Aravind Eye Hospital Case Study

US Army-Baylor Masters of Health Administration

Marketing Management MMKT 5470

18 February 2015

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1.0 Executive Summary
Since its founding by renowned Indian ophthalmologist and businessman, Dr. Govindappa Venkataswamy, Aravind Eye Care System (AECS) - a private nonprofit hospital system, has advanced from a 20 bed hospital in 1976, to one of the largest hospitals of its kind in the world, currently operating: five regional hospitals, 33 primary care centers, four managed care hospitals, with 220 doctors, and over 2,500 support staff. To treat the nearly 12 million Indians suffering from blindness, Dr. Venkataswamy (Dr. V) created a quality, standardized, and inexpensive process to treat the blind in India. Before his death, Dr. V was originally inspired by the efficiency and standardization of the American fast food industry. He strived to address the high prevalence of preventable blindness in India through a similar efficient system. His business model still features a grassroots marketing campaign financed by local business leaders who sponsor eye camps in their local towns. The eye camps screen potential patients for two techniques of cataract surgeries offered by AECS: the intracapsular surgery without intraocular lens (ICCE) and extracapsular surgery with intraocular lens (ECCE). The ICCE is the most common procedure offered primarily free of charge to patients in need. The procedure is completed in less than 20 minutes, without an operating microscope and requires three to five weeks of recovery. Post-surgery recovery is offered in large crowded rooms with mats or mattress on the floor. In comparison, the ECCE surgery requires an operating microscope and involves the insertion of a tiny transparent plastic intraocular lens (IOL) with near perfect vision restored within days of the operation. Patients receiving the ECCE surgery pay for the procedure and recover in private post-surgery rooms. The AECS leadership team includes many members of Dr. V’s family who were trained in the United States and share Dr. V’s vision of delivering value by connecting with their customers through the expansion of all aspects of the eye care system.

Through current market research, Prestige Worldwide Marketing-India Division identified a large demand for eye camps in rural India. The campaign for AECS, builds on the already high prestige and strong brand that AECS built through low cost, high quality medical treatment over the last 39 years. As the industry leader, AECS’s brand awareness is vast and respected. Within India, the branding must be sensitive to cultural differences while building on Dr. V’s core values of caring for those in need. In order to grow AECS while still maintaining all aspects of the service line, Prestige Worldwide Marketing recommends moderate expansion throughout India by developing satellite primary care eye clinics while leveraging VSAT trailers for community outreach screenings. This deliberate expansion will ensure that the necessary logistical resources are in place to support the expansion. AECS’s success lies in its ability to continue to develop and control all aspects of the system internally. Additionally, we recommend expanding capabilities for telemedicine with large eye hospitals in India and establishing relations with humanitarian foundations, and philanthropic organizations such as the Bill and Melinda Gates Foundation. Prestige Worldwide Marketing recommends the development of dozens of three member marketing teams dispersed geographically to meet with local religious leaders, in order to advertise the eye camps through word of mouth, flyers, portable billboards, mass texting, social media and the internet.

2.0 Situation Analysis
Cataracts are the leading cause of blindness in developing countries, accounting for nearly 70% of all cases. AECS has aggressively expanded to strive to meet the demand for cataract surgery. The current backlog includes nearly 12 million affected Indians. AECS’s innovative and streamlined processes drove them to the top of the industry; Dr. V’s vision to continue expansion of the Aravind Eye Care System is necessary to meet the demand.

2.1 Market Summary
Utilizing top of the line medical technology and efficient models to treat blindness, AECS has created the foundational structure to become an industry leader. It is an AECS priority to address the rate of blindness in developing countries which is significantly higher than developed countries (nearly 1.5%, compared to the much lower blindness rates in developed countries, between 0.15% and 0.25%).

2.1.1 Market Demographics
Cataract blindness is not more prevalent within a specific socio-economic demographic. Nearly 70% of blindness is a result of cataracts with the affected population rate increasing with age. Despite AECS’s aggressive expansion and treatment of millions of affected individuals, blindness continues to rise.

2.1.2 Market Needs
AECS has responded to the overwhelming demand for cataract surgeries by providing services to those who can afford to pay as well as to those who cannot. Globally, nearly 41 million people currently suffer from blindness, negatively affecting their quality of life and professional careers. To address this growing issue, AECS has developed and streamlined innovative services. To market the AECS services, AECS currently leverages a grassroots marketing campaign lead by a ten person AECS team. The team works with a local sponsor to run eye camps. The camps screen potential patients, begin the required blood pressure and urine checks, as well as start the required paperwork. The eye camps are typically sponsored by a local business. The AECS team works with local business sponsors to market the eye camps in a 10 km radius. They market it through public service announcements in marketplaces, newspaper advertisements, information pamphlets, and other publicity material that is usually distributed one to three weeks before the event. The sponsor pays for all of the publicity costs. Additionally, AECS receives aid from government agencies, private philanthropists, NGO’s, and volunteers. AECS needs to improve the development of the eye camp advertising as well as organizing the camps and logistical operations.

2.1.3 Market Trends
As a result of the booming population in the targeted areas of India, the demand continues to exceed the current capabilities of the Aravind Eye Care System. India has nearly 12 million blind people, with another 2 million added annually. Despite the standardized, highly efficient ICCE and ECCE procedure processes, AECS and the rest of India’s nearly 8,000 ophthalmologists are only able to conduct 1.2 million cataract surgeries annually. Of the 42,000 eye hospital beds in India, two-thirds are concentrated in urban areas, where only one-third of India’s population lives. The Ministry of Health and Family Welfare performed 30% of all cataract surgeries in the government sector, while 30% were conducted in the private sector for a fee, and 40% were performed by volunteer groups and non-governmental organizations (NGO’s).
2.1.4 Market Growth:
The global demand for cataract surgeries continues to rise. AECS is in a fortunate position because of the wealth of individuals, organizations, and businesses, which are willing to sponsor eye camps in their local area. Through the eye camps, the sponsoring organizations receive a return on their investment in the form of positive public sentiment as a result of their goodwill. Prestige Worldwide Marketing recommends moderately growing the market through the expansion of the satellite clinics. As the largest trainer and provider of eye healthcare in the world, finding the right type of employee is essential to AECS’s success. Dr. V’s altruistic values must remain at the core of the business during expansion. Moderate market expansion of five satellite clinics, will ensure that efficiency, the focus on quality, controlling costs, achieving scale, and productivity remains.

To grow the market and expand access to new areas, AECS’s marketing team must communicate the story in new ways. The growth in the use of cellular telephones among the rich and poor in India allows for prospective patients to be reached in new ways. Because of the high volume of charity care provided by AECS, Prestige Worldwide Marketing recommends that the newly developed marketing teams build relationships with local religious organizations to generate grassroots interests while also leveraging mass texting campaigns and an increased presence on social media. AECS must still continue to distribute flyers in the eye camps as well as use billboards to generate patients.

2.2 SWOT

The following SWOT analysis captures the key strengths and weaknesses within the Aravind Eye Care System and describes the opportunities and threats facing the company.

2.2.1 Strengths

- Integration of the paying and free hospitals for economies of scale
- Provide prestigious degree and job training all in one (In-House)
- Producing their own intraocular lenses (IOLs)
- Utilization of the Community
- Relationships with respected medical programs in the U.K. and U.S.

2.2.2 Weakness

- Demand on Staff
- Reliance on the Community
- Far more need than services that can be provided
- Organization of logistics, camps, and creating propaganda

2.2.3 Opportunities

- Continue to increase salary scale to compete with the private sector
- Global Expansion (Franchising)
• Additional Source Funding
• Establish a consistent set of procedures and a common set of principles

2.2.4 Threats

• After four years, Tirunelveli Hospital is not yet financially self sufficient
• Difficulty in Accessing Care
• Loss of Community Funding
• Increasing cost of food and transportation
• Demand outweighs the capacity

2.3 Competition:

AECS’s current competition is divided into three major organizations. The largest competitor is the private sector which accounts for 40% of all eye care services in India. However, there is a fee that is incurred for services. The next organization is the government. This organization is funded by the Ministry of Health and Family Welfare accounting for another 30% of eye care services in India. This amounts to 425 district hospitals (about one for every two million people) within India. The government offers free eye care to people who cannot afford private treatment. The final organizations are the volunteer groups and nongovernmental organizations (NGOs). They make up the remaining 30% of eye care services in India. Like the government, they offer free services to the population.

2.4 Product Offering:

AECS currently offers the following products:
• Intracapsular Surgery without Intraocular Lens (ICCE)
• Extracapsular Surgery with Intraocular Lens (ECCE)
• Intraocular Lens (IOL) Factory
• Provides specialty services for retina and vitreous disease, cornea, glaucoma, squint corrections, diabetic retinopathy, and pediatric ophthalmology
• Walk-in clinics
• Eye Camps for Screening
• Education and Training

2.5 Keys to Success

The keys to success are to design a marketing plan and products that meet the demands of the market. AECS must continue to expand their community support and to partner with local universities to serve in critical positions that are currently overworked. They must maintain their current philosophy of serving humanity and God in order to maintain trust within the population. AECS will need to increase their market share of supplying IOL to diversify their company’s portfolio.

2.6 Critical Issues
As a world renowned eye care system model, AECS is still challenged with some critical issues. The critical issues are for AECS to:

- Establish itself as a premier eye care system in India and the world
- Pursue to update the current medical infrastructure within India
- Increase access to care

3.0 Marketing Strategy:
“Reach the unreached…bringing vision back to all.”

200 million people in India are in need of eye care; today only 10% of those people are able to receive the care they need. Aravind is the leading provider of eye care services in India, a large section of Indian society has benefited or known someone who has benefited from the services Aravind provides. Our marketing strategy will focus on increasing the percent of the population that is able to be treated by Aravind.

Our marketing strategy to help grow the Aravind Eye Care System will be a dual effort, first focusing on increasing the attendance at the outreach eye camps in rural India, and secondly at the strategic level to grow the Aravind Eye Care System as a whole. Growing the attendance at the eye camps will help the overall Aravind System expand as more patients will be seeking care. The two main goals for the outreach eye camps marketing plan are, to target the individuals in need, as well as the organizations necessary to carry out the eye camps.

Our marketing plan to the patients in need will contain a variety of different marketing methods to include eye camp information fliers, social media posts, television/radio spots, as well as door to door outreach. Utilizing these different methods will help ensure that we are able to reach the greatest number of Indian citizens. The advertising for the camps will focus on reaching the patients in need at an emotional level. We will use compelling stories of people who were able to regain their vision with the help of Aravind. We will focus our stories on the successes patients have had once they had their vision back. These stories will emphasize how the Aravind patients have become beneficial members of their communities, and are no longer a burden on their families. Our advertisements for the outreach eye camps will also focus on delivering the message that Aravind has been on the cutting edge of vision restoration surgery for the past 39 years. These ads will center on the advanced technology used at the eye camps such as the VSAT trucks that enable telemedicine consults with ophthalmologist’s at the Maduri Eye Hospital.

Our marketing strategy to the partners in the community will focus on the success that Aravind has had in combating preventable blindness. New mobile marketing teams will be established that are responsible for a geographic area. These teams will focus the advertising material on the advanced technology and surgical efficiency of the Aravind eye hospitals. They will also focus on the many success stories of the patients that were able to get their vision back at little to no cost, due to the generosity of community partners. They will target specific organizations that are key stake holders in the communities where we are setting eye camps up. The marketing teams will outline how their participation in helping fund and organize the camps, will generate positive returns in their communities.
In order to grow the Aravind Eye System as a whole, we will focus our marketing on expanding the capability of Aravind by opening up new primary eye care centers in locations where an eye hospital is unsuitable, but the need is present. This strategic marketing approach will be aimed at investors and community partners to gain the capital needed to open up five new primary eye care centers across India. The marketing approach will focus heavily on the successes and advanced technology that Aravind has become synonymous with. The new eye care centers will utilize cutting edge technology to diagnose and treat a variety of patients.

One of the main concepts we will focus on is the use of telemedicine at the primary eye care centers. This advanced technology will expand the capabilities of the providers to reach out to experts in the field, in order to deliver the highest quality patient care. The expected increase in attendance at the outreach eye camps will result in a growing patient population that will be best managed by these new primary eye care centers.

3.1 Mission:
To eliminate needless blindness by providing compassionate and high quality care for all, through extending the research of quality eye care to the poor and needy-through active community involvement, screening camps, and enabled Vision Centers in rural areas, by developing ophthalmic humans resource, by providing evidence through research and evolving methods to translate existing evidence and knowledge into effective action, through teaching, training, capacity building, advocacy, research and publications, by making high quality ophthalmic products affordable and accessible worldwide, by reducing corneal blindness through eye bank activities, training, research, and public awareness programs.

3.2 Marketing Objectives:
The goals of the marketing plan are:
- Increase the number of eye camps conducted by 10% each year
- Increase attendance at all outreach eye camps by 25% each year
- Increase donor support to outreach eye camps by 15%
- Generate the capital necessary ($125,000) to open five new primary eye care centers in India

3.3 Financial Objectives:
We want to enable Aravind to continue to maintain their low operating expenses while increasing revenue from paying customers. For every two patients that are able to pay for their eye care, there are three who receive this care at no cost to them. In order for Aravind to continue to offer their services free of charge, Aravind should plan to increase their overall revenue by 12% over the next five years to keep ahead of inflation. Aravind will need to raise $125,000 to establish and operate the new primary eye care centers for the first two years. After two years the primary eye care centers should become self-sufficient and operate on the profits generated by paying customers.

3.4 Target Markets:
The target market of our outreach eye camp campaign is those who live in rural India without access to healthcare. We will focus on villages with a population of 20,000 people within a 10km radius. Individuals aged 45 and older with cataracts are the main patient population we will target in our marketing campaign. Advertising for the camps will focus on the two weeks
leading up to the camp. We will focus our marketing to the community partners approximately six months before we want to run a camp.

The second target market is the investors and community partners necessary to raise the $125,000 to open five new eye care centers. These will include prominent non-governmental organizations both locally and internationally.

3.5 Positioning

Aravind is already positioned as the most recognizable and respected eye hospital in all of India. Aravind has earned the respect and reputation of eye hospitals around the world. Through collaboration with hospitals in New York and Illinois, Aravind has ensured it is considered one of the premiere locations for ophthalmologists to complete their residency. Aravind’s ophthalmologist training projects in Asia and Africa to prevent blindness have created powerful partnerships in these continents.

3.6 Strategies

The main objective is the establishment of five new primary eye centers across India. Raising the initial $125,000 needed to open these eye centers is paramount to the success of this initiative. Due to Aravind’s long track record of success, there is unconditional support from many individuals, businesses, and social organizations across the country. The marketing strategy will build on these already strong relationships and support. Aravind must make sure to continue to focus on working and building stronger relationships with the many camp sponsors and organizers it has worked with in the past. That is why it is vital to push Aravind’s mission and vision through face to face interaction with its partners. Additionally, Aravind’s message must be distributed through a number of methods. The first method will be an aggressive advertising campaign aimed at reaching not only current working partners, but also potential investors. While television is a good venue to divulge Aravind’s message, newspaper and radio will be a more beneficial because they have the potential to reach a wider audience range. The second method is a revamp the Aravind website to emphasize Aravind’s commitment to eliminate needless blindness in India.

3.7 Marketing Program

Aravind’s marketing program consists of the following approaches:

- Product: Avoidable blindness is a serious problem in India and continues to grow at an alarming rate. Aravind is an established alternate health care model that supplements an already strained effort by the government. With over 20 million blind people today and an estimated 30 million blind citizens in 2020 the need for Aravind will continue for decades to come. The service Aravind provides will continue to be in high demand.

• Pricing/Cost: Out of 104 developing countries, India ranks 63rd due to its high poverty rate\(^1\). This is why so many eye surgeries are performed free of charge. This model will continue due to the generosity of partners and donors and the ability to charge those individuals who can afford to pay a reasonable amount for the surgery needed.

• Advertising: Advertising will be key to not only ensure Aravind maintains a connection with its current partners, but is also able to reach potential donors. There will be a small focus on commercials while a substantial amount will be invested in the use of radio and newspaper. The internet and social media will feature what Aravind has accomplished throughout the years and deliver its mission and vision to those who are willing to contribute.

• Promotion: Although Aravind has been around for almost 40 years, it is still very important to spread the word about Aravind’s philosophy of compassionate care. Word of mouth has been a great way to promote Aravind, but with the advancement and increased affordability in information technology it is important to use these tools to reach more of those potential partners. There are still individuals and companies out there that don’t know Aravind exists. Advertising, public relations, social media, and personal selling must be used to create awareness about Aravind and what it achieves.

3.8 Marketing Research

Aravind has researched and analyzed the current market to determine the need for blindness correction surgery and the other services it provides. The various research methods include brand equity, demand, and customer satisfaction for the services Aravind provides.

• Brand Equity: The high turnout of patients to every eye camp held by Aravind is a clear indicator of how favorable the local population thinks of Aravind. There is a tremendous amount of promotion that occurs before an eye camp. This helps in getting the word out to the population that services will be provided. When patients are asked if they have heard of Aravind before the camp a large percentage say that they have, and where waiting for a camp to arrive in their area because traveling to where another camp was held would be too costly. Patients also acknowledge that Aravind’s doctors are well trained.

• Demand: As mentioned earlier, India’s needless blindness problem is staggering. The government’s efforts have been unable to make any type of significant resolution to India’s growing blindness problem. Aravind has helped alleviate much of the problem, but with a growing population the number of patients continues to surpass the number of blindness correction procedures that can be performed each year.

\(^1\) [http://www.unicef.org/infobycountry/india_statistics.html](http://www.unicef.org/infobycountry/india_statistics.html)
Demand will continue to increase and unless the number of procedures can increase, the blindness problem will remain without end in sight.

- Customer Satisfaction: A number of quantitative or qualitative studies have been conducted and they have yielded an understanding of patients’ satisfaction with the procedures performed by Aravind’s doctors. Although 20/20 vision is not obtained by the majority of patients who had intracapsular (ICCE) procedures performed on them, they all experienced a significant decrease in vision impairment and were able to regain enough vision to live productive lives. Over 90% of patients who had extracapsular (ECCE) procedures performed on them reported regaining 20/20 vision or better after the surgery.

Prestige Worldwide Marketing is confident in the research and analysis conducted and feels that the current situation is ideal for the opening of new eye centers. Although $125,000 is a significant amount of money in India’s economy, we feel that with the right number of partners involved this goal can be achieved.

4.0 Financials

This section will go over the financial overview of Aravind Eye Care System related to the marketing activities at the tactical and strategic level. Prestige Worldwide will address the break-even analysis, sales forecasts, expense forecast, and indicate how these activities link to the marketing strategy.

4.1 Break Even Analysis

Currently, Aravind is only reaching 10% of the 20 million individuals in India in need of eye care. There is an imperative need to improve outreach at the community-driven eye camps to cure the blind population of India. To carry on the vision of Dr. V to cure the individuals of unnecessary blindness, Prestige Worldwide Marketing suggests investing in five additional primary eye care centers. Costs are expected to increase with eye camp marketing and marketing towards investors for donation to build additional eye hospitals. The increase in marketing to eye camps and investors has an initial cost $200,000 (5,000,000 Rs) for the first year, and $50,000 for the following seven years.

Calculations were based on the 2011 historical data. In determining cost, the average cost of surgery is $29.02. The revenue of each surgery is approximately $116.08 for the paying customer. The current expense of the eye camp is $115.31. The additional cost of $200,000 for marketing does not hinder the company’s bottom line due to the massive volume of patients seen for surgery. Therefore the break-even analysis determines the return on investment will occur within a month of implementation, this cost is less than 1% of the overall annual revenue for Aravind. See Figure 1.

4.2 Sales Forecast
Prestige Worldwide Marketing projects a 25% increase in total surgeries from the increase in camp attendance by 25% and in camp frequency by 10% (Figure 2 and 3). We have divided the projected surgeries by payment: free and paying customers. The annual revenue forecast takes into account the increased visibility, camp attendance, and overall increases in surgeries preformed. This projected 25% increase in surgeries yields a 70% increase in net revenue among the surgery generation of revenue.

### 4.3 Expense Forecast

The current marketing for eye camps from Avarind is very minimal. This increased expense will be costly at first to initiate the marketing campaign in most unreached regions. After the first year investment of $200,000, there will be substantially less expense the subsequent years at $50,000 a year. See Figure 4.

### 5.0 Controls

The blind population is continuing to be underserved in India due to the vast population and the inability to get the word of mouth to the rural, underprivileged areas. The demand for eye surgery is present, yet unreached. Expansion of community outreach presented by Prestige Worldwide Marketing will be evaluated monthly to track the increase in eye surgeries. The following will be monitored:

- Revenues: Monthly and annually
- Expenses: Monthly and annually
- Review of market analysis to determine areas of greatest need
- Efficiency within the camp sites
- Satisfaction of donation

### 5.1 Implementation

The following milestones identify the key marketing programs. Aravind will invest $200,000 towards increasing eye camp awareness and advertising, as well as motivating private philanthropist and community partners to continue to support this charitable need. After the first year, the annual investment is $50,000, which is <1% of Aravind’s annual total revenue. It is important to accomplish each milestone on time to ensure each of the five primary eye care clinics become financially self-sufficient within two years.

### 5.2 Marketing Organization

Sundar Meenakshisunadaram will be the lead manager in our efforts to market the tactical and strategic marketing plans. G. Srinivasan (Dr. V’s brother) will lead the development of the five additional primary eye centers.

### 5.3 Contingency Planning
Difficulties and Risk

- Problems reaching the rural indigent population of India
- Gaining philanthropists and community support through donations
- Expanding beyond Tamil Nadu and India

Worst Case Risks

- The five new primary eye clinics unable to gain financial self-sufficiency within two years, requiring financial assistance from established hospitals and clinics, with the possibility of limited care to those in need.
Appendix

Figure 1. Break Even Analysis

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<th>Cumulative Cash Flow</th>
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Figure 2. Yearly Growth Forecast of Attendance at Eye Camps

Figure 3. Yearly Growth Forecast of Number of Eye Camps
Figure 4. Marketing expense budget

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Figure 5. Milestones

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