



## IMPACT ASSESSMENT

# EYECARE PROJECT FOR AVOIDABLE BLINDNESS

**APRIL - 2023**

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*Prepared for:*



WITH YOU, RIGHT THROUGH



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The team at Social Audit Network, India is grateful to the representatives at HTPF and the implementing partner hospitals for their support and co-operation with this assessment.

## Abbreviations



**Akhand Jyoti**

Yugrishi Shriram Sharma Acharya  
Charitable Trust



**MRF**

The Medical Research Foundation



**SN**

Sankara Nethralaya



**SCEH**

Dr Shroff's Charity Eye Hospital



**The Foundation**

H T Parekh Foundation



**Project**

The Eye Care Project

## Executive Summary

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Eye health and vision have widespread and profound implications for many aspects of life, health, sustainable development, and the economy. Yet nowadays, many people, families, and populations continue to suffer the consequences of poor access to high-quality, affordable eye care, leading to vision impairment and blindness. Worldwide, more than 90% of people with vision impairment have a preventable or treatable cause with existing highly cost-effective interventions<sup>1</sup>.

HDFC Ltd through its CSR initiatives, have been supporting sight restoration programmes, with an objective to transform people's socio-economic life along with improved self-reliance. The Eye Care Project has provided a grant support of Rs 11.25 crores for eye surgeries during FY 2020-21 and FY 2021-22. 46% of this amount was towards cataract surgeries and 54% towards non- cataract eye surgeries.

A total of 17,999 surgeries have been completed by the implementation partners during the support period, which have led to a significant improvement in the lives of beneficiaries. 80% of these surgeries were for cataract, with the balance 20% for non- cataract eye surgeries. The support is given across different states in Eastern, Northern and Southern India, in rural as well as urban pockets. The project has served 52% number of women and children ensuring equal access.

Patient satisfaction with implementation partners' hospital services was evaluated through a questionnaire administered to 1,480 patients. The top three aspects that were considered excellent are: quality of treatment, behaviour of medical staff and cleanliness at the facilities.

The maximum impact of the intervention has been in the area of social change with respect to improvements in family and social life, increase in confidence and ability to contribute within the family. 88% of the beneficiaries surveyed mentioned that their vision had improved, lessening the chances of falls and accidents. 78% reported lesser tiredness and headache.

In conclusion, the Eye Care Project has helped prevent potential blindness by supporting 17,999 surgeries, contributing to overall health and well-being for these patients. Patients from vulnerable and economically marginalized community are given access to world-class medical care in low-cost settings. Nearly 53% of the patients were dependents and 36% were from households with an average monthly income of less Rs 10,000 per month. The project has contributed significantly not just to these individuals' lives' but to the health priorities of the Nation<sup>2</sup>.

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1. The Lancet Global Health Commission on Global Eye Health: VISION Beyond 2020 is the work of 73 experts from 25 countries globally, and is a synthesis of new and existing research in eye health. Published on February 16, 2021

2. Various activities/initiatives undertaken during the Five Year Plans under National Programme for Control of Blindness & Visual Impairment (NPCBVI) under Ministry of Health & Family Welfare, Government of India are targeted towards achieving the goal of reducing the prevalence of blindness

# 1. Background

HDFC Ltd's CSR initiatives are undertaken through direct partnerships with non-profit organizations and through its primary implementing agency, the H T Parekh Foundation (Foundation). The CSR projects undertaken by HDFC Ltd are located across the country in areas of Healthcare, Education, Persons with Disabilities and Environment. HDFC has appointed Social Audit Network India (SAN India) to conduct a study with the aim of conducting “an independent impact evaluation study of Healthcare-Eye Care project supported through the H T Parekh Foundation (“Foundation”).”

The report provides a review and assessment of the implementation and impact of the Healthcare-Eye Care project for FY 2020-21 and FY 2021-22 for grants amounting to INR 11.25 crores. The project was executed through three implementation partners:

**Yugrishi Shriram Sharma Acharya Charitable Trust:** The Yugrishi Shriram Sharma Acharya Charitable Trust, started the Akhand Jyoti Eye Hospitals (Akhand Jyoti) since 2005 with the objective of elimination of avoidable blindness. Their large eye hospital is located in the remote village of Mastichak, Bihar and 4 smaller hospitals in Bihar and Uttar Pradesh.

**Medical Research Foundation:** The Medical Research Foundation (MRF) was founded in 1978 and Sankara Nethralaya (SN) is the registered trademark under which the eye hospital is operated by MRF. The goal is to provide eye care solutions of the highest standards to all sections of society. SN hospitals are located in Tamil Nadu, West Bengal and Andhra Pradesh.

**Dr Shroff's Charity Eye Hospital:** SCEH was established in 1922 to enable people from all walks of life and all sections of society to receive quality eye care. As a not-for-profit, its board mandates that at least 50% of its surgery is non-paying or highly subsidized. SCEH has one tertiary eye care hospital in Delhi and 7 surgical centres across Uttar Pradesh, Rajasthan and Uttarakhand.

## 1.1 Priorities for CSR

Recognising that “Healthy populations are more productive, contribute to socio-economic progress, live longer and save more,” one of the priorities for HDFC CSR is that of Healthcare, with a specific focus to “Ensure provision of quality healthcare to children and women that are vulnerable and/or economically marginalized.”

### Eye care



HDFC CSR's aim is to transform lives through early detection and treatment for all forms of avoidable blindness with three specific objectives.

## Support for Sight Restoration

- ➔ *Enhancing access to early detection and treatment*- Community and school outreach programmes for early detection of blindness including refractive error, cataract, diabetic retinopathy etc.
- ➔ *Improving treatment capacity of eye health facilities* - Establishing eye care hospitals in remote underserved areas, establishing facilities for emerging needs like retinoblastoma, equipping existing eye hospitals with advanced and high-quality treatment facilities
- ➔ *Developing skilled eye care providers*- Establishing academic institutions and training centres for eye care professionals, supporting training and capacity building programmes for a wide range of eye care providers.

## 1.2 Alignment with UN SDGs

The United Nations Sustainable Development Goals (SDGs) are a universal call to action to build a healthier world for the entire population and the environment by 2030.

Vision makes an important contribution to the 2030 Agenda for Sustainable Development and cuts across many of the Sustainable Development Goals: from poverty reduction to economic growth and employment, to education, gender and reducing inequalities.

### 3 GOOD HEALTH AND WELL-BEING



Taking this forward, the United Nations General Assembly has in July 2021 adopted a resolution to tackle preventable sight loss, incorporating eye health as part of the United Nations' Sustainable Development Goals. The target for eye care is for all countries to ensure full access to eye care services for their populations by 2030.

While aligned with other SDGs such as SDG 17 -Partnership for the Goals and SDG 10- Reduced Inequalities, the project has maximum alignment with SDG 3: Good Health and Well-Being.

## 2. Scope and Methodology

### 2.1 Scope

The scope of the assignment was to assess performance of the Eye Care project in respect of grant support made during FY 2020-21 to 2021-2022. HDFC CSR provided financial support to conduct cataract and non-cataract procedures for the vulnerable or economically marginalised population. The objective of this report is to outline how and to what extent HDFC CSR's priorities are met by the activities under the project grant.

### 2.2 Methodology

The SAN India team comprising of social auditors, Ms. Karuna Luthar and Ms. Latha Suresh along with a team of 10 tele callers, conducted the assessment. The methodology used in evaluation of the three projects is a blend of primary and secondary data analysis:



### Primary data

- ➔ Key informant interviews with the three implementation partners
- ➔ Telephonic interviews of a sample of patients /caregivers as relevant. 2,000 patients across the partner lists were selected to obtain more data about the beneficiaries and understand their experience with each project partner. 1,480 responses were recorded. This represents 8% of the total beneficiary list.

### Secondary data

- ➔ Desk research of information shared by implementation partners

The project was evaluated using the REESS framework which measures the performance of programme on five parameters: Relevance, Effectiveness, Efficiency, Sustainability and Social Impact.

REESS Indicator	Description
<b>Relevance</b>	The extent to which the objectives of a development intervention are consistent with the beneficiary requirement, organization and donor policies and country's need.
<b>Effectiveness</b>	The extent to which the development intervention's objectives were achieved or expected to be completed and their relative importance.
<b>Efficiency</b>	The extent to which the intervention delivers, or is likely to deliver, results in an economical and timely way.
<b>Sustainability</b>	The extent to which the partner can continue to deliver the services after major development assistance has been completed.
<b>Social Impact</b>	The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.

**Figure 1:** REESS Indicators

## 2.3 Limitations during the study

Phone numbers for some beneficiaries in the sample were unreachable or erroneous, and were thus substituted to achieve the target sample size.

## 3. Report on Performance

### 3.1 Support for Cataract and Non-Cataract surgeries

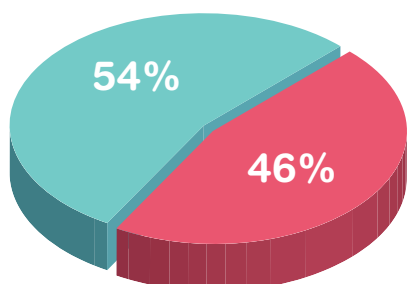
Overall, the Directorate General of Health Services considers the main causes of blindness to be Cataract (63%) Refractive Error (20%), Glaucoma (6%) and Posterior Segment Disorder (5%)<sup>3</sup>.

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3. Latest information on the Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India website (dghs.gov.in)

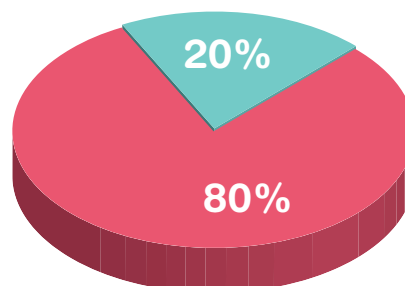
HDFC CSR has provided a total amount of Rs 11.25 crores for Eye Care surgeries during the two years under consideration. Of this, 46% of funds were for non-cataract surgeries (including glaucoma, retina, oculoplastic surgery) which comprised only 20% of the total beneficiary numbers.

HDFC CSR has made a significant contribution to eye-care in the country by allocating a significant amount to non-cataract eye surgeries. This category evidently costs more for treatment and hence could be considered a greater barrier to patients paying for them through their own means.



● Cataract surgeries ● Non-cataract surgeries

**Figure 2:** Support for Cataract and Non Cataract Surgeries: Distribution of Amount

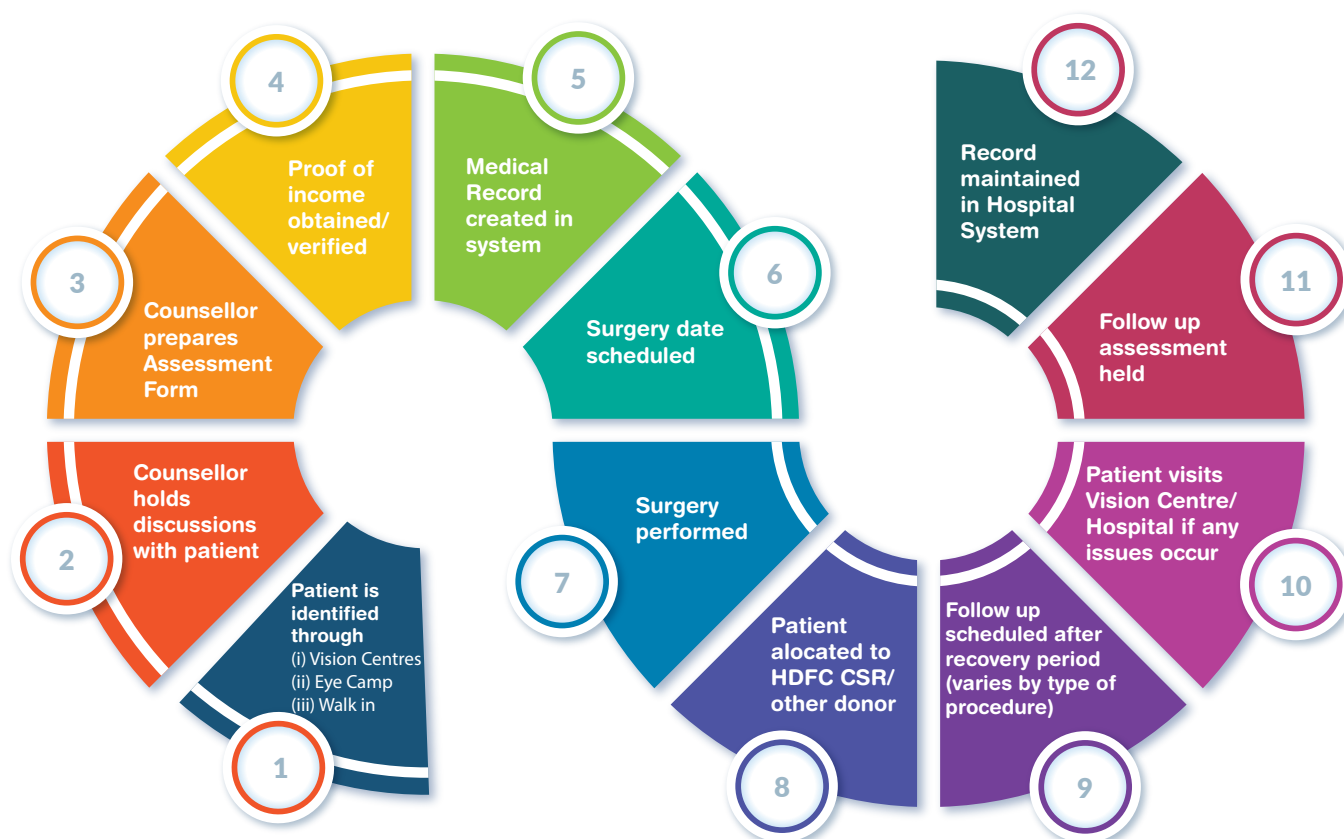


● Cataract surgeries ● Non-cataract surgeries

**Figure 3:** Support for Cataract and Non Cataract Surgeries: Distribution of Numbers

### 3.2 Process flow

The process flow explained by the key informants is as below.



**Figure 4:** Overall Process flow for all partners



### 3.2.1 Initial meeting with beneficiaries

All the project partners conduct Eye Care Camps and support Vision Centres (VCs) to spread awareness of eye health and refer patients to the hospitals for treatment, apart from treating walk-in patients.

At Sankara Nethralaya, over 75% of the attendees in the camps conducted are in general subsequently referred for operations.

Camps conducted by Akhand Jyoti cover villages within a 5km radius, systematically moving to adjacent areas, thus ensuring good coverage. As this means that the distance from the hospital increases, a bus is provided to take cataract patients to the nearest hospital.



**Figure 5:** Community camp conducted by SCEH

### 3.2.2 Counselling and assessment

Counsellors discuss the background for the procedures with patients. The doctor prepares an assessment report and a consent for surgery is taken from the patient in English, Hindi or regional language as relevant.

### 3.2.3 Income proof

Income related information is collected as part of the counselling process. Low-income patients are accepted for surgery and once the surgery is completed, they are allocated to the HDFC CSR list.

### 3.2.4 Surgery and follow-up

Patients are generally operated within 24 hours of their arrival at the hospital with low waiting time. Similarly, discharge is completed within a short time of completing the procedure.



**Figure 6:** Eye Check-up at Akhand Jyoti

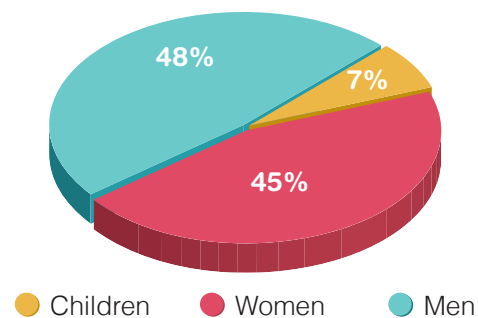
Follow-up appointments are made based on a planned recovery period depending on the type of surgery.

## 4. Beneficiary analysis

### 4.1 Profile of Beneficiaries reached under the programme

#### 4.1.1 Gender and age classification

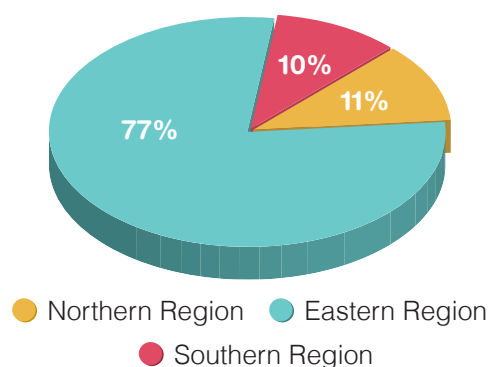
According to the International Association for Prevention of Blindness, more than 55% of people who have visual issues are women and girls<sup>4</sup>. The Eye Care project supported over the past two financial years has served 52% number of women and children (age below 18 years), ensuring equal access to eye care.



**Figure 7:** Gender and Age classification

#### 4.1.2 Region-wise classification

HDFC CSR has supported these surgeries mainly across three regions. Through supporting Akhand Jyoti, the project has able to reach remote areas and a large segment of the rural population that may otherwise have been underserved in Bihar, part of the Eastern region. Similarly, a high proportion of patients from the Northern and Southern regions are identified in camps held in remote locations by SCEH and Sankara Nethralaya respectively.



**Figure 8:** Region-wise distribution of beneficiaries

## 5. Survey findings

### 5.1 Profile of respondents

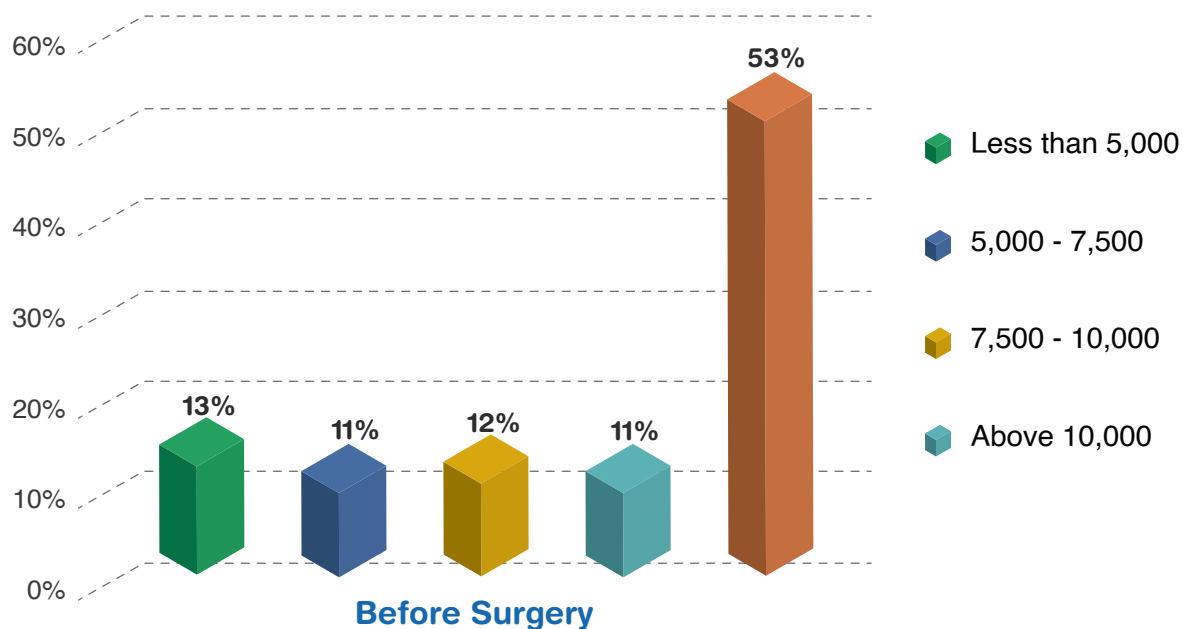
#### 5.1.1 Income

Nearly 53% of the patients were dependents. 36% were from households with an average monthly income of less Rs 10,000 before surgery.

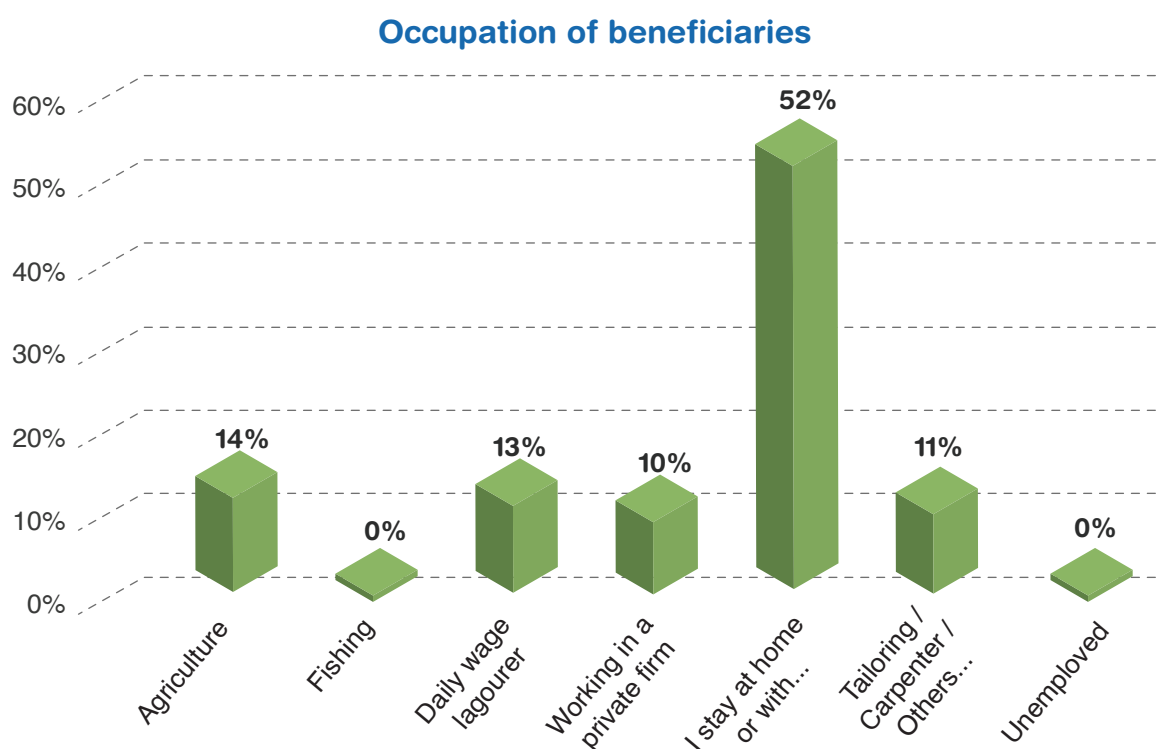
#### 5.1.2 Occupation

From the income earners, a significant percentage were in daily-wage or low-income generating jobs. Hence, the programme has led to increasing access to those with limited awareness and funds.

4. International Association for Prevention of Blindness (IAPB) is the overarching alliance for the global eye health sector, with more than 150 organisations in over 100 countries working together <https://www.iapb.org/learn/vision-atlas/inequality-in-vision-loss/gender/>



**Figure 9:** Income distribution of respondents

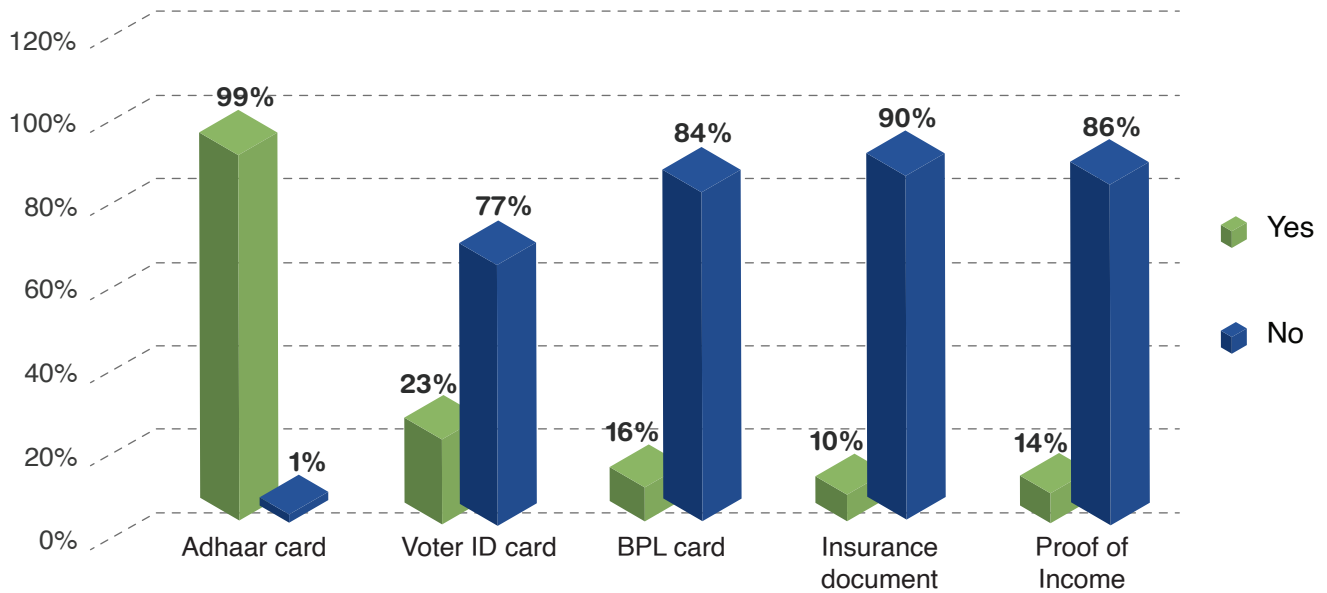


**Figure 10:** Occupation of beneficiaries

## 5.2 Experience with processes

### 5.2.1 Documentary support

Assessing the income level is one of the challenges faced as most of them are farmers and daily wage earners and do not have any income proof document to furnish. Mostly the income information is taken based on counselling from the patients.

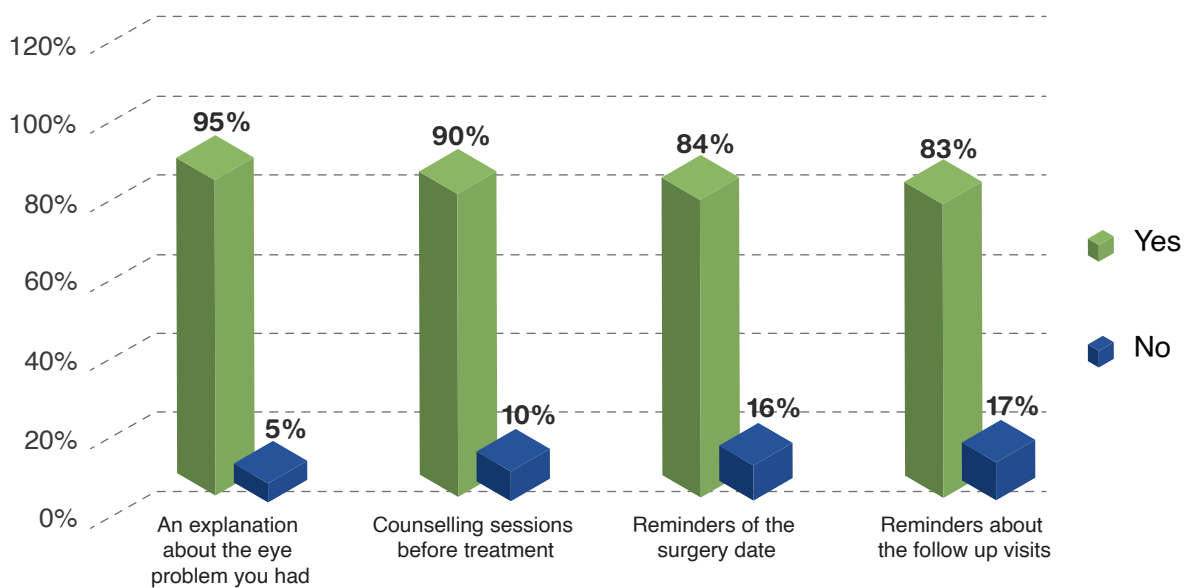


**Figure 11:** Documents submitted by beneficiaries

### 5.2.2 Surgery and support processes

Over 90% of patients had received counselling and explanations about the treatment. Reminders were sent to patients, either through phone calls or through sms and post operative support was provided in the form of medicines, glasses and instructions. This level of support is reflected in the high satisfaction levels conveyed by the patients (as noted in subsequent paragraphs).

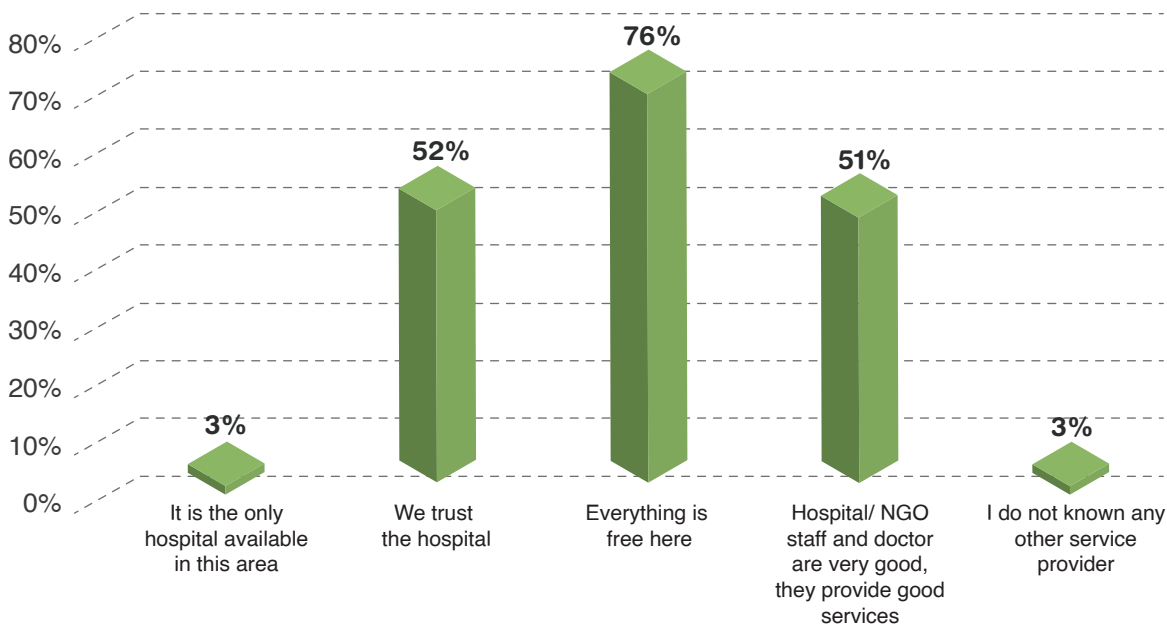
Majority of the patients who mentioned they had not received counselling or reminders were those who were transported from their villages by buses arranged by the implementing partner.



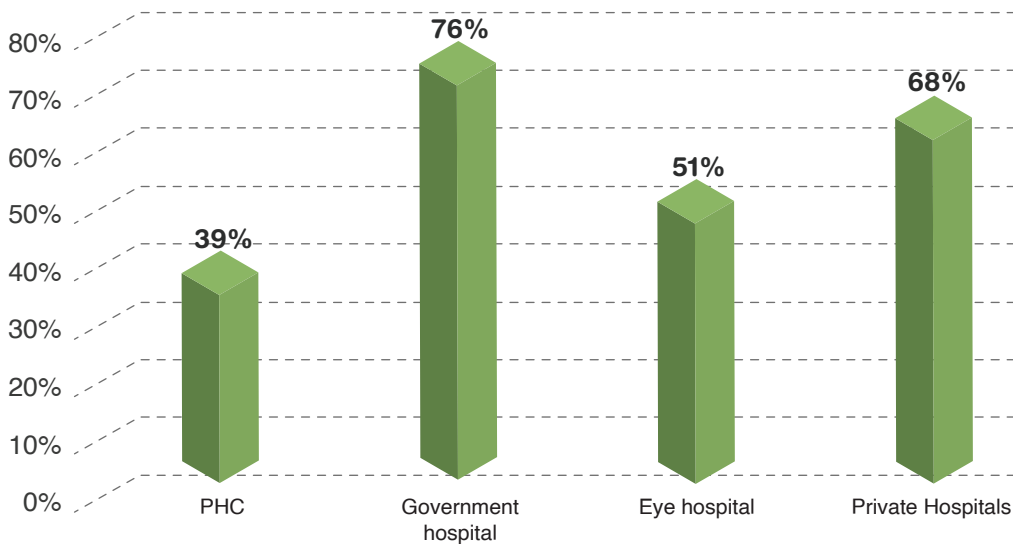
**Figure 12:** Support to Patients

### 5.2.3 Reason for selecting hospital

The majority of the patients (76%) mentioned that they came to the hospital because of affordability reasons. Trust (52%) and good reputation (51%) were other main reasons patients sought treatment at the partner hospitals over Government hospitals, which are available in most areas.



**Figure 13:** Reason for selecting the hospital



**Figure 14:** Other healthcare facilities near residence

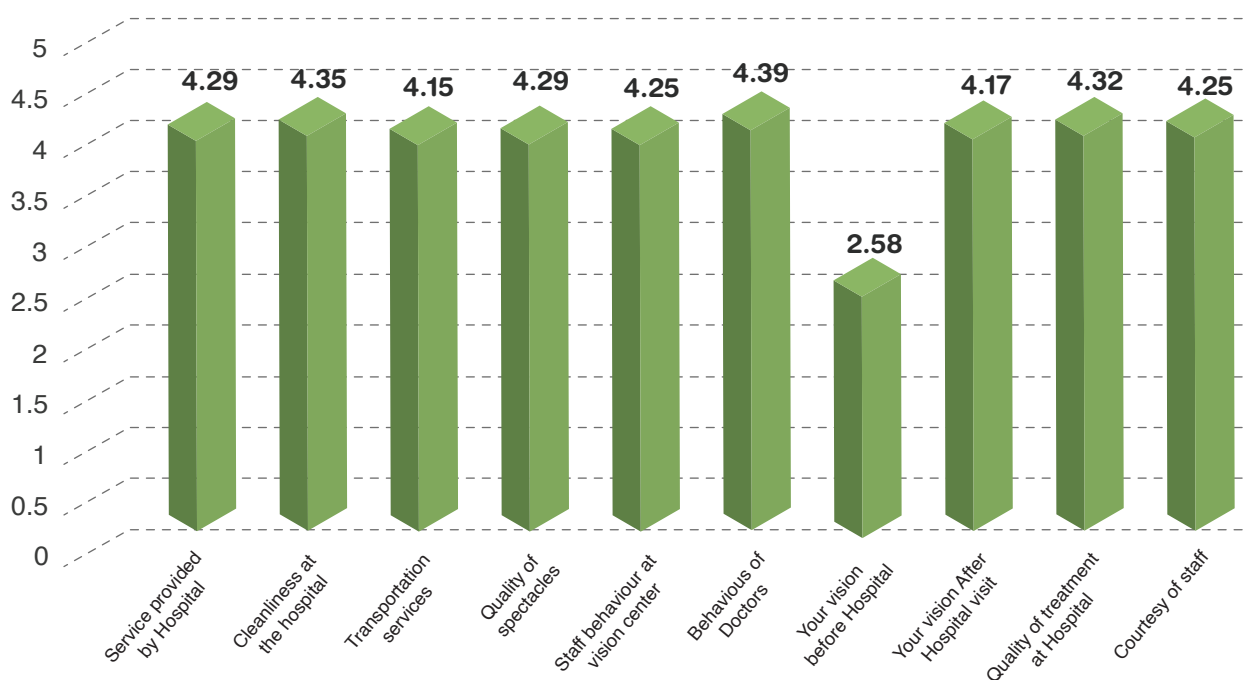
### 5.2.4 Satisfaction levels

The satisfaction levels of the patients were found to be high in all the factors considered (over 4 out of an overall rating of 5). The quality of treatment and behaviour of medical staff were rated the highest.



**Figure 15:** Vision centre team at SCEH identifying suspected specialty surgery through slit lamp

The responses also showed the significant improvement in vision after treatment from a score of 2.58 to 4.17 (out of 5 score).



**Figure 16:** Overall satisfaction levels

## 6. Evaluation of Programme Objectives

To evaluate the REESS framework, various indicators were evolved and customized to the Eye Care programs. Information on these parameters was gathered through discussions and beneficiary questionnaires and has been used for the ratings as explained below.



## 6.1 Relevance

Indicators	Factors considered
Need Assessment done on the health /eyecare seeking behaviour of the communities	All three project partners hold camps to assess the needs of the community. Free support is provided based on need, indicated by income levels. Counselling for treatment provided by all three partners
Prevalence of Women and Children in BPL Category (based on need assessment) who have less/no access to eye health care	HDFC CSR's priority is to Ensure provision of quality healthcare to children and women that are vulnerable and/or economically marginalized." Over the 2 years under consideration, 52% of the surgeries have been to women and children.
Mission alignment of Project with HDFC CSR's objectives	The project met HDFC CSR's eye care objective: 'Improving treatment capacity of eye health facilities.'
Width of services provided for eyecare	The project entailed providing support for free major surgeries, in addition to cataract surgeries. The latter are widely supported by donors. As noted by SCEH management:  <i>"This is the first time a grant has been received for major operations. In general donations are received for individuals or for cataract operations".</i>
Lack of availability of service providers offering similar services within a close distance	Patient feedback: 49% of the beneficiaries surveyed said they did not have any eye hospital near their village.

## 6.2 Effectiveness

Indicators	Factors considered- patient feedback
Adequate Infrastructure facilities for offering eye care services	Each of the facilities is well-known for providing excellent services. The quality of treatment was also rated very high by beneficiaries, at 4.32 out of 5
Cleanliness of the hospitals	Among the various factors rated, respondents gave a high rating with an average score of 4.35 to cleanliness
Effective counselling of patients	90% of the patients surveyed said they had received counselling and over 95% agreed that they had been given an explanation about the eye problem.

Indicators	Factors considered- patient feedback
Support services for the surgeries	Each of the hospitals sends reminders to the patients for surgery and follow up. 83% of the patients surveyed confirmed they had received these.
Satisfaction levels of patients	<p>Apart from satisfaction with other parameters such as support services, a high referral rate indicates patient satisfaction with the services received.</p> <p>78% of the patients surveyed mentioned that they had referred other people to the hospitals for treatment.</p>
Target number of surgeries met	The grants provided have been utilised in full within the period specified
Vision improvement levels or success rates	<p>Improvement in vision is generally checked one month after the operation. <b>Based on data provided by the partners, the intervention has achieved a significant success in reducing avoidable blindness:</b></p> <ul style="list-style-type: none"> <li>• <b>Akhand Jyoti: 99% (cataract)</b></li> <li>• <b>Sankara Nethralaya: 92 to 95% (cataract &amp; major operations)</b></li> <li>• <b>SCEH: 88% (all major operations).</b> Specialty wise distribution at SCEH: retina:92%, oculoplasty: 90%, glaucoma: 87%, cornea: 85%, retinal injection: 84%</li> </ul>

## 6.3 Efficiency

Indicators	Factors considered
Regular Monitoring and effective Reporting systems within the organisation	The three organisations supported have efficient computerised systems within the hospitals to record patients. In certain cases, manual follow up is also done. For example, at SCEH, the Glaucoma team do recurrent audits to assess progress.
Cost per patient	<p>All the organisations provide affordable eye care to the patients. This is critical given the profile of beneficiaries.</p> <p>76% of the beneficiaries surveyed said they came to the hospital because of the free services provided. 53% of the respondents are dependents and 40% are in lower wage occupations (agriculture, daily wages, carpenter, tailor and so on).</p>

Indicators	Factors considered
Patient identification processes	Assessing the income level is one of the challenges faced as most of them are farmers and daily wage earners and do not have any income proof document to furnish. Mostly the income information is taken based on counselling from the patients.
Patient waiting times	Most patients operated within 24 hours of arriving in the hospital. 90% of the patients that were contacted confirmed that they left the hospital within 2 days.
Patient support processes	<p>The hospitals provide support services of transportation, food, accommodation, free medicines and spectacles to beneficiaries.</p> <p>Medications and dark glasses are also provided to the patients. Akhand Jyoti also provides Do's and Don'ts instructions in Hindi.</p> <p>Over 50% of the respondents had availed of the food and transportation, 91% of respondents said they had received medicine or eye drops after surgery</p>
Infrastructure and reach	The three organisations run camps and have vision centres, which helps to create awareness, early identification of issues and timely post-treatment support. Drop-out rates are low in all cases.
Reminders to patients	Patients are reminded for surgery by automated reminders at Akhand Jyoti and by calls/ sms messages by the other partners.

## 6.4 Sustainability

Indicators	Factors considered
Continuity of services by partner	All the partners confirmed that they would be able to support the services they provide to the community through internal generation of funds or donations from other sources, should that be required.
Affordable / Subsidized surgeries offered	<p>All the organisations provide essential affordable eye care to the patients.</p> <p><b>41% of the patients in the survey said they would not be able to afford the surgery if they had to pay any amount.</b></p>

Indicators	Factors considered
Quality/ Motivational levels of clinical staff	92% of the respondents in the survey felt that the behaviour of staff at the hospital excellent.
Efficient coordination by Camp/VC team	45% of the respondents in the survey had come for surgery based on referrals from the camp or VC team, when asked how they knew about the hospital.

## 6.5 Social Impact

Indicators	Factors considered
Prevented potential blindness	<p>All the surgeries completed by the partners have prevented potential blindness, in one or both eyes.</p> <p>20% of the survey respondents mentioned that the surgery was for both eyes.</p>
Improvement in Potential for Better Work/ Education Prospects	<p><b>35% of the beneficiaries reported that their livelihood was affected due to the eye problem that had faced. 10% had lost their jobs and 25% had lost workdays.</b></p> <p>When questioned about the number of workdays lost, the answers had a great deal of variation. Hence this figure is not included in this analysis.</p> <p><b>About 44% of the respondents considered that there was some potential for improvement in financial situation after the surgery.</b></p> <p>While this may seem low, it is considered as a good score given that a large proportion (53%) of the beneficiaries surveyed were dependents and not working.</p>
Reduction in chances of risks/accidents/ falls/fractures  Or headaches	<p><b>88% of the respondents mentioned that their vision had improved, lessening the chances of falls and accidents. 78% reported lesser tiredness and headaches</b></p>
Decreased economic, social and emotional burden on parents/caregivers; overall satisfaction and well-being	<p>Nearly all the respondents felt that that they had benefitted significantly in terms of social interactions.</p> <p><b>87% felt they had a better family as well as social life and their confidence had improved. 85% felt that their ability to help in the family had increased.</b></p>

## 7. Recommendations

The following recommendations would help enhance the project's delivery and strengthen its impact.

### 7.1 Patient contribution and outreach

While most of the beneficiaries fall within the low-income group, an additional check can be conducted where relevant to see if the beneficiary has any potential to contribute towards the surgery costs. Also, the beneficiary identification process can be expanded to holding camps in backward areas of other regions (such as the Central and North Eastern regions) to spread the benefits of such project.

### 7.2 MIS

A standardised MIS format would help with maintaining accurate beneficiary details and monitoring vision improvement and success rates on an individual level. To truly understand the benefit of surgery, a follow-up strategy that considers the societal effect of the programmes after discharge can be devised.

### 7.3 Additional focus areas

An area of focus that could be of long-term benefit to the community is addressing root causes of avoidable blindness such as poor sanitation, quality of drinking water or nutrition. Similarly, promoting more community camps and school outreach programmes would help early detection as well as improving awareness of eye health practices.



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