the Karein Roshni project in achieving its stated goals and objectives
- Measuring the performance metrics, to gauge the effectiveness of the initiative in delivering expected outcomes.



Coherence

- Assessing the alignment of eye care support with relevant government schemes or policies
- Ensuring coherence between the objectives of the project with the broader mission of LGEIL

*Considering the nature of the project, the aspect of Sustainability is not relevant.

Our Methodology

01 Kick off and scoping

- Inception meeting with LG team to discuss scope and project details
- Discussion with the implementing partners to understand the project.
- Review of secondary data to understand coverage in terms of beneficiary profiles, relevance etc.

02 Desk review

- Review of data and documents maintained by the partners.
- Mapped key areas of enquiry as per the objectives of the study.

03 Beneficiary interaction

- Quantitative survey with the beneficiaries.
- In-depth interactions with the implementing partners to understand the importance, performance and impact of the program

04 Analysis and reporting

- Thorough analysis of the data collected through the quantitative survey and interaction with the team.
- Preparation of draft and final report post incorporating the inputs from LGEIL

Areas of enquiry and sample coverage

The table below highlight the areas on enquiries as per the stakeholders. Additionally, the table on the right highlights the sample coverage across different locations. GT team conducted on-ground visits to all the locations. Further, surveys were conducted both telephonically and on-ground as well.

Areas of Enquiry

Beneficiaries	Project Team	Doctors
<ul style="list-style-type: none"> • Accessibility and satisfaction • Quality of care and treatment outcomes • Impact on daily life • Utilisation of the services provided • General feedback on the process • Feedback or challenges faced, if any 	<ul style="list-style-type: none"> • Project objectives and community engagement • Patient screening and selection process • Challenges faced during project implementation • Patient safety and comfort • Project outcomes and impact on beneficiaries 	<ul style="list-style-type: none"> • Surgical process and patient care • Post-surgery follow-up and monitoring • Improvements in vision and quality of life • Challenges or feedback, if any

Partner Hospitals	Sample Beneficiary coverage	Project team	Doctors
Dr. Shroffs Charity Eye Hospital, Delhi	45	04	01
ICARE Eye Hospital & Post Graduate Institute, Noida	40	02	01
Sri Sankaradeva Nethralaya, Guwahati	41	03	01
Akhand Jyoti Eye Hospital, Saran Bihar	44	04	01
Total	170	13	04

03

Analysis
and findings

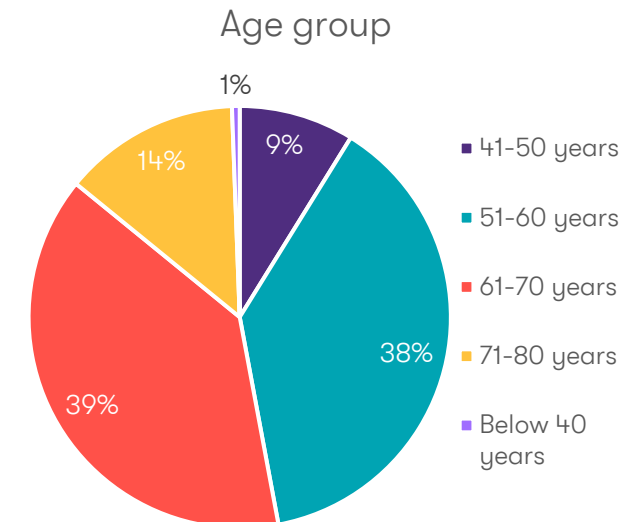


Accessibility

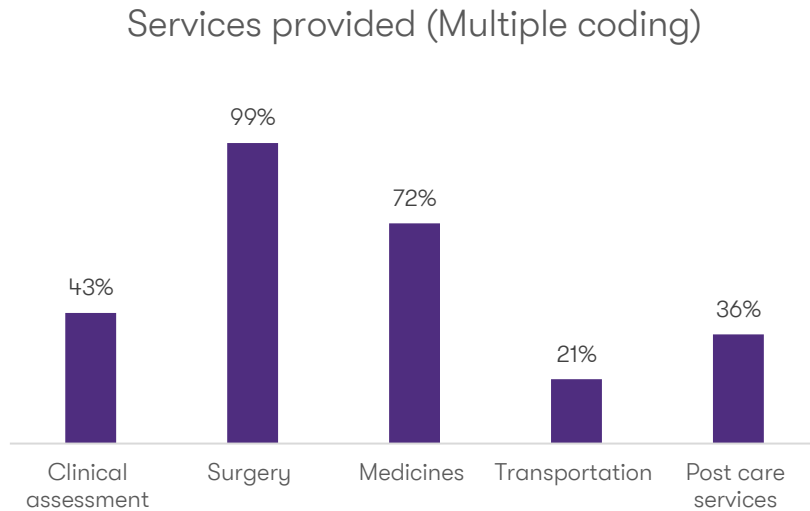
The extent to which a project or initiative is easily available and reachable to its intended beneficiaries. It encompasses factors such as physical, financial and social accessibility.



- Karein Roshni initiative by LGEIL aims to **restore vision and improve vision and enhance the quality of life** of underprivileged communities by improving access to essential eye-care services.
- To ensure effective outreach and beneficiary mobilization, the project undertakes structured **awareness and screening activities**. Additionally, **community-based primary eye-care facilities (vision centres)** were established in underserved areas to provide preliminary eye screening, vision testing, follow-up care and coordination of transportation for patients requiring surgeries.
- Through these outreach activities, beneficiaries were registered and provided with comprehensive eye examinations. Based on socioeconomic criteria, eligible patients received **services free of cost**. **Transportation support** were also extended to facilitate seamless access from vision centres to surgical facilities.
- Further, as highlighted in the graph, **39% respondents are between the age group of 61 to 70 years. Followed by 38% between 51 to 60 years and 14% were between 71 to 80 years.**
- This highlights the project's strong reach among the geriatric population. The outreach efforts helps in identifying older patients in need of care, enabling timely medical intervention and surgical treatment to restore vision and improve functional independence.



Additionally, respondents were asked about the services provided to them throughout the surgical process.



- **99% respondents reported having undergone surgery** while the remaining stated surgery was not required post clinical evaluation.
- All the respondents who underwent surgery confirmed that the procedure was carried out only after a thorough clinical assessment, ensuring medical appropriateness and patient safety.
- Post-operative care was a key component of service delivery, with **72% of respondents reporting that they received prescribed medications, including eye drops, for a duration of one month following surgery.** Furthermore, **36% of respondents availed post-care services**, which included treatment for post-surgical complications where required.
- Transportation support was provided to 21% of respondents, facilitating travel from vision centres to surgical facilities. This reflects the project's efforts to address physical accessibility barriers. Most of the remaining respondents reported that they did not require or avail transportation services provided by the hospital.

Overall, the findings indicate improved accessibility to comprehensive eye-care services, encompassing clinical assessments, surgical interventions, post-operative support, and transportation assistance. These integrated services contribute directly to the project's objective of treating curable blindness and restoring vision. The responses further underscore the initiative's effectiveness in addressing both physical and financial barriers, thereby ensuring equitable access to eye-care services for beneficiaries.

Performance

The effectiveness and efficiency with which a program or initiative achieves its intended objectives and outcomes. It involves measuring the extent to which goals are met, targets are achieved, and desired results are realised.

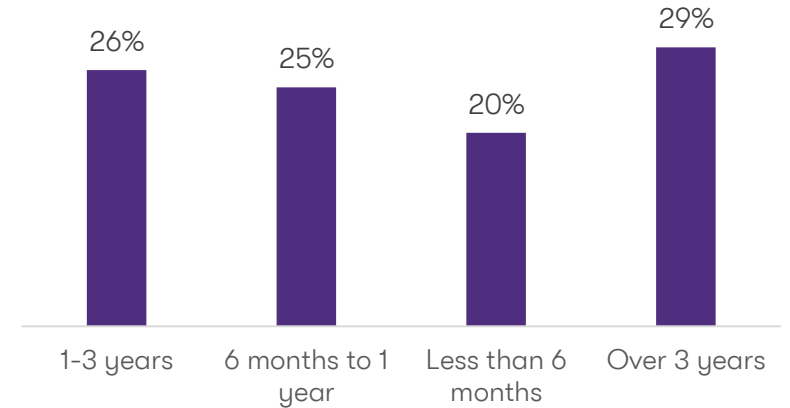


The project aims to address cataract-related blindness by improving visual outcomes and reducing vision impairment through timely surgical interventions.

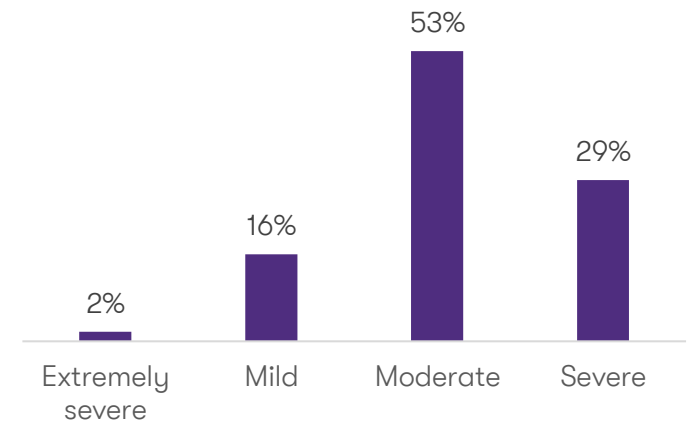
To assess the severity and duration of vision impairment prior to surgery, respondents were asked about the length of time they experienced visual difficulties and the extent to which these affected their daily lives. Key findings are:

- **Duration of vision impairment** : 29% reported experiencing cataract-related vision impairment for more than 3 years, underscoring the chronic nature of the condition and the critical need for timely access to surgical care.
- **Level of vision impairment**: 53% respondents reported moderate impact on daily activities, Severe impairment was reported by 29%, while 2% faced extremely severe vision loss, which significantly affected mobility and employment opportunities. Among respondents in the early stages of cataract progression, 16% reported a mild impact on their quality of life..

Duration of vision impairment

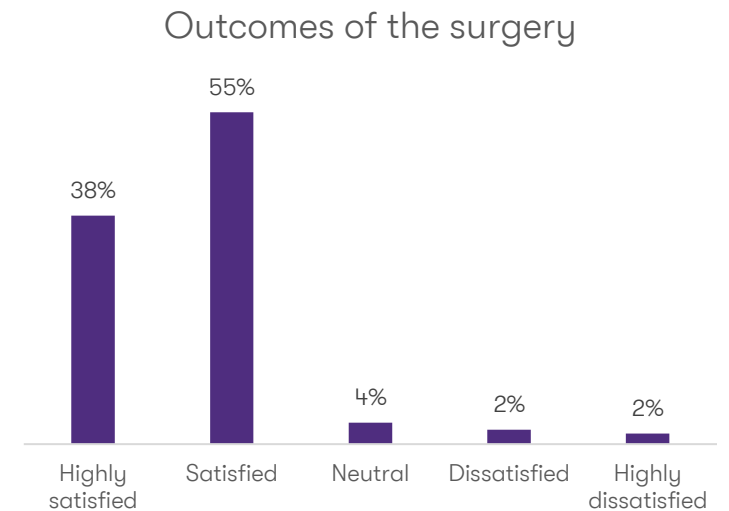
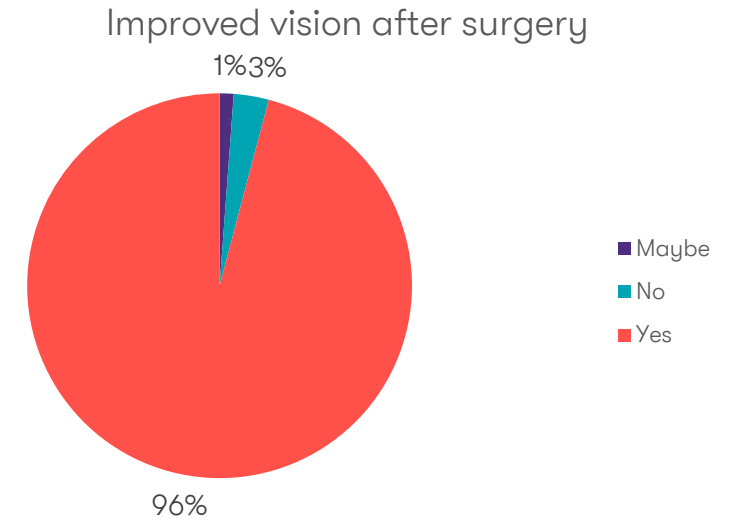


Level of vision impairment



Respondents were asked to assess the improvement in their vision following surgery and to share their level of satisfaction with the surgical outcomes.

- Effectiveness in addressing vision impairment:** 96% respondents reported a significant improvement in vision following surgery. 3% experienced post-surgical complications; however, these cases were effectively managed through the post-operative care services provided by hospitals.
- Satisfaction levels:** 55% respondents reported being satisfied and 38% expressed high satisfaction with the surgical outcomes. These results reflect positively on the project’s effectiveness in enhancing overall well-being and quality of life. 2% respondents reported dissatisfaction primarily due to temporary post-surgical complications such as delayed recovery, mild discomfort or short-term vision fluctuations. Qualitative feedback indicated that these cases were effectively addressed through timely post-operative care leading to subsequent improvement in recovery outcomes.



The provision of quality eye-care services under this project has played a critical role in mobilizing patients and delivering measurable improvements in post-surgical vision outcomes. Beneficiary feedback indicates that the project has successfully met its objective of restoring vision while ensuring a positive and satisfactory care experience throughout the surgical process.

Importance

The significance, relevance, and value of a project or initiative within a broader context. It involves assessing the degree to which the project addresses critical needs, priorities, or challenges within a community or society.



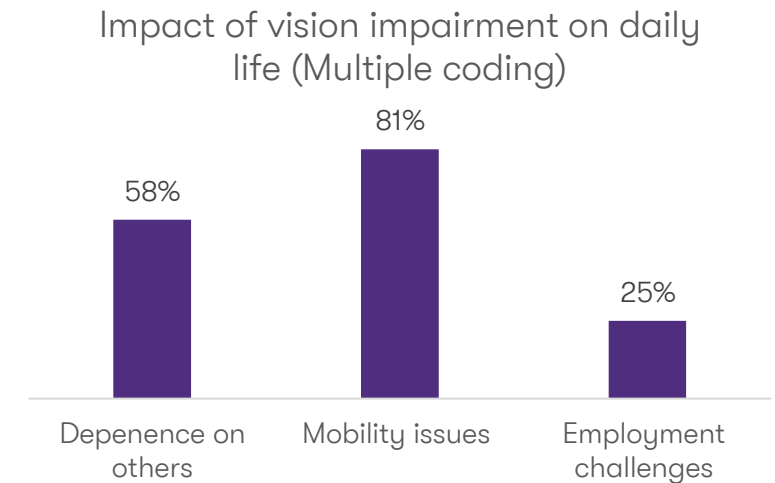
Cataract significantly affects both the quality of life and economic productivity of affected individuals, underscoring the need for timely and accessible intervention.

By restoring vision and improving overall eye health, **the project enables beneficiaries to regain independence, participate more actively in social life, and contribute meaningfully to their households and communities.**

Impact on daily life activities:

Respondents were asked to describe the challenges they experienced in their daily lives due to vision impairment.

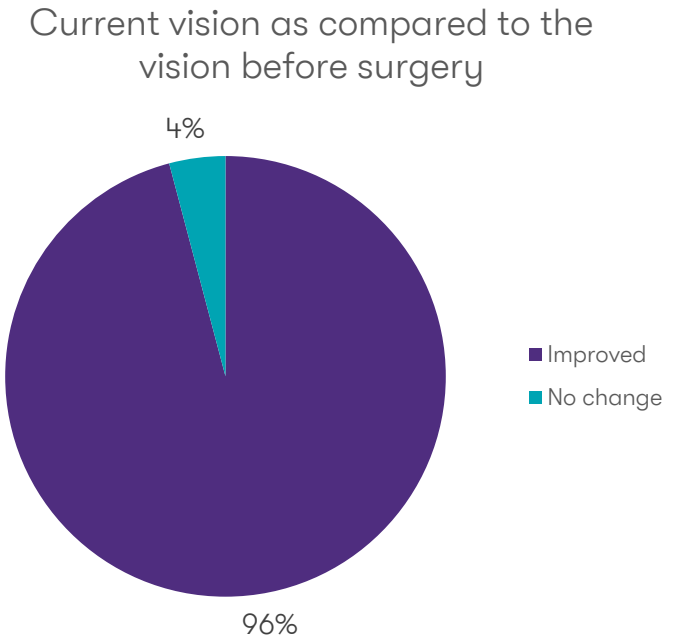
- 81% of respondents reported mobility-related challenges, limiting their ability to move independently and perform routine activities.
- 58% indicated an increased dependence on others for daily tasks.
- 25% reported employment-related challenges, reflecting the economic implications of untreated vision impairment.



These responses underscore the wide-ranging effects of vision impairment. Treating cataract blindness not only enhances vision but also mitigates these challenges, fostering overall well-being and socio-economic engagement among beneficiaries

Improvement in vision: Respondents were asked to assess their current vision in comparison to their vision prior to surgery.

- A substantial majority of respondents (96%) reported a noticeable improvement in vision following surgery. The remaining 4% reported no significant change, primarily due to short-term post-surgical complications such as watery eyes and swelling.
- The high rate of vision improvement (96%) underscores the project's significant impact. Enhanced vision directly contributes to an improved quality of life by enabling beneficiaries to perform daily activities more effectively, maintain independence, and in many cases, re-engage in economic activities.



Overall, the project has not only delivered positive health outcomes at the individual level but has also contributed to the broader well-being and resilience of the community. By empowering individuals to lead more independent and productive lives, the initiative strengthens social inclusion, community cohesion, and collective prosperity.



Projects like Karein Roshni strengthen public health outcomes by supplementing existing eye care services and reaching underserved communities.

- Dr. Shalinder Sabherwal, Director – Public Health Department and SCEH Networks, New Delhi

Coherence

The strategic alignment between the project's design, implementation approach and national/international development frameworks, ensuring all components work cohesively toward shared social and health objectives.



LGEIL's CSR vision

The 'Karein Roshni' focuses on restoring vision and providing access to quality eye care for underserved and rural households across India.

This project aligns with LGEIL's CSR vision of "A better life for all by creating social contribution programs well aligned with Schedule VII of the Companies Act, 2013"

Government vision

The project is in alignment with the government's **National Programme for Control of Blindness and Visual Impairment (NPCBVI)**, by providing comprehensive eye care services and promoting eye health awareness. It aims at reducing the prevalence of blindness and visual impairment through preventive, curative, and rehabilitative measures.

Schedule VII

The project is in alignment with two provisions in the Schedule VII of the Companies Act, 2013

- **Promotion of Healthcare**, directly addresses the issue of accessibility of medical aid among underprivileged individuals.
- **Promoting inclusive growth and sustainable development** by emphasizing on socio-economic participation and improving the overall quality of life for beneficiaries.

Sustainable Development Goals

The project is in alignment with SDGs

- **SDG 3: Good Health and Well-being**-Support for cataract surgeries to underprivileged individuals, contributes to reducing the burden of preventable blindness, and promoting overall well-being
- **SDG 10: Reduced Inequalities**- The project aims to reduce disparities in access to healthcare by providing eye care underprivileged individuals, thereby promoting inclusivity /reducing inequalities.

04

Conclusion



Conclusion

The project has made a strong and positive difference in improving vision outcomes and overall well-being for beneficiaries. Through a comprehensive process covering pre-assessment, surgery, post-operative care, and community engagement, it has helped reduce vision impairment and the challenges linked to it.

Findings from the impact assessment show high levels of satisfaction among beneficiaries, with most reporting better vision after surgery. The project's emphasis on financial accessibility, through free services and transportation support, has ensured fair access to eye care, especially for underserved groups.

Beyond immediate health benefits, the project has also contributed to socio-economic inclusion by reducing mobility problems, dependence on others, and employment barriers related to vision impairment.

In summary, the project has successfully met its main objective of restoring vision and improving quality of life for underserved populations by providing free, high-quality eye care services.

05

Annexures



Beneficiary testimonials

Case study – Surabala Das (Age 80Y), Guwahati

Before her surgery, Surabala Das had gradually withdrawn from several of her daily routines because of her declining vision. Cooking became difficult since she couldn't reliably identify ingredients or see what she was preparing, and she eventually stopped weaving altogether. She assumed this was a normal part of ageing and did not know that cataract was the cause.

She first learned about the screening camp from other women in her village who had already undergone treatment. After a household visit by the health worker, she agreed to be screened and was later transported to the base hospital for surgery. The counselling team spent time explaining the process and how the postoperative care would work.

Following surgery, Surabala regained enough clarity to resume cooking for herself and to participate again in the weaving she had been unable to do for months. She says she is able to spend more meaningful time with her grandchildren, helping them with reading and simple homework, something she had stopped due to poor vision. She now directs others in her age group to attend screening when the team visits the village.



Beneficiary testimonials

Case study – Haren Thakuriya (Age 67Y), Guwahati

Haren Thakuriya, who has partial paralysis, experienced additional difficulties when his vision began to fail. Routine movement inside his home became more challenging, and his family grew increasingly concerned about the risk of falls. Because of his mobility limitations, accessing a hospital independently was not feasible.

During a field visit, the health worker identified his condition and arranged direct transport to the base hospital. Haren received preoperative counselling, cataract surgery, and structured postoperative guidance.

After surgery, he reports improved visibility around the house and fewer episodes of uncertainty while walking. His family notes that he requires less support for tasks directly affected by vision. He says he is now able to engage more comfortably with his grandchildren and participate in simple household interactions that he had been avoiding.



Beneficiary testimonials

Case study – Lalti Devi (Age 80Y), Bihar

Lalti Devi, an elderly woman living alone in a rural area, was suffering from cataracts in both eyes, which severely impaired her vision and made daily activities extremely difficult.

With no family or caregiver to assist her, she faced challenges in mobility and was at constant risk of accidents. Her inability to see properly had left her dependent and vulnerable. Fortunately, she learned about an eye screening camp organized in her locality, which aimed to identify individuals with vision problems and provide initial diagnosis.

During the camp, her condition was confirmed, and the Akhand Jyoti Eye Care team arranged transportation for her to undergo a comprehensive eye examination at their center. Based on the diagnosis, cataract surgery was scheduled and successfully performed on both eyes.

After the surgery, Lalti Devi regained clear vision, which significantly improved her mobility and confidence. She is now able to manage her household chores and personal needs independently, transforming her life from dependency to self-reliance. This intervention not only restored her eyesight but also enhanced her overall quality of life, proving the importance of community outreach programs and accessible healthcare services for vulnerable populations.



Beneficiary testimonials

Rasida Bibi (Age 51Y), Noida

Rasida Bibi had been coping with reduced vision but did not prioritize treatment, largely due to household responsibilities and the assumption that blurred vision was part of ageing. During routine outreach visits, health workers explained cataract symptoms and encouraged them to attend screening.

She underwent evaluation and received surgery through programme support. Her post-operative recovery progressed normally.

Rasida can now manage household tasks, read and sew easily. She also mentioned that she has resumed helping her grandchildren with school reading, which she had avoided earlier because the print appeared too faint. She feels more confident moving around outside the home, especially in the evenings. Both now actively advise other women in the community to get screened early instead of waiting.

Ruqaiyya (Age 54Y), Delhi

Ruqaiyya had been living with progressively blurred vision that made everyday tasks difficult. She often mistook objects around her and avoided moving outdoors alone because she did not feel confident navigating familiar paths. She was identified at a village screening event and was referred for cataract surgery.

She was taken to the hospital through the programme's transport system, attended counselling sessions, and underwent surgery without complications. Post-operative checks confirmed steady improvement.

With her sight restored, Ruqaiyya has resumed her usual household routines and reports feeling more secure walking around both inside and outside her home. She now encourages her neighbours to participate in the next round of screening.

Photos



ICARE DISCHARGE SLIP

ICARE EYE HOSPITAL
(Unit of Ishwar Charitable Trust)
E-3A, Sector-26, Noida - 201301
Tel.: 91-(0120) 3586666/600/601/602

TREATMENT ON DISCHARGE

EYE / DROP OFLOX - D

एक दिन मे 6-बार एक हफ्ते तक
एक दिन मे 4 बार एक हफ्ते तक
एक दिन मे 3 बार एक हफ्ते तक
एक दिन मे 2 बार एक हफ्ते तक
एक दिन मे 1 बार एक हफ्ते तक

फिर बन्द
5 हफ्तों से ज्यादा नही डालनी

Date: _____
Name: _____
Regd. No.: _____
Address/Camp: _____
Doctor Name: _____
Date of Surgery: _____
Diagnosis: _____
Operation: _____
Complication: _____
Treatment: _____

P.T.O. Review after 1 Week / SOS Signature

Tools

Preliminary Information/Respondent Profile					
Name of respondent:					
Age:					
Gender:	Male	Female	Others		
Village:					
Caste	SC	ST	OBC	Others	No response
Name of hospital					
Economic status	APL	BPL	Others		
Annual household income (Average)					

S/N	Question	Response	Remark
1.	How long have you experienced vision problems due to cataract?	a. Less than 6 months b. 6 months to 1 year c. 1-3 years d. Over 3 years	
2.	To what extent has your vision impairment affected your daily life activities?	a. Mild b. Moderate c. Severe d. Extremely severe	
3.	Can you tell us some of the key challenges in your daily life before the surgery?	a. Mobility issues b. Dependence on others c. Employment challenges d. Any others _____	
4.	When did you undergo cataract surgery?	a. 1-3 months ago b. 3-6 months ago	

		c. 7-12 months ago d. More than a year ago	
5.	What all services were provided to you throughout the surgical process? (Multiple coding)	a. Clinical assessment b. Transportation c. Surgery d. Medicines e. Post care services f. Any other _____	
6.	If chosen option 'e' in Q5, how long did you receive any follow-up care post-surgery?	a. Less than a month b. Between 1-2 months c. Between 3-4 months d. Between 5-6 months e. More than 6 months	
7.	If chosen option 'e' in Q5, how satisfied are you with the follow-up care and support?	a. Highly satisfied b. Satisfied c. Neutral d. Dissatisfied e. Highly dissatisfied	
8.	If chosen option 'd' in Q5, how long did you receive medicines post-surgery?	a. Less than a month b. Between 1-2 months c. Between 3-4 months d. Between 5-6 months e. More than 6 months	
9.	If chosen option 'b' in Q5, what kind of transportation support was provided to you both pre and post the surgery?	a. Provision of pick up from home to the hospital before surgery b. Provision of drop off from hospital to home post-surgery c. Financial support for transportation cost d. Any other _____	
10.	Did you spend money for any of the services availed by you at the hospital as per Q5?	a. Yes b. No	
11.	If yes to Q10, how much money did you spend?	a. Less than INR 500 b. Between 501-1000 c. Between 1001 to 1500 d. Between 1501 to 200	

1. What are the objectives of this project?
2. How were communities engaged and informed about the project? Was there any community outreach activity or awareness camps organized?
3. How were patients screened and selected for cataract surgery?
4. What are the criteria or factors in selecting the patients?
5. Have you faced any challenges during project implementation? If yes, how were they addressed?
6. What measures are taken to ensure patient's safety and comfort throughout the surgical process?
7. How effective are these procedures in addressing the cataract related vision impairment?
8. What are the primary outcomes observed among patient's post-surgery?
9. In your perspective, how has the project contributed in improving the overall health and well-being of beneficiaries in terms of preventive care and early intervention?
10. Have you noticed any improvements in vision, quality of life or any other health indicators?
11. How do you follow-up or track patient's progress post-surgery?
12. How effective is the follow-up care in monitoring patient's progress and addressing post-surgery complications?
13. How do beneficiaries perceive and value the convenience of receiving eye-care services through this project?

End



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