



EYES ON THE HIGHWAY

RAAHI - National Truckers' Eye Health Programme

Learnings and Reflections

Acknowledgement

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The report is an effort of many collaborators providing contribution at various stages. We would like to acknowledge Sightsavers technical experts and advisors namely Mr Prasannakumar, Dr Ananta Basudev Sahu, Ms Archana Bhambal, Mr Sudipta Mohanty, Mr Avijit Dey, Dr Sandeep Buttan, Mr Jatin Tiwari, Mr Akbar Mehfuz Alam, Ms Rishibha Gupta, Ms Pritika Malik, Pankaj Kohli, Ms Monu Ravindran and Mr Dickson Charles.

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List of Contributors

Sightsavers India:

Mr Prasannakumar, Dr Ananta Basudev Sahu, Mr Jatin Tiwari, Mr Dickson Charles

GRID Council:

Dr. Ritika Mukherjee, Dr. Priyanka Pawar, Dr. Bharathi Vaishnav, Dr Archisman Mohapatra

Foreword



Road accidents continue to be a leading cause of death, disabilities and hospitalisation in India and this public health issue has emerged as a national cause of concern in the advent of our road network expansion, surge in motorisation and rising population participating in the freight activities. Approximately 1.3 million people die in road accidents globally and one out of ten people killed in road accidents is from India. As per Ministry of Road Transport & Highways (MORTH) Report-2019, as many as 1,51,113 people were killed in road accidents and nearly 415 people die every day on roads in the country. Despite enforcement, engineering and awareness measures taken by Government the road accidents and deaths have not reduced significantly.

The causes of road accidents in India are always attributed towards unsafe driving, engineering faults or loopholes in the enforcement while health induced aspects haven't been given due focus in the road safety strategies. Several research and evidence have provided that poor eyesight is one of the key contributors in road accidents and visual acuity standards used in driving tests in India are not uniform across the country. Evidence proves that 90% of the driving decisions are visual while 10% comes from hearing and this warrants the urgent need for good eyesight among driving population.

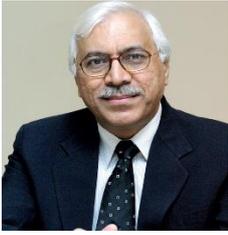
The RAAHI Truckers Eye Health Initiative of Sightsavers India is a sincere attempt towards providing visual wellness to the Truck drivers in India in order to reduce the vision induced accidents and fatalities in addition to addressing their refractive error issues. As this initiative completes five years of its operations, Sightsavers India has come up with this report that depicts the journey how as an organisation we have travelled across the national highways and major truck fleets to provide trucking communities clear sight and thereby ensuring safe & healthy driving experience.

I hope the report will serve a strong case and consideration towards taking "Eye Screening" within the road safety measures by policy makers, civil societies working in road safety measures and concerned industries. As India continues to expand its road network and increase its freight activities the visual wellbeing of its heavy vehicle drivers need special attention for safe and sustainable transportation.

With the support of our donors, partners, and diligent team members, Sightsavers India will continue to take this important task ahead and provide eye care services to the roadway's drivers of our economy.

A handwritten signature in black ink, appearing to read "RN Mohanty". The signature is written in a cursive style.

RN Mohanty
Chief Executive Officer, Sightsavers India



Truck drivers play an important role in transporting India's freight; however, their unorganised nature of work prevents them from taking their health seriously. In 2015, Sightsavers India launched a pilot project to assess the state of eye health among truck drivers in India. As the pilot grew, it was found that nearly one in every two truck drivers in the country had vision-related issues.

In the last 50+ years, Sightsavers India has enabled millions of people to live a life of independence and dignity. One of the largest national eye health programmes, Sightsavers' RAAHI Programme has been serving the community of overworked truckers in all corners of the country. Through 19 static vision centres and 39 camps locations spread across 54 cities in 16 states, Sightsavers' RAAHI Programme, which began with a single vision centre, has been able to connect with 0.54 million truck drivers who travel along India's Golden Quadrilateral and other highways.

Sightsavers India sincerely adheres to the adage "take eye care everywhere," and we have undertaken numerous initiatives to improve the lives of millions of people by offering eye health services throughout India. At Sightsavers, we put a lot of effort into raising awareness about the value of eye health, as well as supporting and helping those who need eye care services.

A handwritten signature in black ink, appearing to read 'S Y Quraishi'.

Dr S Y Quraishi, IAS (Retd)
Former Chief Election Commissioner of India
Honorary Chairman, Sightsavers India Board

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List of Abbreviations

BCC	Behaviour Change Communication
GoI	Government of India
GQ	Golden Quadrilateral
IEC	Information Education and Communication
JSPL	Jindal Steel and Power Limited
KIIs	Key Informant Interviews
MDM	Mobile Data Management
MORTH	Ministry of Road Transport & Highways
NFI	Non-formal Interactions
QR	Quick Response
R2C	Ready to Clip
RAAHI	Road Safety and Assurance by Healthy Eyes
RPG Foundation	Rama Prasad Goenka Foundation
SIAM	Society of Indian Automobile Manufacturers
SOP	Standard Operating Procedure
SPL	State Programme Lead

Executive Summary

On 13th September, 2017, Sightsavers India launched the RAAHI National Truckers' Eye Health Programme. With the vision to create a world where no one was blind from avoidable causes, Sightsavers India, embarked upon addressing a problem that was perceivably massive but had not been systematically approached before. Over the next five years, from 2017 till 2022, the journey has been quite a learning experience! Starting from an isolated vision centre, RAAHI has been able to reach out to 0.54 million truck drivers plying along the Golden Quadrilateral, North-South and East-West Highways in India through 19 vision centres and 39 camp locations across 54 cities in 16 states.

This document narrates the journey of RAAHI, National Truckers' Eye Health Programme, 2017 to 2022 using a critical lens to sieve out the elements of human-centred design, innovation and strategic learnings for programme improvement.

Methods

Following a review of relevant literature, Government documents, reports of previous programmes undertaken by Sightsavers in India and in neighbouring countries and RAAHI programme records, a team of researchers analyzed the RAAHI programme data from 2018 till June 2022 besides undertaking qualitative interactions with key RAAHI stakeholders. The findings were triangulated as learnings and reflections.

Programme Description

The RAAHI programme leverages an integrated hub-and-spoke model, operating through static vision centres ('the RAAHI Drishti Kendras') and outreach camp locations. These provide vision screening, refraction, blood pressure examination, body weight measurement, cataract check-up services, and eye-health counselling and referral advice. The vision centres and camp locations are operationalized on ground by implementation partners. Most of the refractive errors are corrected on-the-spot by dispensing reading glasses (for near vision errors) and ready-to-clip (for distant vision errors), and custom-made glasses (for distant vision errors) delivered at a location preferred by the drivers. Quality of the spectacles is assured by centralizing the supplies through the eyeglasses partner for all the sites. A robust technology infrastructure has been put in place to enable real-time data capture and monitoring across the sites. Uniform operating guidelines, branding activities and information-education-communication materials ensure standardization across sites.

Progress thus far

The RAAHI programme has screened a total of 5,40,166 beneficiaries between January 2018 and June 2022. About 83.6% of those screened were from the trucking industry with 70% getting an eye check up for the first time ever. The prevalence of refractive error was 41% and 39.3% were prescribed eyeglasses; beyond 2/3rds (67.8%) of these had got their eyes checked for the first time ever! About 78.4% of those with refractive errors had near vision defect. The number of beneficiaries screened annually by RAAHI has also increased

over the years as has the collection rates for eyeglasses (2018 – 82.2%; 2022 – 93.4%). Ready to Clip (R2C) glasses, introduced in 2021 were witnessing an increase in supply and uptake. Besides correction of refractive errors, RAAHI could provide referral advice to about 6.7% of those screened for specialist eye care, majorly for cataract (about 38.1% of those referred). It was observed that the RAAHI programme had been able to generate a ‘word of mouth’ for sustained clientele. The RAAHI beneficiaries felt respected and valued, and at ease. Immediate problem resolution with quality contributed to client delight.

Programme Design, Innovations and Learnings

RAAHI has evolved as a self-learning programme to address a complete set of problems around resolving refractive errors in truckers in India with unique human-centered design elements. Subsequent to the semi-ethnographic baseline assessment undertaken in 2017, RAAHI was set up as an exclusive programme with strategic positioning along the major highway corridors in the country. Over the years, the RAAHI programme has been able to implement innovations at scale. Linking the vision centres and camp locations and the beneficiaries across India using unique Quick Response (QR) codes helped in improving the programme’s efficiency and integrity. Dispensing R2C glasses, leveraging technology for robust data management, sending out reminder SMSs to the beneficiary truckers in their preferred language for collection of eyeglasses and for improving compliance through follow-up phone calls, and engaging a trans-disciplinary team at the helm of affairs further accentuated the programme’s performance. RAAHI has also been able to forge strategic collaborations with multiple stakeholder constituencies to make the programme comprehensive.

Way Forward

Expanding RAAHI: To register an impact, RAAHI must operate at scale. This would demand further expansion of geographical coverage, and increased mobilization and allocation of funds. RAAHI may consider levying a token user fee to stimulate spectacle compliance among beneficiaries and social accountability for itself. Having a real-time data dashboard based on monitoring-evaluation-and-learning indicators would strengthen data-informed decision making and knowledge management for RAAHI.

Engaging with the Government for an enabling policy ecosystem: Road safety policies should incorporate eye health initiatives. Further, eye health services should be made available at scale through health and wellness centres, and at regular distances along the highways for easy access by the truckers. The National Programme for Control of Blindness may benefit by reviewing programmes like RAAHI for critical learnings.

Role of non-governmental stakeholders: Evidence-based engagement, awareness and mobilization efforts would put eye-health within stakeholders’ priorities.

The RAAHI National Truckers’ Eye Health Programme has been able to establish itself as the fourth thematic priority area for the Sightsavers India and is well-poised for further scale-up.

Introduction

Visual impairment is a significant public health problem that compromises the quality of life of afflicted individuals (1,2). According to the World Health Organisation (WHO), about 2.2 billion people live with some or the other form of visual impairment globally and in about half of these, the problem still needs to be addressed. Disability due to common visual problems e.g. refractive error, cataract and glaucoma is avoidable with timely intervention. Eye care has been highlighted as an integral part of Universal Health Coverage (UHC) in the World Report on Vision published by WHO in 2021. The report calls for implementing Integrated People-Centred Eye Care (IPCEC) in health systems across the spectrum of promotive, preventive, curative and rehabilitative services. Ensuring IPCEC would contribute to achieving Sustainable Development Goals (SDGs) especially SDG 3 ('ensure healthy lives and promote well-being for all at all ages') (3). Additionally, improved vision would improve their functional abilities and economic productivity, and, thus, contribute towards attaining SDG 1 ('end poverty in all its forms everywhere'), SDG 2 ('end hunger, achieve food security and improved nutrition and promote sustainable agriculture') and SDG 8 ('promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all'). Furthering the pitch for 'Vision for Everyone', the WHO has recommended countries world-wide to universalize or at least increase the effective coverage of refractive error correctional services by 40 percentage points by 2030 with equal increase in that for near and distant errors in all relevant population subgroups, independent of baseline estimates. The target is even more important for low and middle income countries (LMICs) (4).

Unaddressed visual impairment is about four times more prevalent in LMICs as compared to the high-income countries (HICs). For example, as per 2016 reports, of all visually impaired individuals globally, about 21.9% resides in India and of which 4.6% have low vision and 0.6% is blind (5).

Ironically, in India, vision ailments are common even in sectors that require good eyesight. Refractive errors have been reported in 17-48% percent of truck drivers with the percentage varying by state and increasing over the years (6-8). India relies heavily on the trucking industry for freight movement. An estimated 9.3 million trucks are registered in India which carry about 65% of freight (9). Thus, truck drivers play a major role in the logistics and supply chain sector. Considering the dynamic environment of the road, impaired visual ability makes driving challenging and elevates the risk of traffic crashes. Hence, truckers qualify as a vulnerable occupational group needing urgent attention (10-15). Correction of even low refractive errors in truckers can help minimize adverse events (6,16). There is a lack of awareness among the drivers regarding uptake of eye care screening and rehabilitative services (2,17-19). The problem of unmet eye health needs of truck drivers is, however, much more complex and rather systemic, and involves the need to mobilize multiple stakeholder constituencies. Structured approaches to resolve this problem at scale has been mostly lacking in the Indian context.

Sightsavers India Eye Health Strategy

Sightsavers as a development organization has been working with partners in more than 30 countries to eliminate avoidable blindness and promote equality of opportunity for disabled people. We have been active in India since 1966 with strategic focus on eye health, inclusive education and social inclusion (Figure 1).

Mission: Protecting Sight and Fighting for disability rights

Vision: A world where no one is blind from avoidable causes, and where people with disabilities participate equally in the society

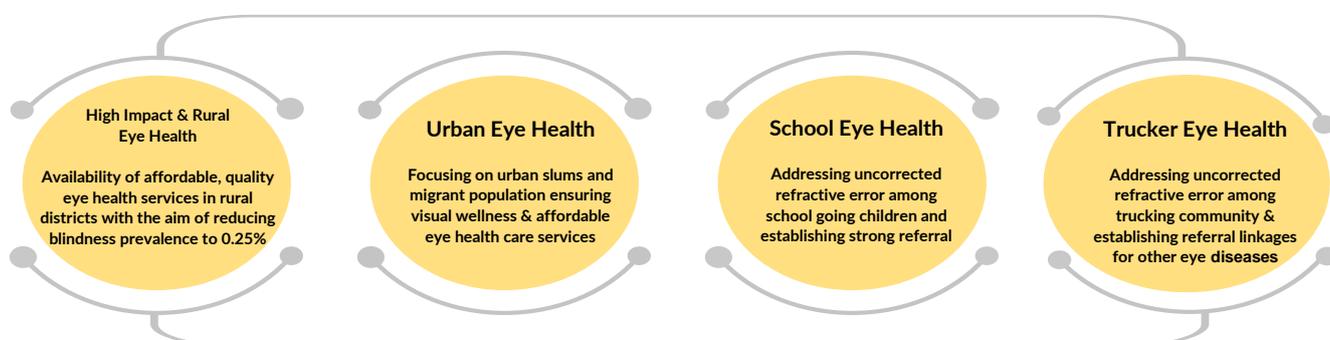


Figure 1: Sightsavers India Eye Health Programme Verticals

While the portfolio of programmes undertaken by Sightsavers India ranged across these priority thematic, it experienced a paradigm shift in 2013 onwards. Thanks to a range of truckers' eye health initiatives culminating in the National Trucker's Eye Health Programme (*'The RAAHI Programme'*) in 2017. An evaluation of eye health of truckers done in 2017 by Sightsavers India across 10 locations revealed that there was a significant unmet need for eye care services among the truckers (20). The evaluation also noted that there was almost total absence of essential or standard good practices such as compulsory, periodic eye checkups and/or provision of assistance or referral services around eye care. Additionally, at the ground level, there was little or no eye care intervention that was easily accessible to this community. Consequently, Sightsavers India, in an effort to address the need-gap, launched and scaled up the National Trucker's Eye Health Programme (RAAHI) across states in India along the Golden Quadrilateral Highways.

Purpose

This report attempts to capture the journey of the RAAHI programme between 2017 and 2022 by reflecting on the programme's achievement vis-à-vis the gaps, challenges, and learnings. It explores the key innovations and design elements in the RAAHI programme to identify some of the best practices and learnings for sharing within the organization and with extramural stakeholders.

Methods

A secondary review of relevant peer-reviewed and grey literature, Government of India documents, reports of previous programs undertaken by Sightsavers India and in neighbouring countries, and RAAHI programme records was undertaken. Subsequently, the RAAHI programme data from 2018 till June 2022 was analyzed along with qualitative interactions with RAAHI stakeholders. The programme data included generic, socio-economic, general health, eye health and eye screening information of the truck drivers who visited the RAAHI static centres or the camps for availing the service.

Data Collection

For the qualitative interactions, 30 truck drivers from across India were interviewed over the phone. These included 10 truck drivers who availed ready-to-clip spectacles, 10 truck drivers who had to physically pick up the spectacles but deferred collection, and 10 truck drivers who did not turn up to collect the spectacles at all. Efforts were made to include contact details of the truck drivers from different camps/ static centers and across the zones. Further, programme managers and leadership from the Sightsavers India team (n=8), and extramural stakeholders i.e., funders, implementation partners, spectacle providers (n=5) were also interviewed; these were selected purposively. Data collection was done through face-to-face meetings, virtual and telephonic interactions, with prior consent and by using structured checklists and guides.

Data Analysis

The quantitative data was managed in MS Excel and analyzed in R Software and STATA 14, and summarized and represented using appropriate statistical techniques. Qualitative data collection methods included observations through the site visits, key informant interviews (KIIs), group discussions and non-formal interactions (NFIs). These were summarized and supported by verbatim quotes from the truckers (translated to English).

The Stakeholder Analysis Matrix was scored on a 3-point Likert for 'Influence' (the degree of influence that the stakeholder held on the overall delivery and impact of the RAAHI services) and 'Interest' (the degree to which the RAAHI vision was naturally shared by the stakeholder). The scoring was done after going through the program documents and the insights generated from the qualitative interactions.

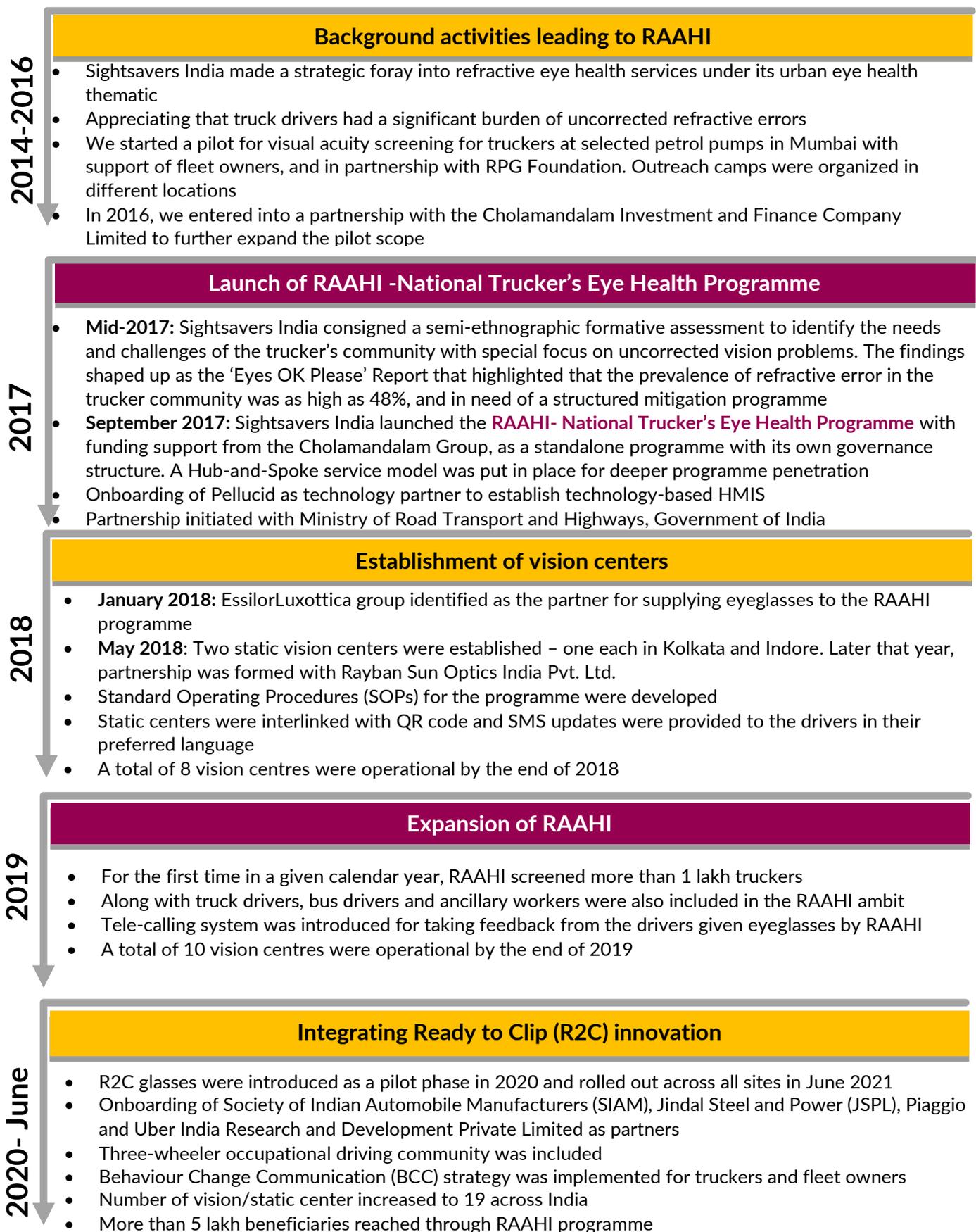
Results

Over the years, the RAAHI programme has evolved leveraging the learnings it generated on the way. Using a hub-and-spoke model, the programme provides a comprehensive set of eye healthcare services to truck drivers including that for testing for visual acuity, provision of spectacles, and referral for other eye health conditions.

In the sections below, we have captured the following aspects of the RAAHI National Truckers' Eye Health Programme:

1. **'The RAAHI Almanac'** enlists the major milestones of the RAAHI Programme along with timelines to indicate to the reader about the organic evolution of the programme and its subsequent pan-India scale out.
2. The **'RAAHI Programme Description'** section provides an operational account of the services provided by the RAAHI network of vision centres and outreach camps.
3. The next section highlights the **'Progress made thus far'** by the RAAHI programme in terms of geographic coverage, profile of beneficiaries served, emergent trends in service utilization over the years, and feedback from some of the beneficiaries interviewed by the GRID team (knowledge partner).
4. The following section enumerates the **'Programme Innovations and Learnings Implemented'** by RAAHI as it evolved into its current shape.
5. The **'Reflection'** section takes a critical look at the RAAHI programme's design and enlists the reasons for spectacles non-compliance by truckers to provide insights into unsolved challenges and future areas of action.

The RAAHI Almanac



Programme Description

RAAHI serves as the first touch point in the eye health care of India's truck drivers. Details of the camp site have been provided in Annexure 1.

Mission of RAAHI: Making and taking eye health refractive services to the entire trucker's community of this country who are driving the economy day and night.

RAAHI ensures that drivers received the glasses in the most convenient way, wore their glasses on a regular basis and sought regular (yearly) eye check-ups as eye health tends to deteriorate over time.

The unique human-centred approaches of RAAHI were supported by its distinctive features: -

- Pan India network of centres
- Exclusive programme management team with transdisciplinary experts at all levels
- On-ground centres managed by local implementation partners (eyecare organizations)
- Uniform practices, branding and communication material across all sites
- Comprehensive data collection and analysis to improve quality of services
- High quality care using branded spectacles and advanced diagnostic equipment
- Convenient way of delivering glasses to truck drivers

RAAHI Programme Governance and Team Composition

Under overall leadership of the Chief Executive Officer, Sightsavers India, the RAAHI programme has an exclusive team. The programme is managed from the Sightsavers India Head Office at New Delhi by the Director – Programmes with support from Head, RAAHI National Truckers' Eye Health Programme and the National Programme Coordinator-RAAHI besides other colleagues at the Head Office (e.g., the technical advisor, resource mobilization and communication, and others). At the zonal level, there are three coordinators one for each Northern and Eastern region while one for managing both Southern & Western region. The zonal coordinator for Southern and Western region reports to the State Programme Lead (SPL) in South. Similarly, the zonal coordinator of North and East report to respective Area Directors.

Besides the programme management team, on-ground teams' aide in the delivery of the services. Table 1 enlists the duties of the various RAAHI team members.

Table 1: Role and responsibilities

Profile	Responsibilities
National and Zonal teams	
National Coordinator	<ul style="list-style-type: none"> ○ Central node connecting all other teams (zonal coordinator, fundraising team, brand team, data team etc.) ○ Works in collaboration and provides proactive solutions to ensure innovation and growth in the RAAHI programme.
Zonal coordinator(s)/in-charge	<ul style="list-style-type: none"> ○ Responsible for managing truckers' programme within the assigned geography ○ Identifies and coordinates with partners, local donor representatives and other stake holders in successful implementation of RAAHI
Programme Managers/ Regional Managers	<ul style="list-style-type: none"> ○ Central Node, connecting all other teams (field teams, partner hospital, fundraising team, brand team, data team)
On Ground Team	
Optometrist/ ophthalmic assistant/ vision technician at RAAHI centre	<ul style="list-style-type: none"> ○ To conduct refraction of all people, attend camps / centres ○ Counselling ○ Referral to individuals failing either Distance and Near vision tests or both ○ Assist team in spectacle dispensing.
Coordinator / counsellor	<ul style="list-style-type: none"> ○ Overall coordination of the functioning of vision centres ○ Counselling of truck drivers and allied workers and increase eye health awareness ○ Networking and advocacy with the stakeholders ○ Assess patient satisfaction ○ To mark special days for organizing eye-test camps ○ Allocate follow up date for each patient visiting vision centres
Data Entry Operator	<ul style="list-style-type: none"> ○ Registration of all clients on the tablet
Camp Co-ordinator/ Community Health Worker	<ul style="list-style-type: none"> ○ Organize camps and mobilise truckers by counselling and informing them about the need of eye screening. ○ Make follow up calls to truckers on the spectacle compliance, referral details and before the date of next review of truckers. ○ Building linkages with fleet owners ○ Promotional activities – distribution of RAAHI Coupons. ○ Organize 'Behaviour Change Communication' programme ○ Support team in finding truck artist in programme location and carrying out 'truck art' events
Brand & Communications Team	<ul style="list-style-type: none"> ○ To guide in developing innovative, authentic and impactful IEC material ○ Facilitate data driven designing of IEC which is personalised and localised
Data Analytics Team	<ul style="list-style-type: none"> ○ To identify best means of addressing challenges and supporting their work through innovative use of data ○ Identify insights on programme success and challenges which can support strategy and fundraising activity

Service provisioning and day-to-day operations

RAAHI has a hub and spoke model, where the static vision centres function as hubs and the camp locations work as spokes. This is adopted to maximise reach. The RAAHI vision centres are known as 'RAAHI Drishti Kendra'.

The centres are located on the Golden Quadrilateral and along the North-South and East-West Highways, established at the Transport Nagars and locations overseeing a high density of traffic and interim stay of truck driving community. This is to ensure quality of engagement and efficiency of coverage of the programme.

These centres also serve as the primary collection points and spectacle distribution for the truck drivers. They are located close to the truck parking areas and major halt junctions apart from loading and unloading points or Trans-shipment locations (TSL). Large pools of truck drivers gather here coming from different parts of the country. The toll-naaka areas which are the entry-exit points and large truck terminals are also considered. Spectacle collection from any of the centre is completely dependent on the location preference given by the drivers at the time of screening.

The static centres provide the following services under the programme:

1. Screening and Refraction
2. Serving as spectacle collection/distribution points for relevant beneficiaries
3. Counselling on Eye Health and Road Safety
4. Identification of drivers/ support staff needing referral for higher level services

The static centres (Hubs) and the camp locations (Spoke) follow the same process of screening, refraction and referral unless otherwise specified by the Technical Lead, Sightsavers South Asia. The hubs or static centres also undertake outreach screening activities for the truckers in and around the transport nagar areas or location of the hubs, like ports, major junctions, fleet locations etc., preferably within a radius of 50 km. Screening and refraction services are available at the static vision centres on the days when camps are not conducted.

Services offered free of cost at the RAAHI Drishti Kendras across India

- Vision screening
- Refraction
- Free spectacle disbursement
- Blood pressure examination
- Body weight measurement
- Cataract check-up
- Eye health counseling and referral

The static centres have 4 stations/desks

1. Registration desk
2. Screening/vision testing station
3. Refraction station
4. Spectacle collection

Counselling is done at a separate desk or integrated with the others.

Definitions

- **Significant Refractive error DISTANCE:** Unaided distance vision is less than 6/12 in either eye but improves to better than 6/12 with spectacle correction.
- **Significant Functional Presbyopia:** Near vision worse than N8 with best corrected distance vision better than 6/12 (age above 35yrs).
- **Defective Colour Vision SUSPECT:** Unable to correctly identify more than 3 standard Ishihara test plates.

Table 2: Clinical protocol followed for the eye tests

TEST	CUTOFF	MATERIAL
Distance vision	6/9 for 6 Metres 20/40 for 3 Meters	Snellen's E Chart
Near vision	N8 line for clients above 35 years of age	Near Vision Booklet in Local Language
Colour vision	13 or More Pages for passing	Ishihara booklets (16 pages)

The coding tool primarily focuses on optimisation of workflow at the campsite. It helps understand who undergoes refraction and who doesn't undergo refraction. Referral to base hospitals is a secondary deliverable. It is also important to note that the local teams use their discretion to decide if a client needs to be seen by the optometrist even if the system doesn't suggest so.

Table 3: Code tool used to categorize clients according to vision issues faced

Code	Distance Vision	Near Vision	Colour Vision	Any other complaint	Explanation	Refraction	Glasses	Referral
A	PASS	PASS	PASS	PASS	Screening negative Asymptomatic	N	N	N
B	PASS	PASS	PASS	FAIL	Screening negative but Symptomatic	N	N	Y
C	FAIL	PASS	PASS	FAIL	Only Distance vision problem	Y	Y	N
D	PASS	FAIL	PASS	FAIL	Only Near Vision Problem	N	Y	Y
E	PASS	PASS	FAIL	FAIL	Only Colour Vision Problem	N	N	Y
F	FAIL	FAIL	PASS	FAIL	Both Distance and Near Vision problem	Y	Y	Y
G	FAIL	PASS	FAIL	FAIL	Both Distance and Colour vision Problem	Y	Y	Y
H	PASS	FAIL	FAIL	FAIL	Both Near and Colour Vision Problem	N	Y	Y

There are majorly three types of situations during screening:

- **Situation 0: Clients with healthy eyes.**
Materials given: I-card, BCC Pamphlet and Awareness information materials
- **Situation 1 and 2: Clients needing refraction and clients needing readers only**
Materials given: I-card, Referral/Spectacle slip/card and BCC pamphlet
- **Situation 3: Clients passed in screening/vision testing but need referral**
Materials given: I-card, referral/spectacle slip/card and BCC pamphlet

Each patient is given basic information-education-communication (IEC) materials irrespective of whether the patient availed the service in hubs (static centres) or camps. An acknowledgement letter/ card is given to each individual availing the eye care services under the RAAHI programme. It is a simple thanksgiving note wishing the trucking community for safe and happy journey while mentioning some basic precautions to maintain eyes healthy and safe.

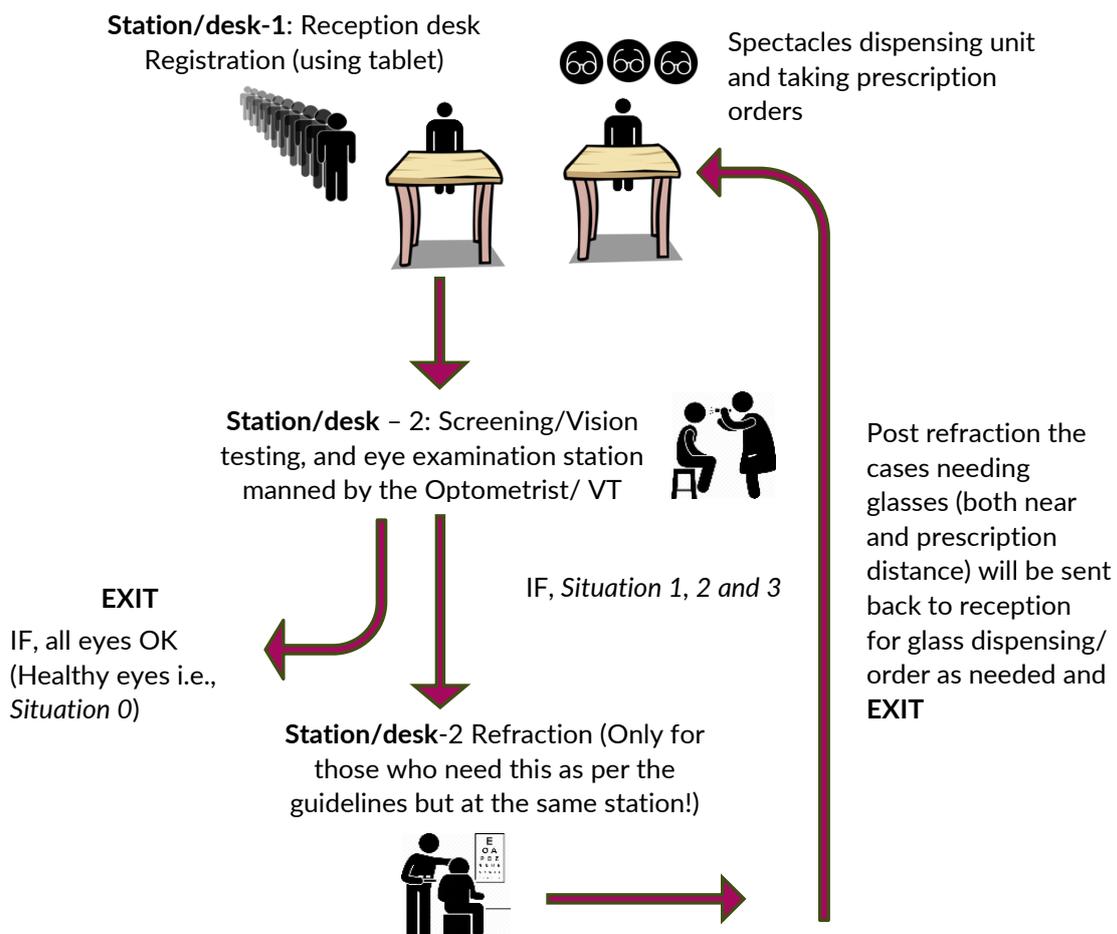


Figure 2: Workflow of the RAAHI Programme

Referral: Referrals are suggested for any client who either presents with a complaint other than distance and near vision problem (e.g., watering, redness, itching, history of previous eye disease or surgery etc.) or whose complaint cannot be resolved with the resources on camp or static centres (vision not improving with spectacles, suspected cataract etc.) or anyone who has a suspected colour vision defect.

Connectivity: To ensure a mechanism for linkage for giving eye care services, follow ups and spectacles collection between both type approaches – camps based and static centres, 4 modules are adopted:

1. **Existing Camp location:** In this the trucker picks up the glasses (including prescribed) from the same location where the camp is conducted.
2. **Camp-to-Centre:** In this model the person will pick up his glasses from any of the centres that he passes by, the centre can either be in the same city as the location of the camp.
3. **Existing Centre location:** In this model the trucker shall pick up his glasses from the same centre where he undergoes refraction.
4. **Centre-to-Centre model:** In this model the refraction can happen in one centre and the patient can pick up the glasses from any other RAAHI centres.

MIS using tablet: Each patient's data is captured via tablet only. A pre-printed and unique QR code sticker is affixed on the ID card and spectacle/referral slip. Each patient is given two QR stickers with same unique ID. The entire database is the backbone of the trucker's programme which is managed by technological integration. This technical know-how plays a critical role in ensuring smooth operationalization of the programme

Marketing/promotion: Partners and camp co-ordinators ensure that the targeted group is well informed, location (venue) is finalized and a fair amount of publicity and advertisement of the static centre/ camp is done through display of the banners, billboards and distribution of the pamphlets in and around that area. Building linkages with truck owners and associations are also focussed upon as it facilitates in marketing the centre widely. Some posters are also affixed on trucks, to spread awareness about the programme, camps and eye health services while the truck is on the move. Behaviour Change Campaign (BCC) activities are organised at the major halt stations.

Inventory management: All the demands of spectacles from exclusive camps and static centres are procured by Sightsavers India- Delhi office, centrally. Partners places the readers spectacles requirements to the respective zonal coordinators or in-charges. For distance vision spectacles, EssilorLuxottica connects the partners directly, keeping in loop the concerned zonal coordinators. Two months of stock update and order requests of readymade (spectacles) at each location is ensured. The implementation partner informs the eyeglass partner (Essilor) and concerned Sightsavers India contact person immediately after successfully receiving and verifying the consignment. In general, three types of frames to be given as samples to all locations where screening takes place. Beneficiaries select from these frames and power lenses (progressive/ bifocal/distance) that are fitted accordingly.

Reporting and monitoring: Regular project progress reports are submitted based on the donor's requirements. All the narrative drafts of the reports are sent by the concerned state

programme team to the national truckers' programme coordinator. The coordinator consolidates, refines, proofreads and converts it into the final donor report.

Behaviour Change Communication (BCC) Campaign: RAAHI has a concerted BCC strategy for promotion, demand generation and sustained momentum towards its mission. RAAHI BCC campaign focusses on four strategic pillars:

- **Behaviour:** Focusses on actions drivers take in order to take better care of their eyes and health in general. RAAHI coupons are distributed for promoting healthful change.
- **Knowledge:** Focusses on truck drivers' beliefs, opinions and their understanding of eye health. Informative and attractive posters in local languages are used to increase their knowledge on this aspect.
- **Aspirations:** Looks at the overall emotional benefits provided by health in general, and healthy eyes in particular. RAAHI runs photography contests which are open to all, and reward programmes with branded products to motivate existing and potential beneficiaries.
- **Memory:** Focuses on mechanism through which drivers would remember important events or obligations - such as the date of their next eye appointment. RAAHI stickers play an important role to remind truck drivers of their next yearly appointment.

For each of the strategic pillar, goals are listed. The aim is to facilitate experimentation and innovation in an organic manner, while leading towards common goals.

Behaviour	Knowledge	Aspiration	Memory
Truck drivers should seek eye tests, use prescribed spectacles and eye drops, and get screened for serious ailments like cataracts if referred.	Truck drivers should know and believe that they have a support system in RAAHI for good eye health and road safety.	Truck drivers aspire to have healthy eyes and good health overall so that they can enjoy happy and safe lives with their family and children.	Truck drivers remember their yearly eye exam and treat it with the same importance as renewing their vehicle insurance.

The BCC campaign encompasses six activities across ground, zonal and national levels.

Activity 1: Develop / modify the communication material with behaviour change information

- Develop new IECs & BCCs with health seeking behaviour
- Networking with stakeholders for better outcome- NHAI, SIAM, MoRTH, and others.
- Reminders on follow through SMS and IEC stickers
- Encourage innovation for data backed decisions

Activity 2: Ground level engagement activities- Capacity building, awareness generation

- On ground team training/orientation on counselling skills
- Celebrating thematic days related to truckers and eye health e.g., World Sight Day.
- Eye Health awareness programmes in Transport Nagars and major halting points on quarterly basis

Activity 3: Service Quality Assessment (SQA)

Activity 4: Establishing a RAAHI helpline number

Activity 5: Promoting cross-learnings through knowledge sharing, webinars, brown-bag sessions, monthly calls with team, documentary creation

Activity 6: Focus on sustainability of RAAHI programme

Progress to date

Geographic Coverage

RAAHI has presence in 54 cities along the largest national highway corridors in India:

- Golden Quadrilateral (connecting 4 major metropolitan cities viz Delhi, Mumbai, Kolkata and Chennai),
- North-South Corridor
- East-West Corridor

RAAHI has 19 static vision centres and 39 camp locations across 16 states in India (Annexure 1)

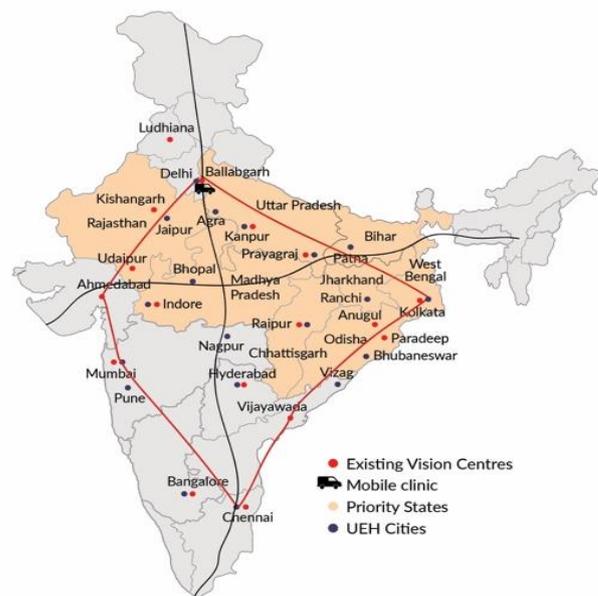


Figure 3: RAAHI vision centres and camp locations across India

Table 4: States with RAAHI vision centres and camps

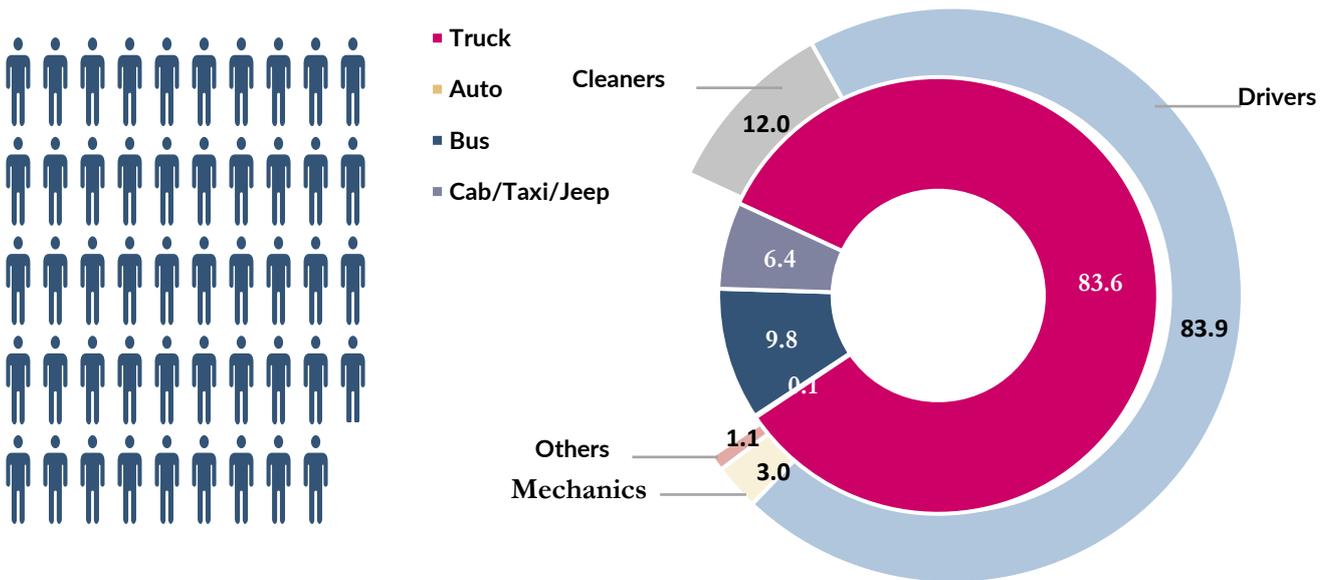
North	Delhi NCR, Punjab, Uttar Pradesh
Central	Madhya Pradesh, Chhattisgarh
West	Rajasthan, Gujarat, Maharashtra
East	Bihar, Jharkhand, Odisha, West Bengal
South	Andhra Pradesh, Karnataka, Telangana, Tamil Nadu

Profile of Beneficiaries

Between 2018 and June 2022, the RAAHI programme had screened a total of **5,40,166 beneficiaries** between **January 2018 and June 2022**. **Maximum number of beneficiaries had been screened at the RAAHI centres in Karnataka (15.1%)**, followed by Rajasthan (8.4%), West Bengal (8.4%) and Madhya Pradesh (8.3%).

Mean age of the beneficiaries was 39.3 ± 10.3 years. About 35.6% of the beneficiaries had up to upper primary level of education; while 4.3% were illiterate; 18.3% of the beneficiaries had secondary and higher level of education. About 48% of the beneficiaries had monthly income of more than Rs 10,000. On an average, the beneficiaries reported to have 11 months of employment in an average year.

Of the total number of beneficiaries screened, 83.6% belonged to the trucking industry. Of those from the trucking industry, 83.9% were truck drivers, 12% were cleaners, 3% were mechanics and 1.1% belonged to the 'other' category. About 3.5% of the truck drivers were illiterate while 38.9% had formal education up to upper-primary. Of all the truck drivers screened by RAAHI and 12.7% had health insurance policies.



99.1% of the beneficiaries were males while 0.9% were females

Figure 4: Distribution (%) of beneficiaries according to occupation profile

The **top 5 states of nativity** of the truck drivers screened in RAAHI were:

1. **Uttar Pradesh (16.9%)**
2. **Rajasthan (10.8%)**
3. **Madhya Pradesh (9.6%)**
4. **Jharkhand (8.7 %)**
5. **Tamil Nadu (7.2 %)**

Trends in service utilization

There was an increasing trend observed over the years in the number of beneficiaries despite drop in the number of beneficiaries in 2020 due to COVID-19. Seasonal trends were evident in the footfall at the VCs and camp locations; summer months saw a dip.

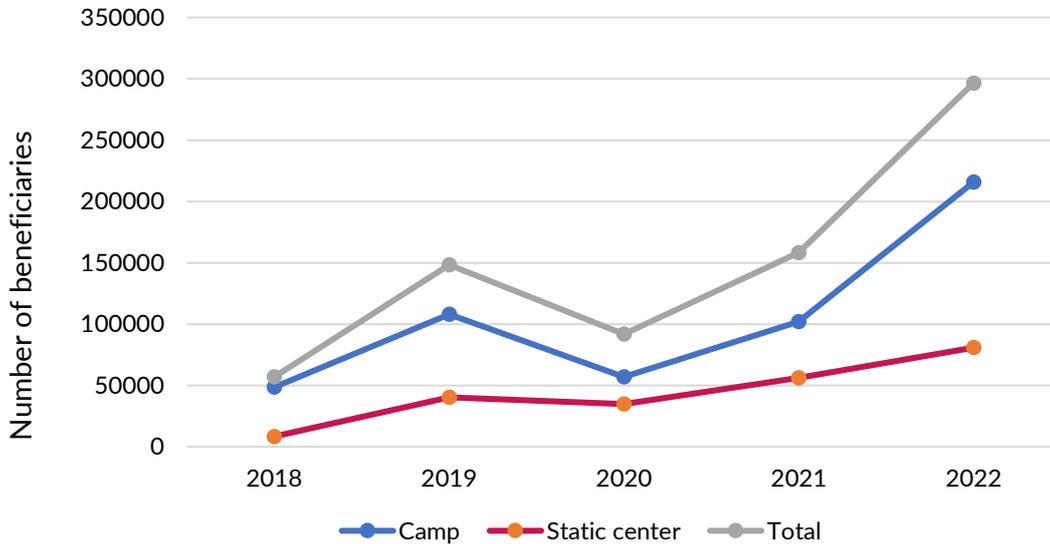


Figure 5: Trends in the number of beneficiaries served in RAAHI camps and static centres across the programme years

(Data for 2022 projected till December)

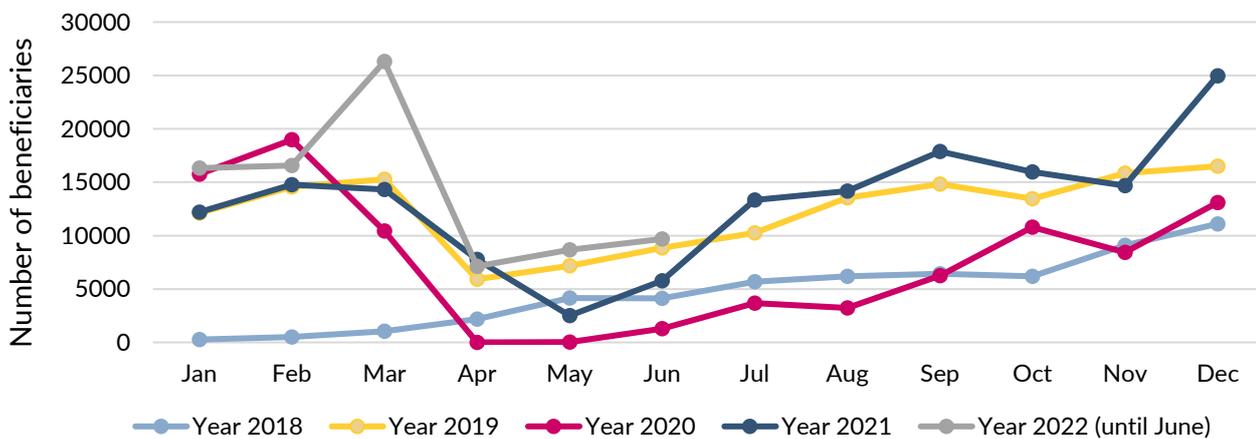


Figure 6: Seasonal trends in the number of beneficiaries served by RAAHI over the years

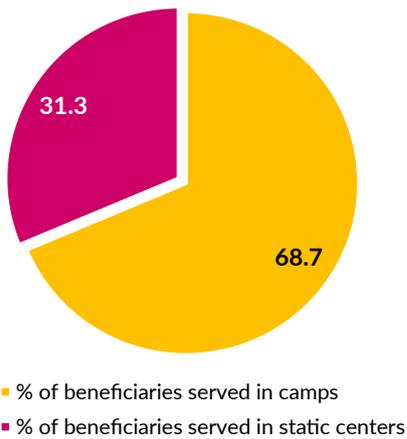


Figure 7: Distribution of beneficiaries screened at RAAHI camp locations and static centres (%)

Of all the beneficiaries at the RAAHI vision static centres and camp locations, more than 70% (n=3,77,964) beneficiaries had got their eyes checked up for the first time ever.

Tests for blood sugar and blood pressure were also performed at the centres and camps:

- Only **35.5%** have had a medical check-up within the past 1 year from the date of screening
- Only **2.9%** were aware that they had diabetes
- Only **3.8%** were aware that they had hypertension

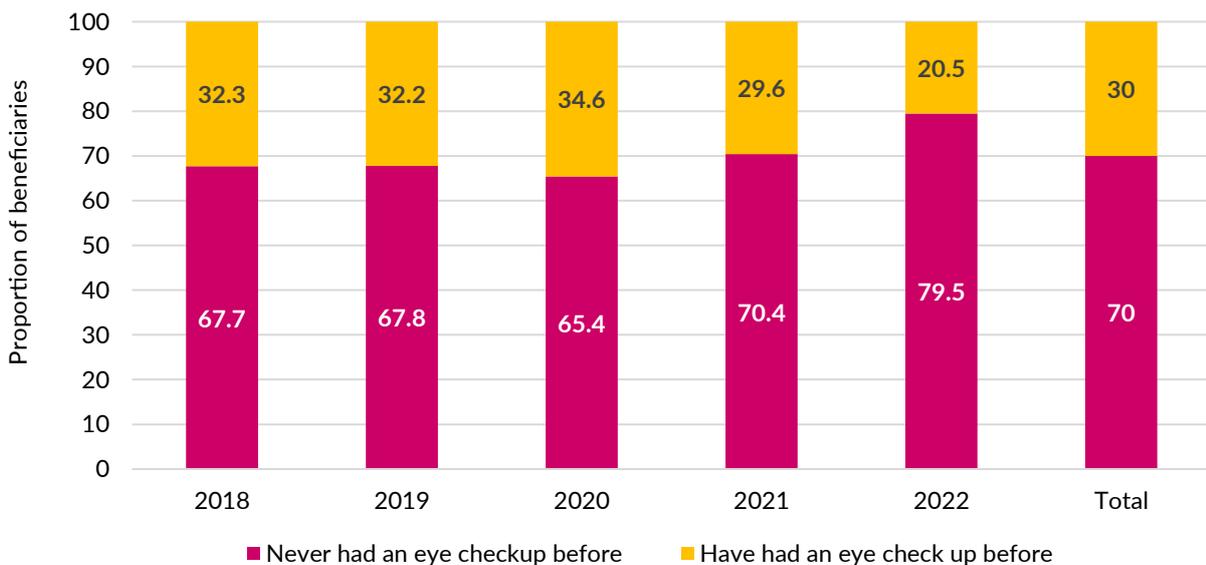


Figure 8: Distribution of the beneficiaries across the years based on if they had ever got their eyes checked before the RAAHI programme

RAAHI identified 2,21,633 (41%) beneficiaries with refractive errors. Of these, 78.5% had near vision error while the remaining 21.5% had errors of distant vision.

Of the 2,21,633 beneficiaries detected with refractive errors, eyeglasses were prescribed for 2,12,169 (95.7%). Thus, of all beneficiaries screened in RAAHI (N=5,40,166), 39.3% were prescribed eyeglasses through the programme ('unmet need' gap filled).

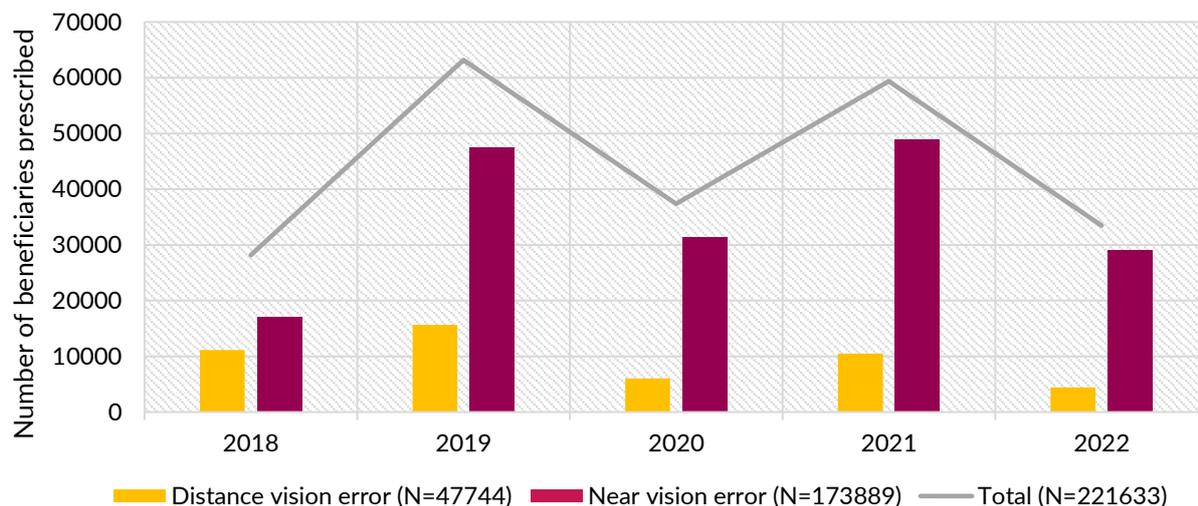


Figure 9: Refractive errors diagnosed in the RAAHI beneficiaries across the years till June 2022

Of the total number of spectacles prescribed, 79.4% were reading eyeglasses (for near vision), 19.7% were made-to-order distant vision eyeglasses and 0.9% were R2C distant vision eyeglasses.

Reading glasses accounted for 79.4% of the prescriptions. R2C eyeglasses, introduced in 2020 witnessed a gradual increase in supply and uptake.

The spectacle collection rates showed an upward trend over the years. **Almost 93.4% of the spectacles of the total number of spectacles prescribed in 2022 (until June) were collected by the beneficiaries.**

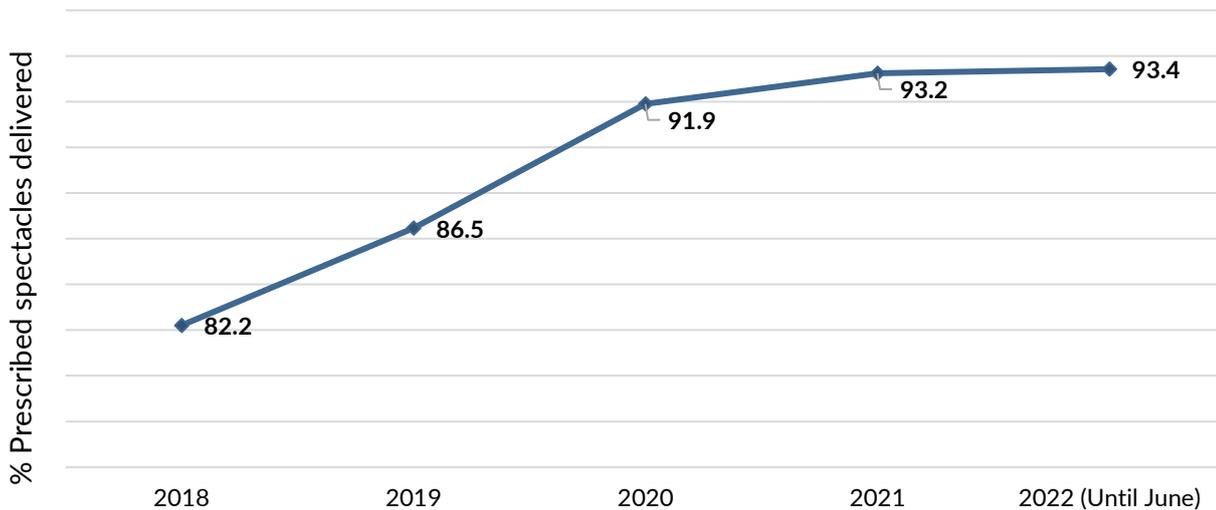


Figure 10: Prescribed spectacles delivered to the beneficiaries over the years

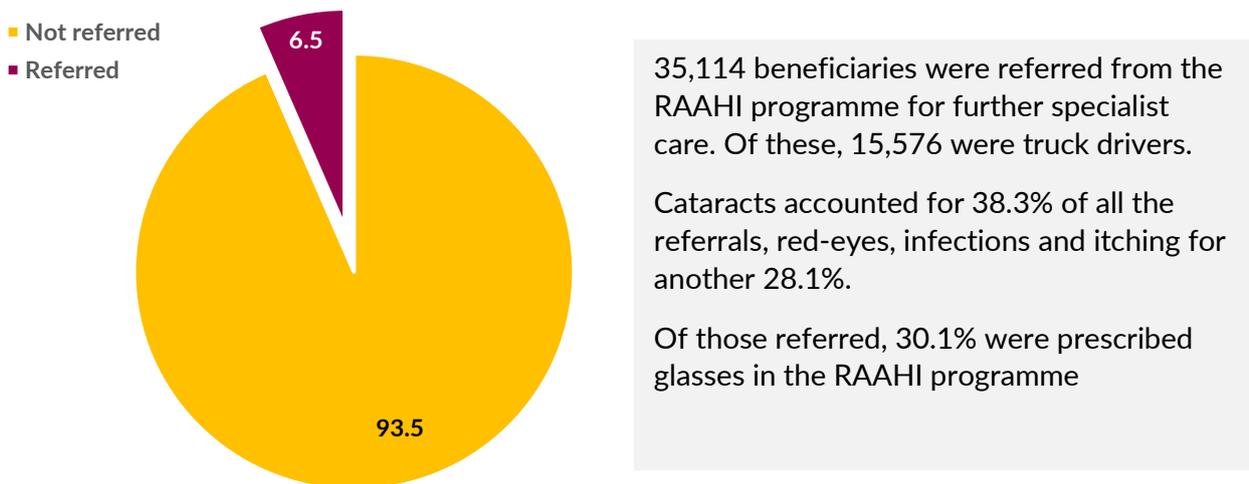


Figure 11: Proportion of beneficiaries referred for eye health issues

Beneficiary Feedback

The beneficiaries felt respected and valued, and at ease.

“They are doing a very good job; they have a proper system for identity verification. It feels nice that this centre is helping poor people like us and thinking of our welfare”.
(Truck driver, 47 years; screened at Bangalore)

Interactions with the beneficiaries showed that overall, they were satisfied with the services they had received at the RAAHI centres/ camp locations. They informed that the process of registration at the centre/ camp location, getting their eyes

screened, completing the survey and receiving the spectacles was 'quick' and 'easy', even if it took 30-45 minutes. The structured and organized approach at the sites conveyed that RAAHI had a disciplined and sincere approach to serving its clients.

Immediate problem resolution with quality contributed to client delight

"It's a very nice experience for me; the spectacles are of good quality". (Truck driver, 39 years; screened at Kolkata)

The beneficiaries expressed that the experience of getting the prescribed spectacles immediately at the centre itself was the highlight of the programme. They felt it to be very reassuring and convenient. The feeling was further heightened by the good quality of the spectacles. Most of them observed that the eyeglasses were quite useful and informed of using them regularly.

The RAAHI programme had been able to generate a 'good will gesture' and 'word of mouth'

"I had a good experience at the centre. So, I convinced and accompanied other driver friends of the RAAHI static centre thereafter." (Truck driver, 43 years; screened at Ballabgarh)

Interactions showed that the majority of the drivers got to learn about the RAAHI services from the on-ground staff (camp co-ordinator, community health worker), camp organisers, fellow drivers and friends, followed by transportation office staff and fleet owners. Many also reported that they also helped in disseminating their experience to other fellow drivers, while motivating them to pay a visit to the RAAHI centre/ camp locations.

Beneficiaries recommended sustaining and scaling-up of RAAHI

"This programme should continue to be in place as it is helping a lot of drivers". (Truck driver, 51 years; screened at Indore)

The beneficiaries remarked that there was a need to conduct more RAAHI camps and similar interventions targeted for the trucking community. Some of the beneficiaries suggested that camps and vision centres should be set-up along the highways or near their native villages for improved accessibility. They also suggested that there should be avenues for remote consultation with the RAAHI programme team for the same or different eye related issue.

Programme Innovations & Learnings

The RAAHI Programme identified and implemented a range of innovations over the years. Some of the prominent innovations have been enlisted below:



Figure 12: Prominent innovations in the RAAHI Programme

Linking the RAAHI centers with Quick Response (QR) Codes: The truck drivers, being a floating population, are difficult to track and hence, are likely to be lost to follow-up. Being always on the move, the chances of a truck driver coming back to the same RAAHI centre for collection of spectacles or any other eye issue was also low. This gave rise to the need of linking all the RAAHI static centres and camps across the sites to enable seamless client prescription retrieval for service and spectacle (in case of made-to-order eyeglasses) delivery. Hence, QR codes were introduced into RAAHI. The truck drivers who came for screening are provided with an identity (ID) card with a QR code on it. This unique QR code linked individual beneficiary data across all sites. A truck driver could walk into any RAAHI centre across India, get his QR code scanned and access all his previous records in the RAAHI database. While having an integrated database made client verification, spectacle collection and service access seamless across the centres and added to the clients' convenience, it also helped in non-duplication of data, tracking, referral, and follow-up for compliance monitoring ('catching the truck driver twice').

Catching them Twice

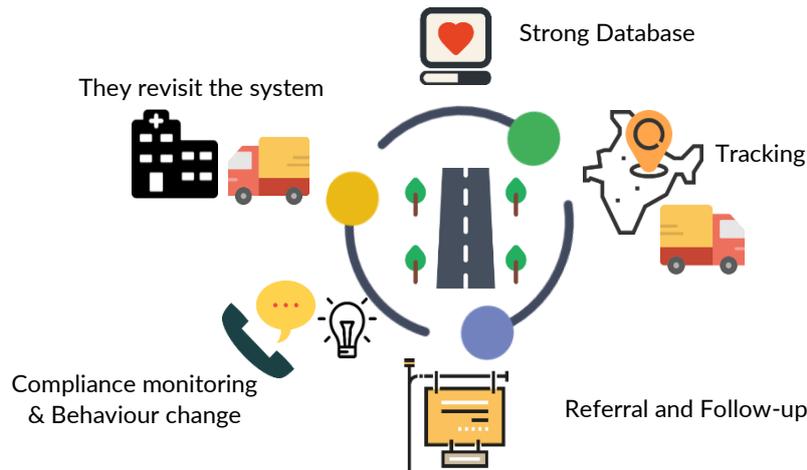


Figure 13: The RAAHI Pan- India integrated service delivery framework

Leveraging technology to collect real time data:

Manual data entry of the beneficiaries was time consuming, cumbersome and prone to errors. Data collection using a cloud-based application on electronic tablets enabled real-time data capture across the sites. The added advantage of the application was its ability to store data collected in the offline mode, which could be synced to the cloud later. This especially was helpful at sites that had poor internet services. Overall, it facilitated free flow of information, avoided delays, enabled faster decision-making and troubleshooting related to inventory and operations. It did away with the dependency of the management team on the monthly report of the sites for strategic actions. As a result, data driven timely strategies could be made and implemented at the sites. Mobile Data Management (MDM) installed in the electronic tablets used, prevent the field team from deleting the application or downloading other applications in the tablet. Also, the entire application is role based, with some stakeholders having the access to edit while others having access to only view the data. The controlled mechanism ensures data security. Data sharing with partners helped understand footfall trends, number of

Tablet & Cloud based application for data collection

1. Real time data collection and updates.
2. No delayed reporting
3. Faster decision-making and troubleshooting
4. Reduced manual labour
5. Reduced data entry error
6. Time saving
7. Workable in poor or no internet zone
8. Stakeholder based data access
9. MDM installed tablets for smooth and secured functioning

Figure 14: Benefits of the IT-enabled data management innovation in RAAHI

spectacles distributed, etc., and helped strengthen relationships through effective communication.

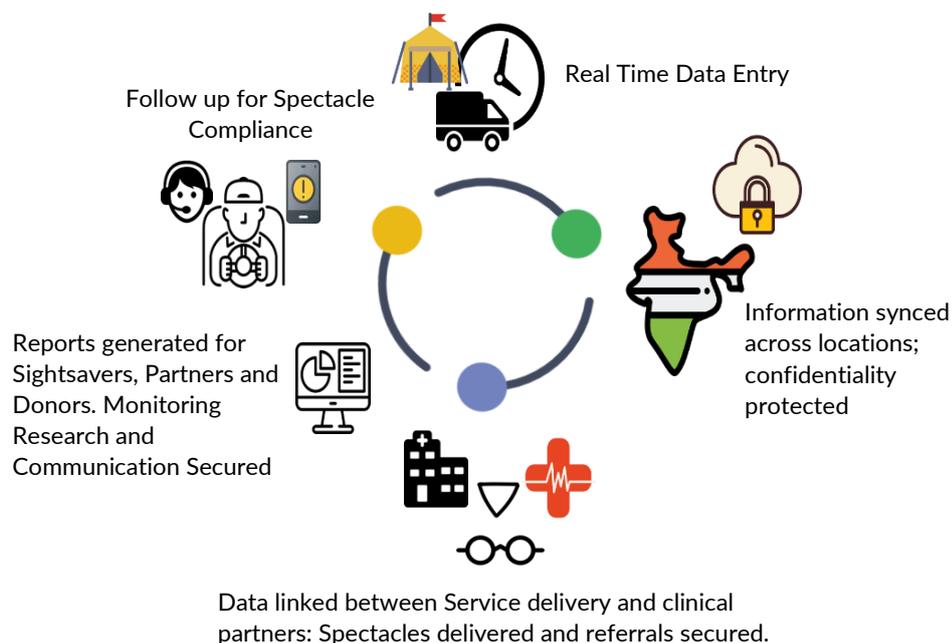


Figure 15: The RAAHI integrated data-linked service delivery framework

Personalized SMS gateway: The feature of SMS integration was an approach adopted to establish personal connect with the beneficiaries while ensuring spectacle compliance. After the eye screening, the truck drivers would receive SMSs updating him about the services received and spectacle status in his preferred local language of communication. All the major languages of India have been integrated with the SMSing system to ensure that the beneficiaries are able to read, understand and take action accordingly. The number of messages a truck driver receives ranges from two to six, depending whether this person has been prescribed glass not.

Ready2Clip (R2C) eyeglasses: The custom-made required about a week's time to be ready for delivery. These glasses witnessed dead-stocks due to non-collection by the truckers (being a floating population). Consequently, R2C eyeglasses were introduced in the RAAHI Programme to minimized the need for the client to return to the centre for collection of custom-made glasses. The concept of R2C glasses are that pre-cut pre-powered spherical lenses could be fixed on available frames at the sites, depending on the prescribed power given to the beneficiaries. Readymade frames and lenses were made available at the sites. Orientation training was imparted to the onsite staff to assemble the lens and the frame and give to the beneficiaries on the spot. The implementation of the R2C innovation solved a host of issues both at the end of the management team and that of the beneficiaries. It helped in immediate delivery of the distance vision glasses to the truck drivers at the screening locations, reduced load of prescription glasses, minimized the need for repeat visits by the beneficiary to get the spectacles and thus the indirect costs implicated, reduced dead-stocks and inventory wastage, and the time and costs incurred for courier transferring the custom-made eyeglasses to the beneficiary's desired location. As a result, it improved the RAAHI programme's overall efficiency and spectacle usage compliance (effectiveness).

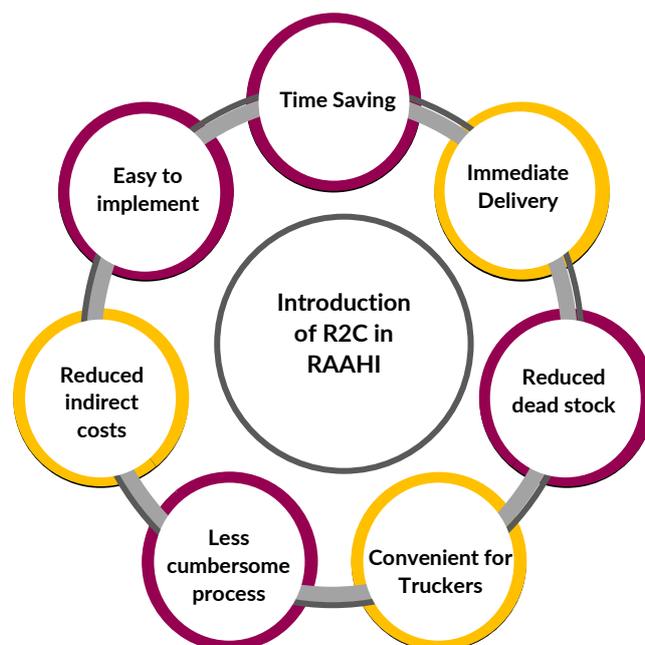


Figure 16: Advantages of R2C glasses in RAAHI

The implementation of the R2C innovation solved a host of issues both at the end of the management team and that of the beneficiaries. It helped in immediate delivery of the distance vision glasses to the truck drivers at the screening locations, reduced load of prescription glasses, minimized the need for repeat visits by the beneficiary to get the spectacles and thus the indirect costs implicated, reduced dead-stocks and inventory wastage, and the time and costs incurred for courier transferring the custom-made eyeglasses to the beneficiary's desired location. As a result, it improved the RAAHI programme's overall efficiency and spectacle usage compliance (effectiveness).

Establishing natural linkages and strategic partnerships: Sightsavers India focused on making natural linkages and strategic partnerships for sustaining and scaling the RAAHI programme. Some of the strategic partnerships include that targeted at insurance companies and tyre manufacturers. RTOs, Trucker's unions, Dhaba owners and Toll plaza contractors were also reached out to support RAAHI programme for organizing camps by providing the space and mobilized drivers for check-up. Sightsavers India also made efforts to leverage the familiar components of different programmes wherein we had worked with partners and was aware of the expertise that partners held. Resources were increasingly mobilized and synergies were established. This resulted into a programme model that was more sustainable and ensured value-added service to the beneficiaries as well as the partners engaged e.g., opportunistic screening and credit sharing. This saved time and effort by simplifying the repeated processes involved in due diligence, partner searches and securing documentation.

Dedicated programme governance team with trans-disciplinary expertise:

Trans-disciplinarity in the RAAHI team helped the programme by keeping it lean as well as efficient. Details of the RAAHI programme management and on-field team structure, roles

and responsibilities has already been described above in the Programme Description section.

RAAHI – a self-learning programme: The RAAHI programme witnessed iterative reorganization. As the programme was scaled out, learnings were taken into action to overcome challenges. These have been summarized in the table below.

Table 5: Challenges faced in the RAAHI programme and the learnings implemented

Challenges	Learnings Implemented
<p>Difficulty in designing a programme for truck drivers under the urban eye programme due to lack of organized data</p> <ul style="list-style-type: none"> • Truckers belonged to semi urban or rural. • A socially alienated population • Low level of education • Have limited access to social services like, health and education 	<ul style="list-style-type: none"> • Eye health programme for truck drivers was removed from the umbrella of urban eye health and started off as an independent programme in the name of National Truckers' Eye Health programme (RAAHI)
<p>Static centers alone were only able to reach a small portion of the truckers' population</p>	<ul style="list-style-type: none"> • Hub and Spoke model were launched. • Spokes were strategically located at 40-50 kms outside the catchment area and at locations with significant number of truck drivers but not enough to establish static centre • Introduction of the outreach programs for demand generation
<p>Low spectacle compliance</p> <ul style="list-style-type: none"> • Huge inventory of stock of undelivered spectacles were created • The fleet owners stored the prescribed glasses for some days for the truckers and often misplaced them 	<ul style="list-style-type: none"> • Tele calling system was adopted to understand the perception of the truck drivers and to identify the issues they faced. • Collaborated with the partners/ organizations who have had some prior experience of working with this community, to understand the problem better to ensure compliance
<p>The truckers' population were predominately a floating population</p> <ul style="list-style-type: none"> • Risk of dropping out from the system • Difficult to track and connect with the truckers' population • Low possibility of the driver to return to the delivery location after 10-15 days for receiving the glasses • Truckers did not remember to receive his glasses after a span of time • Truck drivers were not wearing the glasses as they were not picking them up from the fleet site 	<ul style="list-style-type: none"> • The digital data platform was strengthened and technology was leveraged to connect all the hubs with other hubs and spokes to establish interlinkage. • Data on demographic details, eye health screening results, status of the service rendered etc. was collected from the truck drivers in a tab. • ID card with a QR code was provided to the beneficiary that was linked to the glasses to be delivered, to 'Catch the truck driver twice' • SMS in local language were sent to the beneficiary to inform him about the status of his glasses
<ul style="list-style-type: none"> • Truckers were reluctant to get screened at one location and receive glasses at some other location. • Truck drivers did not take eye health seriously and lacked awareness • Inhibitions to get screened due to perceived notion of being healthy • Stigma of being declared as unfit for the profession and fear of being removed from the job for having poor vision • A quick interaction was not enough to sensitize them about the need for eyes screening and their generic health behaviour. 	<ul style="list-style-type: none"> • Ready to clip/ readymade glasses for near and distance • Outreach programs were utilised for spreading awareness • Behaviour Change Management programme was undertaken • Ensuring onboarding of fleet managers through Behaviour Change Campaign

Programmatic Challenges

Challenges		Learnings Implemented	
Lack of standardized quality of glasses: Initially the different partners who were implementing the programme at different sites provided varied quality of glasses.		<ul style="list-style-type: none"> • A partner for centralized spectacle supply was brought onboard to ensure delivery of standardized quality of glasses across all locations • Collaboration with EssilorLuxottica for manufacturing and delivering the prescribed glasses for the beneficiaries. 	
Besides screening of eyes and prescribed glasses, the truck drivers needed medical and surgical treatment		<ul style="list-style-type: none"> • For refraction or cataract surgeries the patients are referred to the partner hospitals. Provision for surgery in subsidized rate was offered 	
Operational Challenges	Issues in the data collected from beneficiaries due to bug in the system	<ul style="list-style-type: none"> • A technology partner was onboarded for providing both the tablets and software, to avoid glitches in the data. • Real time data collected in the tab was synced on cloud. 	
	Delay in decision making due to long waiting time involved in generating a full report of the data collected	<ul style="list-style-type: none"> • Real time data monitoring system was adopted that facilitated free flow of information without delay and faster decision-making, troubleshooting and strategizing. 	
	Lack of standardization in the operationalization of the Static centers (hubs) established	<ul style="list-style-type: none"> • Detailed SOPs were developed for the Static Centres. The SOPs went through midway corrections during the journey of the programme • Partners meeting was organised to re-orient them on the purpose of the programme and its processes, in order to standardise the understanding of all the implementing partners • Regular visits were made to partner location for monitoring and supervision by zonal co-ordinators 	
	Allocation and re-allocation of temporary staffs for camp duties based on the convenience of the partners in the fields	<ul style="list-style-type: none"> • Refresher training organized during the visits/ meetings 	
	Difficulty in data management due to errors in the data entered at the static centres/ camp sites	<ul style="list-style-type: none"> • Training was initiated for all the staffs and was re-oriented on the operational guidelines • Data monitoring done every month to identify and highlight the errors, that is then sent back to the partners via email for corrections • Partners given an extended time of 5 days (from 2 days) to revisit the data, make corrections and sync the data • Data update was closed at 3PM on 7th of every month to avoid delays 	
	<ul style="list-style-type: none"> • Reluctance of the beneficiaries (truck drivers) to share certain information that led to incomplete data • Individuals are not eager to support and participate in the programme due to the general negative attitude towards the truck drivers. 	<ul style="list-style-type: none"> • Meeting held with the implementing partners in the field to co-create solutions. E.g., Entering '0' ten times when drivers are unwilling to share their contact number • Social media interventions undertaken to encourage individual donations 	

Reflections

Design elements in the RAAHI journey

Retrospectively, it can be appreciated that the RAAHI programme's approach had unique human-centered design elements as one could map activities undertaken through the programme that closely aligned with the stages of design thinking i.e., empathise, define, ideate, test and iterate.

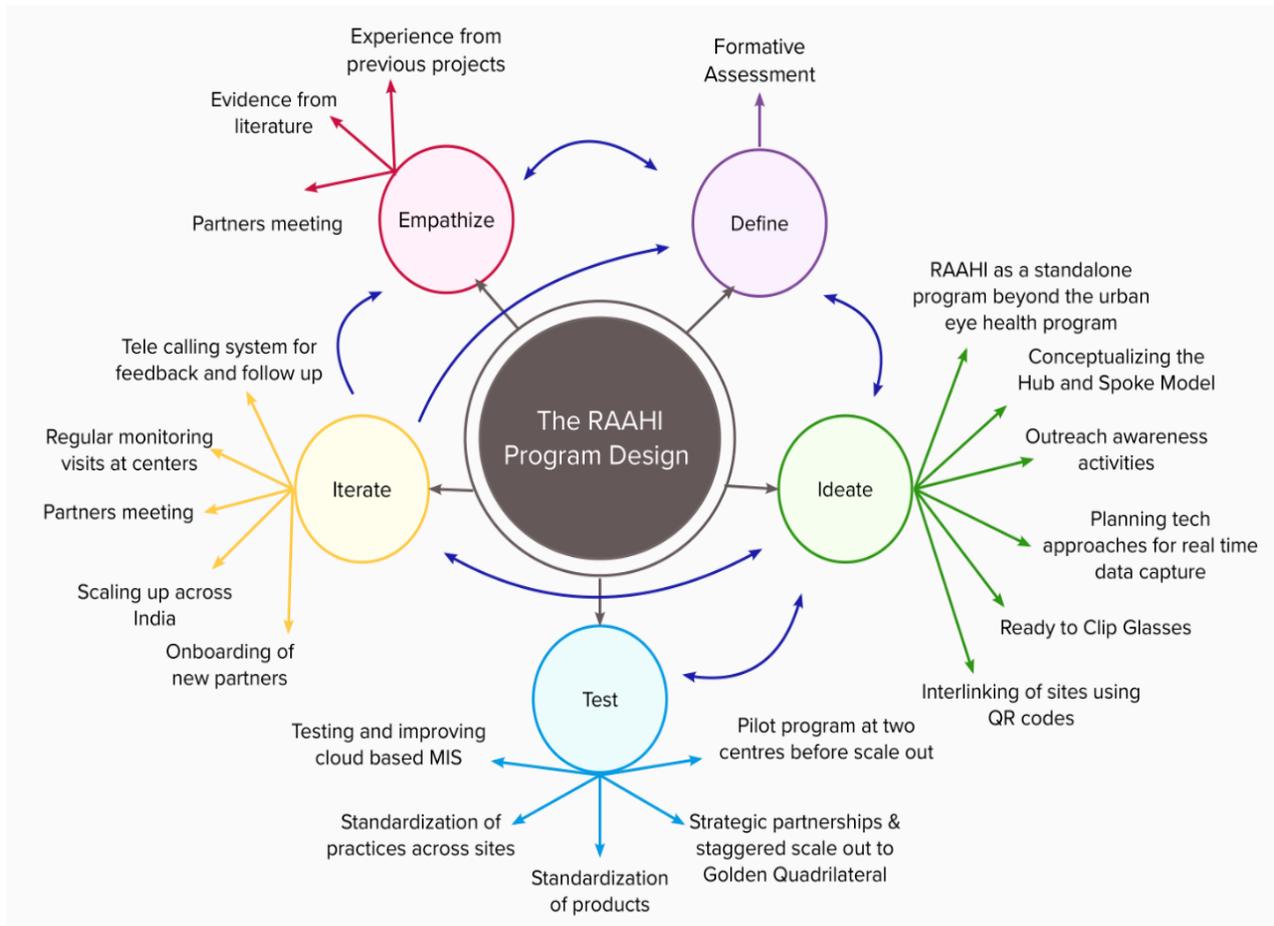


Figure 17: Attributes of human-centred design thinking in the RAAHI programme

Explore empathize and define: Defining the problem required a curious and empathetic mindset!

Sightsavers India has been supporting millions of people with eye disorders by bringing eye health services within the reach of the community, especially in the least served areas and by helping them with treatment since 1966. Rehabilitation facilities and educational support to people who are irreversibly blind have also been a part of Sightsavers' mandate. By 2014, Sightsavers India had identified truck drivers as one of the special groups needing eye health services.

Thus, Sightsavers India extended their mandated programmatic priorities to correction of refractive errors in truck drivers by providing eye tests and spectacles through outreach camps. This was first started the intervention in Mumbai 2014, which later got expanded in the subsequent years to also include major transport hubs in Kolkata, Bengaluru, and NOIDA/Ghaziabad in Delhi NCR. By 2017, the truckers' initiative had evolved into a fairly large pilot phase within the ambit of the urban programme portfolio of Sightsavers India. However, during this phase Sightsavers had come across varied operational and programmatic challenges leading to the conviction that the problem, though quite gigantic, was not adequately quantified and understood. The team felt the urge to understand the trucker's population better in order to provide them with improved human-centered services while increasing the efficiency of the programme. To have a deeper understanding of the problem, Sightsavers India undertook a semi-ethnographic formative assessment in the mid-2017. The assessment was done across 235 pilot outreach camps conducted by Sightsavers India and its partners. The experiences around the baseline formative assessments helped in enumerating some fascinating aspects of the problem at hand –

- **No database for truckers' profiling!** There was no comprehensive database readily available in the public domain regarding the socio-demographic profile of the trucker population in India. Being a floating population, the truckers were socially alienated and were difficult to track.
- **Almost half of the truckers' who came for screening were detected with uncorrected refractive errors.** Most of the truckers did not have access to free, fast eye care services. Lack of time and route related inconveniences prevented the truckers from seeking eye health services. Compulsory, periodic eye check-ups, provision of assistance or referral services around eye care were almost absent in this industry. Awareness on the need for eye care and the potential serious implications surrounding it was very low, both among the truckers and the fleet owners.
- **Having just a camp model, was not enough.** The camps required the truckers to assemble at a fixed place on a fixed date and time. This often did not match the truckers' convenience and was not time efficient for them. Also, quality standards across the camp sites were variegated.
- **Spectacle compliance was a major problem** due to inability of the truck drivers to pick up the spectacles from the screening location, discomfort in using them and social stigma associated with using spectacles – “a driver should have perfect vision and does not need spectacles!”
- **The truckers and fleet owners appreciated the effort.** They were found to be very receptive of the ongoing eye-camps by Sightsavers since these filled in the void due to the lack of easily accessible eye care services at the ground level.

In this effort, Sightsavers India realised that outreach-based eye health care services, including testing, provision of spectacles, and referrals for the trucking community had a huge potential for scaling up in India but with a human-centred design.

Ideate, Iterate and Scale: The problem was more nuanced than what it appeared to be; the solution had also to be nuanced!

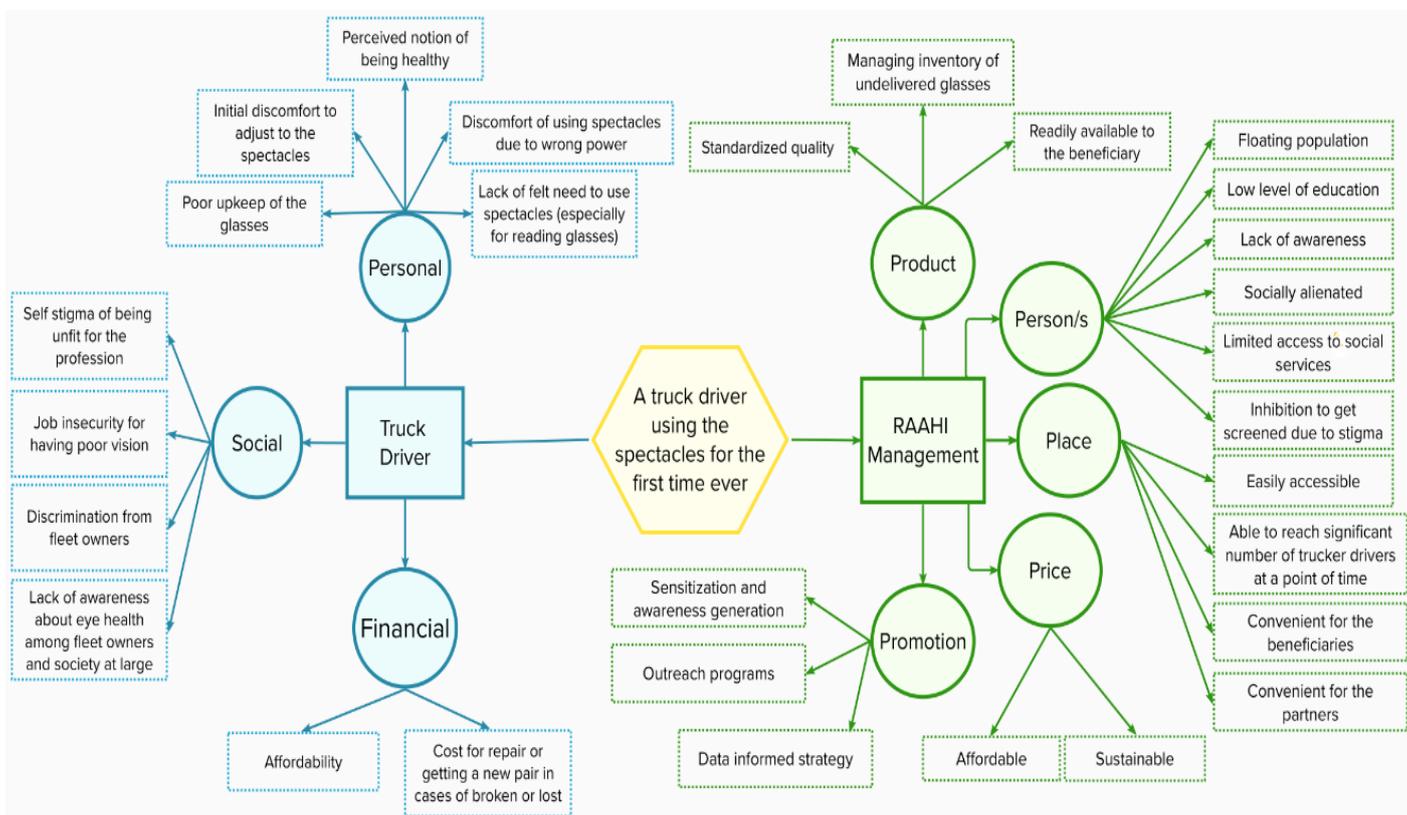


Figure 18: Complex issues addressed by the RAAHI human-centred intervention package

In hindsight, it seems that providing a pair of spectacles to a trucker was much more than just a linear problem. The mind map portrays the various aspects of the problem strategically addressed through the RAAHI programme to ensure effective utilisation of services with human-centricity.

Truck drivers who would be screened and prescribed a spectacle, had concerns that determined their willingness to be screened for eye health and subsequent, compliance to the spectacles once prescribed.

- **At a personal level**, the truckers perceived themselves to be a physically healthy community and hence, did not feel the need to get tested for vision or use spectacles. Resistance was more when they experienced some initial discomfort while using the glasses, especially for first time users and sometimes due to adjustment issues because of wrong powered lenses. Poor upkeep of glasses (i.e., broken or lost spectacles) further led to compliance issues.
- **At social level**, the truck drivers suffered from the self-stigma of being unfit for the profession in case they have vision issues. Additionally, job insecurity due to poor vision and discrimination from the fleet owners, further increased their inhibitions towards eye screening. Lack of awareness in the trucking industry and society at large about the need for eye health screening led to little motivation for getting their vision checked.

- **At the financial level**, truck drivers are concerned about the cost of the spectacle that one may need to spend on acquiring the spectacles and/ or the allied costs for its maintenance which included cost of repair or getting a new pair of glasses in cases when it is broken or lost.

From the RAAHI programme management's perspective, their services had to be social marketable for uptake and sustenance. Managing the 5Ps i.e., product, person/s, place, price and promotion, seems to have helped in improved value perception and resultant satisfaction of the target beneficiaries i.e., the truckers:

- **The product** i.e., the spectacles given to the beneficiaries had to be of standardised quality and readily available to them at the sites itself to ensure better management of the inventory of the undelivered glasses to reduce wastage. The intervention directed to the truck drivers had to take into consideration the attributes of the community. Spectacles are an accessory that must appeal to the needs and tastes of the user, and hence needed to be aesthetic. The RAAHI programme offered a choice of colours for the spectacle frames and at the same time, had the convenience of ready-to-clip (instant gratification).
- **Person:** The programme had to be designed keeping in mind that the truck drivers were majorly a floating population that was always on the move, with low level of education and awareness related to eye health and health in general. They were socially alienated because of their profession and had limited access to the social services. In addition, they exhibited reluctance to get their eyes screened because of social stigma related to their profession and job insecurity.
- **Place:** The location for setting up the screening centres or camps had to be carefully chosen so that the static vision centres and the camps were easily accessible by the beneficiaries ensuring substantial footfall at a given point of time for resource optimisation and efficiency. While the site locations needed to be convenient for the beneficiaries, it was also important that they were convenient for the implementation partners as well to ensure operational ease of functioning.
- **Price:** RAAHI services were offered free of cost. At the same time, the cost of the delivering a pair of spectacles also includes that incurred for logistics and supply chain services and for overheads. Products had to be decided such that it was affordable for the beneficiaries while being sustainable for the programme.
- **Promotion:** There was also a felt need for the promotion of the programme due to the lack of awareness in the trucker's community. Thus, there was a need for the programme to have sensitisation and awareness generation, outreach activities and data informed strategies.

Sightsavers India consolidated evidence from the available literature and experiences from its other ongoing and previous projects to empathise and understand the perspectives of the trucker's community to focus on a more human centric approach towards designing of the RAAHI programme. They also conducted a meeting with all the partners to harmonise different perspectives and standardise operations. In order to define the problem and understand the issues towards working for this community, Sightsavers India conducted a formative assessment. The learnings thus helped the organisation in the ideation of starting the RAAHI programme as a standalone independent programme of Sightsavers India, beyond the urban eye health programme. They also conceptualised the hub and spoke model with outreach awareness activities to be integrated in the programme for improved efficiency. To address issues of lack of consolidated secondary data and dead stock of undelivered glasses, they also conceptualised capture of real time data and ready-to-clip glasses, along with a mechanism to interlink the sites across India to make it more convenient for the beneficiaries. The whole concept of the RAAHI programme was tested first in two of the locations before scale out. Sightsavers India involved into strategic partnerships with staggered scale out of the sites across the Golden Quadrilateral, tested the products and practices across the sites for standardisation and improved upon the cloud-based MIS for real time data collection. A process of iteration was followed in developing the concept by installing the tele-calling system for feedback and follow-up, regular monitoring of the sites, meeting with partners and onboarding of new partners while scaling up the programme across India. The process of iteration improved upon the process of empathising and defining the programme, which in turn helped in the evolution of the RAAHI programme along the years of its implementation and improved its efficiency.

Inclusive Collaboration in action

RAAHI entailed mobilization and collaboration with multiple stakeholder constituencies. Broadly, these stakeholders could be grouped into three categories – the providers (these included the intramural Sightsavers India programme management team, the extramural implementation partners and the funders), the facilitators (these included the spectacle provider, the technology partner, and other catalysts), and the beneficiaries (i.e. the truck drivers). While the providers and the beneficiaries played critical role in the programme's effectiveness, the facilitators role was pivotal. The collaborations enriched the programme's multi and trans-disciplinarity and made it further client-centric. The role of the implementing partners has been quite vital. While these partners have adapted to the evolving needs of the programme, it is conspicuous that the programme is driven by a shared vision and philanthropic interest. A noteworthy aspect is that the Partners' Meet held in 2019 and the subsequent quarterly visits made to the partners offices by the Sightsavers India team has helped in strengthening the partnerships and in communicating the vision.

Table 6: Roles and responsibilities of stakeholders and scoring according to their interest and influence in the RAAHI programme

Stakeholders	Roles & Responsibilities	Scoring	
		Interest	Influence
Providers			
Sightsavers India	<ul style="list-style-type: none"> • Manage the RAAHI programme • Monitor the implementation of the programme • Engage stakeholders • Promotion of eye health 		
Implementation Partners	<ul style="list-style-type: none"> • Field implementation of the programme • Conduct eye screening • Data collection of beneficiaries • Conduct outreach programme • Promotion of eye health 		
Funder/ Donor	<ul style="list-style-type: none"> • Facilitate resources for smooth implementation of RAAHI • Periodic review of the programme to ensure alignment of internal goals with that of RAAHI programme 		
Facilitators			
Eyeglass Partner: EssilorLuxottica	<ul style="list-style-type: none"> • Provide standardized quality glasses across sites • Ensure timely delivery of the glasses • Ensuring accurate power of the glasses to avoid discomfort 		
Technology Partner: Pellucid	<ul style="list-style-type: none"> • Provide IT support to RAAHI team • Streamline data flow to concerned stakeholders • Provide 24*7 IT support 		
Transport/ Trucker's Association	<ul style="list-style-type: none"> • Mobilizing and motivating truck drivers for eye screening 		
Factory owners (where truckers halt for loading and unloading)	<ul style="list-style-type: none"> • Mobilizing and motivating truck drivers for eye screening 		
Dhabas	<ul style="list-style-type: none"> • Help in reaching out truck drivers as are aware of drivers' preferred routes and daily routine • Provides space for setting up screening camps 		
Organizations working for HIV	<ul style="list-style-type: none"> • Explore and implement strategies to locate and reach truck drivers, and to motivate them for eye screening 		

Stakeholders	Roles & Responsibilities	Scoring	
		Interest	Influence
Other health facilities/ screening camps	<ul style="list-style-type: none"> Collaborating with other health facilities to organize a screening camp for drivers Facilitate integration of eye screening camps with other health checkup camps 		
Local police	<ul style="list-style-type: none"> Help in organizing and managing camps, especially in rush hours Mobilizing truck drivers for eye screening Spread awareness of screening camps 		
Port Authorities	<ul style="list-style-type: none"> Support in setting up of static centers in the port area 		
Regional Transport Office	<ul style="list-style-type: none"> Support in organizing camps and programs focusing on drivers 		
Insurance companies	<ul style="list-style-type: none"> Explore availability of insurance schemes for trucking community 		
Users			
Truck Drivers	<ul style="list-style-type: none"> Get their eyes screened Ensure spectacle compliance Promote RAAHI programme in their community Motivate other drivers to get registered in RAAHI 		
Ancillary Workers	<ul style="list-style-type: none"> Get their eyes screened Ensure spectacle compliance Promote RAAHI programme in their community Motivate other drivers to get registered in RAAHI 		
	Low interest		Low influence
	Intermediate interest		Intermediate influence
	High interest		High influence

Why do some truck drivers not use the prescribed spectacles?

- **Absence of health seeking behaviour among truck drivers:** The community of truck drivers being predominantly migratory and floating, have less opportunity and access to healthcare services. Additionally, there is lack of awareness about the need for health screening, let alone the need for eye health screening or benefits of using spectacles. Hence, counselling and sensitization to help them realize the importance of overall health, with special focus on eye health and regular spectacle use, is the need of the hour.
- **Initial discomfort to adjust to new spectacles:** It takes time to get adjusted to using spectacles, especially for those who had never had glasses before. The truck drivers who seldom realized that they may have some vision related issues, usually adapted themselves to poor vision. Prescription of spectacles in such cases brought them out of the comfort zone. They complained of having trouble getting adjusted to the new power and thus issues with clear vision and driving. Therefore, the initial reluctance to use spectacles eventually led to its complete non-usage.
- **Usage of prescribed reading glasses low as reading occasions are rare for drivers:** Truck drivers do not have/feel the need to read frequently, as mostly they are driving. At times, when they are in need to read anything, they do not consciously feel the requirement to wear their reading glasses for that short duration. Thus, those who are prescribed reading glasses have very limited use or do not use at all.
- **Follow-up calls from tele callers were not appreciated by some drivers:** As the truck drivers are always on the roads and travelling, it was difficult to find a convenient time to reach them on the phone. The drivers got irritated when they were called up for feedback or follow up while driving. The tele caller team had to shorten the conversation during feedback or follow-up calls on such occasions.
- **Bi-focal spectacles not suitable for truck drivers:** Initially, when the programme commenced, the truck drivers were prescribed bi-focal spectacles. These were uncomfortable for them to use as they usually sat at a height while driving. Subsequently, these eyeglasses were discontinued in the programme.
- **Poor upkeep of glasses:** The truck drivers often informed that the reason for not using the glasses given to them was because they either have lost/misplaced it or the glasses were broken. They also informed that they did not have the opportunity/time to get it repaired or get a new pair for themselves. Their perceived need for the glasses were questionable too.

Conclusion and Way Forward

Going forward the following are some areas of action for strategic consideration for RAAHI:

Mobilizing resources for scale up and impact: RAAHI is strategically located along the major highway corridors in India. The highways experience a high burden of fatal accidents. Improving the vision of truckers along the highways is likely to improve the safety on the highways. However, the context of the RAAHI programme is such that in order to register an impact on fatal road traffic accidents on the highways, it must operate at scale. To scale up, RAAHI would demand increased mobilization and allocation of funds.

Building a sustainable service model: In public health interventions, it has been observed that compliance improves when the client avails the services after a token payment. This increases the client's ownership of the initiative and stimulates social accountability. The RAAHI programme would also be able to generate a token revenue for cross-subsidizing services according to the profile of the beneficiary, for equity and targeted support.

Strengthen data-informed decision making: The RAAHI management information system has been able to generate real-time statistics to keep the programme managers, implementation partners and funders informed on programme progress. Going forward, a real-time data dashboard based on the RAAHI management information system (MIS) based on specific monitoring-evaluation-and-learning (MEAL) indicators could help in wider dissemination of the programme's performance and attracting potential partners and patrons for support. Designing a MEAL framework should be useful to identify indicators for the dashboard, and help make the data collection formats more efficient (minimize redundancy and improve relevance). Standardized knowledge management practices across sites would consolidate organizational memory and learning.

Engagement at the policy space: Improving coverage of services for refractive errors would expedite India's progress towards Universal Health Coverage, Sustainable Development Goals (SDG) 3, and further towards SDG 1, 2 and 8. Since truckers' health and well-being implicates the engagement of several sectors (road transport, human resource development, health, law and order, education, environment, etc.), it calls for a whole-of-government mobilization and commitment.

The RAAHI initiative has highlighted the need to recognize "Eye Screening" as the 5th important building blocks of existing "4 E" strategy (Engineering, Enforcement, Emergency Care & Education) of MORTH towards road safety measures. The initiative has also highlighted the need of creating a Road Safety Authority in the country with a dedicated wing to look into the visual health of drivers as road safety preventive measures. Moreover, the initiative has called upon the urgent need of having vision wellness centres and mobile vision clinics in every 100-150 km of the highways either integrated with trauma centres or health wellness centres addressing the visual health induced road safety measures. Automobile industries, CSR wings of private sector, industries, truck drivers' associations and civil societies engaged in road safety issues needs to take eye screening into their business engagement and sustainability strategies. The Ministry of Road Transport can

encourage GO-NGO & Public-Private partnerships for the highway health wellness measures where eye health is essentially integrated.

Role of civil society actors: Advocacy efforts for prioritizing mandatory health check-up of truckers would require a stronger contextual evidence-base for informed policy making, and sector-wide and whole-of-society engagement. Civil society organizations could help in improving the access of truckers to eye health services, and in amplifying awareness and mobilization initiatives. Sectors must include eye health into their respective safety plans. The society at large must sensitize itself so that drivers with spectacles are not discriminated. It is rather safe to have a driver with spectacles than to have one without eyeglasses on the roads.

The RAAHI National Truckers' Eye Health Programme has been an enriching experience for all partners involved. The programme has been able to establish itself as the fourth thematic priority area for the Sightsavers India team, and is well-poised for further scale-up. The future looks exciting for RAAHI as it continues to protect the 'eyes on the highway'!

References

1. Nn U, Bi E, Sn O, Oc A, En O, Re U. Oculocutaneous albinism: identifying and overcoming barriers to vision care in a Nigerian population. *J Community Health* [Internet]. 2014 Jun [cited 2022 Aug 10];39(3). Available from: <https://pubmed.ncbi.nlm.nih.gov/24198136/>
2. RI B, Ae B. Visual impairment and quality of life among older adults: an examination of explanations for the relationship. *J Gerontol B Psychol Sci Soc Sci* [Internet]. 2011 May [cited 2022 Aug 10];66(3). Available from: <https://pubmed.ncbi.nlm.nih.gov/21402645/>
3. World Report on Vision [Internet]. WHO; 2019. Available from: <https://www.who.int/docs/default-source/documents/publications/world-vision-report-accessible.pdf>
4. Integrated people-centred eye care, including preventable vision impairment and blindness [Internet]. WHO; 2021. Available from: [https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74\(12\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(12)-en.pdf)
5. Towards Developing India Eye Health Action Plan [Internet]. VISION2020; 2015. Available from: https://www.vision2020india.org/wp-content/uploads/2016/10/GAP_India_background_document_27102015.pdf
6. Sabherwal. The prevalence of refractive errors and spectacle uptake in truck drivers: A North Indian cross-sectional study [Internet]. [cited 2022 Sep 3]. Available from: <https://www.jcor.in/article.asp?issn=2320-3897;year=2020;volume=8;issue=2;spage=51;epage=55;aulast=Sabherwal>
7. Prasad RJ, Krishna MB, Satyanarayana U. Refractive errors and colour blindness among truck drivers: A pilot study. *J Dr NTR Univ Health Sci*. 2013 Apr 1;2(2):89.
8. Verma R, Bharadwaj P. Assessment of Visual Function of Truck Drivers Travelling on National Highway of Central India: A Prospective Study. 2015;3(4):3.
9. Chanda S, Randhawa S, Bambrah HS, Fernandes T, Dogra V, Hegde S. Bridging the gaps in health service delivery for truck drivers of India through mobile medical units. *Indian J Occup Environ Med*. 2020 May 1;24(2):84.
10. Status of Truck Drivers in India [Internet]. SaveLIFE Foundation; 2020. Available from: <https://savelifefoundation.org/wp-content/uploads/2020/02/design-single-page-27th-feb-2020.pdf>
11. Hege A, Perko M, Johnson A, Yu CH, Sönmez S, Apostolopoulos Y. Surveying the Impact of Work Hours and Schedules on Commercial Motor Vehicle Driver Sleep. *Saf Health Work*. 2015 Jun;6(2):104.
12. Understanding the role of sleep quality and sleep duration in commercial driving safety. *Accid Anal Prev*. 2016 Dec 1;97:79–86.

13. Laden F, Hart JE, Smith TJ, Davis ME, Garshick E. Cause-Specific Mortality in the Unionized U.S. Trucking Industry. *Environ Health Perspect*. 2007 Aug;115(8):1192.
14. Birdsey J, Alterman T, Li J, Petersen MR, Sestito J. Mortality among Members of a Truck Driver Trade Association: AAOHN J [Internet]. 2010 Nov 1 [cited 2022 Aug 10]; Available from: <https://journals.sagepub.com/doi/10.1177/216507991005801104>
15. J P, K KH, K M, M A, C H, P K, et al. Lifestyle counseling to reduce body weight and cardiometabolic risk factors among truck and bus drivers – a randomized controlled trial. *Scand J Work Environ Health*. 41(1):54–64.
16. Wood JM, Collins MJ, Chaparro A, Marszalek R, Carberry T, Lacherez P, et al. Differential Effects of Refractive Blur on Day and Nighttime Driving Performance. *Invest Ophthalmol Vis Sci*. 2014 Apr 1;55(4):2284–9.
17. St LE, S N, P M, Ca H, Wdf V, Gb G. Uptake of health services among truck drivers in South Africa: analysis of routine data from nine roadside wellness centres. *BMC Health Serv Res* [Internet]. 2017 Sep 13 [cited 2022 Aug 10];17(1). Available from: <https://pubmed.ncbi.nlm.nih.gov/28903727/>
18. Sabherwal S, Chinnakaran A, Singh BP, Sood I, DasGupta5 S, Kumar7 R. Barriers to Uptake of Eyecare Services amongst Commercial Truck-Drivers in North India: A Cross-Sectional Survey. *Indian J Public Health Res Dev*. 2020 Jun 25;11(6):853–9.
19. Mk O, Ao A, Bo A, Ao O. Visual functions of commercial drivers in relation to road accidents in Nigeria. *Indian J Occup Environ Med* [Internet]. 2007 May [cited 2022 Aug 10];11(2). Available from: <https://pubmed.ncbi.nlm.nih.gov/21938219/>
20. Eyes-OK-Please-Report.pdf [Internet]. [cited 2022 Aug 10]. Available from: <https://www.sightsaversindia.in/wp-content/uploads/2019/03/Eyes-OK-Please-Report.pdf>

Annexure 1

Annexure 1A. List of RAAHI Vision Centres

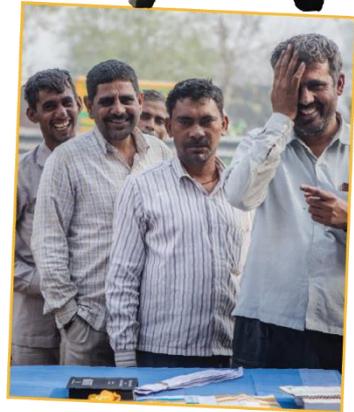
S.No.	District	Address	Year Estd.
1	Paradeep	Raahi Drishti Kendra IFFCO Chowk Near Abhishek TVS Showroom, Jagatsindhpur Paradip, Odisha 754142	2018
2	Kanpur Nagar	Raahi Drishti Kendra 133/296-A, Transport Bhawan Transport Nagar, Opposite Babu Purwa Police Station, Kanpur Nagar-208023	2018
3	Chennai	RAAHI Drishti Kendra C/O- Sankara Eye Hospital, Pammal D-41, CMDA Truck Complex, MRT complex, Madhavaram, Chennai 110	2018
4	Indore	Raahi Drishti Kendra 123, Jai Road Lines, Transport Nagar, Near Bhawarkua, Indore PIN: 452014	2018
5	Kishangarh	Raahi Drishti Kendra, Dev Market, Opposite Makrana Raj Hotel, Tolamal, NH 8 Madanganj-Kishangarh, Dist. Ajmer - 305802	2018
6	Mumbai	Raahi Drishti Kendra Plot No. 25, Road No.1, Steel Market, Kalamboli, Navi Mumbai 410218	2018
7	Bangalore	RAAHI Drishti Kendra C/o- KGTA Seva Kendra D-28, 100 Feet Road, Narasimha Layout, Nandini Layout, Bangalore-560022	2018
8	Dhulagarh (Kolkata)	Raahi Drishti Kendra Dhulagarh Truck Terminal, Building No.5, Parking Area, Near Drivers Stay House Jola Dhulagari, PS Sankrail, Dist. Howrah, 711302	2018
9	Udaipur	Raahi Drishti Kendra, F-3, Transport Nagar, Pratap nagar, Udaipur, Rajasthan 313001	2019
10	Ahmedabad	Raahi Drishti Kendra, Aslali, Near over Bride, Patel Parking, Narol road, Ahmedabad Pin code 382425	2019
11	Ludhiana	SCO NO. 66, Transport Nagar, Moti Nagar Ludhiana	2020
12	Ballabgarh	Raahi Drishti Kendra Plot No. 281, Sector-58, Transport Nagar, Ballabgarh, Faridabad	2020

S.No.	District	Address	Year Estd.
13	Hyderabad	"RAAHI Drishti Kendra C/o- Pushpagiri Vitreo Retina Institute, Hyderabad (PVRI), Plot Number 11, Block Number 29 Road Number 1, Opposite Vansthalipuram Traffic Police station. (Auto Nagar) L.B Nagar, Adjacent to NH-65, Hyderabad- 500070"	2020
14	Anugul	Jindal Steel Plant, Anugul, Odisha	2021
15	Vijayawada	Chola National Truckers Eye Health Programme, Plot No. 5, Block No. 6, Opposite Apollo Wheel alignments, 100 feet road, Jawahar Auto Nagar, Vijayawada – 520007 Contact No. 8099996059	2022
16	Raipur	RAAHi Drishti Kendra, Near Bank of Baroda Parking No. 2, Block no. 7, Transport Nagar, Rawabhata, Raipur – 492003, Contact No. 7880177785	2022
17	Prayagraj	Pahalwan Dhaba, National Highway Kurgaon - Soraon, Prayagraj	2022
18	Mobile Van (Delhi NCR)	ICARE Eye Hospital and Post Graduate Institute, E3A, Sector-26 Noida - 201 301,U.P. India.	2022
19	Aurangabad	Daudnagar Organisation for Rural Development (DORD), 2nd Floor, Chitkohra House, Dr Ashraf Lane, S P Verma Road, Patna-800001, Bihar	2022

Annexure 1B. List of RAAHI Camp Locations

Sl.No	Locations
1	Gorakhpur
2	Durg
3	Korba
4	Satna
5	Dewas
6	Bhopal
7	Hossur
8	Coimbatore
9	Vellore
10	Dharwad
11	Surat
12	Vadodara
13	Mangalore
14	Ganjam
15	Bargarh
16	Bardhaman
17	Kaimur, Bihar
18	Jalpaiguri
19	Vishakhapatnam
20	Agra
21	Raigarh
22	Balasore
23	Jaipur
24	Hyderabad
25	Bangalore
26	Mumbai
27	Delhi
28	Guwahati
29	Patna
30	Kolkata
31	Jhansi
32	Gwalior
33	Kochi
34	Gandhi Nagar
35	Namakal
36	Kakkinada
37	Bokaro
38	Jamshedpur
39	Jabalpur

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Registered office

A-3, Shivdham, New Link Road,
Kanchpada, Malad (west)
Mumbai – 400 064
Phone: +91 22 28820808/ 1919

Country office

45, Second Floor,
Okhla Industrial Estate, Phase III
New Delhi – 110 020
Phone: +91 11 42267202 / +91 11 42384572
Email: indiaweb@sightsaversindia.in

Other offices

No. 86, II Floor, Platinum Project
Coles Road, Frazer Town,
Bangalore – 560005

GC 104, Sector III, Salt Lake
Kolkata – 700 106
Phone: +91 33 40086225

E -1/136, Arera Colony
Bhopal – 462016
Phone: +91 755 4292807