



Cure  
Blindness  
PROJECT™

# Investing in Sight, Transforming Lives:

## Release of the **Social Return on Investment Study**

September 11, 2025 | Uttar Pradesh, India





Cure Blindness Foundation India (CBFI) released the Social Return on Investment (SROI) Study in Lucknow, Uttar Pradesh, on September 11, 2025. The event brought the spotlight onto the Blindness Prevention Program being implemented in Sitapur district since 2018. Conducted by Deloitte India, the study evaluates the program's impact across three blocks—Biswan, Tambaur, and Laharpur—where over 126,000 individuals were screened and 76,658 cases of corneal abrasions were treated, with a 98% healing rate within three days.



The study underlined that for every \$1 USD invested, the initiative generated \$7.30 USD in social value, including \$2.92 million in avoided surgical costs and \$262,000 in wage loss prevention. The program also achieved a 98% patient satisfaction rate and significantly reduced hospital visits.

The SROI event brought together government officials, healthcare leaders, and community health workers, highlighting the program's alignment with national blindness control strategies and the WHO's Integrated People-Centred Eye Care (IPEC) model. Key recommendations from the day's proceedings include policy integration, standardized training, digital referral tracking, and leveraging CSR funding.

Beyond financial metrics, the program in Sitapur has empowered women, strengthened local health systems, and fostered social transformation. With strong government support and proven outcomes, the initiative presents a scalable model for community eye health, contributing meaningfully to India's public health goals and the Sustainable Development Goals.

# Release of the Social Return on Investment Study Inaugural Session

September 11, 2025



## Background

**Cure Blindness Foundation India (CBFI)** organized an event on September 11, 2025, in Lucknow, Uttar Pradesh, to release the Social Return on Investment (SROI) Study conducted by Deloitte on the Blindness Prevention Program being implemented in the Sitapur district of Uttar Pradesh. The program represents a successful collaboration between CBFI and Sitapur Eye Hospital, supported by government authorities and key stakeholders since 2018. The Blindness Prevention Program operates across six blocks of Sitapur- Biswan, Tambaur, Laharpur, Rampur Mathura, Mahmudabad, and Nanpara, which aims to strengthen primary eye care services at the community level through an integrated and sustainable model.

The SROI study release event brought together senior representatives from the state government's health departments, district and local authorities, partner organizations, eye health institutions, and Community Health Workers (CHWs) from all six program blocks. The event saw participation from more than 80 attendees and received extensive media coverage, drawing significant attention to both the study findings and the ongoing eye health initiative in Sitapur.

This report presents key moments from the event and summarizes the main insights and discussions that emerged throughout the day.

## Inaugural session

The inaugural session of the Social Return on Investment (SROI) Study release featured inspiring addresses from distinguished guests representing government, healthcare, and development sectors. Speakers emphasized the transformative potential of community-driven eye health initiatives and the importance of integrating primary eye care within existing public health systems.



**MR PATRICK EMERY**  
ASSOCIATE VICE PRESIDENT, ASIA  
CURE BLINDNESS PROJECT

Opening the event, **Mr Patrick Emery, Associate Vice President, Asia, Cure Blindness Project**, extended a warm welcome to all dignitaries, government representatives, and implementing partners.

He highlighted the significance of the day, marking the culmination of years of collaboration and research that shaped the SROI Study- Investing in Sight and Transforming Lives. He expressed deep gratitude to partners, including Sitapur Eye Hospital, the ASHAs, and leadership from the Government and Health Departments across six Sitapur blocks, Uttar Pradesh for their crucial role in strengthening primary eye care systems.



Mr Emery emphasized that the program's strength lies in its integration within the public health infrastructure, enhancing existing systems rather than creating parallel ones. He noted that the program's returns are not only economic but also social and emotional—restoring independence, dignity, and hope to individuals and families affected by vision loss. He further underlined that while the study is rooted in India's experience, it carries valuable lessons for the broader region and globally, offering a model for scalable and sustainable eye health programming.



**MR ASHISH JAYSEELA**  
DIRECTOR, SOCIAL IMPACT CONSULTING  
DELOITTE INDIA

Building upon this, **Mr Ashish Jayseela, Director, Social Impact Consulting, Deloitte India**, provided insights into the study's methodology and impact findings. Speaking on behalf of Deloitte, which conducted the independent SROI assessment, he emphasized how the partnership between Cure Blindness Project, the Government of Uttar Pradesh, and Sitapur Eye Hospital demonstrates an exemplary public-private collaboration. He noted that by leveraging the existing public health workforce, particularly ASHAs and ASHA Sanginis, the program has ensured sustainability and replicability without the need for additional resources.



**DR PROMILA GUPTA**  
FORMER DIRECTOR GENERAL  
OF HEALTH SERVICES,  
GOVERNMENT OF INDIA

Adding to this perspective, **Dr Promila Gupta, former Director General of Health Services, Government of India**, acknowledged Cure Blindness Project's alignment with the National Programme for Control of Blindness and Vision Impairment - a mission close to her heart.

Drawing from her experience as the former lead of the National Programme for Control of Blindness & Visual Impairment (NPCB-VI), she highlighted that India bears nearly 20% of the world's blindness burden, with 7.4% attributed to corneal blindness, a condition curable only through corneal transplantation. Given the persistent shortage of donor corneas, Dr. Gupta stressed the importance of early detection and preventive measures.

She commended Cure Blindness Project's initiative to train ASHAs to identify early symptoms of eye diseases such as corneal ulcers that ensure timely referral and management. This approach, she highlighted, is making a measurable difference in patient outcomes, livelihoods, and economic resilience. The community-based model not only improves health outcomes but also reduces the socio-economic burden on families. **Dr Gupta encouraged scaling this initiative nationally, emphasizing the critical role of prevention and early intervention in India's blindness control strategy.**

Across six Sitapur blocks, Biswan, Tambaur, Laharpur, Rampur Mathura, Mahmoodabad, and Nanpara, the initiative screened over 1.26 lakh patients, trained 1,266 ASHAs (over half with a decade of experience), treated 74,622 corneal abrasions, and managed 48,734 other eye conditions, achieving an exceptional 98% patient satisfaction rate. **The analysis found that for every \$1 USD invested, the program generated \$7.30 USD in social value through avoided vision loss, reduced healthcare and travel costs, and preserved economic productivity.** Mr. Jayseela contextualized this within broader developmental goals, noting that improving health outcomes is integral to Uttar Pradesh's ambition of becoming a \$1 trillion economy, and applauded the project as a model for cross-sectoral development partnerships.





**DR AMIT KAPOOR**  
MEDICAL OFFICER IN-CHARGE, BISWAN  
UTTAR PRADESH, INDIA

Echoing the on-ground perspective, **Dr Amit Kapoor, Medical Officer In-Charge of Biswan Block**, reflected on the transformative journey he witnessed since the program’s introduction in 2018. He described the remarkable shift in community awareness, largely driven by ASHAs and ASHA Sanginis who now serve as trusted health advocates within their villages. Initially uncertain of its potential, he has since observed how regular training and mentoring have empowered ASHAs and ASHA Sanginis to become key agents of change in their communities. These frontline health workers now play a pivotal role in identifying early eye conditions, guiding patients to appropriate care, and creating awareness about preventive practices. Dr. Kapoor praised their dedication and sincerity, noting that their efforts have prevented countless cases of avoidable blindness and safeguarded families from both physical and financial distress.

**He described their work as a “bridge between health systems and the community,” one that has illuminated lives and restored livelihoods across Sitapur district.**



**DR A.K. SRIVASTAVA**  
ADDITIONAL CHIEF MEDICAL OFFICER OF  
SITAPUR, UTTAR PRADESH, INDIA

Completing the inaugural reflections, **Dr A.K. Srivastava, Additional Chief Medical Officer of Sitapur**, commended Cure Blindness project for bringing advanced eye care services to the grassroots level.

As an eye surgeon himself, he remarked on the significant leap in service delivery, where procedures like fluorescent corneal testing, earlier limited to hospitals, are now effectively conducted at the village and panchayat level through trained ASHAs. This decentralization of care, supported by continuous guidance from Sitapur Eye Hospital and Cure Blindness Project, has enabled earlier diagnosis, timely treatment, and greater accessibility for rural populations.

**Dr Srivastava reaffirmed the government’s commitment to supporting and scaling the initiative, while emphasizing the need for continuous training, supervision, and standardized guidelines to ensure quality and responsible practice.**





# Overview of the Primary Care Program in Uttar Pradesh & Key Findings from the SROI Study

**Ms Shaifali Sharma, Country Director – India, Cure Blindness Project**, took the audience through some of the salient points about the Blindness Prevention Program and the findings of the Social Return on Investment Study being launched at the event.

The Blindness Prevention Program implemented by Cure Blindness Project in Sitapur, Uttar Pradesh, represents a transformative model of community-led eye care. The model established in 2018 in Sitapur, together with the Sitapur Eye Hospital, is a pioneering initiative that integrates community-based eye care with systemic health strengthening. Anchored in a people-centric approach, the initiative leverages the capacity of trained Community Health Workers (CHWs) to deliver timely screening, treatment, and referrals directly at the doorstep of underserved populations. Designed to address preventable blindness and vision impairment, the program aligns with India's public health priorities and the WHO's Integrated People-Centred Eye Care (IPEC) model. The program's localized strategy strengthens primary healthcare systems, addresses geographic disparities, and fosters inclusivity through a women-led workforce.

As part of the program, CHWs are upskilled in eye anatomy and disease identification, enabling them to manage comprehensive eye care conditions, including corneal abrasions—98% of which healed within three days—and refer complex cases to vision centers and tertiary hospitals.

Over 126,901 individuals were screened by CHWs, with 76,658 cases of corneal abrasion identified. Remarkably, 98.12% of these cases healed within three days, demonstrating the efficacy of doorstep care. Additionally, 1,436 referrals were made to higher-level facilities, ensuring timely intervention for complex conditions.

The Social Return on Investment (SROI) study was conducted to quantify the broader impact of this intervention. Using a mixed-methods approach—including field visits, stakeholder interviews, and quantitative analysis, the study captured both tangible and intangible outcomes. Key findings revealed significant improvements in community awareness, behavioural shifts toward timely eye care, and enhanced credibility of local health facilities. CHWs reported strengthened relationships within their communities, with many women gaining recognition as changemakers.

**From a financial perspective, the program generated an SROI of \$7.30 USD, meaning every dollar invested yielded over seven dollars in social value.**

- \$2.92 million in avoided costs of corneal surgeries.
- \$262,227 in wage loss was prevented due to accessible local treatment.
- 85% of patients did not need to visit a hospital during treatment.
- 70% of patients would not have afforded treatment without the program.



The study also highlighted areas for improvement, such as reinforcing standard operating procedures, enhancing referral tracking, and integrating the program into national health policy frameworks. These insights pave the way for scaling the initiative and sustaining its impact.



Overall, the SROI study validates the Blindness Prevention Program as a high-impact, cost-effective model for community eye care. It not only restores vision but also empowers women, strengthens local health systems, and contributes to broader social transformation aligned with the Sustainable Development Goals (SDGs).



Beyond financial metrics, the program catalyzed significant social transformation. 93% of CHWs reported improved availability and accessibility of eye care. 100% noted stronger community relationships, with many women CHWs gaining recognition as local leaders. The initiative also led to a gender shift, with male family members proudly identifying as “ASHA Pati,” reflecting increased respect for women in health roles.

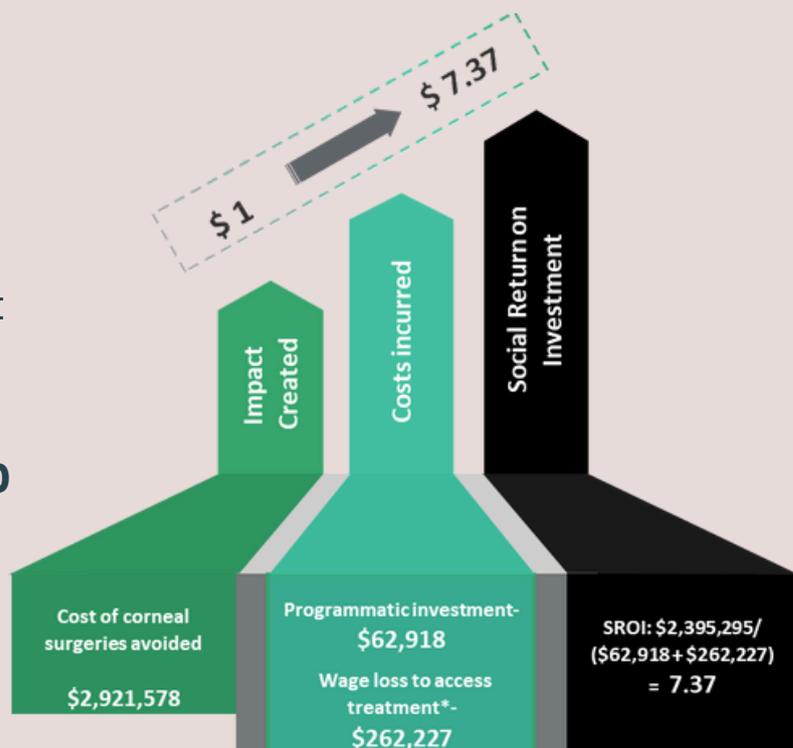


The program’s success has implications for policy integration. Its alignment with SDGs—particularly those related to health, gender equality, and poverty reduction, makes it a strong candidate for scale-up through government partnerships. Recommendations include reinforcing SOPs, improving referral tracking via digital tools, and integrating CHW remuneration and administrative support into public health schemes.





The SROI model developed shows that **for every \$1 invested** we are getting a **return of around \$7.30**





## Release of the Social Return on Investment Study

The panel discussion held during the launch of the Social Return on Investment (SROI) Study brought together diverse voices from the government, nonprofit, and healthcare sectors. The discussion was moderated by Mr. Vasanth Kumar, Senior Director, Tertiary Care Program, Cure Blindness Project.

Panelists included:

- Dr Promila Gupta, Former Director General of Health Services, Government of India
- Dr Umang Mathur, CEO, Dr. Shroff's Charity Eye Hospital (SCEH)
- Ms Sunita Devi, ASHA Sangini, Leherpur Block, Sitapur
- Ms Rohini Shekhar, Manager, Social Impact Consulting, Deloitte India
- Mr Sujeet Verma, District Program Manager, Sitapur
- Ms Shaifali Sharma, Country Director, India, Cure Blindness Project
- Dr Pankaj Saxena, State Program Officer for NPCBVI, Government of Uttar Pradesh

The panel discussion primarily focused on understanding the contours of the program in Sitapur, along with insights from other community-centric eye health programs and the government's current and future focus areas and priorities.

He mentioned that most corneal transplants that are necessitated for patients are an indication of failure of the public health system.

Early diagnosis and intervention have been proven effective in preventing avoidable blindness and reducing the need for corneal transplants. This prevention and early intervention are a proven method to reduce corneal blindness, especially in rural areas where agricultural injuries are common.



**MS SUNITA DEVI**  
ASHA SANGINI FROM LEHERPUR BLOCK,  
SITAPUR, UTTAR PRADESH, INDIA

One of the most moving contributions came from **Ms Sunita Devi, ASHA Sangini from Leherpur Block**, who shared firsthand experiences of the program's impact. She spoke of how the initiative has not only prevented thousands of cases of blindness and other critical eye conditions but has also helped the entire community understand and respect the value of the cadre of ASHA workers closely.

She mentioned during the discussion that the training that is provided and the holistic structure of the program have helped the



"I am very happy to be part of the blindness prevention program. Many people have regained their sight free of cost, saving families time, travel expenses, and workdays. This program has truly changed lives."

– **Ms Sunita Devi**  
ASHA Sangini from Leherpur block  
of Sitapur, Uttar Pradesh, India



**DR UMANG MATHUR**  
CEO- DR SHROFF'S  
CHARITY EYE HOSPITAL

**Dr Umang Mathur, CEO at Dr Shroff's Charity Eye Hospital**, while speaking of the demonstrable advantages of community-forward and community-centered eye care, touched on a few important aspects.

community realise that the potential of ASHA workers lies beyond maternal and child health alone.

Notable across the discussions of the day was the evidence that the model of the Blindness Prevention Program in Sitapur has demonstrated the indirect fiscal benefits and access to health at the block and district levels.



**MS SHAIFALI SHARMA**  
COUNTRY DIRECTOR INDIA  
CURE BLINDNESS PROJECT

**Ms Shaifali Sharma, Country Director India, Cure Blindness Project**, spoke about the key aspects of the program in Sitapur. She highlighted that one of the core drivers of its success has been the strong support received from the government at all levels. There was a shared understanding that the program did not create a parallel or unsustainable eye health system; instead, it built upon and strengthened existing government institutions and service units to extend outreach and amplify impact for beneficiaries.

She further emphasized that the program’s success is largely attributed to the close involvement and dedication of the ASHA Sanginis, ASHAs, and block and district representatives. Their consistent presence and commitment have made the program both effective and impactful, contributing to a stronger system with lasting gains.



**MR SUJEET VERMA**  
DISTRICT PROGRAM MANAGER  
SITAPUR, UTTAR PRADESH

Adding a district-level perspective, **Mr Sujeet Verma, District Program Manager, Sitapur**, spoke about the physical and operational challenges faced by ASHAs and Sanginis due to the district’s geographical spread. He expressed pride in their technical expertise and commitment, noting that the program’s most enduring outcome lies in the capacities it has built among community health workers.



**MS ROHINI SHEKHAR**  
MANAGER – SOCIAL IMPACT CONSULTING  
DELOITTE

From a data and evaluation standpoint, **Ms Rohini Shekhar, Manager, Social Impact Consulting, Deloitte India**, elaborated on how the SROI study captures the program’s efficiency and social impact. Since the Sitapur program operates as a free-of-cost model, she noted that it can be compared to models like

the UK’s National Health Service in terms of community benefit. The study primarily draws on stakeholder perspectives—including CHWs, patients, and government officials— to quantify impact and value.



**DR PROMILA GUPTA**  
FORMER DIRECTOR GENERAL OF  
HEALTH SERVICES  
GOVERNMENT OF INDIA

**Dr Promila Gupta, Former Director General of Health Services, Government of India**, shared valuable insights on how models like the one demonstrated in Sitapur align with the broader programs and priorities of the Government of India. She emphasized that prevention, early detection, and timely treatment form the cornerstones of the government’s blindness control efforts.

Dr. Gupta highlighted that the proven efficacy of the Sitapur Blindness Prevention Program demonstrates its potential for scaling and replication—both across Uttar Pradesh and in other states. However, she emphasized that such expansion would require seamless coordination between central and state agencies, departmental units, and non-governmental organizations to ensure sustainability and effectiveness.



**DR PANKAJ SAXENA**  
THE STATE PROGRAM OFFICER FOR  
NPCBVI, UTTAR PRADESH

**Dr Pankaj Saxena, State Program Officer, NPCBVI**, emphasized the importance of primordial prevention and the need to strengthen health-seeking behavior as critical measures for reducing blindness at the community level. He reaffirmed that the state government’s focus remains on enhancing and expanding community-based health services to ensure equitable access to eye care.

Dr. Saxena also cautioned against the risk of creating unqualified or unregulated medical practitioners at the block or village levels. He stated that a comprehensive and well-regulated program, guided by clear protocols and accountability mechanisms, could be considered for scaling by the Government of Uttar Pradesh.



The next session included a presentation and a detailed discussion with members of the audience on the next collective suggestions, challenges, and opportunities for community eye health scaling and models in Uttar Pradesh. The session commenced with a presentation by **Ms Lopamudra Sanyal, Manager- Government Relations and Gender Equity at Cure Blindness Project**. The presentation focused on illustrating the key areas and insights for future work as evidenced by the SROI study report.

## Core Advocacy Imperatives: Policy Integration and Coalition Building

Advocacy efforts should center around integrating eye health into the existing public health framework and securing high-level political buy-in for long-term sustainability.

### 1. Policy Integration and System Alignment:

- A primary advocacy goal is to integrate eye health into state and national public health policies.
- This integration can be operationalized by partnering with state authorities to include eye care in Programme Implementation Plans (PIPs).
- This strategic alignment supports major government initiatives, including the National Programme for Control of Blindness and Visual Impairment (NPCBVI), Rashtriya Bal Swasthya Karyakram (RBSK), and the Universal Eye Health Initiative (UEHI).
- The approach ensures long-term sustainability by requiring the improvement of existing systems and the building of foundational capacity, while aligning and integrating program manuals with government curriculum. The overall model is integrated and aligns with the WHO's Integrated People-Centred Eye Care (IPEC) model.

### 2. Strategic Coalition Building:

- A core strategy for the future points towards building coalitions through engaging stakeholders for consultations at the district and state levels.

- Collaboration can be prioritized with NGOs, professional bodies, and institutions. This collaboration serves multiple purposes: presenting program outcomes, sharing best practices, and defining strategic directions for eye health.
- A key focus of advocacy discussions involves identifying state or block programs that can support ASHA/CHW training and exploring whether existing resources within block or district budgets can be re-routed towards eye health.

## Key Programmatic Strategies and Operational Takeaways

### 1. Capacity Building and Training:

- The core programmatic takeaway is the essential need to train general healthcare workers in basic eye care.
- Specific focus must be placed on training Community Health Workers (CHWs) in eye care. This includes expanding training modules across the state, utilizing existing materials but applying them towards a tailored application.



- To ensure sustained programmatic impact, training modules must be formalized through curriculum integration. Programmatic leaders must actively align the training of CHWs with existing government initiatives, specifically ASHA training programs.

## 2. Service Delivery and Scaling:

- The integrated model focuses programmatically on prevention and early detection.
- A critical operational necessity is strengthening the referral system by enhancing referral pathways and community services.
- Programmatic scaling should be achieved using adaptable models, such as Public-Private Partnerships (PPPs), ensuring that the integrated strategies effectively reach underserved areas.

## Insights from audience members:

### 1. Integrating ASHA Workers into Eye Health Programs



- **Dr Promila** emphasized that ASHA workers, who already screen individuals above 30 years for blood pressure and diabetes, can easily incorporate basic vision screening using a simple “E” chart during household visits. This two-minute test could help identify individuals requiring further care.
- **Dr Shalinder from Shroff’s Charity Hospital** highlighted that ASHAs can improve patient compliance before and after surgery due to their established community trust. They can

also strengthen referral and long-term follow-up systems and support specialized programs such as Retinopathy of Prematurity (ROP).

- **Ms Urja Arora – Project Officer at Sightsavers** stressed ASHAs’ role in changing community psychology and health-seeking behaviour. She noted that eye health is often deprioritized in rural communities and urged for top-down communication that expands ASHAs’ perceived roles beyond maternal and child health to include eye care advocacy. She also suggested a campaign-mode approach to eye health, positioning ASHAs as local “she-heroes.”



- **Dr Rajesh Saini, CEO of Greater Lions Eye Hospital**, shared that the Government of India plans to relaunch the National Program for Control of Blindness in a new form by April 2026, with provisions to better integrate ASHAs. He underlined that ASHAs currently work on an incentive model, and

and for eye care to be sustainable, blindness indicators must be formally included in their key performance metrics and incentive structure.

## 2. Technology and Data Integration for Systemic Change



**Mr Manoj Bharti (UP State Program)** proposed the creation of a national-level digital registry or software that allows patients to self-register for eye conditions. Such a

database would be accessible to government bodies, NGOs, and private hospitals, ensuring seamless referrals and reducing patient dropouts. He also called for similar transparency and data tracking in eye banks to better manage corneal transplant waiting lists.



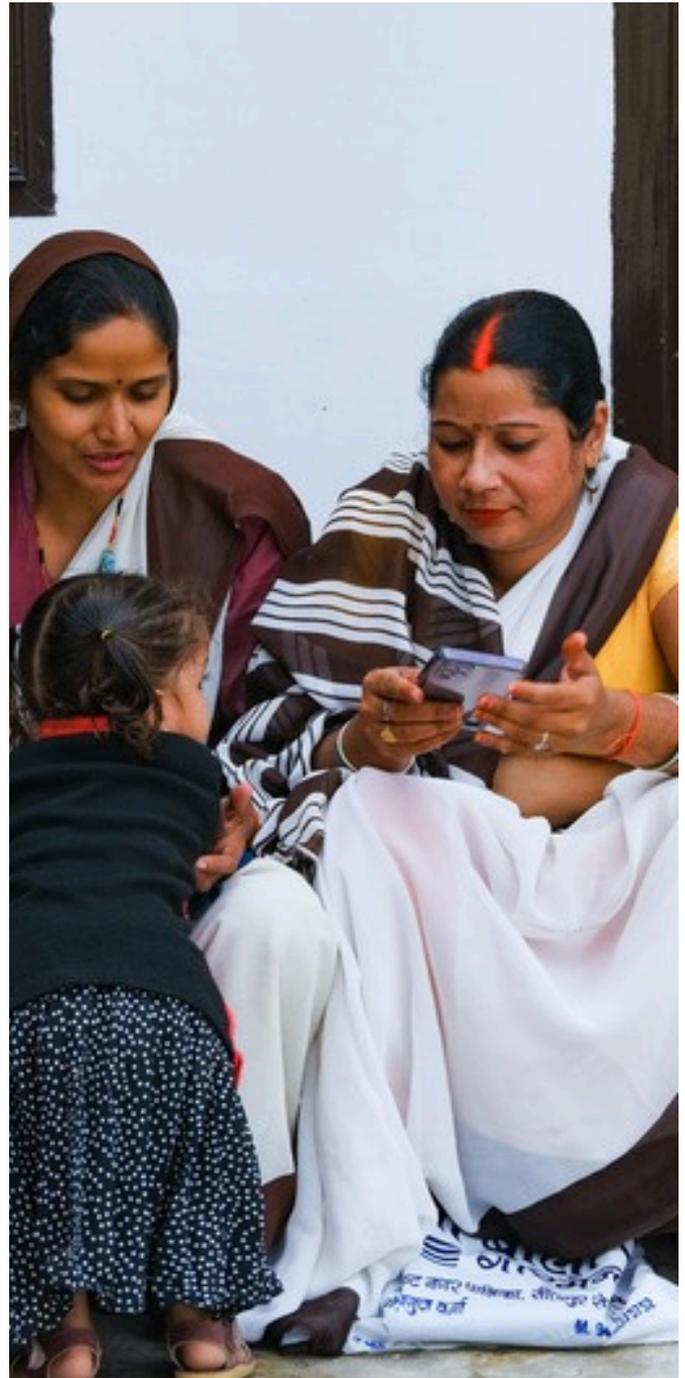
**Mr Ankit Shrivastava, Consultant, Deloitte**, endorsed technology as a unifier, suggesting a bottom-up approach that begins at the district level. He discussed the

potential of mobile-based applications, AI tools, and self-diagnosis apps (like Lenskart or Titan Eye) to improve access. However, he cautioned about digital divides in rural areas and advocated for gradual scaling. He also emphasized that sustainability depends on convergence and knowledge sharing among government, NGOs, and private partners.



**Mr Ashish Jayseela, Director-Social Impact Consulting-Deloitte**, discussed the need for customized, data-backed CSR proposals instead of one-size-fits-all templates. He explained

that CSR priorities vary—some corporates focus on women’s empowerment, others on skill development—and eye health initiatives should be framed accordingly (e.g., ASHA capacity building under skill development). He highlighted that around Rs 15,000 crore of CSR funds go into healthcare, and strategic positioning could help eye care programs access a share of this.



### 3. Holistic and Sustainable Program Design



**Dr Pankaj Saxena** urged that eye care programs be designed holistically, linking medical, health, and business components. He emphasized balancing demand generation

(screening and awareness) with adequate service delivery capacity to prevent system overload. He called for clarity on referral linkages, inclusion of financing mechanisms like health insurance, and realistic program design that reflects field realities. He also cautioned against overburdening ASHAs and suggested exploring male health cadres to balance workload. He stressed using local data (not just international) and communicating in local languages to ensure community-level impact.

Dr Saxena reiterated that for any proposal to gain government approval, it must have:

- a clear concept note with measurable objectives and outcomes,
- cost-effective budgeting with a focus on program activities,
- well-defined referral linkages, and
- strong Information Education Communication (IEC)/Behaviour Change Communications (BCC) components to promote health-seeking behaviour.

He stressed that data-driven evidence and scalable pilot models are essential for long-term inclusion in government plans.





**Ms Shweta Verma from Vision Spring** pointed out that eye care is already a small component in ASHA training. She recommended mapping the existing training content

and identifying what can be strengthened or expanded, with greater emphasis on prevention and early screening rather than focusing solely on cataract or corneal surgery. She also highlighted the underutilization of Ayushman Bharat at the community level and called for more effective activation of the scheme to support financing.



**Dr Rajesh Saini from Siliguri Greater Lions Eye Hospital,** reaffirmed that the Government of India recognizes NGO participation as essential for scale and success. Future blindness

programs will adopt a government-NGO-private partnership model with updated incentives for ASHA workers and revised NGO guidelines.



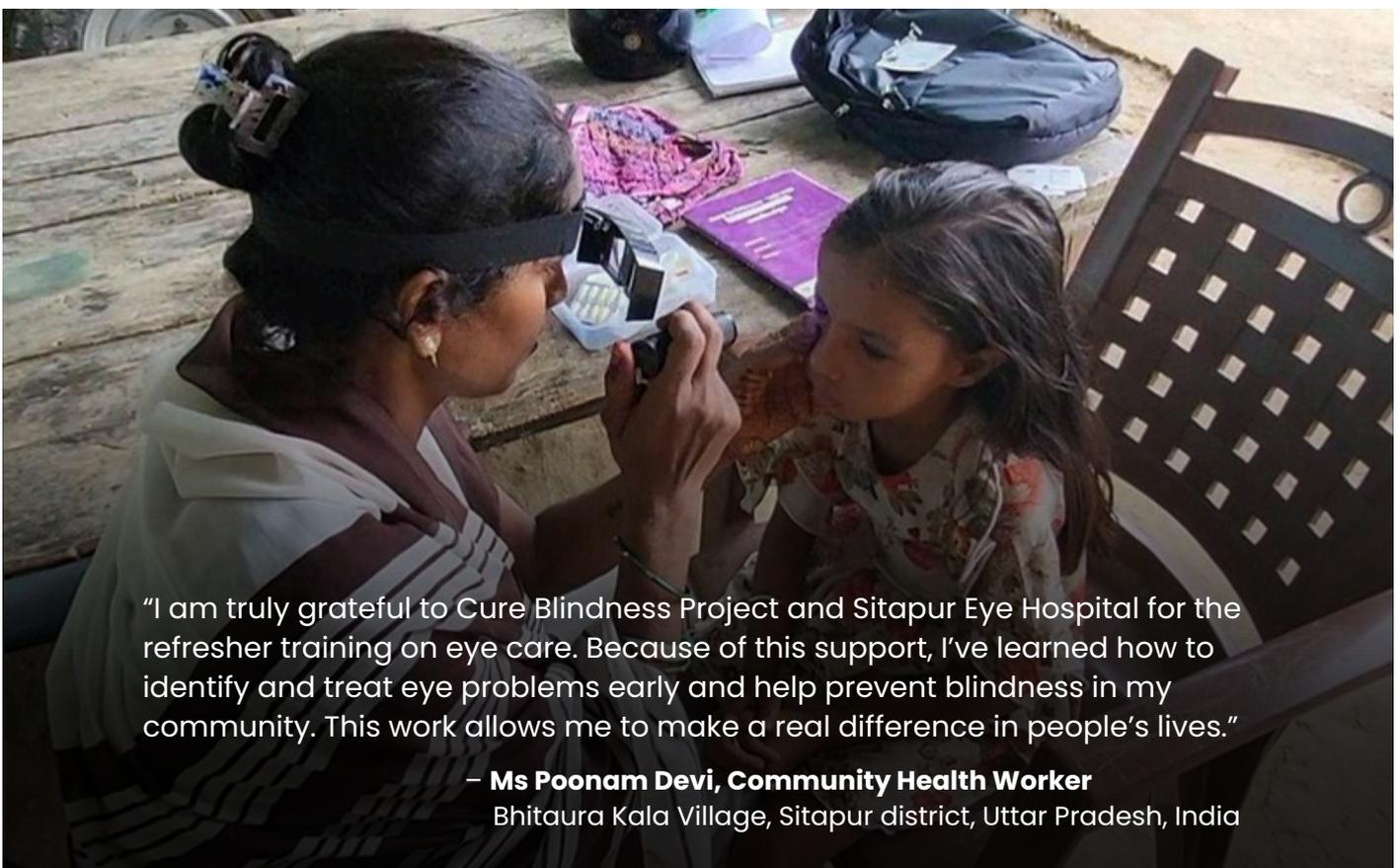
**Dr Shalinder Sabherwal from Dr. Shroff's Charity Eye Hospital** reinforced that NGO-government collaboration must be level-specific: some areas may need primary-level

support, others may require tertiary expertise (e.g., surgeons). Customization by district context is key to long-term sustainability.



**Mr Samrat Ganguly from Akhand Jyoti Eye Hospital** underscored that scaling outreach from 1.3 lakh to 5 lakh surgeries requires government partnership. CSR donors often

prioritize projects demonstrating active government partnerships; therefore, public-private convergence must be central to proposal development. He also advocated for integrated funding models that define clear roles for government, NGOs, and corporate partners.



"I am truly grateful to Cure Blindness Project and Sitapur Eye Hospital for the refresher training on eye care. Because of this support, I've learned how to identify and treat eye problems early and help prevent blindness in my community. This work allows me to make a real difference in people's lives."

– **Ms Poonam Devi, Community Health Worker**  
Bhitaura Kala Village, Sitapur district, Uttar Pradesh, India

The discussions at the event and the input by key stakeholders are outlined below.





“Because of the comprehensive eye care training I received, I felt confident to help many patient on time. People in the village trust me, and I feel proud that I can support them when they need it. As a woman working in my own community, I feel even more proud that I am able to bring these services to people’s doorsteps, saving them time, money, and worry”

– **Ms Shashiprabha, Community Health Worker**

Basntapur village in Tambaur block, Sitapur district, Uttar Pradesh, India





**A powerful moment of collaboration and shared purpose—government leaders, partners, and community changemakers united at the SROI release event to celebrate our collective impact in restoring sight and advancing eye health.**



 Cure Blindness PROJECT™

Cure Blindness Foundation India, (formerly known as SightLife India)  
Avanta Business Centre, First Floor, Southern Park, D2 District Centre,  
Saket, New Delhi 110017  
+91.11.3044 6513 | [cureblindnessindia.in](http://cureblindnessindia.in)