Divyajyoti trust hospital: Expansion Opportunities

The CEO of a state-owned commercial establishment visited Dr. Uday Gajiwala, trustee of Divyajyoti Trust Hospital and offered him a significant amount of financial support, provided Dr. Gajiwala was willing to convert the Divyajyoti Trust Eye Hospital as a multidisciplinary secondary health care hospital. Dr. Uday Gajiwala thought about this offer in depth and politely turned it down saying that the Hospital would remain focused on ophthalmology care and does not plan to diversify into other areas. The trust supported hospital would do well with generous amount of donations without any conditionalities. The donation proposed by the CEO of state-owned commercial organization was handsome and foregoing the same was not easy.

Divyajyoti Trust : Formation, Objective and Activities

Divyajyoti trust was established in January 2010 by philanthropic minded individuals engaged in the services of economically weaker communities in tribal areas. Inspired by the ideas of Mahatma Gandhi (Mahatma Gandhi is well-known as a freedom fighter and the father of our nation (India). He is popularly called Bapu) and Swami Vivekananda (Swami Vivekananda was a great philosopher, Hindu monk, and spiritual leader who believed in the mantra of simple living and high thinking.) to serve the nation, the founders decided to dedicate their life to the services of needy and poor. Several like-minded individual joined the trust to promote various activities of the trust. One of the founders Dr. Uday Gajiwala was a trained Ophthalmologist, therefore starting an eye care facility was a natural choice.

Dr. Uday Gajiwala headed the ophthalmology and health care program of the Society of Education, Welfare and Action (SEWA) rural for about 20 years. He was instrumental in

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developing comprehensive ophthalmology care services. Dr. Uday Gajiwala is considered to be an expert on infection control practices. He has authored and co-authored several manuals and guidelines. He has published several publications in national journals and articles in Indian and International medical journals. Dr. Uday Gajiwala studied from BJ Medical College in Ahmedabad. He is a member of several professional associations, and he has received multiple awards for his exemplary service, more specifically in the area of ophthalmology care for the economically weaker sections of the society.

The objectives of the trust are:

a) To provide ophthalmology care to the rural-tribal community
b) To rehabilitate the incurably blind individuals to develop skills and attitude to cope up with day-to-day life. Occupational skills towards employment opportunities are also extended. This facilitation is implemented at the tribal villages where the individuals are located.
c) To support incurably blind children and economically weak by providing a hostel facility (free boarding and lodging) and train them to develop skills and attitude to cope up with a day-to-day life. Occupational skills towards employment opportunities are also extended.
d) Empowering local youth by training on employability skills to become responsible citizens.

The activities of the trust includes,

1. **Tertiary Eye care hospital:**

The trust established an ophthalmological care hospital including all sub specialities. It also provided medical support necessary to treat diabetes and hypertension. For those who cannot access the hospital either due to preoccupation or economic conditions, the trust

conducts diagnostic eye camp activities thrice a week in various locations of the district. In these camps individuals who need ophthalmological care are screened. Either they are treated at the camp or brought to the hospital for further treatment.

2. **Community based rehabilitation (CBR) of blind**:

Through this initiative, Vocational skills are imparted to economically active in the age group (between 15-60 years). School going children have been enrolled in regular schools in their respective village. (without this initiative the dropout rates of school going children would be high.) The trust supported braille teacher teaches them braille at their home on need basis.

The program has covered so far a rural population of 700000 and rehabilitated more than 450 incurably blind individuals located in 439 villages.

3. **Hostel based rehabilitation of incurably blind children**

The trust runs a hostel (free boarding and lodging) for children who are incurably blind. The incurably blind children are trained on day to day living skills to cope up with their disability. They are educated by using Barile. Vocational skills are also taught to enable them to access gainful employment opportunities. and made vocational friendly.

4. **Vocational training to the youth:**

The trust focuses on developing young people from weaker economic status. The employment opportunities in the villages in which they reside is non-existent. They have limited education and access to skills training because they live in a rural tribal area. The trust provides them educational and vocational skills at their doorsteps so that they can transform themselves as economically employable individuals. The trust also facilitates finding suitable employment opportunities for those who are trained by the trust.

The trust supported eye care facility (The Hospital)

The Hospital is located in the rural tribal taluka of Surat district, Gujarat. The tribal belt of Gujarat starts from Dharampur, extends to the Panchmahals, passing from Valsad, Surat, Bharuch, Narmada, Tapi, Vadodara and Dahod districts (Exhibit 8).

The health care facilities in this taluka are limited. Mandavi taluka did not have any ophthalmology surgeon in both public and private sector. The community depended on diagnostic / operative eye camps organized intermittently by philanthropic minded organizations. Hence, the hospital when it was set up in 2013 was a welcome change to the local population in this area both in terms of eye care access and affordability.

Based on National Blindness and Visual Impairment survey of India 2019 report the total case load (for the base population of Mandavi area of 3.55 million) works out to be 48585 (For detailed computation see Exhibit 1.1 and 1.2).

As of 2023, the hospital operates about 13,000 cases per year. The potential demand is several fold. However, all potential demand does not translate to the workload on the hospital. There are multiple reasons for this. Segments of the population are not even aware that visual impairment/blindness/cataract can be cured. Even when they are, their socio-economic conditions and the remote locations in which they live makes it difficult for them to access appropriate ophthalmology care. Visiting the hospital would require forgoing one or two days of earnings. Many believe ophthalmology care is optional, expensive and risky. Therefore, a concentrated effort is necessary to reach out the individuals who need ophthalmology care, educate them, counsel them on the advantage of cataract surgery, and bring them to the health care facility either through the camp or directly. This is a long-drawn process.

Given the fact the villages are scattered and sparsely populated it is not easy to reach out all those who need ophthalmology care. Therefore, a reasonable demand estimate is 25000 cases per year. Meeting this requirement would mean doubling the current operations.

Patients Profile

Sunita Padvi, 21 years, is from Khapar village (108 km from) – of Akkalkuva taluka in Nandurbar district of Maharashtra. Sunita and her mother Komalben are the only two members in the family. The yearn their living as marginal agricultural labourers.

Sunita developed redness in both her eyes. She consulted a medical practitioner (not an ophthalmologist), who prescribed her some medicines. The condition did not improve. After this Sunita consulted several doctors. She was also admitted in a private hospital. The treatments were not effective. During this period, her corneas became opaque.

The hospital had organised a diagnostic camp in Khapar on October 9, 2011. Komalben took Sunita for examination at the camp. The Ophthalmologist advised that only a corneal transplant could bring her (Sunita)eyesight back. She came to the hospital on October 11, 2011 and was admitted to perform a minor operation to reduce the vascularisation of the cornea called peritomy. She underwent cornea transplant in a span of four days. Expenses related to Sunita (pre and post-operative) care, including the cost of surgery, were met by the hospital.

When Sunita was visually challenged, her mother Komalben had to face several hardships. On one hand, Sunita was confined to home, hence could not work. Komalben also had to stay back at home to take care of Sunita. Accordingly, the earning potential of the family dwindled. Having spent more than six months in darkness, there is now light in the life of young Sunita – a new life – a new sunrise.

Savitaben Vasavaan, aged 35 from Pipalwada village, (11 km from) Taluka, , Surat District, visited Tejas Eye Hospital, with her husband Maganbhai. She complained of total vision loss in both her eyes. She was diagnosed with mature cataract in both eyes and was advised surgery as soon as possible.

Being labourers, they were hesitant in undergoing surgery due to the associated cost. A hospital counsellor convinced them that her surgery would be paid by the trust. In addition, she would be provided free lodging and boarding, along with medicine and spectacles. After the counselling, Savitaben agreed for surgery. Cataract surgery was carried out one by one on both her eyes. Her eyesight was restored completely.

Before surgery, for almost a year Savitaben had remained blind and was neither able to perform household chores nor care for her children. Now all this has changed. She has commenced attending to farm labour work.

Operations

Divyajyoti trust provides state of art technology driven prevention - cure and rehabilitation to the rural tribal population in South Gujarat either free or at subsided fee. The trust is focused on comprehensive care and sensitive to the environmental issues. To demonstrate its commitment energy conservation, it has made a green building which received from national agencies.

The trust operates with a centralized management approach, prioritizing the core service of ophthalmology care delivery while maintaining an appropriate balance in the overall patient experience.

As the focus remains on providing efficient and effective ophthalmology care services to the rural-tribal community, certain amenities and conveniences, while present in the hospital might not match the experience offered by private hospitals.

According to the administrator of the hospital, (Exhibit 2.1, 2.2 and 2.3)

”The hospital has recorded over a decade a 5 -fold increase in the revenue. The expenses have gone up from 75% to nearly 100%. This means the hospital is hardly making any operating surplus. If you provide for a 10% depreciation on the revenue the additional requirement for fund to sustain operations is critical.”

Speaking about eye screening camps organized by the trust, the community ophthalmology head said, (Exhibit 3)

“From the peak of 468 camps, number of camps have come down to 114 post COVID-19. The number of patients per camp is about two thirds of what it was ten years before. This means we are not yet at pre COVID-19 traffic volumes but hope to get there.”

Speaking on the activity mix (Exhibit 4) Dr. Uday Gajiwala mentioned,

“There is a fourfold increase in cataract and other surgeries. The free cataract services had stabilized at 80%, for other surgeries it is about 67%. The OPD free services is at 16%. All these put together imply the free services across the categories has increased because of volume growth. Hence, the hospital has not been able to balance the overall financial performance by cross subsidizing free services. This underlines the need to augment hospital donations.”

In order to deliver of quality eye care, the hospital has created a robust patient management system. It utilizes tracer card system for monitoring waiting time. The management gets real time information on the patient movement in the system and thus reshuffle the manpower to tackle the higher patient load. (Exhibit 9)

Waiting ttime analysis of patients (OPD) is done regularly and is discussed in meetings to identify areas for improvement. Also, Patient feedback is actively sought to better understand

their experiences and sentiments. Three full time counsellors in the hospital support the patients to make appropriate medical decisions.

The hospital provides a comfortable waiting area.. Access to Reverse Osmosis drinking water and a elevator for disabled patients is available. Power generators ensure power backup. The hospital maintains high cleanliness standards. Staff undergo soft skills training related to patient interactions. Meals are provided to the patient and their escorts in the canteen free of cost. Also, 50% discount is provided on spectacles and 20% on medicines to needy patients for affordability.

Counselling is provided to certain group of patients who need help in making appropriate choices related to their ophthalmology care. Free optical glasses are given to needy people. Every sub-specialty service within the area of ophthalmology care is offered in the hospital. The community focus is becoming stronger, and the rehabilitation of the incurably blind people staff remains the focus of the trust.

Recruiting, Training and Attrition

DJT understands the criticality of skills of ophthalmologists, paramedics and non-technical staff in delivering quality and affordable ophthalmology services to the community. Therefore, medical professionals, technical staff and other staff are routinely sent to relent training programmes. In last 10 years, the trust has facilitated several opportunities for their doctors to attend national and international conferences and workshops in reputed ophthalmology hospitals and institutes.

DJT organised several educational tours for the hospital's staff to prominent social service organizations in India. The trust prioritized staff development with long duration training on critical subjects such as eye bank counselling, Operations theatre nursing, and optical fitting

etc. These training programs are conducted both in-house and at external organisations located in various parts of the country.

According to the head HR (Exhibit 6),

"The medical staff compensation has increased six-fold in the last decade, the corresponding increase for the paramedics and non-technical staffs is three-fold."

The HR manager further added,

"Attrition has never been less than 10 percent and it can be as high as 20 percent. Irrespective of the enhancement in yearly compensation people are leaving at various levels. The motivation behind such high rate of attrition is the quite life in Mandavi, aspirations of the new generation skilled employees, and migration related to change in family status."

"Those who belong to the local area or who come from modest economic background are happy with the employment opportunity in the trust and hence tend to stay longer in the services of the institution. Those who are modestly educated and exposed to the world (outside surat) preferably use the employment opportunity as a springboard to move on to better workplaces. Some migrate due to family reasons like marriage.

Mandavi area is characterized by quite rural life with no shopping experience and limited choice on entertainment and social life. It is this reality that ophthalmologist and technical staff are not able to come to terms. While they appreciate the higher compensation and therefore enhanced personal savings due to low cost of living in Mandavi, they nevertheless tend to use employment opportunities in Mandavi to hone their skills in serving large patient volume. When they feel they reached a plateau in their skills they look for opportunities with similar or better compensation and enhanced social life. Therefore, the higher attrition rate is something which the management should be prepared to deal with."

Commenting on the mechanism to counterbalance the attrition rate Dr. Uday Gajiwala elaborated,

"Attrition at all levels is reality. This cannot be eliminated, given the socio-economic nature of Mandavi taluka. We have improved the compensation to the city(Surat) levels. We provide a peaceful and empowered work environment, opportunities for training and reskilling. All these are not good enough to contain attrition rate. We may have to come up with innovative ways of staffing. Maybe two thirds of our medical staff will be regular and the remaining can be on a part time basis. We need to tap into the sentiments of the medical professionals who are willing to balance their personal income, professional life and quality of social life and help a charitable organization. But such an arrangement comes with its own challenges. The trust has no option but to try."

Donor Management

On donor management , the trust have engaged the service of a management intern to examine this issue in totality. The report submitted by the management intern is placed in Exhibit 5 . The trust is examining the feasibility of the recommendations by the intern.

Leadership

Dr. Uday Gajiwala has been the founding member of the trust and is also the visionary leader of the Divyajyoti trust supported ophthalmology care unit. He has dedicated his life to the service of the poorest of the poor. He is a hands on manager and he oversees every activity of the hospital, including patient management system, buying equipments and consumables, providing extended health care like hypertension, diabetes, providing free reading glasses to the needy and the management of these pharmacy supplies. He is also in charge of managing several outreach camps. He is passionate and proud about his association with the hostel, which is meant for providing better opportunities and coping mechanisms for the incurably blind and economically weaker people. He visits the hostel every day in the

evening to spend a couple of hours to oversee the efficiency of the systems and monitor outcomes.

Dr. Uday Gajiwala influences and manages donors to provide adequate donations to the organization. Recently the hospital has initiated a new facility at an estimated cost of ₹ 400 million which has a capacity to serve 225 inpatients. This facility is expected to be operational by the end of 2024. Dr. Uday Gajiwala has been able to generate, along with his friends in the trust, adequate donations to support this construction of this activity. Recently, he has worked systematically with the Government of India to obtain permission for accepting foreign donations for promoting the activities of the trust based hospital.

Based on his efforts, he has been able to convince a non-resident Indian to donate US$ 500,000 every year for the next five years to the welfare of the hospital. So, Dr. Uday Gajiwala plays the role of a technical expert, a visionary leader and an impactful public relations officer and a person who can generate adequate donations for the expansion activities of the hospital. So he is in some sense, all in all in running the day to day affairs of the hospital. There is nobody in the hospital who can step into his shoes should there be a need.

Growth Options

Looking back, reviewing the performance of the hospital, Dr Uday Gajiwala had reasons to be proud of the accomplishments of the hospital. The portfolio of activities of the trust would make anyone feel proud. To a large extent the primary purpose of setting up this Hospital is achieved. According to Dr. Uday Gajiwala, this activity mix of the hospital is likely to continue for some time to come. In this sense the trust hospital has reached an equilibrium in terms of its activity mix and therefore, the future is likely to see only volume growth.

Continuing this discussion on the future of the hospital Dr. Uday Gajiwala said,

"The hospital is hardly making any surplus. If depreciation is taken to account, there would be deficit in the financial performance of the hospital/trust. The hospital operations are supported by donors. Any growth strategy should address issues related to augmenting the donor's contribution. The other critical constraint in realizing growth is the higher attrition rate of staff at all levels."

The trust is considering to establish an ophthalmology care facility in the city of Surat. The city is already overcrowded in terms of service providers. But if a facility can be established based on the value pricing (two thirds of the price for the comparable services against a private institution) there would be adequate footfall. Prevailing market price for various services

(a) Cataract : NGO (₹ 3000 – 25000), Private clinic (₹ 8000-35000), Five-star hospital (₹ 15000-55000)

(b) Retina surgery : NGO (₹ 15000-20000), Private clinic (₹ 50000), Five-star hospital (₹ 75000)

(c) Corneal transplant: NGO (₹ 15000), Private clinic (₹ 40000), Five-star hospital (₹ 80000)

(d) Paediatric cataract operation : NGO (₹ 18000), Private clinic (₹ 60000), Five-star hospital (₹ 80000)

(e) Squint operation : NGO (₹ 12000), Private clinic (₹ 40000), Five-star hospital (₹ 60000).

The potential surplus from this facility can be used to subsidize the operation of the trust and hence reduce donation dependence.

The advantage of such an arrangement is ready availability of expert medical professionals and paramedical professionals on a rotation basis to the hospital. The cost

structure in Surat facility would be similar to the cost structure in Mandavi (since Mandavi has improved the staff compensation significantly)."

The management style used in Mandavi may not necessarily be applicable when it comes to running a value priced Surat facility which should be comparable to the best in the private sector on hygiene, housekeeping, patient comforts and patient turnaround time.

Dr. Uday Gajiwala may not have the bandwidth to manage facilities in Surat because the styles needed are completely different. Dr. Uday Gajiwala can be a mentor for the Surat medical facility. He should find a CEO who is willing to manage this value priced hospital with an aim to generate some surplus to cross-subsidize trust operations.

Dr. Uday Gajiwala should be willing to give complete freedom in terms of day-to-day operations to the Surat Facility CEO. The policy decisions like equipment choice, technology, portfolio of services, pricing of services, employee compensation, etc. can be common.

In equilibrium one can expect the contribution from the Surat facility to be 40% of the operating budget of the trust. Another 40% will come from donations. The remaining 20% will come from other sources like CSR and Government Schemes.

Conclusion

The portfolio of activities of the trust have reached an equilibrium. There is clearly a need to revamp the donor management system to enhance the donation amount and enlarge the donor base. To augment the financial resources of the trust an ophthalmology care facility in Surat based on value pricing model may be considered. Such a facility would provide a regular stream of medical and paramedical staff on a part time basis to the hospital. When the facility is well managed it would augment the resource base of the trust and reduce the dependency on donations.

While this Surat facility proposal is promising Dr. Uday Gajiwala was not convinced about this, and he was weighing the pros and cons of such an expansion. He need to not only convenience himself but also convenience the board of trustees on such an expansion strategy. He was aware that some tough question would be asked in the board, and he should prepare to provide appropriate responses to them. In any case the trust is committed to affordable and accessible quality ophthalmology care to the poorest of the poor in Mandavi region. Any strategic decision should be examined in the context of this objective.

Exhibits

Exhibit 1 Service area population and its demand.

Exhibit 1.1 Service area population for each district. (In millions)

Surat district (Only rural population)	1.2
Tapi district	0.9
Bharuch district (Only Valia block)	0.2
Narmada district	0.4
Navsari district (Mahuva Taluka)	0.4
Dang district	0.25
Nandurbar district of Maharashtra (Akkalkua Taluka)	0.2
Total	**3.55**

Source: Compiled by the case writers from Divyajyoti Trust documents

Exhibit 1.2 Demand calculations (Calculated for 3.55 million service area population mentioned above)

Sr. No	Description	Percentage*
1	Blindness	0.36%
2	Severe Visual Impairment	0.35%
3	Total case load in % (1+2)	0.71%
4	Cataract case load in % (66% of 3)	0.24%
5	Recurring cataract in one eye (as a % of population)	0.30%
6	Recurring cataract in both eyes (as a % of population)	0.30%
7.1	One eye cataract	10650
7.2	Both eye cataract	21300
7.3	Severe Visual Impairment	8201
7.4	Blindness	8435
8	Total case load (7.1+7.2+7.3+7.4)	48585

* = As per the National Blindness and Visual Impairment survey of India 2019 report
Source: Calculations based on National Blindness and Visual Impairment survey of India 2019 report.

Source : Compiled by the case writers from Divyajyoti Trust documents

Exhibit 2 Income and Expenditure (In ₹ millions)

Exhibit 2.1 Income (In ₹ Millions)

Year	Patients	Donations	Government grants	Other income	Total
2010-11	0.00	11.27	0.00	0.01	**11.28**
2011-12	2.43	21.40	0.96	0.59	**25.37**
2012-13	4.37	34.05	2.69	1.30	**42.41**
2013-14	5.41	15.07	3.83	3.07	**27.37**
2014-15	8.98	35.02	8.87	4.59	**57.45**
2015-16	13.94	31.59	8.46	4.64	**58.62**
2016-17	16.32	47.65	11.39	15.81	**91.17**
2017-18	16.84	47.25	10.52	6.47	**81.08**
2018-19	20.12	39.63	14.74	15.53	**90.03**
2019-20	20.02	22.59	14.92	11.75	**69.28**
2020-21	20.12	37.46	6.08	11.20	**74.87**
2021-22	23.58	111.30	12.58	17.00	**164.46**

Source: Compiled by the case writers from Divyajyoti Trust documents

Exhibit 2.2 Expenditure (In ₹ Millions)

Year	Operational	Depreciation	Capital	Total
2010-11	1.89	0.00	9.39	**11.28**
2011-12	9.75	3.44	15.62	**28.82**
2012-13	15.06	2.79	27.36	**45.21**
2013-14	20.37	3.20	7.00	**30.57**
2014-15	28.73	4.18	28.72	**61.63**
2015-16	18.04	8.96	40.58	**67.58**
2016-17	47.70	10.57	43.46	**101.73**
2017-18	44.67	10.06	36.41	**91.15**
2018-19	58.70	8.85	31.33	**98.87**
2019-20	52.83	8.03	16.45	**77.31**
2020-21	41.68	7.01	33.20	**81.89**
2021-22	54.35	6.04	110.11	**170.50**

Source: Compiled by the case writers from Divyajyoti Trust documents.

Exhibit 2.3 Surplus (In ₹ Millions)

Year	S1*	S1 as a % of Total Income	S2*	S2 as a % of Total Income	S3*	S3 as a % of Total Income
2010-11	9.39	83.25	9.39	83.25	0.00	0.00
2011-12	15.62	61.57	12.18	48.00	-3.44	-13.57
2012-13	27.36	64.50	24.56	57.91	-2.79	-6.58
2013-14	7.00	25.57	3.80	13.89	-3.20	-11.69
2014-15	28.72	49.99	24.55	42.72	-4.18	-7.27
2015-16	40.58	69.22	31.61	53.93	-8.96	-15.29
2016-17	43.46	47.68	32.90	36.09	-10.57	-11.59
2017-18	36.41	44.91	26.35	32.50	-10.06	-12.41
2018-19	31.33	34.79	22.48	24.97	-8.85	-9.83
2019-20	16.45	23.75	8.42	12.15	-8.03	-11.60
2020-21	33.20	44.34	26.18	34.97	-7.01	-9.37
2021-22	110.11	66.95	104.07	63.28	-6.04	-3.67

S1* : Total Income - Operational Expenditure

S2* : Total Income – (Operational Expenditure + Depreciation)

S3* : Total Income - Total Expenditure

Source: Compiled by the case writers from Divyajyoti Trust documents.

Exhibit 3 Outreach Camp Statistics

Year	#	Total OPD	OPD per camp
2010-11	13	1402	108
2011-12	73	16084	220
2012-13	110	16787	153
2013-14	121	19764	163
2014-15	152	25790	170
2015-16	163	26646	163
2016-17	319	37520	118
2017-18	369	46734	127
2018-19	468	44935	96
2019-20	465	39155	84
2020-21	20	323	16
2021-22	8	2352	294
2022-23	114	13034	114

Source: Compiled by the case writers from Divyajyoti Trust documents

Exhibit 4 Hospital statistics (Surgeries)

Year	Cataract				Other Surgeries				OPD Operations			
	Total	F (%)	S (%)	P (%)	Total	F (%)	S (%)	P (%)	Total	F (%)	S (%)	P (%)
2010-11	133.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2011-12	2725.00	88.99	1.54	9.47	513.00	64.72	3.12	32.16	350.00	15.71	10.57	73.71
2012-13	3829.00	83.23	4.75	12.01	1061.00	32.80	16.87	50.33	980.00	19.69	10.00	70.31
2013-14	4316.00	81.58	4.49	13.92	1198.00	45.16	16.28	38.56	1380.00	22.75	6.52	70.72
2014-15	5178.00	81.81	5.29	12.90	1353.00	51.44	11.90	36.66	1951.00	24.91	5.84	69.25
2015-16	6334.00	80.91	6.38	12.71	1959.00	47.78	10.06	42.16	2153.00	25.55	2.97	71.48
2016-17	7714.00	85.14	4.38	10.47	2071.00	59.49	7.39	33.12	2829.00	30.51	2.76	66.74
2017-18	7469.00	87.37	4.11	8.52	2358.00	64.76	8.52	26.72	2640.00	31.97	2.84	65.19
2018-19	7692.00	83.57	5.76	10.67	2552.00	62.81	9.37	27.82	2947.00	26.03	2.10	71.87
2019-20	7988.00	83.59	5.13	11.28	2402.00	66.36	9.28	24.35	2426.00	27.16	2.27	70.57
2020-21	4638.00	69.32	12.53	18.15	1592.00	54.71	18.72	26.57	1481.00	14.92	2.50	82.58
2021-22	7478.00	77.81	9.41	12.77	2270.00	61.98	14.36	23.66	1965.00	20.92	3.16	75.93
2022-23	8611.00	77.09	11.45	11.46	2427.00	67.24	7.46	25.30	2351.00	16.80	2.04	81.16

Source: Compiled by the case writers from Divyajyoti Trust documents.

F - free; S – subsidized ; P - paid.

Exhibit 5 Report by management intern on Donor Management

The number of institutional donors is half that of the individual donors. In the last decade there is a threefold increase in the number of donor transactions. The amount of donations has increased tenfold. The average donation size has increased to four-fold.

- The single donor is the dominant donor segment. They are confined to Surat, Bombay and Gujarat. There is no reason why the donor base cannot be widened.
- As of now the donors make a contribution almost by accident. The trust needs to engage with the donors, deepen the relation and convert every donor as a donor who contributes (even a small amount) regularly.
- The repeat donors constitute a small percentage of the donor population, and this is a matter of concern. The international donors need to be tapped by a compelling website, which explains the purpose of the trust, stories on compassion and action, appropriate call centre support. The motivation of these exercise is to convince the national and international donors to pledge a regular donation.
- Some donors donate for a specific cause. This needs to be respected. Adequate support in evidence to donor would strengthen the relationship between the donor community and the trust.
- Recently, the trust obtained permission to mobilize donations from international sources. This is a good opportunity to enhance the donor base and donation amount.
- The trust needs to establish a comprehensive donor management system. The activities of the trust should be promoted under the brand of compassion and helping the poorest of the poor in basic health care. The trust may consider learning from other charitable organization that how the donations can be enhanced, and donor base enlarged.

- The donation market is crowded from the perspective of a donor. The trust should make every attempt to be heard and position it as a priority destination for donors.
- The trust may also consider tapping into the corporate social responsibility (CSR)[a] funds.
- The Indian government launched Ayushman Bharat Yojana[b] in 2018. The trust should explore how it can take advantage of this scheme.

[a] In India, the Corporate Social Responsibility (CSR) mandate is a legal requirement under the Companies Act, 2013. It mandates that companies meeting certain financial thresholds must allocate a portion of their profits towards CSR activities. Specifically, companies with a net worth of ₹500 crore or more, or a turnover of ₹1,000 crore or more, or a net profit of ₹5 crore or more are required to spend at least 2% of their average net profits over the previous three years on CSR initiatives. This is also being monitored by the concerned authorities and non-compliance with this mandate can result in penalties and legal consequences for companies.

[b] It is flagship healthcare scheme in India, offering up to ₹5 lakh of health insurance coverage per family per year. It targets economically disadvantaged households and provides cashless treatment at empanelled hospitals across the country. It allows healthcare facilities to seek reimbursement of the expenses incurred in the delivery of the services to the economically weaker sections of the society.

Exhibit 5.1 Donor analysis

Total no of donors so far	312
One-time donors	221
Repeat donors	91

Exhibit 5.2 Type of donors

Type	**#**	**Amount***
Corporate Donors	9	66.43
Government	4	95.68
Individual donor (abroad)	2	0.52
Individual donor India	183	93.55
Institutional donor (abroad)	15	78.14
Institutional donor India	99	247.21
Total	**312**	**581.54**

*= in ₹ millions

Source: Compiled by the case writers from Divyajyoti Trust documents.

Exhibit 5.3 Summary statistics for donation

Year	**#**	**Total amount ***	**Average donation ***
2010-11	26	9.5	0.4
2011-12	59	17.1	0.3
2012-13	37	16.6	0.4
2013-14	30	25.5	0.8
2014-15	38	22.6	0.6
1015-16	62	35.1	0.6
2016-17	44	57.4	1.3
2017-18	34	52.6	1.5
2018-19	37	40.6	1.1
2019-20	38	37.4	1
2020-21	47	38.7	0.8
2021-22	81	123.4	1.5
2022-23	61	105.2	1.7

*= in ₹ millions

Source: Compiled by the case writers from Divyajyoti Trust documents.

Exhibit 5.4 Location wise donation (Frequency and Amount) for each year

Location/Year	Surat		Mumbai		Gujarat		Delhi		Maharashtra		Bengaluru		Rajasthan	
	#	Amount	#	Amount	#	Amount	#	Amount	#	Amount	#	Amount	#	Amount
2010-11	15	6.18	3	2.66	6	0.61								
2011-12	39	11.16	12	4.56	7	1.26							1	0.10
2012-13	14	3.28	9	5.37	13	6.67								
2013-14	15	6.75	4	11.58	7	1.55								
2014-15	12	11.41	13	6.82	11	3.32	1	0.29						
2015-16	31	15.71	14	11.15	13	2.35								
2016-17	13	12.18	9	10.53	13	9.53	1	4.77			1	0.10		
2017-18	14	12.85	7	6.67	8	1.85	1	0.66			1	0.10		
2018-19	11	18.38	11	13.35	11	4.84	1	1.36						
2019-20	16	20.44	7	9.40	12	1.91			1	1.80				
2020-21	21	23.44	9	8.92	18	6.38								
2021-22	35	72.85	17	38.70	28	11.32			1	0.50				
2022-23	24	33.92	19	46.98	18	24.27								
Total	**260**	248.54	**134**	176.68	**165**	75.87	**4**	**7.07**	**2**	**2.29**	**2**	**0.20**	**1**	**0.10**

Source: Compiled by the case writers from Divyajyoti Trust documents.

= Number of transactions

Amount of donation in ₹ millions

Maharashtra is Maharashtra excluding Mumbai city

Gujarat is Gujarat excluding Surat city

Exhibit 6 Average annual staff salary (In ₹)

Year	Ophthalmologists		Paramedics		Non-Technical	
	DJT	Salary Index	DJT	Salary Index	DJT	Salary Index
2010-11	0	0	0	0	0	0
2011-12	2,75,643	100.00	54,204	100.00	34,721	100.00
2012-13	4,13,145	149.88	80,552	148.61	37,884	109.11
2013-14	4,22,300	153.21	1,41,602	261.24	71,415	205.68
2014-15	5,22,899	189.70	1,33,376	246.06	58,546	168.62
2015-16	5,42,773	196.91	1,15,537	213.15	66,570	191.73
2016-17	5,99,682	217.56	1,59,700	294.63	77,792	224.05
2017-18	6,22,162	225.71	1,48,989	274.87	65,918	189.85
2018-19	8,30,811	301.41	1,40,506	259.22	69,876	201.25
2019-20	8,27,084	300.06	1,17,213	216.25	59,645	171.78
2020-21	8,52,759	309.37	1,24,538	229.76	62,343	179.55
2021-22	9,95,572	361.18	1,45,946	269.25	85,533	246.34
2022-23	11,26,951	408.84	1,65,299	304.96	97,366	280.42

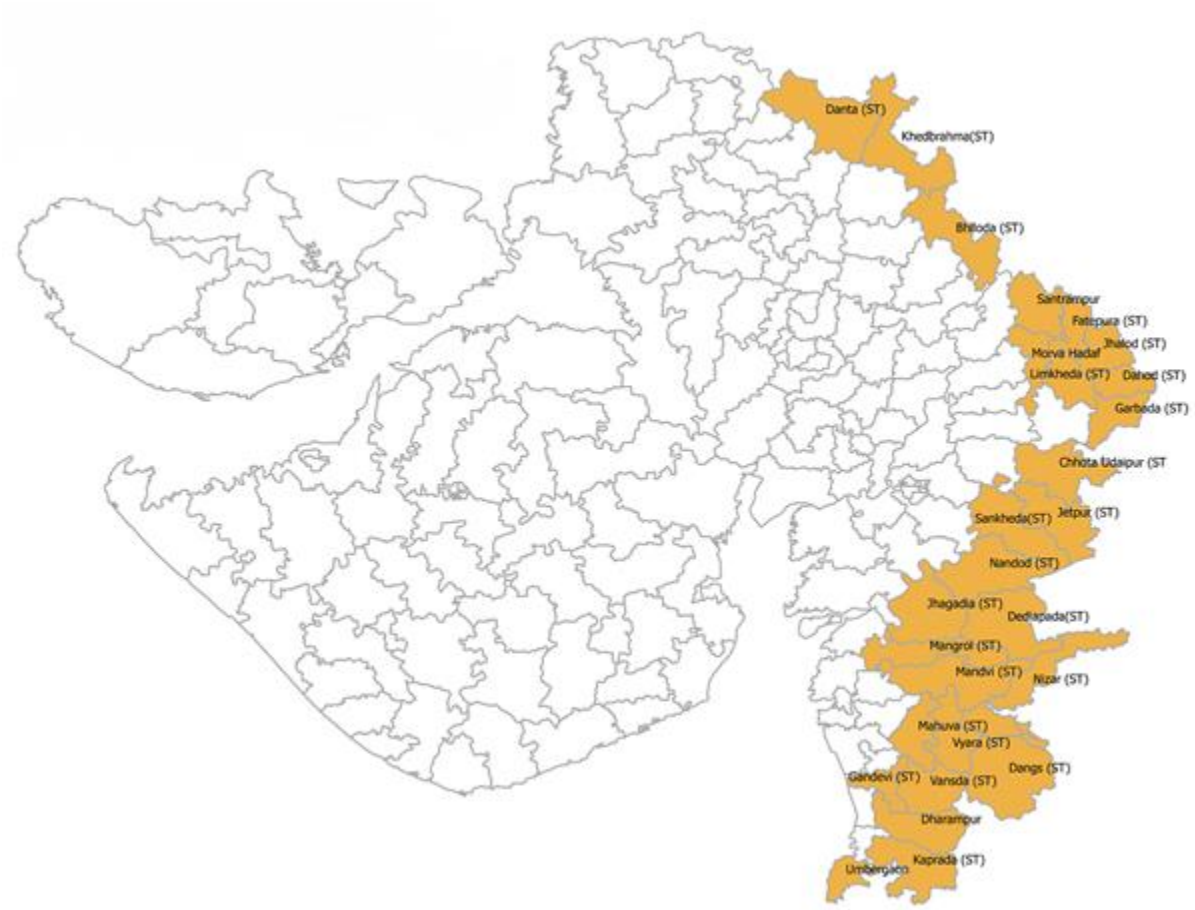
Source: Compiled by the case writers from Divyajyoti Trust documents

Exhibit 7 Staff strength and Attrition rate

Year	Ophthalmologists	Paramedics	Non-Technical	Total	Attrition rate (%)
2010-11	0	0	0	0	0
2011-12	5	21	20	46	8.70
2012-13	7	24	27	58	7.69
2013-14	7	27	33	67	17.60
2014-15	11	29	36	76	15.38
2015-16	13	43	44	100	5.68
2016-17	15	39	44	98	11.11
2017-18	15	42	48	105	11.82
2018-19	13	46	51	110	11.16
2019-20	15	60	65	140	8.00
2020-21	14	55	62	131	17.84
2021-22	13	61	68	142	16.24
2022-23	10	61	71	142	21.13

Source: Compiled by the case writers from Divyajyoti Trust documents.

Exhibit 8 Tribal Homelands in Gujarat



Source: Gujarat 2022 : Tribal belts (https://swarajyamag.com/politics/gujarat-2022-bjp-grinding-its-way-to-a-resounding-success-in-the-tribal-belt)

Exhibit 9 Flow chart for patients in Base hospital OPD

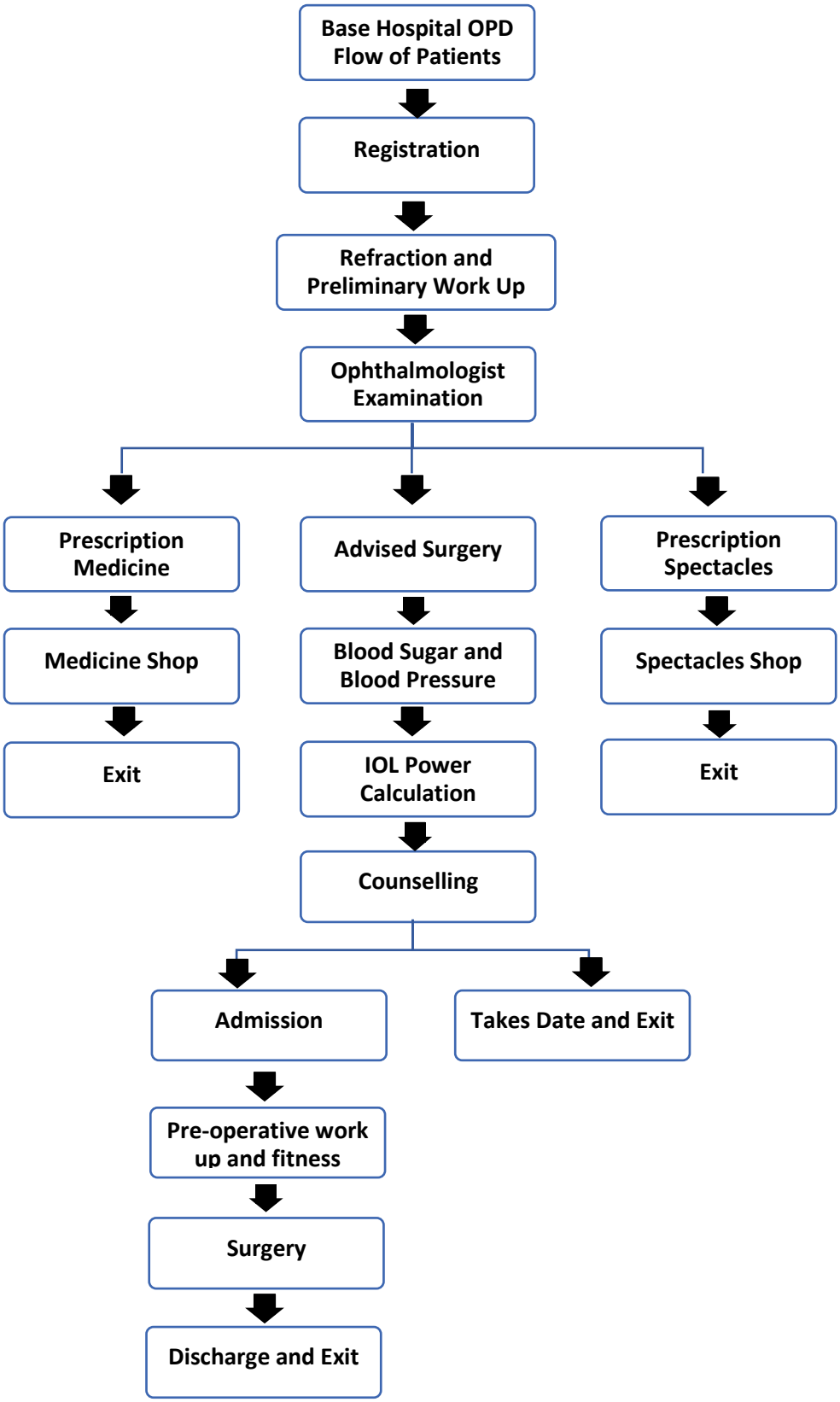


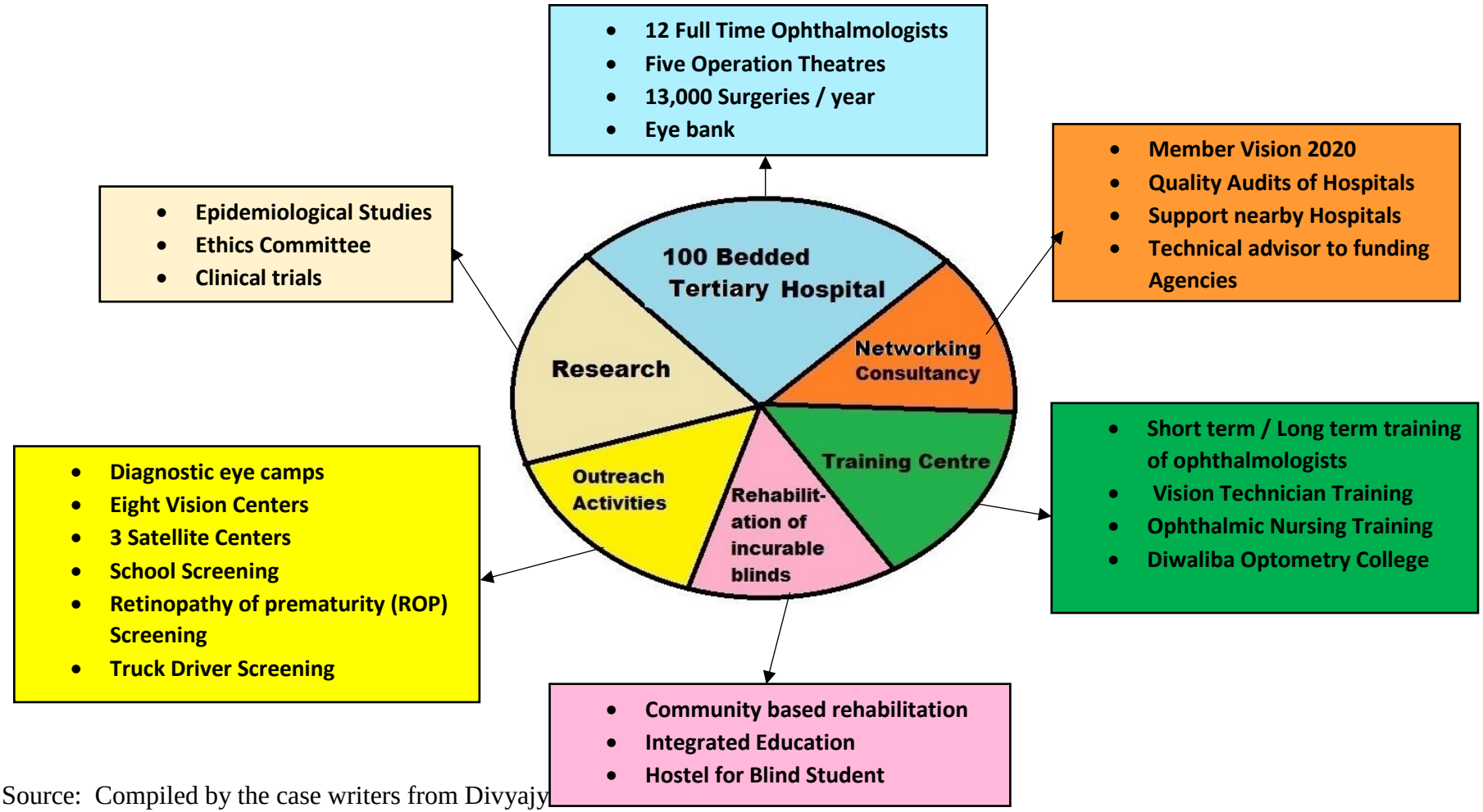
Exhibit 10 DIVYAJYOTI TRUST – Major Activities

2008-09	Decision to set up a trust in rural tribal area of Surat district was made
2009-10	Draft Memorandum of trust submitted to Assistant Charity Commissioner, Surat.
	Search for appropriate land to house trust activities was commenced.
	Memorandum was approved after several rounds of clarifications.
	Income tax exemption was secured
2010-11	Share and Care Foundation, USA indicated a support of $ 300000 to the trust. An application was made for one time permission under Foreign Contribution Regulation Act (FCRA)
	The trust commenced its activities without assured funding. The renovation of the factory building was completed in about 9 months with the financial support from local donors.
	Nurses and Ophthalmic assistants were recruited and sent to SEWA rural, Jhagadia, Dist. Bharuch for six months on job training
	Hospital support staff was recruited.
2011-12	Tejas eye care hospital under Divyajyoti Trust was inaugurated on 22nd May 2011
	Full time Retina specialist joined
2012-13	Started working with the Govt. of Gujarat under PPP mode at Netrang and Jhankhvav CHC. Providing OPD and surgical services regularly
	Started Community Based Rehabilitation programme for incurably blind persons in block
	Application for funding under FCRA was approved.
	ISO certification received
	Registration under Human Organ Transplant Act received
2013-14	Started Hostel for the blind children (Initial Strength-14)
	Helped Bhanuben Nanavaty hospital, Chorward restart its eye care services with the help of our team visiting the hospital and staying there
	Installed solar electrification plant
2014-15	FCRA registration received for five years
	Prepared School screening manual for Vision 2020 : Right to Sight India
	Few health education videos were prepared
	Yatin and Chirag – Ophthalmic assistants started doing in situ cornea excision during eye donation calls
	Started Community Based Rehabilitation programme for incurably blind persons in Umarpada and Mangrol
2015-16	Inauguration of training centre building
	One year Vision Technician and Ophthalmic nursing course started
	Shri Vijaybhai and Smt. Nipunaben Dalia declared donation of 3 acres of land at Amalsadi village near
	Received platinum category award of green building from Indian Green Building Council
2016-17	Three vision centres started – Dediapada, Sagbara, Umarpada
	One more satellite centre started at Vyara with Janak Smarak Trust Hospital
	Prestigious Diabetic Retinopathy project under tripartite agreement with PHFI and Govt. of Gujarat funded by Queen Elizabeth Diamond Jubilee Trust for Surat district
	Long term Retina fellowship started
	Started Community Based Rehabilitation programme for incurably blind persons in Vyara block
2017-18	Solar electricity generation plant with 10 KVA capacity installed in new training centre building
	Staff Cooperative society registered
	Ethics committee of Divyajyoti trust registered with CDSCO
	Lotus award from Vision 2020 : Right to Sight India for holistic development at the annual conference

	Received permission to start Optometry college – joined hands with Uka Tarsadia University
	Two more vision centres started – Bardoli and Uchchal
	Process to convert Amalsadi land into non agriculture purpose started
2018-19	Premium OPD started
	Tele consultation activity started on a regular basis
	NGO Darpan registaration done
2020-21	Foundation stone laying function held in January 21.
	Started clinical research work on a regular basis
	Received inaugural Jordan Kassalow award from Vision 2020 : Right to Sight India for providing high quality spectacles in huge numbers to the interior rural tribal community
2021-22	100000 eye operations completed
	Long term Paediatric Ophthalmology fellowship started
2022-23	Recognized for social contribution by short film making industry
2023-24	FCRA permission received in June 23
	Placement of whole 3rd batch of Optometry students in Lenskart with market based compensation

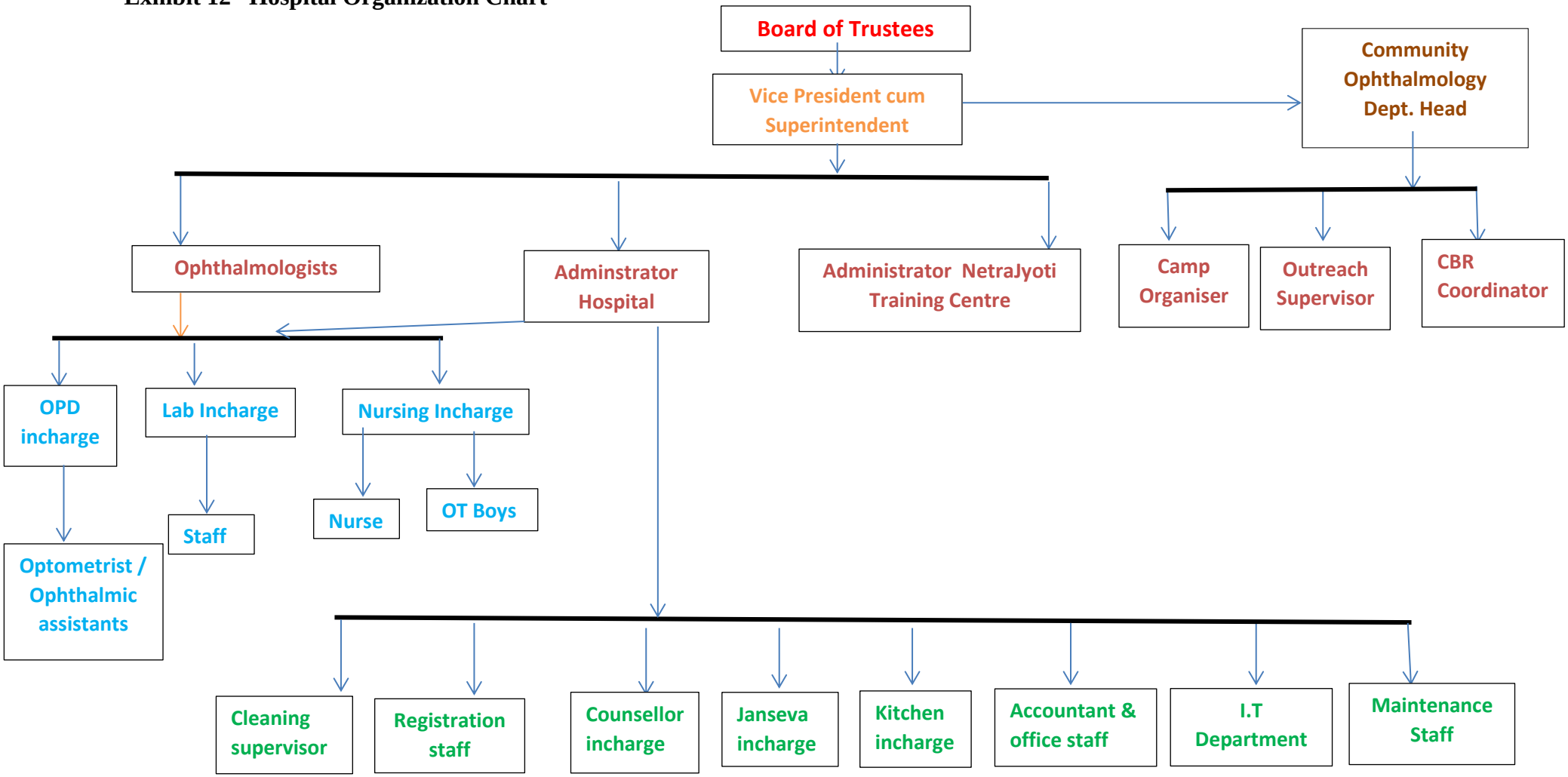
Source: Compiled by the case writers from Divyajyoti Trust documents

Exhibit 11 Hospital Activities



Source: Compiled by the case writers from Divyajy

Exhibit 12 Hospital Organization Chart



Source: Compiled by the case writers from Divyajyoti Trust documents.