



Focusing Philanthropy Diligence Trip Report  
SEVA & Aravind Eye Hospital - January 8, 2014  
Madurai, India

Seva Foundation works throughout the developing world addressing vision related problems with an emphasis on avoidable blindness. Seva partners with local NGOs who provide optical services like vision testing and treatment, including the performance of cataract surgery, which is the most common remedy for avoidable cases of blindness. Aravind Eye Hospital, headquartered in Madurai, India is SEVA's partner for the entire country of India. Two Focusing Philanthropy team members visited Aravind's headquarters on January 8, 2014.

The vision-related statistics in India are alarming. Of the world's 45 million blind people, it is estimated that a quarter are in India. Of the 200 million people needing vision related treatment in India, only 10% have received treatment. Aravind was founded in 1976 by Dr. Venkataswamy to combat the escalating problems of blindness in India and has achieved extraordinary success. What started as a single 11-bed clinic now has five "tertiary care centers" (each servicing over 1000 patients per day) and 53 smaller care centers and primary care clinics. In total, Aravind treats over 10,000 patients per day and has performed over 5 million surgeries since its inception. Aravind provides three levels of service (full paying, subsidized and free) to patients depending on their ability to pay. Approximately 50% of all surgeries performed by Aravind are in the free or subsidized categories. Although the surgeons and treatment are identical, the facilities and amenities vary based on the service level. The essence of the Aravind model is that the paying patients allow Aravind to operate completely sustainably plus provide the subsidized and free services to patients who couldn't otherwise afford them.

Aravind's entire network of eye care facilities in India now operates on a fully self-sustaining basis. We toured the entire Aravind facility (a campus that now occupies a full city block) in Madurai, including separate buildings for all three service levels. We were left somewhat speechless by the sheer volume of patients and the efficiency of the operations. In a testament to the effectiveness of the model, Aravind today seeks no funds from SEVA or any third party donors to support its clinical operations. Aravind's only need for third party funding today is to support the expansion of its model to other eye hospitals. The method Aravind has selected to achieve global reach is to provide free consulting, research, and educational materials to other non-profit eye hospitals around the developing world (primarily Latin America and Africa) which aspire to the same goals as Aravind. Aravind now works with 280 eye hospitals which are replicating the Aravind model and achieving remarkable gains in capacity and quality of service. In a study of 40 of Aravind's partner eye hospitals it was found that capacity increased from, on average 52,000 surgeries per year, to 91,000 surgeries per year within two years of partnering with Aravind. During the same period, cost recovery increased from 60% to 90%, indicating dramatic progress towards fully self-sustaining operating models.

We took the following images on our Aravind facility tour which illustrate how the Aravind model works.

Aravind's main treatment building is for fully paying patients. The standards are similar to those that would be expected in a western eye hospital.



Across the street is the facility for subsidized services for patients unable to afford fully paying services. The facility is higher volume and has more basic waiting rooms and facilities. The standard of medical treatment is identical across all service levels.



In the subsidized clinic, patients are provided with treatment options that suit their budget and images showing what to expect for various prices. The main factor affecting price is the level of privacy during recovery (i.e. the number of patients sharing the recovery ward).

**Guidelines for Cataract Surgery Patients**  
 For the information of patients, details about the various types of lenses implanted in the eye during different methods of cataract surgery, cost of surgery and rooms for staying are given below.

Surgery type/level	Subsidized Surgery (PMJAY)	Subsidized Surgery (PMJAY)	Subsidized Surgery (PMJAY)	Subsidized Surgery (PMJAY)	Subsidized Surgery (PMJAY)	Subsidized Surgery (PMJAY)
Single Room	₹ 8000	₹ 12000	₹ 11000	₹ 12000	₹ 12000	₹ 12000
A/C Room	₹ 7000	₹ 10000	₹ 9000	₹ 10000	₹ 10000	₹ 10000
4-6 Bed Room	₹ 6000	₹ 11000	₹ 10000	₹ 11000	₹ 11000	₹ 11000
8-10 Bed Room	₹ 5000	₹ 10000	₹ 9000	₹ 10000	₹ 10000	₹ 10000
12-15 Bed Room	₹ 4000	₹ 9000	₹ 8000	₹ 9000	₹ 9000	₹ 9000
16-20 Bed Room	₹ 3000	₹ 8000	₹ 7000	₹ 8000	₹ 8000	₹ 8000
24 Bed Room	₹ 2000	₹ 7000	₹ 6000	₹ 7000	₹ 7000	₹ 7000

Recovery Room - 4 Patients, A/C Room - 2 Patients, 4-6 Bed Room - 2 Patients, 8-10 Bed Room - 1 Patient, 12-15 Bed Room - 1 Patient, 16-20 Bed Room - 1 Patient, 24 Bed Room - 1 Patient

Non-local patients need not have to stay. Please choose one among the above and submit one day before.

An onsite store sells optical glasses to patients with easy-to-treat vision problems.



Patients in the subsidized clinic await an eye exam before being prescribed treatment.



Adjacent to the subsidized clinic sits the free clinic for patients of the lowest income tiers. Services here, including transport to and from remote villages, are fully funded by Aravind. It's ability to provide these services for free without ongoing donations is a notable achievement and a testament to the Aravind model.



The free services clinic is basic and some patients wait outside on the ground. The standard of medical care is identical to that given the fully paying patients and the same surgeons serve all Aravind patients, irrespective of capacity to pay.



The free services clinic is more basic and less private but every bit as functional.



A free patient receives a basic physical examination before his initial eye consultation.



Cataract patients receive counseling regarding cataract surgeries. The desk is busy but highly efficient.



The LAICO building is dedicated to counseling eye hospitals around the world and assisting them in adopting the Aravind model. At the end of 2013, Aravind was working with 280 partner institutions. This is the only aspect of their operations which still needs and seeks donations, enabling Aravind to expand its activities to additional hospitals and countries in the developing world.

