Dr. Shroff’s Charity Eye Hospital

DELHI: 5027, Kedarnath Road, Daryaganj
New Delhi-110002, India
Tel: 011-43524444 & 43528888
Fax: 011-43528816
Website: www.sceh.net

ALWAR: 1st Floor, Plot# 138
Subhash Nagar
(After Railway Overbridge)
Alwar, Rajasthan, India
Tel: 0144-5120559, 5120560, 5131960

GURGAON: 125/22
Bhanu House, Opp. ITI Gate
Old DLF Colony, MG Road
Sector-14, Gurgaon
Haryana, India
Tel: 0124-4300556, 4300557, 4300558

MEERUT: Budhana Gate
Meerut
Uttar Pradesh, India
Tel: 0121-2422077

LAKHIMPUR KHERI: Shahjahanpur Road
Near Garg Crusher
P.O. Mohammadi, Dist. Lakhimpur Kheri
Uttar Pradesh, India
Tel: 08899981166

SAHARANPUR: Rampur Maniharan
Near Motherland School, Telipura
Delhi-Saharanpur Road
Rampur Maniharan, Saharanpur
Uttar Pradesh, India
Tel: 080-57179596

Annual Report 2011-12

1914 - 2012
98 years of caring
The Past and the Present

For the past 98 years, since its inception in 1914, Dr. Shroff’s Charity Eye Hospital has served the eye care needs of many a million. While remaining committed to eradicating avoidable blindness and deafness, the very core of it’s being, in the last few years, the organization has been following a parallel charter to evolve into a Tertiary Eye and ENT care Institute. It has chosen to focus on Comprehensive Eye and ENT Care, Quality consciousness, Community Impact, Research, Publication and training and above all, Transparency as the building blocks for the future.

Mission
To make a lasting impact on the eradication of blindness and deafness in India by providing quality care to all sections of the society.
- By ensuring early identification in the high risk segments
- By creating awareness in the high risk segments
- By delivering quality services to the high risk segments
- By achieving significant volumes
- By building capacities of like minded organizations

Vision
To be the best tertiary Eye and ENT care Institution in Northern India providing quality care to people across all economic sections of the society.
- By creating, disseminating and applying knowledge across functions
- By adopting best practices and knowledge from around the world
- By setting standards in Ethics and Governance
- By constantly striving to take the benefits of medicine to the under served areas and population
- By following an empathetic, affordable and patient first approach to medical delivery

The theme of this year’s cover
The cover is an artistic rendition of age. Scientifically, tree rings also known as growth rings measure age and it is possible to date wood back a few thousand years, or even many thousands. The science is known as Dendrochronology and is extensively used in archaeology.
In the financial year 2011-12, the focus of the institute remained on four key themes. Throughout the year, the institute prepared itself for the NABH certification process. Training sessions, development & refining of standard operating protocols and quality audits were constant fixtures in the day to day life of the institute. I am proud to say that we passed the preliminary NABH audit with very few non-compliances and were in-fact recommended for the thoroughness of the preparations. This has given each and every individual involved in the process the requisite energy to aim for the final audit slated for early 2012-13.

On the community front, while the institute kept on strengthening the primary eye care delivery capacities by setting up more vision centres, we committed ourselves to setting up a state-of-the-art secondary eye hospital in Lakhimpur Kheri district of Uttar Pradesh. Located along the border with Nepal, in terms of area, it is the largest district of the state. With a population of over 3 million, this region is also one the most under-served areas in terms of eye care. Land has been purchased and the architectural plans are ready and the construction is set to begin in the coming financial year.

The year marked the mid-point of the three year strategic growth path that was developed by the senior management team for 2010-13. Am happy to say that the progress is satisfactory across all key indicators.

On the core medical front, my colleagues, apart from continuing to make a difference in the lives of people across the social spectrum, also focused on academic excellence, collaborative research and continuing medical education programmes. I invite you to read about these achievements in the following pages.

At the end, I would like to reiterate my deepest gratitude to the family of donors, big and small who continue to support and encourage us in our mission to fight avoidable blindness.

Yours sincerely,

A. K. Arora
Chief Executive Officer

- The Institutional network saw 213120 patients across its primary, secondary and tertiary facilities.
- 15197 sight and hearing restoring surgeries were performed
- 8264 (54%) of above surgeries were done free or highly subsidized.
- 33% of all surgeries were sub-speciality cases underscoring the growing tertiary specialization.
- The Eye Banking initiative continued to grow with 543 corneal tissues we retrieved by the eye banking team through HCRP (Hospital based Cornea Retrieval Programme) and direct tissue donations.
- The Institute became a member of the International Agency for the Prevention of Blindness (IAPB)
- The Paediatric Ophthalmology and Strabismus department celebrated it’s 10th Anniversary.
- A new wing for ENT services was constructed with the support of Life Insurance Corporation of India
- Land was purchased in District Lakhimpur Kheri, Uttar Pradesh for the construction of a secondary hospital.
Delhi
While Dr. S. P. Shroff started his practice in 1914, the current hospital building was inaugurated in 1926 and is a declared heritage structure. The building houses the tertiary care facilities of the network and has some of the best equipments available globally for both Eye and ENT care. Apart from providing comprehensive eye care to patients walking in directly, the centre is also catering to all referral cases coming from the various satellite centres as well as directly from across North India. Further, it is the hub of the Training and Research initiatives of the organization.

Alwar
Established in 2002, it is the first satellite surgical centre of the Institute. Starting from Alwar District, the facility today caters to the neighbouring districts of Dausa and Bharatpur and is by far the only dedicated Eye care Hospital in the region. It has evolved into an advanced secondary centre with the addition of various diagnostic equipments. Apart from cataract surgeries, the centre handles paediatric, glaucoma and basic oculoplasty surgeries. The centre is supported by 6 rural Vision centres.

Gurgaon
The clinic at Gurgaon caters to the population of the millennium city. The focus is to serve the middle and high end segments of the society. Apart from comprehensive eye care services, the clinic also provides speciality services.

Saharanpur (Rampur Maniharan):
The Rampur Maniharan Satellite surgical unit, in the District of Saharanpur, Uttar Pradesh was commissioned in 2010. The facility is to provide quality eye care services to the community in the region. The centre is supported by four rural Vision centres.

Meerut
The Meerut Satellite Clinic was commissioned in 2010. It is a collaborative effort with Mathur Eye Clinic, which has been active in the region for the last 60 years. The facility has basic cataract capability and speciality services are also provided in rotation by consultants from the base hospital.

Meerut Satellite Clinic was commissioned in 2010. It is a collaborative effort with Mathur Eye Clinic, which has been active in the region for the last 60 years. The facility has basic cataract capability and speciality services are also provided in rotation by consultants from the base hospital.

Lakhimpur Kheri (Mohammadi)
The latest addition to the expanding network of community focused surgical centres, the unit is located in the town of Mohammadi, in the district of Lakhimpur Kheri, Uttar Pradesh and is the furthest outpost of the Network. Currently working out of rented facilities, land has been acquired for the construction of a secondary hospital that can deliver significant volumes. Once fully operational, it will cater to the districts of Pilibhit, Hardoi, Shahjahanpur and Lakhimpur Kheri.
The guiding philosophy for the development and nurturing of clinical services at Dr. Shroff’s Charity Eye Hospital has been the desire to provide all possible eye and ENT care services to patients under one roof.

The Institute offers various sub-specialties under eye and ENT care as well as a few ancillary clinics and services.

Eye:
- Comprehensive Eye Care including Cataract
- Cornea and Lasik services
- Glaucoma Services
- Ocular oncology and aesthetic services
- Paediatric Ophthalmology and Strabismus services
- Vitreo retina Services

ENT:
- Comprehensive Ear Services
- Comprehensive Nose Services
- Comprehensive Throat Services

Ancillary Clinics and Services:
- Contact Lens Clinic
- Eye Banking
- Ocular Microbiology
- Prism Clinic
- Ocular Prosthesis
- Vision Enhancement
- Vision Therapy
- Audiology and Speech Therapy
- Anaesthesia

Super speciality services at secondary hospitals are provided through weekly visits of specialists from the tertiary unit. By introducing Tele-ophthalmology at some of its centres, the Institute is trying to harness technology to bridge the demand-supply gap between the need and the availability of trained manpower.
Comprehensive Eye Care & Cataract Services

The comprehensive eye care and cataract services is the bedrock of the Institute and expectedly attracts the maximum footfalls. Across the network, comprehensive and cataract services saw upwards of 1,79,000 patients. This service is available on a continuous basis at all the locations of the Network, i.e. Alwar District (Rajasthan), Gurgaon District (Haryana), Delhi, Meerut District (Uttar Pradesh), Saharanpur District (Uttar Pradesh), Lakhimpur Kheri District (Uttar Pradesh).

Across the network, a total of 9444 cataract surgeries were performed which involved conventional as well as premium lenses like multifocal and toric.

The Team:

Dr. Umang Mathur
Dr. Suneeta Dubey
Dr. Suma Ganesh
Dr. Manisha C Acharya
Dr. Sandeep Buttan
Dr. Vikas Tyagi
Dr. Deepak Bhatt
Dr. Govind Mandal
Dr. Abid Hussain

Comprehensive Eye and ENT Care

At the age of 3 months, Sonu (name changed) was brought by his parents to our satellite hospital at Saharanpur. On examination, the child was found to have bilateral whiteness on cornea. Realizing the urgency, the case was referred to the tertiary set up at Delhi. The Cornea department diagnosed Sonu with piter’s anomaly in both eyes. The only treatment available was bi-lateral Penetrating Keratoplasty. The challenging case was taken up by the cornea department and post surgery, the child has been recovering well.

Impact story

Cornea and Lasik Services

The cornea services have been evolving year on year and has been introducing new surgical techniques for the benefit of those under its care. Some of the surgical techniques introduced in the recent past are DSEK, femtosecond assisted LASIK (Intra Lase LASIK), and Boston Keratoprosthesis. It also happens to be one of the busiest LASIK practices in North India. The eye bank under the department enjoys second position in the State of Delhi in terms of tissue collections.

A total of 5022 patients visited the speciality last year. 476 speciality cases and 634 lasik surgeries were done.

The Team:

Dr. Umang Mathur
Dr. Manisha C Acharya
Dr. Abha Gaur
Optom. Abhilekh Arneja
Optom. Shyama Devi
Optom. Surender Dixit

The comprehensive eye care and cataract services have been introducing new surgical techniques for the benefit of those under its care. Some of the surgical techniques introduced in the recent past are DSEK, femtosecond assisted LASIK (Intra Lase LASIK), and Boston Keratoprosthesis. It also happens to be one of the busiest LASIK practices in North India. The eye bank under the department enjoys second position in the State of Delhi in terms of tissue collections.

A total of 5022 patients visited the speciality last year. 476 speciality cases and 634 lasik surgeries were done.
Glaucoma Services

The Glaucoma speciality has been growing steadily and is one of the busiest practices at the hospital and received referrals across North India as well as the Institute’s own network. In the past year, it has seen a significant increase in the number of Paediatric Glaucoma surgeries. With OCT Machines at Delhi and Meerut and Humphrey’s Visual Field analyzers at both Delhi and Alwar, the service has the necessary diagnostic ability to match its clinical depth.

Last year the service saw a footfall of 6378 patients and had a surgical output of 306 cases.

Impact story

A Nigerian patient presented himself to the hospital with complaint of no vision in right eye since birth and diminishing vision in left eye over two years. He was diagnosed with congenital microphthalmos in the right eye and primary glaucoma in the left eye. There was a history of left eye glaucoma surgery done 10 years back elsewhere.

Intraocular pressure was recorded as 30 mm Hg in the left eye. Anterior segment examination of the left eye showed flat conjunctival bleb superiorly with iridenclesis with complete iridectomy. The pupil was dilated and slightly reacting and the lens was clear. Gonioscopy showed >180° peripheral anterior synchiae with iris tissue in the left eye.

Fundus examination showed cup disc ratio of 0.9:1 with bipolar thinning in the left eye. General fundus examination showed macular scar in the left eye.

In view of uncontrolled IOP despite maximal medical therapy and patient being one eyed, he was advised Ahmed glaucoma valve implantation. On post operative visits, IOP has been recorded as 6mm in the left eye.

The patient was quite satisfied with the surgery as IOP is well controlled without anti-glaucoma medications and feels some improvement in vision also. Unfortunately medically, much further improvement is not expected in view of glaucomatous optic atrophy and macular scar.

Oculoplasty and Ocular Oncology

The Team:
- Dr. Sima Das
- Dr. Linthoingambi
- Optom. Pankaj Kumar Singh

It is one of the youngest and the fastest growing speciality service at the Institute and due to the lack of expertise in this field, has become the hub of referrals for all of North India. The department caters to and performs cosmetic and reconstructive surgery in and around the eye for conditions like ptosis, eyelid deformities, prominent eye, etc. It also runs ancillary services such as Ocular Oncology clinic, Botox Clinic and Custom Ocular Prosthesis Clinic treating patients with tumors of the eye and doing cosmetic rehabilitation of patients who has lost eye due to tumor, trauma etc. As a first, it has started providing it’s specialty services to CL Gupta Hospital, Moradabad on a monthly basis. The department has collaborated with plastic and maxillofacial surgeons and introduced new surgery like orbital bone grafting recently.

Last year the department had seen 2821 patients and performed 633 subspeciality operations.

Impact story

Three year old Mohit (name changed) had progressed to an advanced stage of retinoblastoma in his left eye when he was brought to Dr. Shroff’s Charity Eye Hospital. Mohit was examined by our team of doctors at Ocular oncology clinic, where patients with various types of eye cancer are treated. Various investigations like CT scan, MRI were done for him and he was diagnosed with advanced retinoblastoma in his left eye and the cancer was found to have already spread out of the eyeball. Complete removal of the tumor by surgery seemed impossible at this stage. Luckily though for him, it had still not spread to his body. In collaboration with pediatric oncologist, he was immediately started on high dose chemotherapy along with other supportive treatment with periodic monitoring of the status of his eye tumor. After 6 cycles of chemotherapy, his tumor had shrunk adequately and the tumor was removed completely along with the eyeball.

Today, Mohit is free of the disease and has started going to his school. He is waiting to be fitted with a custom made prosthetic eye which will restore the cosmetic appearance. Mohit is one of the many patients with various types of eye cancer who are being treated by our team at Dr. Shroff’s Charity Eye Hospital salvaging life and vision of many of these patients.
Paediatric Ophthalmology and Strabismus

2012 marked 10 years of Paediatric Ophthalmology services at the hospital. In terms of both the volume of referral work that it gets and the ability to handle complex cases, the department has been going from one high to another. Today, it can easily lay claim to being one of the best Paediatric Ophthalmology and Strabismus units in the entire country.

Traditionally, the department has always been in the forefront of collaborative projects with National and International Organizations. The current ongoing associations are with the Department of Brain and Cognitive Sciences, MIT, USA and North India Operations of the burger giant, McDonald’s.

The department had seen 17526 patients and performed 769 surgeries in 2011-12.

The Team:
Dr. Suma Ganesh
Dr. Raman Mehta
Dr. Priyanka Arora
Optom. Prem Kumar Singh
Optom. Sonia Sharma

Impact story

Ali (name changed), a 32 year old one eyed patient presented to our Hospital with an opaque cornea and presence of perception of light. He was immobile and dependent on others for daily core activities. An ultrasound of the eye showed the presence of a posterior dislocated lens.

The tough job was that though he required a retinal surgery for the removal of the posterior dislocated lens however no view was available due to the corneal opacity. He underwent a combined surgery where an artificial cornea (temporary keratoprosthesis) was sutured after removal of the opaque corneal button and the retinal surgery was performed to remove the posterior dislocated lens and then finally a donor corneal graft was placed.

This required the skill of two specializations – Cornea and retina together.

Before surgery the patient was totally handicapped as the other eye was blind due to and old retinal detachment.

Post surgery, patient has recovered well and has gained fair degree of independence.

The department had seen 17526 patients and performed 769 surgeries in 2011-12.

Vitreoretina

One of the busiest internal sub specialities and also one of the best equipped. To its existing complement of high end diagnostic and procedural equipment, it added on two new instruments a - portable B-scan and a 3 chip camera for recording vitreoretinal surgeries in the operation theatre. The camera has enhanced our ability to teach and share complex vitreoretinal surgeries. The portable B-scan has extended the coverage of Vitreoretina services to new geographies.

These also provide greater post-operative comfort, better cosmesis and early rehabilitation of the patients.

The department now has four retina specialists. The department is also running long term and short term vitreoretina training programmes both for national and international fellows. The focus is to build up the sub-speciality capabilities through both National and International training. The department has recently broken new ground by extending retina services to Haldwani in Uttaranchal.

The department has always taken the lead to adopt new techniques to provide the best possible outcome to patients under it’s care. The latest in the series is Microincision vitrectomy surgeries of 23 gauge and 25 gauge which are stitch less surgeries not requiring the application of sutures. This decreases the complications and duration of the vitreoretinal surgeries which are major time consuming surgeries. These also provide greater post-operative comfort, better cosmesis and early rehabilitation of the patients.

The Department now has four retina specialists. The department is also running long term and short term vitreoretina training programmes both for national and international fellows. The focus is to build up the sub-speciality capabilities through both National and International training. The department has recently broken new ground by extending retina services to Haldwani in Uttaranchal.

The department had seen 11687 patients and performed 1051 sub-speciality operations in 2011-12.

The Team:
Dr. Manisha Agarwal
Dr. Shalini Singh
Dr. Ramesh Venkatesh
Dr. Rahul Mayor
Optom. Renu Verma
Optom. Brajesh Kumar
Optom. Bhavna Singh

A few years back Preeti (name changed) fell down from a height. As a result, her right eye turned inward and could not move outward due to damage to the sixth nerve causing palsy. As the right eye was not being used, she was slowly losing her vision in the eye. She underwent squint surgery (Augmented Fosters method). After the operation, she has no squint, her eye can move outward and she has regained vision also.

Impact story

All (name changed), a 32 year old one eyed patient presented to our Hospital with an opaque cornea and presence of perception of light. He was immobile and dependent on others for daily core activities. An ultrasound of the eye showed the presence of a posterior dislocated lens. The tough job was that though he required a retinal surgery for the removal of the posterior dislocated lens however no view was available due to the corneal opacity. He underwent a combined surgery where an artificial cornea (temporary keratoprosthesis) was sutured after removal of the opaque corneal button and the retinal surgery was performed to remove the posterior dislocated lens and then finally a donor corneal graft was placed. This required the skill of two specializations – Cornea and retina together.

Before surgery the patient was totally handicapped as the other eye was blind due to and old retinal detachment. Post surgery, patient has recovered well and has gained fair degree of independence.
There has been a concerted effort to build up the sub-speciality capabilities under ENT over the last few years and the efforts continued last year also. The high point of the year was the movement to the new ENT wing made with the generous support from Life Insurance Corporation of India.

The department is equipped with a wide angle endoscope with laryngoscopy facilities (endoscopic examination of voice box). This has far ranging benefits like early detection of the cancer of the voice box and surrounding areas. Apart from the many new OPD and operating instruments along-with-state-of-the-art examination units, a new audio vestibular lab has been set up in the new premises with all audiological investigative facilities (including BERA) and dispensing of hearing aids and managements of patients with speech disorders.

In line with the initiatives of “Society for Sound Hearing 2030”; which is working to eliminate avoidable hearing impairment in the South East Asian Region by 2030 and supported by CBM, Germany, the department has been implementing a unique “Primary Ear And Hearing Care” (PEHC) in under privileged communities.

The department had seen 33776 patients and performed 900 sub-speciality operations in 2011-12.

The Team:
Dr. Nishi Gupta
Dr. Nidhi Dhawan
Dr. Neeraj Chawla

Anita (name changed), born deaf and all of 6 years is the most recent patient to benefit from the institutes growing specialization in Cochlear Implants. Born with bilateral profound nerve deafness, only a highly specialized surgery of cochlear implantation where in an electronic device is surgically implanted would work for her. Post surgery, Anita is undergoing extensive speech therapy sessions to develop her speech skills and the child is showing tremendous improvement.
Impact story

Shubho Sengupta (name changed), running a small grocery shop in Siliguri, was suffering from low vision problems since his childhood. He faced a lot of difficulties in his day to day life and even met with accident twice as there was lack of depth perception. After being to various eye hospitals in West Bengal, he was brought to Delhi by his elder sister. Mr. Sengupta was diagnosed with Terriens Marginal Degeneration in Left Eye. An extremely rare corneal disease, the consequence was a very high cylindrical number i.e. -14.50 @115 (degree) for which conventional glasses cannot be prescribed. At the contact lens clinic, he underwent a number of trials with Rigid Gas Permeable lenses & finally got successfully fitted with Scleral Contact Lens in the Left Eye. His vision improved drastically to 6/6 which was not less than a miracle for him.

The Contact Lens Department

The Contact lens department at the Institute specializes in Corneal Ectasic Disorders, Post Penetrating Keratoplasty, Keratoconus conditions in children and adults alike. The team has introduced innovative sclera lenses and is now set to start prescribing minim scleras.

The clinic served a total of 1385 patients in the year 2011-12.

Vision Enhancement

Dr. Shroff’s Charity Eye Hospital is among the handful of comprehensive centres in the entire country that have the capability to treat various aspects of low Vision. An optometry sub-speciality, the focus is to work with patients who are beyond succor from any known surgical interventions. With fitting and dispensation of various optical and non optical devices and training in adaptive techniques supported by counseling support, the aim is to integrate low vision individuals into the society.

The clinic served a total of 505 patients in the year 2011-12.

Impact story

Though a bright student, 14 year old Rina (name changed) was on the verge of giving up studies. Her vision was declining rapidly. Her visits to numerous ophthalmologists in the city proved to be of no avail. On a chance visit to Dr. Shroff’s Charity Eye Hospital, she was diagnosed with Micro Cornea. Her parents were counseled to take the help of the Vision Enhancement Centre. A few sittings later, she was given a 4 X hand-held telescope for distance and illuminated 4 X hand held magnifier for near. The devices have changed her life and she is able to continue with her education with the support of her parents and teachers.
Vision Therapy

The Team:
Optom. Prem Kumar Singh
Optom. Sonia Sharma

Problems arising out of lazy eye, accommodative and oculomotor problems are handled in this clinic. The clinic has got a new Spyza bar (red filter bar) to measure and treat suppression scotoma.

The clinic has introduced exercises for developing the perceptual skills and body eye co-ordination in patients associated with multiple disabilities, spastics, delayed milestones and even post trauma cases. The Clinic is specially focusing on development of Stereoscopic Vision (binocularity) which is essential for performing day to day activities involving all three dimensions. This is essential for – threading a needle, parking a car and for that matter overtaking on a highway while driving.

Computer based therapy introduced this year, will help children with LAZY EYE problem (Amblyopia) by allowing exercises in the comfort of their homes.

This year 1617 patients were seen by the vision therapy clinic.

Impact story

Neha (name changed), a 5 year child was brought to the clinic by her parents with the chief complaint of poor attention and difficulty in focusing over objects. Her saccades and pursuits (smooth eye movements) were affected and she had learning disability and poor hand eye coordination.

She was diagnosed with ADHD (Attention Deficit Hyperactive Disorder) along with a small refractive error. Vision therapy exercises were advised to develop her poor hand eye co-ordination, perceptual skills, and reading.

After taking Vision therapy session for a year, now she is doing very well and improving rapidly. Her academic performance has also improved.

Ocular Prosthesis Clinic

The Team:
Dr. Sima Das
Optom. Pankaj Kumar Singh

Under the stewardship of the department of Orbit, Oculoplasty and Ocular oncology, the clinic completed its first anniversary last year. It provides cosmetic rehabilitation for patients who have undergone surgical removal of one eye or have a shrunken eye following trauma. Apart from providing customized ocular prosthesis on a need basis, the clinic also provides cosmetic rehabilitation procedures like socket expanders for congenital anophthalmos, surgical and prosthetic management of contracted sockets and crutch glasses.

The clinic dispensed customized prosthesis in addition to socket expanders or serial conformers for congenital Anophthalmia and microphthalmia along with surgical and prosthetic management of cases of contracted sockets.

Impact story

Munira (name changed) was suffering from acute depression due to her poor cosmesis. She had completely withdrawn from social interactions. The eyelids of her left eye had acute entropion coupled with acute surface volume loss and contracted socket. After initial surgical intervention, Munira was given a customized prosthetic eye. The picture of hers after the fitting of the prosthetic eye tells a story of its own.

Ocular Microbiology

The Team:
Dr. Neelam Sapra
Mr. Sajy Thomas

The ocular micro biology laboratory focuses on investigating epidemiology, pathogenesis and in-vitro susceptibility profiles of ocular pathogens to improve ocular patient outcomes. Last year it was generously supported by the Australian High commission under the DAP programme with equipments like Biochemical Microscope with camera, BOD Incubator, Autoclave, computer and office furniture. While the BOD incubator and laminar flow has made it easy to culture all the micro-organisms and some fungi which failed to grow earlier, the high tech Zeiss binocular microscope with camera has helped in identifying organisms and capturing images for prompt and accurate diagnosis and treatment of Keratitis and Endophthalmitis. The service gets samples for investigations from many eye hospitals in Delhi.
Prism Clinic
Prisms treatment help patients in switching back to their routine life by giving relief from diplopia and abnormal head posture because of Nystagmus, injury, uncontrolled diabetes, hypertension and thyroid. In any of the above, the eye muscle may get affected and result in double vision which disturbs and almost stops the routine life of the individual.

Last year, Prism clinic saw 150 patients and dispensed 132 Prisms.

Impact story
From birth, Prakash (name changed) had squints combined with drooping upper eyelids. Unable to move his eyes in any direction, he also complained of blurring of vision and had an abnormal head posture (chin elevation) to see the objects. Prakash was diagnosed with ‘Divergence Flaus with congenital III Nerve Palsy‘ a condition where a patient cannot move his/her eyes in a particular direction. Prakash had subsequent surgeries for both his squint and drooping eye lids but unfortunately, even post surgery, his abnormal head posture was not corrected fully. He would routinely use his left hand to lift his eyelid. A decision was taken to prescribe Prakash prisms (special lenses) to shift the image downward. With Prisms, Prakash no longer uses his left hand to lift his eyelid and is comfortable doing routine things like reading, writing and playing.

Audio-Vestibular Lab
This service is focused at providing comprehensive high quality hearing care for individuals of all ages. One of the best equipped lab in the city, it has facilities for Pure Tone Audiometry, Impedance Audiometry, BERA (Brain Stem Evoked Response Audiometry) and VNG (Video Nystagmography. Equipments like BERA enable audiometry in very young children or children with multiple disabilities as the results are independent of the patient’s co-operation.

Anaesthesia
The aim of the department is to provide the institute with a dedicated high quality anaesthetic care to Ophthalmological and ENT procedures. In order to provide appropriate patient care, various qualitative and infrastructural advances have been carried out over the past few years, which have resulted in enhancing both patient safety as well as patient procedural outcome. The department has seen a jump in the number of cases being carried out by over 30 % in the current year, compared to the previous year.

In line with the departmental commitment to drive and enhance patient care, some of the key initiatives which have been implemented include:

Up-gradation of operating theatre resuscitative equipment
Extension of general anaesthetic services to satellite locations like Alwar have been successfully implemented
Formation of a Rapid Response Team to manage acute crucial patient incidents like code blue
Promotion of continuing medical education for the team to ensure update of clinical skills
Regular and ongoing medical staff training on effective management of medical emergencies

The Team:
Mr. Micheal Chaudhary
Dr. Parul Datta
Dr. Preeti Bala
Dr. Manjulata Mitra
Eye Banking

While the tissue collection during the year rose only 15% from 467 to 543, the transplant rate jumped from 135 to 258, an increase of 85%. This underscores the success of the initiatives in sourcing quality tissues and strong partnerships.

The year marked the first Anniversary of the arrangement developed between National Eye Bank (AIIMS); Sightlife (USA), an international Eye Banking Organization and Dr. Shroff’s Charity Eye Hospital. The success in the first experiment has resulted in another Memorandum of Understanding (MOU) between AIIMS, Guru Nanak Eye Centre, Sight life and Dr. Shroff’s Charity Eye Hospital with the objective of setting up a Centralized Eye Bank in Delhi.

Founded in 1969, SightLife is the only non-profit global health organization and eye bank solely focused on eliminating corneal blindness in the U.S. and around the world. Driven by an entrepreneurial spirit as an eye bank, the organization leverages innovative technologies and best business practices to transform lives and unlock life’s possibilities for the corneal blind. SightLife works in partnership with surgeons and health organizations in more than 30 countries and SightLife and its partners combined provided more than 10,000 corneas for transplant in 2011.

Impact story

Drishti Sewa Samiti

Dr. Shroff’s Charity Eye Hospital has always believed in forging new partnerships to increase collection of corneal tissues. One such NGO, DRISHTI SEWA SAMITI Sonipat (Haryana) has created a record of sorts by contributing 225 Pairs of cornea to our Eye Bank, till April 2012.

Led by a group of eminent social workers comprising of both businessmen and professionals from the community, DHIRSTI SEWA SAMITI has a unique model for promoting cornea retrieval. The bereaved family is provided a refrigerated body chamber along with transport to move the deceased to the crematorium. This innovative approach has helped Drishti make a mark in cornea collections.
Research

Research and clinical trials remained a focus area for all sub-specialties. The IRB (Institutional Review Board) vets the research ideas developed by various disciplines. The Ethics Committee, working as per the guidelines of ICH-GCP, Schedule Y and all applicable local regulatory requirements, oversees patient safety, patient rights and maintenance of good clinical practices.

The Institute has been recognized as a Scientific and Industrials Research Organization (SIRO) recognized by the Department of Scientific and Industrial Research Organization (DSIR). The clinical depth, large base of patients, and a strong ethical framework attracts pharmaceutical and biotechnology companies and other collaborators.

The Ethics Committee:

<table>
<thead>
<tr>
<th>Name of the Member</th>
<th>Designation</th>
<th>Role in Ethics Committee</th>
<th>Whether affiliated to Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Vivek K. Tankha</td>
<td>Senior Advocate Supreme Court</td>
<td>Chairperson/ Legal Expert</td>
<td>No</td>
</tr>
<tr>
<td>Mr. A. K. Arora</td>
<td>CEO, SCEH</td>
<td>Secretary EC/ Social worker</td>
<td>Yes</td>
</tr>
<tr>
<td>Mr. Abrar Ahmed Khan</td>
<td>Consultant-Social Health</td>
<td>Social worker</td>
<td>No</td>
</tr>
<tr>
<td>Dr. Devendra Sood</td>
<td>Consultant-Ophthalmologist</td>
<td>Clinician</td>
<td>No</td>
</tr>
<tr>
<td>Mr. Manjeet Singh Sawhney</td>
<td>Social Activist and PDG of Rotary International</td>
<td>Lay Person</td>
<td>No</td>
</tr>
<tr>
<td>Mrs. Raavi Birbal</td>
<td>Lawyer in Supreme Court</td>
<td>Legal Expert</td>
<td>No</td>
</tr>
<tr>
<td>Prof. Indra Verma</td>
<td>Professor – IIT (Delhi)</td>
<td>Lay Person</td>
<td>No</td>
</tr>
<tr>
<td>Dr. G. V. Rao</td>
<td>CEO- Vision 20 20</td>
<td>Social worker</td>
<td>No</td>
</tr>
<tr>
<td>Dr. D. K. Mehta</td>
<td>Consultant-Ophthalmologist</td>
<td>Clinician</td>
<td>No</td>
</tr>
<tr>
<td>Dr. K. D. Tripathi</td>
<td>Consultant-Pharmacologist</td>
<td>Basic Medical Scientist</td>
<td>No</td>
</tr>
<tr>
<td>Dr. Sudarshan Khokkar</td>
<td>Consultant-Ophthalmologist</td>
<td>Clinician</td>
<td>No</td>
</tr>
<tr>
<td>Mrs. Ratna Verma</td>
<td>Social Scientist</td>
<td>Social worker</td>
<td>No</td>
</tr>
<tr>
<td>Dr. Suma Ganesh</td>
<td>Consultant-Ophthalmologist</td>
<td>Clinician</td>
<td>Yes</td>
</tr>
<tr>
<td>Dr. Umang Mathur</td>
<td>Consultant-Ophthalmologist</td>
<td>Clinician</td>
<td>Yes</td>
</tr>
<tr>
<td>Dr. Manisha Agarwal</td>
<td>Consultant-Ophthalmologist</td>
<td>Clinician</td>
<td>Yes</td>
</tr>
<tr>
<td>Dr. Neelam Sapra</td>
<td>Consultant-Microbiologist</td>
<td>Basic Medical Scientist</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Research & Publications

Collaborative studies

Project Prakash - The development of vision following treatment of congenital blindness. Pawan Sinha, Suma Ganesh, Yuri Ostrovsky, Ethan Meyers, Umang Mathur. A collaborative study with Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology, Cambridge, USA and Dr. Shroff’s Charity Eye Hospital, New Delhi, India. Study of genetic factors associated with cataractogenesis in pediatric cases. Suman Kapur, Shipra Mehra, Suma Ganesh, Tarannum Fatima, Shivika Agarwal, Saji Thomas. A collaborative study with Community welfare Unit and International Relations Unit and Biological Sciences Group, BITS, Pilani and Dr Shroff’s Charity Eye Hospital, New Delhi.

Ongoing Clinical Trials

A Phase III, Multinational, Multicenter, Randomized, Double-Masked, Study Assessing the Safety and Efficacy of Intravitreal Injections of DE-109 (three doses) for the Treatment of Active, Non-Infectious Uveitis of the Posterior Segment of the eye

Study Team: Dr. Manisha Agarwal, Dr. Shalini Singh, Mr. A. K. Singh, Ms. Renu Verma, Mr. Brijesh Kumar, Mr. Vinay Singh (ELS), Mr. Lokesh Chauhan

A Multicenter, Open-label Study to Evaluate the Safety and Efficacy of Twice-daily 0.01% Bimatoprost / 0.15% Brimonidine / 0.5% Timolol Ophthalmic Solution (Triple Combination) in Patients in India, who have Glaucoma or Ocular Hypertension With Elevated IOP, and are on Twice-daily 0.2% Brimonidine / 0.5% Timolol Ophthalmic Solution (Dual Combination) Therapy

Study Team: Dr. Suneeta Dubey, Dr. Monica Gandhi, Dr. Julie Pegu, Dr. Baswati Prasanth, Mr. Pramod Kumar, Mr. Sachin Kumar, Mr. Lokesh Chauhan

A phase 2b, double masked, randomized, active-controlled, dose-response study assessing the safety and ocular hypotensive efficacy of AR-12286 in patients with elevated intraocular pressure for 3 months

Study Team: Dr. Suneeta Dubey, Dr. Monica Gandhi, Dr. Julie Pegu, Dr. Baswati Prasanth, Mr. Pramod Kumar, Mr. Sachin Kumar, Mr. Lokesh Chauhan

A phase 2b, double-masked, randomized, active-controlled, study assessing the safety and ocular hypotensive efficacy of AR-12286 in patients with low tension glaucoma

Study Team: Dr. Suneeta Dubey, Dr. Monica Gandhi, Dr. Julie Pegu, Dr. Baswati Prasanth, Mr. Pramod Kumar, Mr. Sachin Kumar, Mr. Lokesh Chauhan

Clinical Trial waiting for Sponsor’s approval

Proof-of-Concept, Multi-center, Randomized, Double-Masked Study to Evaluate the Clinical Efficacy and Safety of FST-100 (0.1% Dexamethasone and 0.6% PVP-Iodine) Ophthalmic Suspension in the Treatment of Acute Adenoviral Conjunctivitis
Ethics Committee Approved Clinical Trials waiting for DCGI Approval

CLL104 - A Multicenter, Randomized Study of the Efficacy and Safety of NVC-422 Ophthalmic Solution for the Treatment of Adenoviral Conjunctivitis

A Randomized, Open Label, Parallel Group, Multicenter, Bioequivalence Study to Compare the Pharmacokinetics of Dexamethasone in the Ophthalmic Suspension Containing Tobramycin 0.3% w/v and Dexamethasone 0.1% w/v to Tobradex™ in Aqueous Humor of Subjects Undergoing Cataract Surgery

A 3-month, open level, non-comparative, observation study of Bimatoprost 0.03% (LUMIGAN 0.03%) in the Clinical Setting

A multi center, open label, randomized, parallel design, single dose bioequivalence study with pharmacokinetic (PK) end points to compare investigational Loteprednol Etabonate Ophthalmic Suspension, 0.5% (Sterile) (Hi-Tech Pharmacal Co., Inc.) to the marketed product Lotemax™ (Loteprednol Etabonate Ophthalmic Suspension 0.5%; Bausch & Lomb, Inc.) in aqueous humor in patients undergoing indicated cataract surgery

Publications

Publications in Indexed Journals:


Accommodative spasm with bilateral vision loss due to untreated intermittent exotropia in an adult, 2012; 4(8):319-322

Accepted for publication

Conjunctival Erosion following AGV: A feasible option, Dr. Suneeta Dubey, Dr. Baswati Prasanth, Dr. Manisha Acharya, Dr. Ritesh Narula, Indian Journal of Ophthalmology

Letter to the Editor: Ranibizumab for Diabetic macular edema: RISE & RIDE, Rahul Mayor, Manisha Agarwal, Shalini Singh, Ramesh Venkatesh

Melobarian Gland Dysfunction in a case of Ichthyosis follicularis with alopecia and photophobia (IFAP) syndrome Tarranum, Umang, Manisha Acharya, IJO, June 2012

Books


Chapter on Endoscopic DCR in the book on Recent Advances in ENT by Dr. Ranga, published by CBS Publishers, Dr. Nishi Gupta

Publications in Non-Indexed Journals:

Pediatric cataract management, Suma Ganesh, Ocular Times Issue April 2011.

Endoscopic Endonasal DCR, the need of the day for treating the lacrimal sac disorder Nishi Gupta, Suma Ganesh, Neeraj Chawla, Manish Sharma, Vishal Nigam, Miscellaneous DOS Times 2011;16(9):65-68

Accommodative Esotropia, Varshini Shanker, Srijana, Suma Ganesh, Manish Sharma, DOS Times 2011;17(1):55-59


Monica Gandhi, Suneeta Dubey, www.eophtha.com Chapter on “postoperative anterior chamber shallowing management”


Shanker V1, Ganesh S1, Sethi S2, Nepal J Ophthalmol Accommodative spasm with bilateral vision loss due to untreated intermittent exotropia in an adult, 2012; 4(8):319-322

Inc. in aqueous humor in patients undergoing indicated cataract surgery with Loteprednol Etabonate Ophthalmic Suspension 0.5% (Sterile) (Hi-Tech Pharmacal Co., Inc.) to the marketed product Lotemax™ (Loteprednol Etabonate Ophthalmic Suspension 0.5%; Bausch & Lomb, Inc.) in aqueous humor in patients undergoing indicated cataract surgery

The newly sighted fail to match
Continuing Medical Education

Dr. Manisha Agarwal, Endophthalmitis - current management status, DOS Midterm conference-Nov 2011
Dr. Manisha Agarwal, Rapidly blinding posterior uveits - what could it be? RetNet conference Cochin - July 2012
Dr. Manisha Agarwal, “Clearing the media haze” - presentation in instruction course on problems during vitrectorial surgery, AIOS-Ahemdabad-2011
Dr. Manisha Agarwal, "Epidemiology of ROP- presentation in instruction course on ROP, AIOS-Ahemdabad, 2011
Dr. Manisha Agarwal, Moderator for session on Retina India, AIOS-Ahemdabad-2011
Dr. Manisha Agarwal, Role of intravitreal steroids for macular edema, DOS Annual conference, April 2011
Dr. Manisha Agarwal, Moderator for session on intravitreal injections, DOS Annual conference, April 2011
Dr. Baswati Prasanth, Dr Suneeta Dubey, Dr Manisha Acharya - Case Presentation at Annual Conference of Glaucoma Society of India
Dr. Suneeta Dubey, Panelist & speaker, Management of Glaucoma, DOS Annual Conference April 2011
Dr. Suneeta Dubey, Panelist & speaker, Management and diagnosis of ACG, DOS Annual Conference April 2011
Dr. Suneeta Dubey, Talk, Gonioscopy and management of angle closure disease, Faridabad Ophthalmic Society May 2011
Dr. Suneeta Dubey, Talk, Management of combined glaucoma and cataract, Annual Conference of Cataract and Refractive Society of India, Aug 2011
Dr. Suneeta Dubey, Talk, Managing Failing and failed blebs, Annual Conference of Glaucoma Society of India Oct. 2011
Dr. Suneeta Dubey, Judge for the Video session, Annual Conference of Glaucoma Society of India Oct. 2011
Dr. Suneeta Dubey, Case presentation, Complex problem, simple solutions, management of over filtering bleb, DOS Clinical Meeting, Nov. 2011
Dr. Suneeta Dubey, Management of Glaucoma: Beyond IOP, Banaras Ophthalmological Society Dec. 2011
Dr. Suneeta Dubey, Enhancing success of Glaucoma filtering surgeries, Banaras Ophthalmological Society Dec. 2011
Dr. Suneeta Dubey, Management of Glaucoma beyond IOP: Neuroprotection, West Delhi Ophthalmological Society, Dec 2011
Dr. Suneeta Dubey, Talk: Trabeculectomy : step by step, DOS Mid Term Conference, Nov 2011
Dr. Suneeta Dubey, Panelist, live Glaucoma Surgeries, DOS Mid Term Conference, Nov 2011
Dr. Suneeta Dubey, Impact Assessment of Quality Assurance Interventions on Efficiency of Ophthalmic Operation Theatre, Noida Ophthalmological Society, March 2012
Dr. Suneeta Dubey , Panelist and speaker, Lens extraction versus combined surgery in an established case of angle closure glaucoma, Annual Conference of Noida Ophthalmological Society, March 2012
Dr. Suneeta Dubey, Faculty, Optic nerve head evaluation, Indore Ophthalmological Society, March 2012
Dr. Suneeta Dubey, Faculty, Current concepts in the medical management of glaucoma, Indore Ophthalmological Society, March 2012

Myopia and Glaucoma: Exploring the Intimate Link, Baswati Prasanth, Suneeta Dubey, Monica Gandhi, Chandana Dutta, Glaucoma DOS Times 2011;16(8):37-42
Descending’s Membrane Detachment, Manisha Acharya, Jyoti, Umang Mathur, Kapil Arneja, Retina DOS Times 2011;16(10):59-63
Technology: Your Smart Assistant, Vishal Nigam, Umang Mathur, Clinical Meeting: Clinical Talk DOS Times 2011;17(6):73-78
Myopia: An Overview, Kapil Khurana, S.P. Chaudhary, Manisha Agarwal, Miscellaneous DOS Times 2011;16(10):81-84
Approach to a Patient of Uveitis, Sheetal Kishanpuria, Manisha Agarwal, Shalini Singh, Retina DOS Times 2012;17(7):11-19
Case Presentation: Smoothen the Surface, Sima Das, Clinical Meeting: Clinical Case 2 DOS Times 2011;17(6):61-63
Upshoot And Dowshoot In Duane's Retraction Syndrome: Mechanism And Treatment, Suma Ganesh Major Review DJO 2011;21(3):15-18
Endoscopic DCR in DOS Times - Vol. 16, No. 9, March, 2011, Dr. Nishi Gupta

Presentations – National

Dr. Suma Ganesh, “Controversies in management of intermittent XT "Annual dos meeting April 16" and 17" 2011
Dr. Suma Ganesh, Convener in 2 sessions of advanced squint session, Annual dos meeting April 16” and 17” 2011
Dr. Suma Ganesh, "Pitfalls in management of squint surgery", Midterm DOS , November 2011
Dr. Suma Ganesh, "Paediatric cataract at Meerut, CME for paediatricians, December 2011.
Dr. Suma Ganesh, Teaching faculty for PG student course in squint for AIOS , Management of vertical squint , BJ medical college , Pune, Jan 2012.
Dr. Suma Ganesh, Dr Nidhi Khurana, Dr Priyanka Arora Scientific Poster on "Surgical results of DVD with A- pattern with SO-OA with associated horizontal strabismus", Annual Conference of All India Ophthalmological Society, Feb 2012
Dr. Manisha Agarwal, Dr Shalini Singh, Dr. Ramesh Venkatesh, Symposium on Eye involvement in systemic diseases, API Meerut, May 2012
Dr. Manisha Agarwal , Combination therapy for AMD CNV, DOS Midterm conference, Nov 2011
November 2011

Dr. Umang Mathur, Managing Post Cataract Dry Eye. DOS. New Delhi April 2011
Dr. Umang Mathur, Viral Keratitis. DOS. New Delhi April 2011
Dr. Umang Mathur, Oops! I misdiagnosed. DOS. New Delhi. April 2011
Dr. Manisha Acharya, Speaker at DOS Annual Conference March 2011
Dr. Manisha Acharya, Faculty, Descemetopexy for DM Detachment, Indian IOL and Refractive Surgery Conference, New Delhi. August 2011
Dr. Manisha Acharya, Faculty, Contact Lenses in Keratoconus, Indian IOL and Refractive Surgery Conference, New Delhi. August 2011
Dr. Manisha Acharya, Faculty, Post Keratoplasty Management, DOS Teaching Programme –Cornea session, AllIMS, 7 Jan 2012
Dr. Manisha Acharya, Faculty at Basic Course in Cornea I, Suppurative Keratitis, 17 Sept 2011.
Dr. Manisha Acharya, Faculty at Basic Course in Cornea II, How to do corneal scraping, 19 Feb 2012.
Dr. Manisha Acharya, Scientific Poster, Unusual case of Infectious Crystalline Keratopathy (ICK), All India Ophthalmology Society Conference, Ahmedabad, 2011, Dr. Umang Mathur, Dr. Abha Gaur, Dr. Manisha Acharya
Dr. Sima Das, Management of Myogenic Ptosis, Fusion, Hyderabad February 2012.
Dr. Sima Das, Evaluation and management of canaliculitis. Fusion Hyderabad 2012.
Dr. Sima Das, Recent advances in Oculoplasty. CME for Pediatricians at Meerut. December 2011
Dr. Sima Das, Paper presentation, Role of Mucous membrane grafting at Steven Johnson syndrome, Fusion, Hyderabad February 2012.
Dr. Sima Das, Dr Vishal Nigam, Mr Pankaj Kumar Singh, Video presentation, Cosmetic management of empty socket. AIOS Cochin. January 2012
Dr. Monica Gandhi, Speaker, Interpretation of optic disc and visual fields in glaucoma, Faridabad ophthalmic society meeting, May 2011
Dr. Monica Gandhi, Faculty, FLAG meeting, Mumbai, June 2011
Dr. Monica Gandhi, Endophthalmitis round table discussion, Gurgaon ophthalmic society meeting, Aug 2011
Dr. Monica Gandhi, Visual fields instruction course, GSI Bombay, Oct 2011
Dr. Monica Gandhi, Managing shallow anterior chamber after glaucoma surgery, GSI Bombay, Oct 2011
Dr. Monica Gandhi, Speaker, Choosing adjunctive therapy in glaucoma, Glaucoma forum, Delhi, March 2012
Dr. Nishi Gupta, Endoscopic DCR, DOS conference, Delhi, 2011
Dr. Nishi Gupta, Guest lecture, Endonasal Endoscopic DCR, Wardha 2011
Dr. Nishi Gupta, Guest lecture, Paediatric Endoscopic DCR, Wardha 2011
Dr. Nishi Gupta, Guest Lecture, Revision DCR, Wardha 2011
Dr. Nishi Gupta, Endoscopic Endonasal DCR, Aligarh Medical College, May 2011
Dr. Nishi Gupta, Endoscopic Endonasal DCR, Patiala ENT association, Dec 2011
Dr. Nishi Gupta, Endoscopic verses External DCR- Cross fire, Delhi ENT conference, Feb 2012
Optom. Sonia Srivastava, Faculty “low vision devices session”, RetinAware 2011, by Retina India, Vigyan Bhawan , Delhi, Sept 2011
Optom. Sonia Srivastava, Lecture “ Optical Devices”, RetinAware 2011, by Retina India, Vigyan Bhawan , Delhi, Sep 2011
Optom. Sonia Srivastava, “Eye disorders leading to low vision & practical implications ”, Low Vision Workshop, by CBM, SCEH, Delhi, Dec 2011
Optom. Sonia Srivastava, “Taking a low vision history “, Low Vision Workshop, by CBM, SCEH, Delhi, Dec 2011
Optom. Sonia Srivastava, ”Refraction and its importance “ Low Vision Workshop, by CBM, SCEH, Delhi, Dec 2011
Optom. Sonia Srivastava, “Non optical devices ” Low Vision Workshop, by CBM SCEH, Delhi, Dec 2011
Optom. Sonia Srivastava, Guest Lecture, ”Low Vision Assessment and intervention of Visual Impaired children”, Durgabai Deshmukh College (a unit Of Blind Relief Association), B. Ed Special education (Visual Impairment), Delhi University
Dr. Nidhi Dhawan, Organiser, Physician CME on GERD, Dr. Shroff’s Charity Eye Hospital, New Delhi, Apr 2011
Dr. Nidhi Dhawan, Organiser, School teacher CME, Hearing screening and early hearing loss detection, Dr. Shroff’s Charity Eye Hospital, New Delhi, Sep 2011
Dr. Nidhi Dhawan, Faculty, Management of Vertigo, New Delhi, Apr 2011
Dr. Nidhi Dhawan, Faculty, Geriatric ENT Care, New Delhi, Apr 2011
Dr. Nidhi Dhawan, Faculty, IIIrd National ENT Confluence, New Delhi, Oct 2011
Optom. Prem Kumar Singh, Presenter, “Extended role of optometrist in co-management”, IIC Delhi, Feb 2012

Instruction Courses (National)
Dr. Suma Ganesh, Chief Instructor: Instruction Course No. IC177 (Community / Social Ophthalmology) titled Combating Childhood Blindness – Challenges for a brighter future (Duration: 0:55) for presentation, AIOC2012
Dr. Suma Ganesh, Co-instructor: Instruction Course No. IC101 (Pediatric - Cataract Surgery) titled Pediatric cataract :The holistic approach (Duration: 1:50) for presentation, AIOC 2012
Dr. Suneeta Dubey, Co-Instructor, Lens extraction in Angle closure glaucoma- A Clinical Debate, AIOS, Cochin, Feb 2012
Dr. Suneeta Dubey, Co-Instructor, Role of ASOCT in diagnosis of ACG, AIOS, Cochin, Feb 2012
Dr. Shalini Singh, Speaker, Co-Instructor , Instruction course on Endophthalmitis, AIOS Kochi, Jan 2012
Dr Sima Das. Co-Instructor. Instruction course on Epiphora in Children. AIOC 2012, Cochin
Dr. Monica Gandhi, Chief Instructor, Optic disc in glaucoma, AIOS 2012 Cochin
Dr. Monica Gandhi, Co-instructor, The Glaucomatous nerve, AIOS 2012 Cochin

Presentations – International
Dr. Suma Ganesh, Video Presentation in World Ophthalmology Congress 2012, Abu Dhabi “Deprived Of Vision For More Than Eight Years Due To Congenital Cataract: Do They Improve With Surgical Intervention, Suma Ganesh, Priyanka Arora, Pawan Sinha
Dr. Suneeta Dubey, Poster,” A prospective ASOCT evaluation of chamber angle after laser iridotomy in Indian eyes”, Suneeta Dubey, Baswati Prasanth, Monica Gandhi, Pramod, World Glaucoma congress Paris June 2011
Dr. Suneeta Dubey, Poster “Surgical outcome of primary developmental glaucoma” Suneeta Dubey, Baswati Prashant, Nidhi Khurana, World Glaucoma congress Paris June 2011
Dr. Monica Gandhi, Poster, An ode to the optic disc – A photo documentation study, World Glaucoma Congress Paris, June 2011
Optom. Prem Kumar Singh, Faculty, ”Hospital Optometry at SCEH” 37th Hospital Optometrists Annual Conference, Warwickshire, U.K.
The key factor for achieving the mission of the hospital is to create highly skilled medical and non medical personnel across all functions of eye care. The Institute attracts both foreign and Indian candidates for its various training courses and from the inception of training a decade back, around 700 national and 50 international students have graduated. In the past year itself, 59 people graduated across various courses.

Increasingly, leading non governmental organizations in Eye care service provisioning and the government depute candidates for training at the institute. A structured Medical Education Department oversees the development of curriculum and ensures quality in pedagogy. On offer are various long and short term courses. Today, we routinely get training requests from within India as well as abroad.

Team:
Dr. Suma Ganesh  Dr. Sandeep Bhuttan
Dr. Sima Das  Optom Prem Kumar Singh
Dr. Vikas Tyagi  Ms. Kalpana Gupta
Dr. Suneeta Dubey

Training Output for 2011-12

**Ophthalmology**
- Phaco emulsification: 36 (3 international)
- ECCE/Sics: 7 (2 international)
- Long term fellowship in comprehensive eyecare: 4
- Long term fellowship in Paediatric Ophthalmology: 2 (1 international)
- Long term fellowship in Cornea and Anterior segment: 1
- Long term fellowship in Vitreo-retina: 1
- Short term fellowship in Cornea: 1 (international)
- Short term fellowship in Paediatric Ophthalmology: 2
- Short term fellowship in Medical Retina: 3
- Short term fellowship in Glaucoma: 1

**Optometry**
- Internship in Optometry: 8
- Fellowship in Optometry: 12
- Observership: 4 (1 international)
- Short term fellowship in Low Vision: 1
- Short term fellowship in Contact lenses: 2
- Short term fellowship in Paediatric Optometry and Orthoptics: 4

**Paramedical**
- Vision Technician: 5
- Ophthalmic Nursing Assistants: 13

International Locations the Trainees come from:
- Algeria
- Armenia
- Australia
- Azerbaijan
- Bahrain
- Dubai
- Egypt
- France
- Israel
- Libya
- Oman
- Mongolia
- Mauritius
- Poland
- Russia
- Sweden
- Sudan
- U.S.A.

National Locations the Trainees come from:
- Algeria
- Armenia
- Australia
- Azerbaijan
- Bahrain
- Dubai
- Egypt
- France
- Israel
- Libya
- Oman
- Mongolia
- Mauritius
- Poland
- Russia
- Sweden
- Sudan
- U.S.A.
**Education and Training**

**Training of Paediatric Ophthalmologists and Optometrists from ORBIS Partner Hospitals**

ORBIS International is one of the world’s biggest NGO’s working on the issue of Paediatric Ophthalmology. Dr. Shroff’s Charity Eye Hospital has had a long association with ORBIS, being the site of the first Paediatric Ophthalmology Centre that ORBIS funded in India. Since then, ORBIS has expanded to fund many more such paediatric initiatives in the country. Dr. Shroff’s routinely trains doctors and optometrists from ORBIS partner hospitals in the intricacies of Paediatric Ophthalmology. In the last year, 5 Ophthalmologists and 9 Optometrists were trained from Partner Hospitals in Nepal, Uttar Pradesh and West Bengal. In the coming years, many more such training initiatives are expected.

**Alcon Phaco Development Programme (PDP)**

SCEH has trained more than 30 doctors through Alcon PDP in the year 2011-12, and today SCEH is known as one of the best 10 PDP centres in India and the only PDP centre in Northern India. The objective of this programme is to support ophthalmologists in their pursuit of embracing quality Phaco surgery as a primary cataract treatment option for their patients.
Community Impact

The community has always remained an integral part of the institution and finds reflection in the board mandate that minimum 50% of the annual surgical work has to be done free or highly subsidized. For the year 2011-12, against a total surgical output of 15197 surgeries, 8264 (54%) surgeries were done free or highly subsidized. It is important to note here that at Dr. Shroff’s Charity Eye Hospital, free and subsidized work is not limited to cataract but also covers all super speciality work.

On a sustained basis, the Institute impacts the community through it’s network of 17 Vision centres and 5 surgical centres apart from the Tertiary centre. The fact that the operations of the Institute are now spread across the states of Rajasthan (Alwar District), Delhi, Haryana (Gurgaon and Mewat Districts), Uttar Pradesh (Meerut, Saharanpur and Lakhimpur Kheri) underlines the enduring commitment to serve the underserved.

The regular services to the community through Vision centres and satellite centres are further strengthened through special projects that the Institute takes up from time to time with Collaborators from around the world. The focus is always to expand the envelope and develop new mechanisms and process to serve the mission.

Paediatric Cataract

Nine months old Diya (name changed) came to Dr. Shroff’s Charity Eye Hospital from a remote village in district Hardoi of Uttar Pradesh. Balak Ram, Diya’s father - a labourer by profession, has a family of five to support with a income of Rs 2000 a month. She was two months old when her father identified her eye problem and consulted a local doctor, who diagnosed that she had congenital cataracts in both her eyes and would need a specialist to treat her. At this juncture, when they were really disheartened for their little Diya, they happened to meet the field worker of DBCS (District Blind Control Society), Hardoi, who referred them to the institute. Keeping in mind the fact that, if not treated, Diya would go totally blind in the coming years, the institute decided to provide free surgical support.

Though Diya has undergone surgery for both eye’s and her cataracts have been removed, she is too small for lens implantation. Currently wearing spectacles, Diya will undergo lens implantation process at a later date. Diya may be too small to realize the significance of the treatment received at SCEH, but her parents know that she has been saved from a big tragedy - becoming blind for ever! There are many more children like Diya, who can be saved from ‘needless blindness’ and helped to regain their vision and confidence to lead a happier and healthier life!

Glaucoma

In one of our community screening initiatives in remote Chhindwara district of Madhya Pradesh, the screening team came across Monali (name changed). All of 10 years old, her poor father, a small farmer brought her to the screening camp with a lot of hope. While Monali dreamt of becoming a teacher, she was going blind slowly but surely! The parents were afraid that very soon the girl would become totally blind.

Post primary examination, the parents were motivated to bring Monali to Delhi. Through one of our ongoing projects we were able to take care of their travel expenses. Detailed examination revealed that Monali had congenital glaucoma condition in both eyes; while in the right eye early cataract had also developed. It was very clear that if left unattended, the child was certain to go completely blind.

The Hospital rose to the challenge and a call was taken to provide free care. It was also clear that left to themselves, the parent’s were not in a position to come in for repeated visits to Delhi. The parents were convinced to stay on for a longer duration and both the surgeries were done consecutively. Though Monali had already lost a lot of her peripheral vision, surgical intervention ensured that she would not go completely blind.

The support for the free work that the Institute does comes in from many sources, perhaps most importantly the unknown, un-named donors who quietly contribute to every appeal that we send out. Also important are our international and national associations.

The impact that we make is best reflected in the stories of the patients, young and old who we have managed to touch in small ways. These vignettes give us the courage to go forward for newer challenges each year.
Community Impact

Cataract

Our Rampur surgical centre made history of sorts by operating on 110 year old Ramwati (name changed). Presenting with mature cataract in both eye’s and also hard of hearing, working with Ramwati was not one of the easiest things. Ramwati’s grandson brought her on his back accompanied with his father. They were a family of marginal farmers. From them we learnt that as Ramwati could not see any more, she had lost all interest in life and was just waiting for death. The family had heard about the eye hospital at the panchayat and therefore had decided to take a chance by coming and consulting the doctor.

The medical team at Rampur surgical centre operated on the right eye first with the plan to do the second eye after some time. Post surgery, Ramwati regained 6/18 vision which remained stable. On being asked by the operating surgeon on how she was feeling, she replied “MOHE FIR SE DUNIYA DIKHA DEEN”...you made me see this world again.

Ocular Oncology

It became a concern for Amit’s (name changed) parents when they observed that their 2 year old son Amit was not following objects normally and had acute swelling in his right eye. The child constantly kept crying and the parents concluded that he was in constant pain. Through a chain of coincidences, Amit and his parents came to our surgical centre at Rampur, Uttar Pradesh. During examination he was diagnosed with retinoblastoma of the right eye and was immediately referred to our base hospital in Delhi.

It was evident from the first day itself that Amit’s parents were in no position to support his treatment. His case was taken immediately referred to our base hospital in Delhi.

Cornea

17 year old Rinita (name changed) came to our hospital with acute Congenital Corneal Anaesthesia which means there is no sensation in the eye. This leads to lack of blinking and further to severe dryness and recurrent corneal erosions/corneal ulcers. Which delays in healing and leads to opacity of the cornea.

Recurrent episodes of corneal erosion had led to corneal opacity in case of Rinita. Due to scarring, she was also extremely photo-phobic. Conservative line of treatment required her to put lubricating eye drops and lubricating gel every 10-15 minutes in her eye’s. We could well understand that this was not a very practical solution for a school going child.

The Cornea department recommended Scleral Contact Lens for Rinita. Scleral contacts would not only improve her vision to near normal, but the fluid filled contact lens would also bathe her cornea and make her comfortable. The cost of Rs. 1 lakh for a pair of lenses (these are customised and sourced from UK) was well beyond the limited financial means of her father.

One of our Institutional partners, CBM, Germany agreed to support her treatment.

Now today with her Scleral Contact Lenses she can see crisp and clear from both eyes and has hardly any difficulty in reading and writing. Her photophobia has also gone. In the years to come, we are sure Rinita will make her parent’s proud.

Vitreoretina

11 year old Ram (name changed) came to us from a remote rural village in Sri Ganga Nagar District, Rajasthan. A deaf and dumb child, Ram was cared for by his uncle, a driver by profession. Ram’s biological parents had given up on him long back.

“I remember this child coming to my clinic guided by his uncle and having a very sad expression on his face. I kept saying look this side and look that side while examining his retina and he wouldn’t respond. From the uncle I learnt that the child was deaf and dumb. To my utter shock he was one eyed and having a giant retinal tear with retinal detachment which is the worst thing to have. I was facing a real challenge I knew. After surgery at his first follow up, I prayed and removed his eye patch. I didn’t know in OPD how to check his vision so I lifted my one finger and he responded by lifting his one finger and then I showed two fingers and he responded to that as well and before I could do anything more he got up from his chair to touch my feet. I just didn’t know how to control my tears as it was the happiest moment of my life”, As told by Dr. Manisha Agarwal, treating surgeon at SCEH.

ENT

Rani (name changed), 32 years, had been suffering from constant drainage in ears for a long time, which could have caused total deafness if not treated in time. But due to family circumstances, she kept neglecting her own disease; after all her husband’s treatment, who was suffering from cancer was a bigger priority for her.

Due to her husband’s expensive and long term treatment there was no money left for her own treatment. Her deafness was growing; her ears swelled up causing infections and rapid changes in ambient pressure which required an immediate surgery.

At this juncture, Dr. Shroff’s Charity Eye Hospital came to her rescue, and she got free surgical treatment for the reconstruction of her ear drums.

Today she has regained her confidence and is facing all the problems of life in a more positive manner.
Collaborative Projects

Paediatric Eye Health Awareness Initiative (PEHAI)
Partner: CBM, Germany
Lack of awareness about childhood eye health amongst care givers as well as service providers is a major contributor to the prevalence childhood blindness amongst children. As a break from the traditional service delivery model, the PEHAI initiative has been running from 2010 in the Alwar District. The focus is to raise the level of priority that the community and other stakeholders give to childhood eye health and consequently promote better health seeking behavior.

Project Prakash
Partner: Department of Brain and Cognitive Sciences, Massachusetts Institute of Technology, USA
“How does the brain recognize a familiar face?”
“How does a child learn to identify colours and shapes?”
“Can a child who is blind from birth develop normal vision?”
These and many more such questions intrigue neurologists and ophthalmologists alike. Project Prakash marks an unique collaborative journey between the Department of Brain and Cognitive Sciences, MIT and the Paediatric Ophthalmology Department of Dr. Shroff’s Charity Eye Hospital to answer some of these questions. Children with bilateral congenital blinding conditions are identified across North India and then are provided therapeutic services. Research studies on their responses and behavior are done in parallel.

The project output thus marks a unique combination of service delivery coupled with scientific knowledge that may revolutionize our understanding of blindness and intervention techniques in the coming years.

Primary Ear and Hearing Care
Partner: Sound Hearing 2030 and CBM, Germany
Seeing the response from the community to primary eye care services at vision centres, and looking at the prevalence of hearing disabilities in the community, together with Sound Hearing 2030 and CBM, Germany, Dr. Shroff’s Charity Eye Hospital has commenced an unique initiative to combine Primary Ear Care Services at it’s vision centres. The results from the pilot phase has been very encouraging with the community responding whole heartedly to the integrated concept. Programatically too, a combined approach is sure to bring about efficiencies in the long run.

Dr. Shroff’s Charity Eye Hospital under it’s strategic plan of expansion remains committed to the concept and plans are being drawn up for increasing the number of centres that can offer this combined service.
Vision Centres: Delivering primary eye care at the door step.

Partner: Seeing is Believing Programme of Standard Chartered Bank and IAPB

In 2008, with seed capital from the above project, Dr. Shroff’s Charity Eye Hospital set out on the path of providing primary eye care through “vision centres”.

Manned by rural 10+ 2 pass outs (boys /girls), Vision technicians who qualify after a grueling 18-month training, these vision centres provide:

- Refraction services (determining the spectacle prescription)
- Recognize eye conditions and counsel the patient on the treatment options
- Guide the patient to the nearest quality eye care service provider.

With time, Vision technicians not only serve the needs of eye care but also serve as beacons of enablement in a rural setting. By commissioning 4 more in 2012, the institute has taken it’s tally to 17 vision centres. The impact that such a network makes on the ground is best underscored by statistics. The network of Vision Centres saw a total of 24,494 patients and prescribed 7742 glasses. Additionally, they were responsible for identifying many complicated cases in the field which were subsequently managed medically or surgically at the secondary units and the tertiary unit. In the absence of early intervention through Vision centres, it is possible that many of the beneficiaries would have gone blind.

Community Based Rehabilitation Project

Partner: CBM, Germany

As a socially responsible healthcare organization; the Institution is committed to inclusive development of people with disabilities. For the same, in association with CBM, Germany, A community based Rehabilitation Project (CBR) has been working in the district of Alwar since 2008. Starting from pure healthcare delivery in Eye, Ent and Orthopaedic, the project is now maturing to setting up self help groups and organizing the people with disabilities and their families to demand the rights and privileges that are theirs under the constitution.
The Quality Initiative at SCEH continued with full force in the past year. The department had been constituted to deliver three strategic goals:
- Getting NABH Accreditation for the tertiary unit
- Setting up quality management systems at secondary centres
- Establishing a Quality Resource Centre for providing support and consultation to other eye hospitals.

The entire year was marked with numerous internal training programmes to orient the staff across all functions at the tertiary unit on NABH Guidelines. A Quality Steering committee was formed to give direction to the entire quality implementation process.

Apart from the existing committees of:
- Institutional Ethics
- Medical record
- Hospital Infection control
- Safety
- Operation Theatre
- Purchase

The four new committees that were formed to meet NABH standards were:
- Vishakha (Anti Sexual harassment)
- Credentialing and Privileging
- Clinical Audit
- Staff selection and Appraisal

Additionally, Emergency response teams (Code Blue, Orange, Pink, Red, Violet) were formed and trained to handle emergency situations. The NABH pre assessment Audit was done in January and the necessary post audit follow up reports have been submitted. In the coming Financial year, the Final Assessment Audit is expected.

In secondary centres, the quality team did formal gap analysis across all entities and gave recommendations. Individual satellites have formed quality implementation teams that are working at the local level to implement the recommendations. These cover clinical as well as non clinical areas.

On the Quality Resource Front, in co-ordination with ORBIS International, some of the activities undertaken were:
- Gandhi Eye Hospital, Aligarh, UP: Gap Analysis of Operation Theatre facilities and recommendations thereof
- Siliguri Greater Lions Eye Hospital, Siliguri, WB:
  Quality Gap Analysis across all functions and quality orientation programme comprising basics of quality management systems, Audit Mechanisms, documentation process were to given to the hospital teams.

The Team:
Dr. Suneeta Dubey
Ms. Shafali Bhagat
Mr. A.K.Singh

The Team:
Dr. Suneeta Dubey
Ms. Shafali Bhagat
Mr. A.K.Singh
## BALANCE SHEET AS AT MARCH 31, 2012

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>As at March 31 2012 ((\text{\text{$}}))</th>
<th>As at March 31 2011 ((\text{\text{$}}))</th>
<th>As at March 31 2010 ((\text{\text{$}}))</th>
<th>As at March 31 2009 ((\text{\text{$}}))</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL FUND (As per Schedule A)</td>
<td>12,801,722</td>
<td>9,088,273</td>
<td>62,918,790</td>
<td>106,731,029</td>
</tr>
<tr>
<td>BUILDING FUND</td>
<td>156,825</td>
<td>141,142</td>
<td>141,142</td>
<td>141,142</td>
</tr>
<tr>
<td>LOANS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASH AND BANK BALANCES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INVENTORIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOANS AND ADVANCES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVANCE TO CONTRACTORS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVANCE TO SUPPLIERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER FUNDS</td>
<td>17,090,385</td>
<td>15,531,152</td>
<td>15,531,152</td>
<td>15,531,152</td>
</tr>
<tr>
<td>CURRENT LIABILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROVISIONS</td>
<td>2,244,774</td>
<td>2,177,212</td>
<td>2,177,212</td>
<td>2,177,212</td>
</tr>
<tr>
<td>ADVANCE TO CONSTRUCTORS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVANCE TO SUPPLIERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTRACTOR PAYABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPPLIER ACCOUNT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER LIABILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIXED ASSETS</td>
<td>71,963,938</td>
<td>4,166,920</td>
<td>4,166,920</td>
<td>4,166,920</td>
</tr>
<tr>
<td>ADVANCE TO CONTRACTORS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVANCE TO SUPPLIERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER FUNDS</td>
<td>78,676,859</td>
<td>74,342</td>
<td>74,342</td>
<td>74,342</td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INVENTORIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOANS AND ADVANCES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVANCE TO CONTRACTORS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVANCE TO SUPPLIERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTRACTOR PAYABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPPLIER ACCOUNT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER LIABILITIES</td>
<td>94,336,872</td>
<td>100,745,615</td>
<td>100,745,615</td>
<td>100,745,615</td>
</tr>
<tr>
<td>LOANS AND ADVANCES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVANCE TO CONTRACTORS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVANCE TO SUPPLIERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTRACTOR PAYABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPPLIER ACCOUNT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER LIABILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Footnotes

- **Governance** carried forward
- **Balance Sheet** as at March 31, 2012
- **Assets** as at March 31, 2012
- **Liabilities** as at March 31, 2012
- **Security Deposits** as at March 31, 2012

**Notes to the Accounts**

In terms of our report attached

**For and on behalf of Board of Trustees**

Managing Trustee

Chairman

**Place:** New Delhi

**Date:** 1st September 2012
Dr. Shroff's Charity Eye Hospital, Darya Ganj, New Delhi

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED MARCH 31, 2012

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the year ended March 31, 2011 ($)</td>
<td>For the year ended March 31, 2012 ($)</td>
</tr>
<tr>
<td>Materials Consumed</td>
<td>1,670,914</td>
</tr>
<tr>
<td>Opening balance</td>
<td>1,670,914</td>
</tr>
<tr>
<td>Add: Purchase of surgery &amp; dispensary items</td>
<td>35,075,491</td>
</tr>
<tr>
<td>Less: Closing stock</td>
<td>2,256,190</td>
</tr>
<tr>
<td>1,373,219</td>
<td>13,483,695</td>
</tr>
<tr>
<td>25,573,534</td>
<td>13,828,641</td>
</tr>
<tr>
<td>Establishment</td>
<td>34,490,215</td>
</tr>
<tr>
<td>92,291,928</td>
<td>93,072,306</td>
</tr>
<tr>
<td>2,044,622 Contribution to provident fund &amp; admin charges</td>
<td>12,913,315</td>
</tr>
<tr>
<td>1,845,422 Graftuity</td>
<td>2,676,660</td>
</tr>
<tr>
<td>4,946,579 Staff welfare and training expenses</td>
<td>5,463,217</td>
</tr>
<tr>
<td>6,336,950 Lease operation charges</td>
<td>2,880,772</td>
</tr>
<tr>
<td>5,974,607 Electricity and water charges</td>
<td>1,096,943</td>
</tr>
<tr>
<td>Marketing expense</td>
<td>7,570,530</td>
</tr>
<tr>
<td>393,596</td>
<td>111,309,848</td>
</tr>
<tr>
<td>354,343 Insurance</td>
<td>22,617,171</td>
</tr>
<tr>
<td>1,039,331</td>
<td>1,077,805</td>
</tr>
<tr>
<td>Repair, remodelling and renovation</td>
<td>4,356,950</td>
</tr>
<tr>
<td>6,612,361</td>
<td>4,963,579</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>1,924,291</td>
</tr>
<tr>
<td>1,077,805</td>
<td>1,087,605</td>
</tr>
<tr>
<td>Communication expenses</td>
<td>784,152</td>
</tr>
<tr>
<td>1,994,452 Legal and professional fee</td>
<td>4,918,784</td>
</tr>
<tr>
<td>635,990 Traveling and conveyance expenses</td>
<td>2,798,046</td>
</tr>
<tr>
<td>531,563 Pensions and taxes</td>
<td>2,141,661</td>
</tr>
<tr>
<td>510,004</td>
<td>410,585</td>
</tr>
<tr>
<td>Bank interest and other charges</td>
<td>572,403</td>
</tr>
<tr>
<td>2,217,327</td>
<td>2,085,663</td>
</tr>
<tr>
<td>4,630,396 Eye camp expenses</td>
<td>8,285,663</td>
</tr>
<tr>
<td>3,843,175</td>
<td>335,000</td>
</tr>
<tr>
<td>2,526,840 Eye camp Running Expenses</td>
<td>3,930,117</td>
</tr>
<tr>
<td>1,047,508</td>
<td>115,718</td>
</tr>
<tr>
<td>1,332,137</td>
<td>333,000</td>
</tr>
<tr>
<td>2,002,677</td>
<td>317,135</td>
</tr>
<tr>
<td>5,572,829</td>
<td>40,000</td>
</tr>
<tr>
<td>2,138,066</td>
<td>192,000</td>
</tr>
<tr>
<td>2,222,625</td>
<td>4,592,107</td>
</tr>
<tr>
<td>2,072,742</td>
<td>507,570</td>
</tr>
<tr>
<td>379,314 Bad Debt written off</td>
<td>112,316</td>
</tr>
<tr>
<td>963,091</td>
<td>315,394</td>
</tr>
<tr>
<td>Miscellaneous expenses</td>
<td>1,442,129</td>
</tr>
<tr>
<td>293,314</td>
<td>12,448</td>
</tr>
<tr>
<td>694,200 Rent</td>
<td>803,950</td>
</tr>
<tr>
<td>8,820,490</td>
<td>5,016,599</td>
</tr>
<tr>
<td>Depreciation</td>
<td>5,016,599</td>
</tr>
<tr>
<td>9,683,153</td>
<td>689,720</td>
</tr>
<tr>
<td>694,200</td>
<td>230,642</td>
</tr>
<tr>
<td>142,950</td>
<td>39,600</td>
</tr>
<tr>
<td>1,363,950</td>
<td>1,363,950</td>
</tr>
<tr>
<td>2,195,072</td>
<td>1,363,950</td>
</tr>
<tr>
<td>354,343</td>
<td>902,657</td>
</tr>
<tr>
<td>1,039,331</td>
<td>1,039,331</td>
</tr>
<tr>
<td>1,500,000</td>
<td>1,500,000</td>
</tr>
<tr>
<td>322,747</td>
<td>315,394</td>
</tr>
<tr>
<td>99,514</td>
<td>902,657</td>
</tr>
<tr>
<td>1,442,129</td>
<td>1,442,129</td>
</tr>
<tr>
<td>379,314</td>
<td>379,314</td>
</tr>
<tr>
<td>813,950</td>
<td>813,950</td>
</tr>
<tr>
<td>8,820,490</td>
<td>8,820,490</td>
</tr>
<tr>
<td>Total</td>
<td>151,135,448</td>
</tr>
<tr>
<td>159,173,448</td>
<td>194,589,561</td>
</tr>
<tr>
<td>Notes to the accounts</td>
<td>For and on behalf of Board of Trustees</td>
</tr>
</tbody>
</table>

STATEMENT OF FUND FLOW

For the year ended on March 31

<table>
<thead>
<tr>
<th>Sources of Funds</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Receipts including Special Clinics, ODT, Optical &amp; Contact Lens</td>
<td>144,371,161</td>
<td>111,309,848</td>
</tr>
<tr>
<td>General Donation Received</td>
<td>138,284,61</td>
<td>13,483,645</td>
</tr>
<tr>
<td>Contribution from Specific Funds</td>
<td>193,999,193.5</td>
<td>19,150,256</td>
</tr>
<tr>
<td>Bank Interest</td>
<td>105,227,91</td>
<td>807,263</td>
</tr>
<tr>
<td>Other Income</td>
<td>74,675,91</td>
<td>7,067,516</td>
</tr>
<tr>
<td>Increase in Specific Funds/Grants</td>
<td>415,403</td>
<td></td>
</tr>
<tr>
<td>Increase in Go Loan</td>
<td>31,560</td>
<td></td>
</tr>
<tr>
<td>Increase in Fixed Assets Fund</td>
<td>10,525,024</td>
<td>4,100,930</td>
</tr>
<tr>
<td>Net of Fixed Deposits</td>
<td>65,712,11</td>
<td></td>
</tr>
<tr>
<td>Decrease in Net Current Assets</td>
<td>6,602,182</td>
<td></td>
</tr>
<tr>
<td>203,259,555</td>
<td>162,937,083</td>
<td></td>
</tr>
</tbody>
</table>

Application of Funds

Material consumed for surgery & dispensary items | 410,079,65 | 29,578,789 |
Establishment & Employee Cost | 98,403,60 | 79,969,682 |
Staff Welfare & Training Expenses | 75,053,00 | 4,963,579 |
Repair, Renewal & Renovation Expenses | 74,631,39 | 8,734,886 |
Eye Camp Expenses | 49,431,35 | 4,675,333 |
Sight Life - Eye Bank | 109,528,33 | 8,023,253 |
Electricity & Water charges | 570,499 | 5,774,407 |
Administrative Other Expenses | 93,340,58 | 8,412,403 |
Addition to Fixed Assets (Inc. Capital work in progress) | 180,376,82 | 9,389,037 |
Net Purchases of Fixed Deposits | 2,090,473 | |
Decrease in Specific Funds/Grants | - | - |
Repayment of Loan from Union Bank of India | 66,938 | 61,332 |
Repayment of Car Loans | 1,042,482 | - |
Increase in Net Current Assets | 386,244 | |
| 203,259,555 | 162,937,083 |

1. Identity (Minimum Norm’s Compliance)

- SCEH is registered as a Charitable Trust, registered in the office of the Sub-Registrar at Delhi on 17th February, 1922.
- SCEH is registered with Income Tax Department under Section 12A No. DL(U)(C)T-(48)/73-74; dated 16.11.1973
- SCEH is registered under section 6(1)(a) of the Foreign Contribution Regulation Act, 1976, No. 231650396, dated 10.06.1986
- All contributions to SCEH are exempt under Section 80G of the Income Tax Act, 1961 No. DIT(E)/80G/2010-11/ D-791/766 dated 07/07/2010, valid from 01/04/2010 onward till it is rescinded.
- Income Tax Permanent Account No. AAATD0235A

Name & Address of Main Bankers

1) Indian Overseas Bank, Netaji Subhash Marg, Darya Ganj, New Delhi -110002
2) Axis Bank, Netaji Subhash Marg, Darya Ganj, New Delhi -110002
3) Punjab National Bank, DMA House, Ansari Road, Darya Ganj, New Delhi - 110002

Name & Address of the Auditors

A. F. Ferguson & Co (Chartered Accountants) 9, Scindia House, K.G.Marg, New Delhi- 110001
2. Governance details

<table>
<thead>
<tr>
<th>S.No</th>
<th>Truste Name</th>
<th>In Board</th>
<th>Occupation</th>
<th>Area of Competence</th>
<th>Meetings Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mr. Tejesh Patel</td>
<td>Chairman</td>
<td>Business</td>
<td>Champion of Social Causes</td>
<td>2/4</td>
</tr>
<tr>
<td>2</td>
<td>Dr. C. M. Shroff</td>
<td>Member</td>
<td>Medicine</td>
<td>Ophthalmology (Retina)</td>
<td>4/4</td>
</tr>
<tr>
<td>3</td>
<td>Dr. N. M. Shroff</td>
<td>Member</td>
<td>Medicine</td>
<td>Ophthalmology (Corneal)</td>
<td>3/4</td>
</tr>
<tr>
<td>4</td>
<td>Mr. Brij Bans Bahador</td>
<td>Member</td>
<td>Professional</td>
<td>Finance</td>
<td>4/4</td>
</tr>
<tr>
<td>5</td>
<td>Mr. Naresh Gajria</td>
<td>Member</td>
<td>Manufacturing</td>
<td>Marketing</td>
<td>2/4</td>
</tr>
<tr>
<td>6</td>
<td>Mr. Ravi Prakash</td>
<td>Managing Trustee</td>
<td>Professional</td>
<td>Accounting &amp; Cost Control</td>
<td>3/4</td>
</tr>
<tr>
<td>7</td>
<td>Mr. Vijay Singh Yadav</td>
<td>Member</td>
<td>Advocate</td>
<td>Legal Advice</td>
<td>3/4</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Ravi Nanda</td>
<td>Member</td>
<td>Medicine</td>
<td>Pediatric</td>
<td>4/4</td>
</tr>
<tr>
<td>9</td>
<td>Mrs. Mehra Sherif</td>
<td>Member</td>
<td>Social Worker</td>
<td>Social Work</td>
<td>0/4</td>
</tr>
<tr>
<td>10</td>
<td>Mrs. Rukhsana Shroff</td>
<td>Member</td>
<td>Educational</td>
<td>Education &amp; Social Work</td>
<td>2/4</td>
</tr>
<tr>
<td>11</td>
<td>Mr. Vikram Lal</td>
<td>Member</td>
<td>Industrial</td>
<td>Governance &amp; Accountability</td>
<td>3/4</td>
</tr>
<tr>
<td>12</td>
<td>Mr. Lalit Nirula</td>
<td>Member</td>
<td>Business</td>
<td>Food &amp; Hospitality Industry</td>
<td>4/4</td>
</tr>
</tbody>
</table>

3. Staff remuneration [Gross yearly + benefits]

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Destination</th>
<th>Purpose</th>
<th>Gross Expenses (₹)</th>
<th>Sponsored by external organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Suma Ganesh</td>
<td>Consultant - Ophthalmology</td>
<td>Abu - Dhabi</td>
<td>World Ophthalmology Conference</td>
<td>33,722</td>
<td>No</td>
</tr>
<tr>
<td>Optum Prem Kumar Singh</td>
<td>Dy. Chief Optometrist</td>
<td>Washington</td>
<td>37th Hospital Optometrist annual conference</td>
<td>106742</td>
<td>No</td>
</tr>
<tr>
<td>Dr. Susanta Dubey</td>
<td>Consultant - Ophthalmology</td>
<td>Paris</td>
<td>World Glaucoma Conference</td>
<td>160932</td>
<td>Partial</td>
</tr>
</tbody>
</table>

4. Total Cost of National Travel by Board Members/Staff/ Volunteers on behalf of organisation: Rs. 525160

5. Total Cost of International Travel by Board Members/Staff/ Volunteers on behalf of organisation

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Destination</th>
<th>Purpose</th>
<th>Gross Expenses (₹)</th>
<th>Sponsored by external organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Narendra Kumar</td>
<td>Consultant - Ophthalmology</td>
<td>Paris</td>
<td>World Glaucoma Conference</td>
<td>160932</td>
<td>Partial</td>
</tr>
</tbody>
</table>

6. Staff Details as on 31.03.2012

<table>
<thead>
<tr>
<th>Slab of gross salary (in ₹) plus benefits paid to staff (per month)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5,000 – 10,000</td>
<td>64</td>
<td>33</td>
<td>97</td>
</tr>
<tr>
<td>10,000 – 25,000</td>
<td>98</td>
<td>40</td>
<td>138</td>
</tr>
<tr>
<td>25,000 – 50,000</td>
<td>15</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>50,000 – 1,00,000</td>
<td>12</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td>Greater than 1,00,000</td>
<td>5</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>
Continuing the established tradition, AmarJyoti, the annual function to honour the families of donors was held with great enthusiasm and was graced by Sh. Sudarshan Agarwal - Former Governor of Uttarakhand & Sikkim.

The members of American Women Association (AWA) visits the free ward to meet a young patient who was operated for cataract.

Leaders Quest organized a visit by a delegation of Bain & Company to study SCEH’s business model.

Former President of India Dr. A P J Abdul Kalam on his visit to Dr. Shroff’s Charity Eye Hospital on 9th November 2011

The Rotary Club of Delhi South Metropolitan RID 3010, with the active support and initiative of past District Governor, Mr. Manjit S. Sawhney, donated a bus to SCEH. The bus will be converted into an eye diagnostic van.