

# The aravind eye hospital, madurai, india: in service for sight

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How do you evaluate the quality of service at the free hospital? At the paying hospital? Are there any weaknesses with the Aravind model of delivering eye care?

The quality of service at the paying hospital is high despite the heavy volume of patients, with eye surgery taking only 15 minutes at the most. This is because service is conducted very systematically on a step-by-step or sequential basis with every step conducted by different members or groups of staff and the eye surgeon going from one operation in one table to the next within the same operating theater without let up. Although the same systematic procedure can be observed in the free hospital, the volume of patients is perhaps too overwhelming to allow a smooth flow of the established procedure with the rooms and other facilities more cramped and crowded. In addition, it is not as fully equipped as the paying hospital making its quality of service a notch lower than that of the latter. A weakness of the Aravind hospital is perhaps also its strongest point: the very fast-paced delivery of service. As stated, 5 surgeons and 15 nurses could conduct the operation in 5 hours. However, these surgeons and nurses are only human and therefore, could be subject to fatigue. Even well-oiled machines can breakdown with non-stop use. Fatigue can lead to irreversible errors, which is not acceptable, and fatal, in the health of the eye care industry.

c. How are its satellite hospitals doing? Why?

Aravind has four satellite hospitals, namely: Theni; Tirunelveli; Coimbatore, and; Pondicherry. As can be gleaned from various statistics and exhibits, they are significantly performing as well as the main Aravind Hospital. All satellite hospitals, for example, have performed the significant number of

eye surgeries to both paying and non-paying patients had outpatients numbering by hundreds of thousands and had also conducted eye patient outreach programs in hundreds of camps all over India.

d. How should Dr. V. expand the Aravind model to other parts of India, Asia, and Africa? Can it be done?

Dr. V.'s dream of expanding to other parts of India and Asia and Africa is very doable considering that statistics show vision impairment affecting a large number of people in these places. There is a need and therefore, there is a market. As he said, there is merit in considering marketing as a vehicle to propagate awareness of Aravind's existence and objectives to these places: there is no other way. People have to become aware of the existence of a thing to even consider wanting or needing it. Dr. V can conduct an awareness drive through the various media and technology available today like print and cable television as well as to conduct more outreach programs to other places in India and overseas eye care missions to target regions overseas.