



Assessing the impact of Eye Mitra programme on women Eye Mitras in India

March 2021

ESSILOR

2.5 new
VISION
generation™
An ESSILOR Group Initiative

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Acknowledgment

Sattva would like to thank all the 112 Eye Mitras, who participated in the study along with their customers and non-customers, who welcomed us into their optical shops and homes and provided us with extensive information. We would also like to thank the on-ground implementation team of 2.5 NVG programme- Rohan Jha and Pradipta Mondal for facilitating these connects with the Eye Mitras. This study would not have been possible without their cooperation.

While it is difficult to mention the names of all the field investigators who worked with us in this study across the sampled locations, we express our gratitude to them for conducting the field work in the manner required and with efficiency. Without their support and cooperation, collecting data at this scale would not have been possible.

Last but not the least, this study would not have been possible without the support of leadership team at Essilor. We thank Kovin Naidoo, Milind V Yadav, and Sanjib Kumar Jha, who participated in all the discussions from the inception of the study until closure. We thank you for your continuous encouragement and patience all through the implementation of the study.

Credits

Written by Sattva in March 2021, supported by Essilor Social Impact Fund

Email	knowledge@sattva.co.in
Website	https://www.sattva.co.in/
Project Leads	Shambhavi Srivastava, Sunakshi Bajpai (Sattva Consulting)
Authors	Palagati Lekhya Reddy, Abhineet Nayyar, Subash Karnan (Sattva Consulting)
Research, Analysis and Production	Palagati Lekhya Reddy, Abhineet Nayyar, Subash Karnan, Preity Khandelwal, Yashasvi Murali, Anindita Kar (Sattva Consulting)
Project Advisors	Aarti Mohan (Sattva Consulting) Kovin Naidoo, Milind V Yadav, Sanjib Kumar Jha, Rohan Jha and Pradipta Mondal (Essilor)

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Foreword



Milind Jadhav

**Senior Director of
Inclusive Business and
Philanthropy, South Asia**

One of the world's largest unaddressed disabilities today is uncorrected poor vision which affects 1 in 3 people, 90% of whom live in underserved communities in developing economies without awareness of and access to vision care. What makes the issue worse is that women and girls are more likely to suffer from vision impairment but yet have less access to eye health services or more difficulties accessing them.

When the Eye Mitra program was launched in India back in 2013 as part of Essilor's global ambition to eliminate uncorrected poor vision from the world by 2050, we were embarking on something ambitious and game-changing. Firstly, we aren't just bringing sustainable access to vision care to underserved communities where it wasn't available before but we are also nurturing members of the communities themselves to become entrepreneurs to deliver this vision care to their families, friends and neighbours.

Secondly, we are making a bold assumption that by mobilizing members of the communities to deliver vision care, more people will be influenced to come forward to seek help for their vision.

The bold assumption has proven to be correct: today we have nearly 8,000 Eye Mitras in India providing sustainable access to vision care for nearly 200 million people across 14 states. 12% of these Eye Mitras are women, an encouraging statistic for rural India and very good news indeed for women and girls with uncorrected poor vision. We have seen from our work that a female vision care provider can help women and girls feel more comfortable about accessing eye care services, and the results from this impact study support that. It also shows the hugely positive effects the program has on the female Eye Mitras and their communities.

Our journey to eliminate uncorrected poor vision from the world by 2050 is also a critical one towards female empowerment and gender equality. I hope that with this report, we will be able to inspire more females to join us as Eye Mitras and be part of the cause of delivering good vision to everyone, everywhere. And in turn, inspire more women and girls to come forward to seek help for their vision. With good vision, more women and girls can embrace opportunities in education, work and life in general, and fulfill their important roles in families, communities, and society.



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Executive Summary

Introduction and Context

About 550 million people in India suffer from uncorrected poor vision. In rural India especially, the lack of primary eye care services means hundreds of millions of people suffer the social and economic consequences of poor vision. According to Essilor, there's only one qualified optometrist for every 25,000 people in India. In order to fulfil its ambition of eradicating poor vision in one generation, i.e., by 2050, Essilor International launched 2.5 New Vision Generation (2.5 NVG) as part of its inclusive business strategy to reach out to cases of uncorrected refractive errors. The division pioneers sustainable business models with various compatible partners, to empower the rural population by bringing vision screening & spectacle dispensing facilities to the doorstep of people.

Eye Mitra programme (EM programme), is one of Essilor's flagship inclusive business programs under 2.5 NVG created to increase awareness and access to vision care for underserved populations as well as improve local livelihoods. It uses a three- pronged strategy by providing vision correction, developing skills and creating jobs. Launched in 2013, it trains young under-employed men and women in rural and semi-urban areas to become primary vision care providers, i.e.: Eye Mitras (EM). The program trains them to carry out basic vision tests and supports them to set up their own business to sell prescription glasses and sunglasses in their community. Participants take-up a certified vocational training in refraction and visual health as well as learn the commercial skills to run a successful small vision care business. Essilor mission provides ongoing entrepreneurship skills, logistics and marketing support to help EMs to grow their business, employ additional staff and run outreach screening events to expand vision care to outlying rural areas.¹

In January 2020, Essilor partnered with Sattva Consulting, a social impact research, advisory and consulting firm to assemble a strong body of evidence through a rigorous impact research that documents the impact of EM programme on its women agents' livelihoods and life quality, their households and the larger community. Through the research findings and recommendations aggregated by Sattva, 2.5 NVG aims to make a strong case for bringing a gender lens in the EM programme, its programme design, and recommendations for scale-up while integrating a gender-lens.

As part of the study, Sattva covered 112 EMs across Uttar Pradesh (UP) and West Bengal (WB) across three phases of data collection- baseline, midline, and endline, and between February 2020 to January 2021. The key research questions for the female EMs in the study entailed:

- What entrepreneurial efficacy has the EM programme been able to build among the EMs?
- How is the programme leading to economic empowerment of EMs?
- How is the programme leading to social and psychosocial empowerment of EMs?
- How is the programme leading to an increase in access and awareness among EMs?
- What is the impact of COVID-19 lockdown on financial, mental, and physical health of EMs?
- What is the effect of the programme and Ems on the eye health of the community?

Key findings



EMs experience across various EM training phases

54% of EMs mentioned “family/friends” to be their source of information about the EM programme

83% across UP and WB found the duration of the training to be an enabling factor for them to attend

48% of EMs expressed that the training could be longer & have more practical training

80% of EMs expressed requirement for direct monetary support & discounts on products



Social and Psychosocial Empowerment

27% rise among female EMs’ participation in community level institutions/ organisations, of which,

60% of female EMs’ hold leadership roles in these community level organisations

45% rise among female EMs from baseline who perceive that other individuals in their communities seek their opinion on important matters

96% of female EMs feel that they can find their way out of difficult situations in work



Impact of COVID-19 lockdown

50% drop in revenues of female EMs from EM business. This can be strongly attributed to the COVID-19 induced impact on their businesses coupled with an increase in domestic responsibilities

88% of EMs predict an improvement in their business. Despite slight growth since lockdown, revenue levels in both the states have not recovered

66% of the EMs felt the impact of COVID-19 lockdown on their mental health.



Economic Empowerment

89% of EMs across UP & WB are running the EM shops as their primary occupation. 40% are running other businesses & 12% are undertaking farming as their secondary occupation.

44% decrease in female EMs revenue from baseline to endline. This drop can be attributed to COVID-19 induced impact on businesses & an increase in their domestic responsibilities.

95% of female EMs own a savings account as of Jan 2021.

40% of female EMs across UP & WB claimed themselves to be primary income earners in their households.

15% points increase between baseline to midline among female EMs across UP & WB who applied for a loan, before settling at 12% in endline phase.



Access, Agency & Awareness

50% of female EMs saw an increase in their cell phone usage during COVID-19; reasons for which included online studying, interacting more frequently with friends, and executing digital payments.

60% of female EMs in UP found it important for their daughters to have higher education, and the number was almost the same for those who found it important for their sons.

50% of female EMs noticed a change in eye-health seeking behavior among their relatives/friends.

90% of EMs across UP and WB encouraged their relatives/friends to buy/change spectacles and get their eyes checked at the EM shop.



 About 2.5 NVG and Eye Mitra programme

About 2.5 New Vision Generation

In 2013, Essilor International launched 2.5 NVG as part of its inclusive business strategy to reach out to cases of uncorrected refractive errors.

The division pioneers sustainable business models with various compatible partners, to empower the rural population by bringing vision screening & spectacle dispensing facilities to the doorstep of people.

3 focus areas of 2.5 NVG



Awareness



Empowerment



Outreach

5 operating pillars of 2.5 NVG

Eye Mitras

Rural youth trained in basic vision screening & spectacle dispensing. EMs provide spectacles at their outlets & by travelling in the neighbouring areas

Vans

Fabricated vans fully equipped with refraction & spectacle dispensing instrument visit rural areas/ urban slums; with fitter and optometrist

Hospitals

2.5 NVG has tied up with hospitals across India to provide affordable & quality spectacles

NGO/ Government/ Others

Making affordable reading glasses and sunglasses accessible via existing NGO and government partnership channels in rural areas

Wholesale/ Retail

Decentralised approach to address market-based challenges in reaching out to rural/ urban areas through distributor networks



About Eye Mitra programme

50 million+ people screened, and

7.6 million+ wearers, through

7900+ Eye-Mitras across

14 states

An Eye Mitra (EM) is a rural youth trained in basic vision screening, dispensing of spectacles, referrals, and micro- entrepreneurship. An EM is a village based optical entrepreneur, who operates out of a small outlet and predominantly conducts his/ her/ their business by organizing an average of 10 Vision Screening Events (VSEs) per month in nearby communities. Several states are covered under the umbrella of EM programme. These include pilots in Uttar Pradesh, Rajasthan, Karnataka, Maharashtra, West Bengal, Andhra Pradesh, Odisha, Telangana, Haryana, Tamil Nadu, Bihar and Madhya Pradesh. Additionally, the programme has been expanded to Kenya, Bangladesh, and Indonesia too.

Mobilisation

Mobilization of unemployed rural youth through community meetings and on-field marketing

Classroom Training



Training (practical and theoretical) and quality Assessment through internal & NSDC certification

Handholding support

Business development support and marketing support

Training models

The EM training model in UP is via a for-profit, skill building partner present across the state, while the training model in WB is in partnership with a hospital in central locations

	 Uttar Pradesh (UP)	 West Bengal (WB)
Number of training centers	23 training centers	3 training centers
Type of training partner	For-profit skill building organisation	For-profit eye hospitals
Role played by the partner	Mobilisation of potential candidates for training, conducting the training, supporting EMs to establish shops and provide hand-holding support for 10 months after the training	Conducting training, supporting EMs to establish shops and provide hand-holding support for 10 months after training
Training model and duration	2-month classroom training and 10 months of hand-holding support post training	<ul style="list-style-type: none"> - Initial model of 6 months classroom training, 6 months handholding support - Current model of 2 months classroom training, 10 months handholding support post training
Cost of training	Approximately 25K for training. Kits with manual eye-testing equipment, stock and marketing material worth this amount is given to EMs post training by training partner	Approximately INR 25K, paid in installments during training. Kits with manual eye-testing equipment, stock and marketing material is given to EMs post training by the hospital partner
Gender focus in the programme	The programme does not specifically target women EMs.	The programme does not specifically target women. However, there is an average ratio of 4:2 of men to women in every batch.



About the study & profile of EMs covered



Study objectives

The overarching objective of the research commissioned by Essilor to Sattva is to assemble a strong body of evidence through a rigorous impact assessment that documents the impact of EM programme on its women agents' livelihoods and quality of life, their households and the larger community. Through the research findings and recommendations, Essilor aims to make a strong case for bringing a gender lens in the EM programme, its programme design and recommendations for scale-up.



Key research questions

- What entrepreneurial efficacy has the EM programme been able to build among the female EMs?
- How is the programme leading to economic empowerment of female EMs?
- How is the programme leading to social and psychosocial empowerment of female EMs?
- How is the programme leading to an increase in access and awareness among female EMs?
- What is the impact of COVID-19 lockdown on financial, mental, and physical health of EMs?
- What is the effect of the programme and EMs on the eye health of the community?



Study methodology

The data collection process was split into baseline, midline, and endline, and was conducted a total of three times between February 2020 to January 2021

Phase	Months	Number of respondents	Frame of comparison	Goal of the questionnaire
Baseline	February-March 2020	EMs: UP-92, WB-20 Customers: UP-102, WB-25 Non-customers: UP-26, WB-9	Before becoming an EM vs after becoming an EM	The goals of the baseline survey were to: <ul style="list-style-type: none"> • Gauge the experience of EM throughout EM training programme • Measure the change in an EM's economic, social and psychosocial standing before and after becoming an EM.
Midline	October-November 2020	EMs: UP-77, WB-17 Customers: UP-50, WB-12 Non-customers: UP-10, WB-5	Before, during and after the COVID-19 induced lockdown	The goal of the midline survey was to: <ul style="list-style-type: none"> • Measure the change in an EM's economic, social and psychosocial, access and awareness standing from baseline and before, during and after lockdown.
Endline	January 2021	EMs: UP-77, WB-17 Customers: UP-50, WB-12 Non-customers: UP-10, WB-5	Status of EM in February 2020 vs December 2020 and, Status of EM in October-November 2020 vs December 2020	The goals of the endline survey were to: <ul style="list-style-type: none"> • Measure COVID-19's overall impact on an EM's economic, social, agency and psychosocial, access and awareness standing • Understand the EM's awareness of relevant products and tools • Gather on-ground suggestions from EMs to inform recommendations for the Essilor team.

Indicators to assess empowerment of women EMs



Economic Empowerment

- Revenue from primary occupation
- Savings and expenditure patterns
- Credit attitude: Loans, purpose and experience of taking loans



Social & Psychosocial Empowerment

- Perceived position in the community
- Self-confidence and efficacy
- Impact of marriage and pregnancy on business operations



Access, Agency & Awareness

- Access and usage of cell phones
- Access to higher education
- Eye-health seeking behavior for self and in the community



Impact of COVID-19 lockdown

- Impact on financial health and sale of product portfolio
- Impact on physical health
- Impact on mental health

Cross variables



Gender



Age



Marital status



Experience as an EM



Educational qualification



Primary occupation

89% of respondents claimed EM to be their primary occupation. On an average, EMs in Uttar Pradesh (UP) were found to be more experienced than those in West Bengal (WB)

Key findings:

- In UP, 37% of male EMs and 37% of female EMs are unmarried; while in West Bengal, over 75% of male EMs and 45% of female EMs are unmarried
- In both the states, a higher proportion of female EMs are more experienced than male EMs. In UP, while 59% of female EMs had an experience of over 3 years in running an EM shop, only 30% of male EMs did so. Similarly, 27% of female EMs in WB had an experience of over 3 years, against 0% of male EMs.
- On an average, EMs in both UP and WB had around 6 members in their households.









Profile of EMs covered in the study

Since the objective of the study was to, in part, measure the impact of the EM training programme on the financial, social, and psychosocial standing of female EMs, their proportion in the sample size was intentionally kept higher. Apart from this externality, no other demographic variable was controlled.

As of January 2021, over 58% of EMs in UP held either an undergraduate degree or a diploma, whereas only 27% of EMs in WB did. A higher proportion of EMs in WB were high school pass outs.

Most of the EMs considered EM shops to be their primary form of occupation, displaying the dependence of the EMs on this profession. While a significant proportion of EMs indulged in a non-farming business as a secondary occupation in both the states, a higher proportion of EMs in WB were found to be unemployed for a major part of the year, as compared to their counterparts in UP.

		Uttar Pradesh	West Bengal
 Gender	Female	60%	73%
	Male	40%	27%
 Age	Under 35 years old	70%	86%
	Over 35 years old	30%	23%
 Marital status	Unmarried	37%	53%
	Married	63%	47%
 Experience as an EM	Under 2 years	12%	47%
	2-3 years	41%	33%
	Over 3 years	47%	20%
 Educational qualification	High school	18%	60%
	Grad degree	58%	27%
	Post-graduates	24%	13%
 Primary occupation	Eye Mitra	92%	79%
	Private job	0%	7%
	Farming	1%	0%
	Own business	6%	7%
	Unemployed	1%	7%



Experience of EMs during the Eye Mitra training

While community mobilisers are the first line of outreach for marketing purposes, most EMs reported “friends/family” to be their sources of information regarding the EM programme

A significant proportion of EMs revealed how their friends and family were their sources of information about the EM training, an insight that can be used to structure marketing strategies in the future. Additionally, while community mobilisers and advertisements are more likely to convey targeted information, its outreach seemed limited to only 12% of the EMs.

In terms of the training structure, EMs across both the states, found the duration of the training to be an enabling factor. Although the training's duration was found to be an enabling factor, only 20% expressed it as a distinguishing aspect.

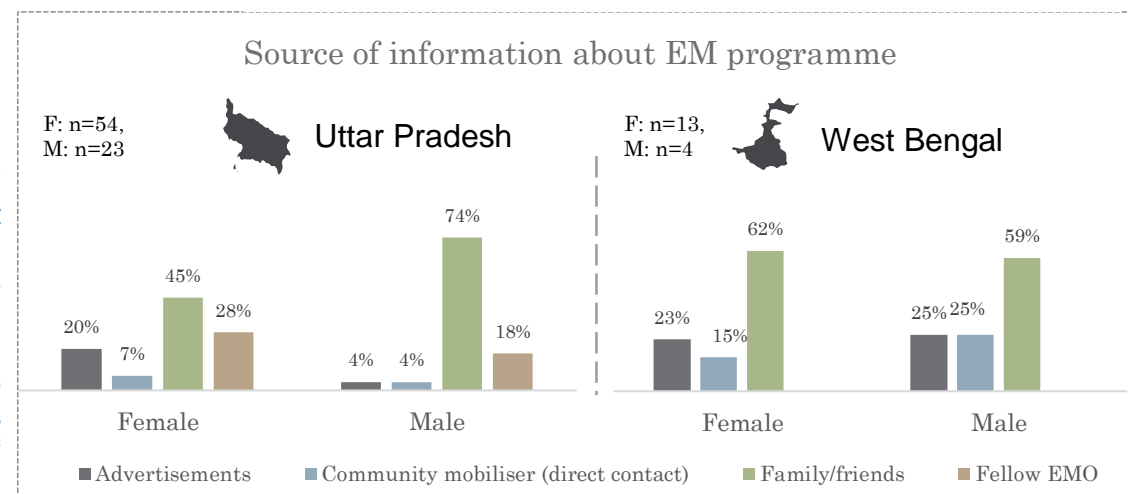
The location of the training centre was an enabling factor for only 7% of the EMs which comprised of 5% of female EMs and 11% male EMs.

The cost of the training was identified as a differentiating factor by over 44% EMs across UP and WB.

Key findings:

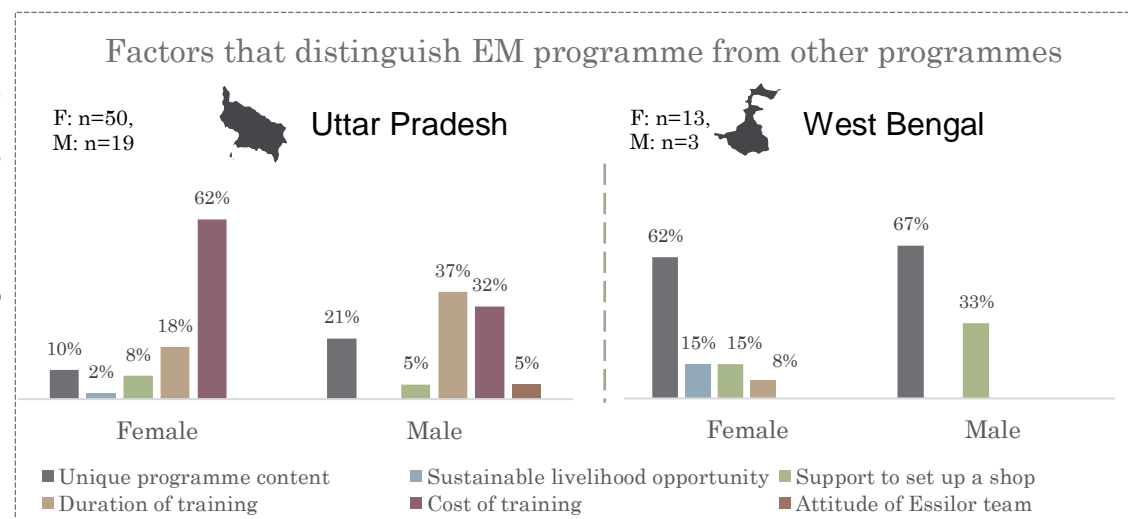
- This trend didn't differ between male and female EMs in WB, however, 74% of male EMs in UP were informed about the training through friends/family, while only 45% of female EMs reported them to be their source.
- In WB, the training's unique programme content was seen to set it apart from other similar training initiatives, with over 63% EMs stating so. In UP, on the other hand, 54% of EMs stated the cost of training was what set it apart from other similar livelihood trainings.

54% of EMs mentioned “family/friends” to be their source of information about the EM programme



83% of EMs across UP and WB found the duration of the training to be an enabling factor for them to attend

20% of EMs across UP and WB on the other hand, found the duration of the training to be a distinguishing factor



A significant proportion of EMs reported lack of practical knowledge in the training, which was also highlighted in multiple qualitative conversations

Key findings:

- Over 84% of EMs in UP and 82% of EMs in WB were satisfied with the training content. When asked about their ease of understanding the content, only 48% of EMs in UP and 47% of those in WB found it to be easy. This discrepancy highlights the barriers that even satisfied EMs feel towards understanding the content.
- In April 2020, only 2% of EMs expressed interest towards more refresher trainings, which rose to 57% by January 2021, highlighting the lockdown-induced demand for refresher trainings.

Nearly half of the EMs finding it easy to understand the training content indicates that it is recommended to look into the means through which this content is being disseminated. This also underlines a need to adapt from similar training programs and borrow certain pedagogical principles to ensure improved learning outcomes among the EMs. For example, using visual cues and contextualizing learnings to the EMs' day-to-day lives can help.

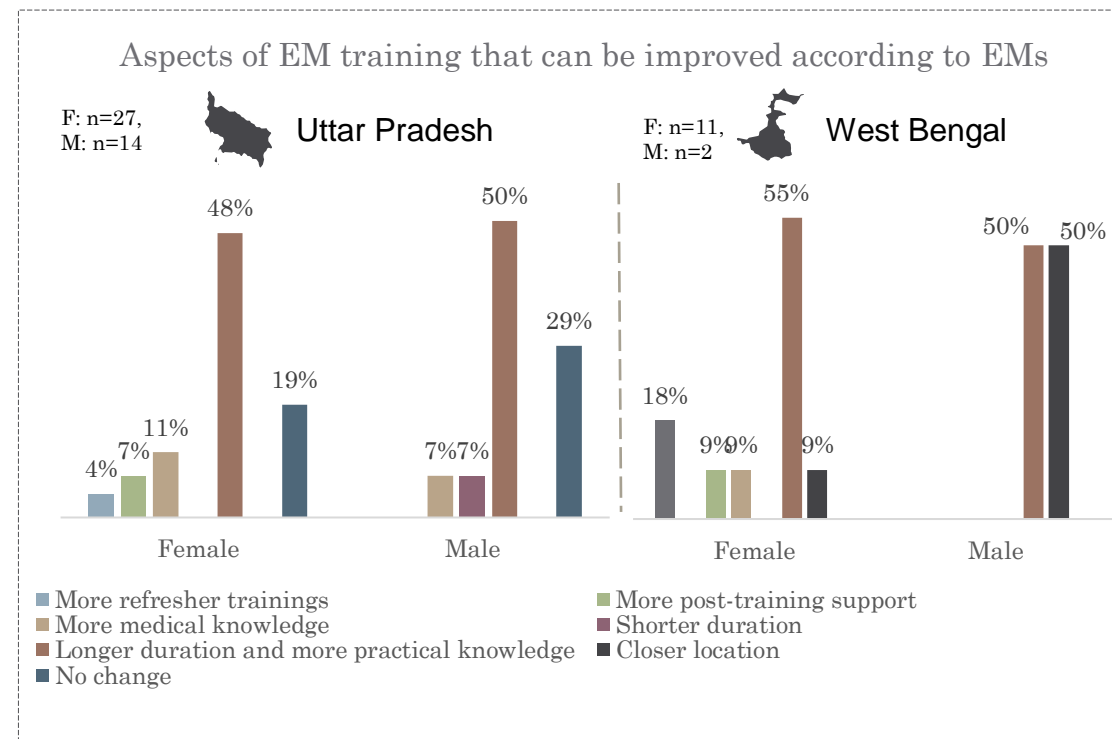
Another reason behind the difficulty to understand content could be the theoretical structuring of the session. Around 50% of EMs across both the states conveyed an interest in longer and more practical sessions. Moreover, impact of practical learning on students' learning outcomes has been well documented and measured.²

A demand for a training location closed to their homes has emerged as a need among EMs in WB. Limiting training to individual locations can reduce enrolment into the programme, especially for female EMs.

50% of EMs across UP and WB found training content easy to understand and follow

95% of EMs were satisfied with the training content,

48% of EMs expressed that the training sessions could be longer and have more practical training



During baseline, monthly meetups with the EM partner team emerged as a norm among EMs, which reduced due to COVID-19 lockdown in UP and WB during midline and endline

Key findings:

- In January 2021, over 58% of EMs requested for refresher trainings to upgrade their skills. This sentiment was expressed strongly by EMs in UP (66%) than those in WB (20%). Additionally, avenues like monetary support and local connectivity were also voiced by EMs.
- 22% of EMs received market linkage support in the form of stock, whereas around 10% received it in the form of a banner, all of whom were from WB. Most EMs in UP received support in the form of stock.

Experience of EMs during the EM training

As part of the programme, after an EM undergoes their EM training, Essilor supports them in setting up their shops. This support involves both material support in the form of the appropriate stock and marketing tools like banners etc. While EMs made active use of this support, the study highlights other gaps that can be investigated for the post-COVID 19 future.

- 55% of EMs across both UP and WB expressed interest in connecting to local sellers or providers. Providing for this support can enable Essilor in improving its market connectivity, while also encouraging peer networks.

- A few EMs conveyed their discomfort in travelling to farther locations to procure Essilor products. However, on probing deeper, it was revealed that most of them chose to travel to farther locations to buy other personal and business goods, in addition to procuring Essilor products to save another trip.

- Marketing support in the form of a banner was highlighted by multiple EMs. In addition to this, providing support through unconventional means of marketing, like social media, can also be an avenue to explore.

- Due to COVID-19 induced disruptions in connectivity, EMs expressed facing troubles in relaying their grievances through the conventional channels. For example, 60% in UP and 73% in WB conveyed receiving no support between October and December 2020.

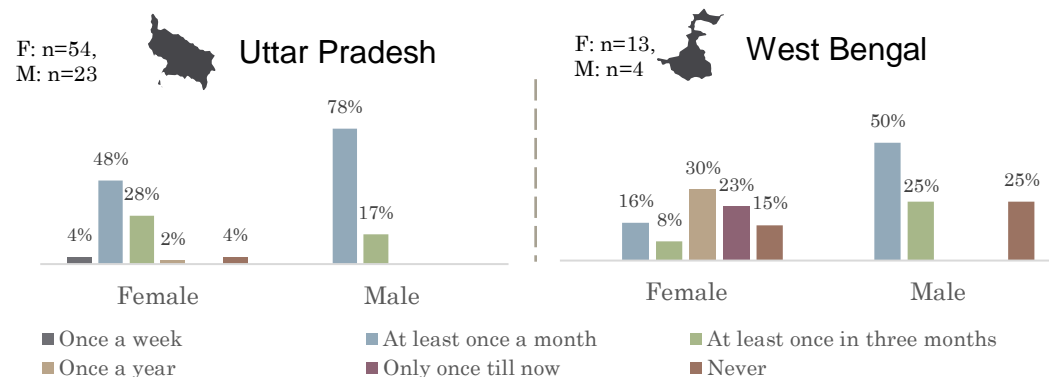
Pre- Training phase

Training phase

Post- Training phase

50% of EMs across UP and WB met up with the EM/ partner team at least once a month, until COVID-19

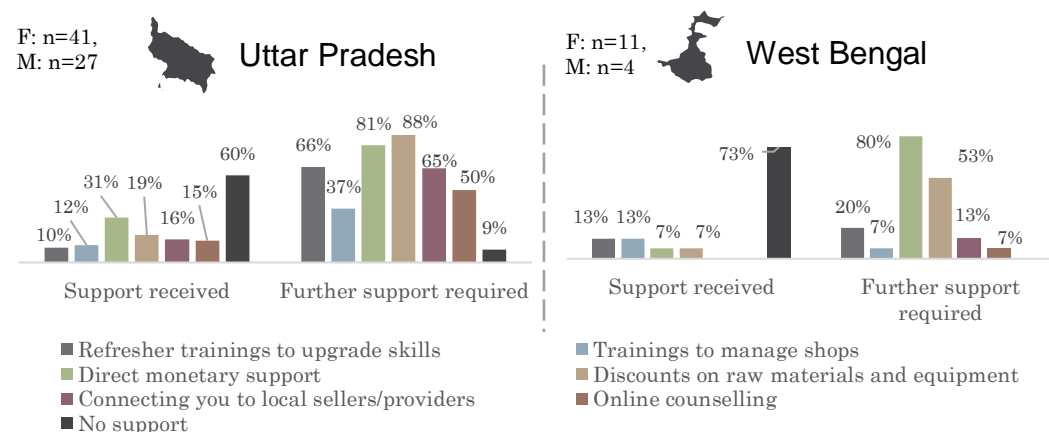
Frequency of meeting EM/ partner team after opening the shop



11% of EMs across UP and WB reported receiving market support in the form of a banner after setting up the shop

80% of EMs across UP and WB expressed requirement for direct monetary support & discounts on products

Support received and further support required from Essilor





Economic Empowerment

Both male and female EMs saw a declining trend in their annual revenue figures due to COVID-19 lockdown induced impact. In UP, however, the EMs have surpassed their pre-lockdown revenue levels

Key findings:

- A consistent trend that was noticed across EMs in both the states, and across all phases of the study, was a clear disparity between revenue generated by male and female EMs from their primary occupation.
- Secondary occupation was more common among married EMs than unmarried EMs in both UP (35% against 20%) and WB (57% against 13%).

In UP, while the lockdown impacted the revenue figures for both male and female EMs, the disparity between the two increased from 14% in baseline to 57% in midline. This could be attributed to the increase in domestic work that the lockdown brought for most women, forcing them to spend more time in their houses and less at paid activities.³

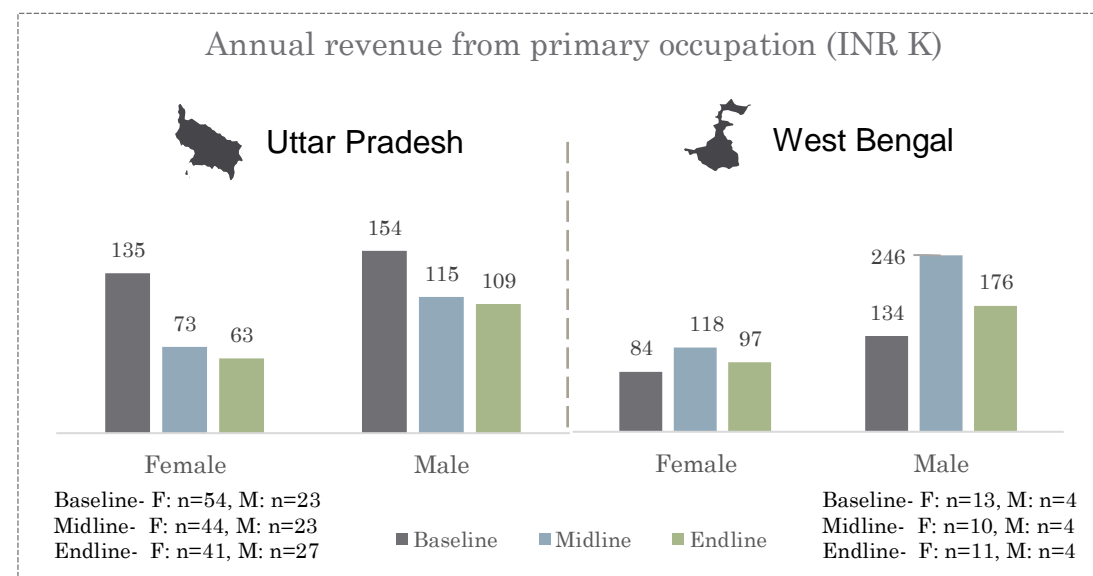
Apart from disparity among revenue generated by male and female EMs, another insightful trend appeared from the data on adoption of secondary occupations. 39% of male EMs reported having a secondary profession, while 25% of female EM said so. Similarly, 38% of married EMs had a secondary occupation against 18% of unmarried EMs.

90%

of EMs across UP & WB are running the EM shops as their primary occupation. 45% are running other businesses & 15% are undertaking farming as their secondary occupation

44%

decrease in female EMs revenue from baseline to endline. This drop can be attributed to COVID-19 induced impact on businesses & an increase in their domestic responsibilities



In UP, male EMs earned **73%** more from their primary occupation than female EMs, a significant increase from the disparity of **14%** noticed during baseline, a trend witnessed in WB as well

Majority of male EMs reported being the primary income earner, however very few attributed the title to their wives. An almost equal proportion of both male and female EMs claimed to be involved in making decisions around smaller expenses of the household

Key findings:

- In UP, the percentage of female EMs owning a savings account rose from 78% in baseline to 95% in endline, depicting a growing level of financial inclusion among female EMs.
- There was a disparity among male and female EMs while making decisions regarding larger expenses, which was unseen in case of smaller expenses.

A common trend that was witnessed across both the states was a growth in the ownership of a savings account among the EMs. This can be attributed to the impact of the lockdown on the adoption of digital banking.⁴

A point of disparity among male and female EMs was their status as primary income earners. 74% of male EMs in UP claimed to be the primary income earners, whereas only 47% of female EMs did so.

While 93% of male EMs were involved in making decisions around larger expenses, only 63% of female EMs were involved in the process. On the other hand, 89% of female EMs and 87% of male EMs were involved in making decisions around smaller expenses. This insight seemed to fit the already established trend that emerges from studies analysing decisions on household expenses by gender.⁵

17%

points increase between baseline to endline among female EMs across UP & WB who reported that they own a savings account, wherein,

95%

of female EMs own a savings account as of January 2021

39%

of female EMs are planning to use their savings to recover from COVID-19 induced losses in their businesses

Reaffirming traditional gender roles in Indian households, a higher proportion of female EMs contribute to decision making around smaller expenses as compared to those involved in decision making around larger expenses

40%

of female EMs across UP & WB claimed themselves to be primary income earners in their households' post becoming an EM, as compared to 67% of male EMs

63%

of female EMs across UP & WB claimed to be involved in decision-making of large expenses, as compared to 93% of male EMs

87%

of female EMs across UP & WB claimed to be involved in decision-making of smaller expenses, as compared to 89% of male EMs

From baseline to midline, the proportion of EMs applying for a loan has increased, before settling during endline

Key findings:

- EMs irrespective of their gender have an equal tendency to apply for loan. From midline to endline, there was a 13% decrease in the tendency to apply for loans among both male and female EMs in UP and WB.
- Of those who took loans, there was an increase of 32% in the proportion of EMs who availed loans from government banks. EMs across UP and WB increasingly avail loans from government banks compared to private banks and informal sources.

The reasons behind availing loans, and their subsequent experience with the procedure among EMs:

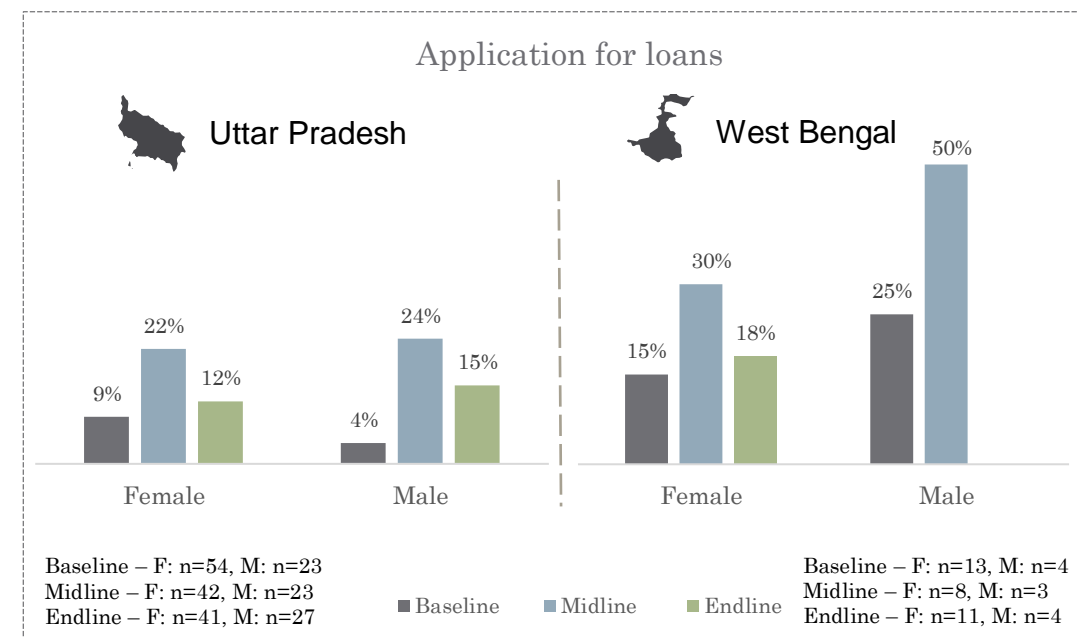
- A majority of EMs were seen to be taking loans to start or expand their income generation activity. While this trend might seem counter-intuitive, given the COVID-19 lockdown's impacts, a potential reason behind this spike could be attributed to the governmental support provided to smaller businesses in the form of low-collateral loans.⁶

- A spike in loans taken for emergency purposes was also witnessed during COVID-19.

- When asked about their experience with the loan procedure, 60% of EMs in WB and 40% of EMs in UP found the procedure to be easy, with only 40% in WB and 27% in UP finding it challenging. This highlights a small, but influential, barrier to taking loans; that can be potentially addressed through incorporating financial literacy among the EMs.

15%

point increase between baseline and midline among female EMs across UP & WB who applied for a loan, before settling at 12% during endline.



Of those who took loans,

57%

of female EMs did so to expand or begin an income generating activity, followed by loans for personal use and emergency use.

38%

of female EMs found the loan process to be challenging, 38% also found it to be too lengthy, while rest found it easy



Social and psychosocial empowerment

EMs in both UP and WB increasingly feel that the community seeks their opinion on important matters more after becoming an EM and, in comparison to baseline

Key findings:

- From baseline to midline, women's participation in community organizations has increased from 13% to 50% across UP and WB.
- Married EMs increasingly have leadership roles in organizations at village / community level.
- EMs with more than 3 years of experience get relatively more attention than the less experienced EMs when it comes to community seeking their opinion.
- During baseline, the community majorly sought the opinion of EMs in the older age groups. However, this trend did not hold true in midline and endline.

In 2020, EMs across UP and WB increasingly took part in organizations like Self-Help Groups (SHGs) and Non-Governmental Organisations (NGOs), religious groups, political parties, etc. Out of which, SHGs and NGOs were more common among EMs.

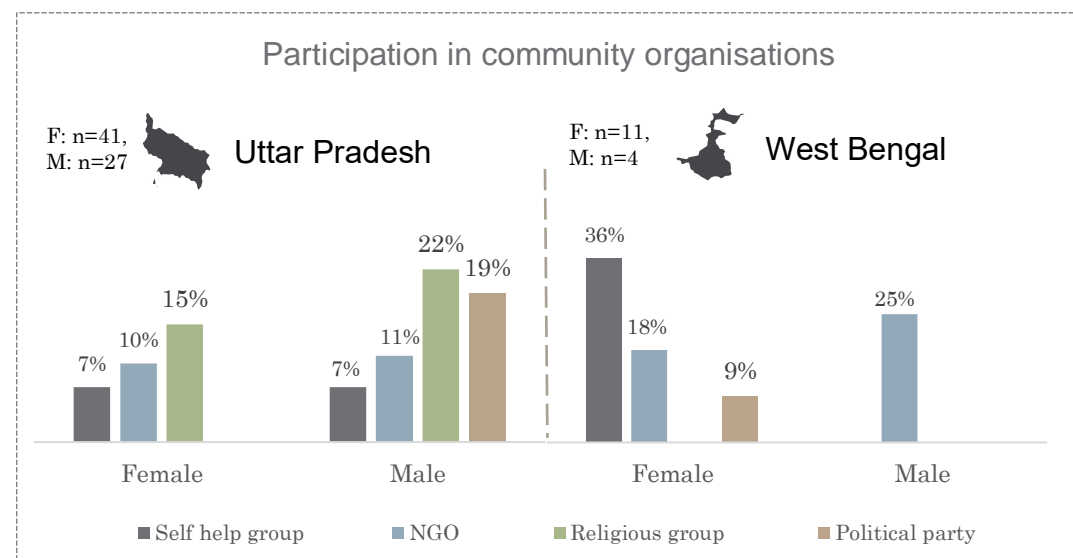
There was a significant rise among female EMs who perceived that other individuals, women specifically, in their communities seek their opinion on important matters such as eye diseases, overall health, well-being, financial & business operations.

Out of all the factors that had an influence on these social indicators, gender, age, duration of experience as an EM were the most influential factors that affected community seeking help from EMs. On the other hand, marital status and education qualification did not have any influence.

27% rise among female EM's participation in community level institutions/ organisations, of which,

60% of female EM's hold leadership roles in these community level organisations. Almost 43% of female EMs in UP and 100% in WB hold leadership roles.

67% of married EMs hold leadership roles. However, EMs across UP and WB irrespective of their marital status equally took part in village level organisations.



45% rise among female EMs from baseline who perceive that other individuals in their communities seek their opinion on important matters as compared to only 28% increase among male EMs

~8

Community members will extend their support to EMs in case of any financial crisis basis EM's perception

The self-confidence and efficacy levels among EMs has increased significantly between baseline and endline

Key findings:

- Overall while UP has seen an increasing trend of EMs' ability to handle all types of work alone and find a way out of difficult situation from baseline, WB has seen a downward trend.
- As factors such as education qualification, age, experience level increases, EMs increasingly feel that they can handle all types of situations at work alone and deal with difficult situations.
- Married EMs increasingly feel that they can handle all kinds of situations at work alone as compared to unmarried EMs.

The psycho-social indicators which were used to measure the self-confidence/efficacy level of EMs include EMs' ability to handle all types of situations at work alone, their ability to deal with difficult situations and find ways to deal them, and comfort with self.

From baseline to endline, it was observed that these indicators were increasingly affected by factors such as marital status, location, education qualification, age, and experience level of EMs. Gender and asset ownership did not have an influence on these psychosocial indicators.

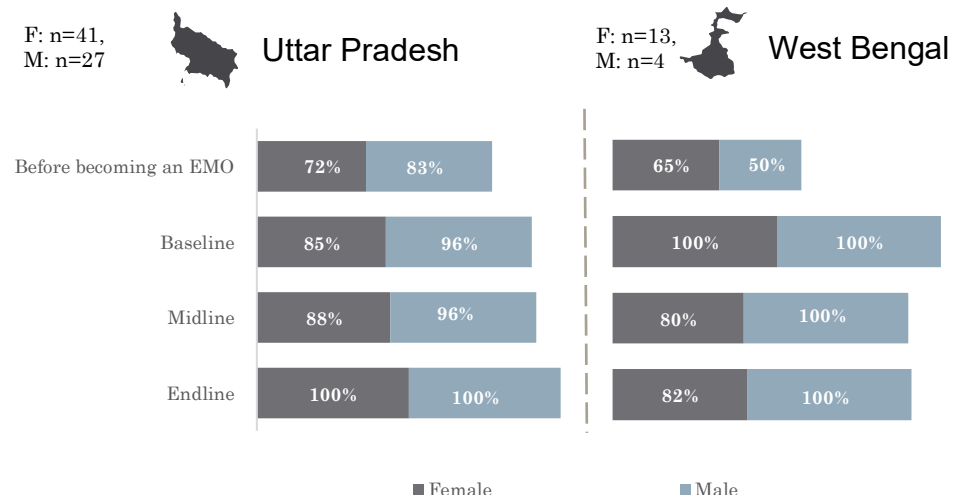
Further, about 25% EMs felt the need to share extra comments regarding their self-confidence & efficacy. Out of which few felt more confident as they are now taking constant efforts to help other women in the society, while few others mentioned that they are scared when they are alone and that they need guidance or support to help them run their shops.

96% of female EMs feel that they can find their way out of difficult situations in work and there was an 8% increase in this percentage from the baseline

20% rise from baseline among female EMs in UP who said that they are equipped enough to handle all types of situations alone at work. However, in WB, there was a 37% decrease

46% of female EMs across UP and WB felt comfortable alone, which is a marked decrease from baseline, i.e., by 36%. This could be attributed to COVID-19's implications on business and personal lives

Ability to deal with difficult situations and find ways to deal them



The impact of marriage on business operations among EMs has significantly reduced in 2021 due to increased support extended to EMs by their spouses and other family members

Key findings:

- Almost all female EMs across UP and WB reported an increase in family responsibilities during COVID-19 lockdown as compared to 80% of male EMs.
- EMs across UP and WB have increasingly adopted family planning methods post becoming an EM.
- Marked rise among female EMs who feel that their revenue can support their family size.

During baseline, EMs had increasingly expressed that marriage responsibilities impacted their ability to navigate business operations due to lack of support from spouse/family and increased family responsibilities. However, during endline this percentage of EMs has dropped significantly, which can be attributed to the fact that the EMs are now getting more support from their spouses and other family members.

Regarding decisions around family planning and EMs role in the same, it was observed that female EMs' participation in various household decisions has significantly increased over the previous year. However, they increasingly feel that their incomes are not able influence major household decisions such as family size.

Gender, educational qualification and primary occupation were found to have an influence on the EMs perception that their income's able to support current family size. Respondents with EM as their primary occupation tend to be more involved in family planning than other respondents.

66% decline among female EMs since baseline who said that marriage had an impact on their business. However, 100% of the female EMs reported increase in family responsibilities in light of COVID-19 as compared to 13% of male EMs

50% EMs receive support from spouse and other family members for navigating business operations

48% increase in EMs who include their spouse in decisions around family size

23% increase among female EMs from baseline who feel that their income is able to support their family size

5% decline among female EMs from baseline across UP and WB who felt that pregnancy/ parenthood had an impact on business operations



Access, Awareness, and Agency

24 percentage point increase among EMs who use their cell phones for making payments/net banking. During COVID-19, it was also noticed that EMs were increasingly undertaking telephonic conversations with their customers for diagnosis, product orders and deliveries.

Key findings:

- 44% of EMs saw an increase in their cell phone usage during COVID-19
- Younger EMs experienced more increase in their cell phone usage during COVID-19 lockdown
- An EM's gender and age was seen to influence the difficulties faced by them in attaining higher education quite extensively

Almost all the EMs own a cell phone, irrespective of their gender and location. While 56% of EMs had used cell phones (both personal and business) for messaging during baseline, 71% of them did so in midline. Similarly, the proportion of EMs who use their cell phones for making payments/net banking grew from 3% in baseline to 27% in midline.

Both gender and age had an impact on the effect of COVID-19 on an EM's cell phone usage. Over 51% of male EMs claimed an increase in cell phone usage, as compared to around 40% of female EMs.

Over 54% of EMs said that while it was important for them to get higher education, 68% felt it would be difficult to pursue the same. The proportion of EMs, both male and female, who think it is important for their spouse to get higher education was low.

60% of female EMs in UP found it important for their daughters to have higher education, and the number was almost the same for those who found it important for their sons

68% of female EMs said that it would be difficult for them to attain higher education, despite them wanting to. Most of them cited monetary issues as a primary concern, while older EMs also highlighted age stereotypes & familial responsibilities as barriers

50% of female EMs saw an increase in their cell phone usage during COVID-19; reasons for which included online studying, interacting more frequently with friends and relatives, and executing digital payments

24% point increase among EMs who use their cell phones for making payments/net banking. During COVID-19, it was also noticed that EMs were increasingly undertaking telephonic conversations with their customers for diagnosis, product orders and deliveries.

“ My reliance on digital payments increased heavily due to limited in-person interactions during COVID-19 lockdown ”

- Varsha Rani, Eye Mitra, Darjeeling, West Bengal

EMs increasingly noticed a change in eye-health seeking behavior among their relatives/ friends due to the constant efforts made by EMs to influence them

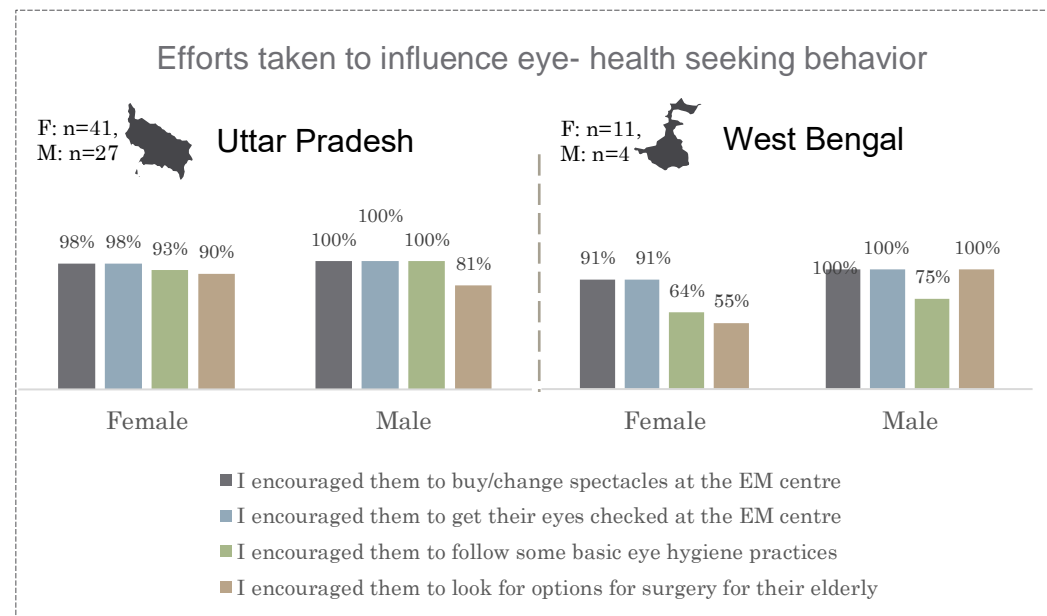
Key findings:

- It was observed that most of the EMs conducted camps and offline meetings to raise awareness among people in their community regarding eye health care.
- Since these initiatives were slowed during the lockdown, they had to change their modalities to continue their outreach activities. They increasingly leveraged social media platforms such as WhatsApp to influence community's behavior.

The eye-health seeking is observed to be influenced by EM's experience levels and education qualification. The percentage of EMs who encouraged their relatives/friends to buy/change spectacles and follow eye hygiene practices increases with respect to their experience levels. EMs with higher education qualification increasingly took efforts to influence eye health seeking behavior.

An EM's location, gender and age were seen to influence their decision to visit a healthcare provider the most. As far as the choice of the healthcare provider is concerned, 60% of respondents relied on private doctors for diagnosis, whereas around 27% also relied on Homeopathic practitioners for diagnosis. While 75% of male EMs went to private facilities; the number was only 54% for female EMs.

90% of EMs across UP and WB encouraged their relatives/friends to buy/change spectacles and get their eyes checked at the EM shop



50% of female EMs noticed a change in eye-health seeking behavior among their relatives/friends. On the other hand, only 35% of male EMs claimed this

88% of EMs who got diagnosed went to see a healthcare provider. This consisted of 92% of female and 80% of male EMs



COVID-19's impact on financial, physical and mental health

COVID-19 lockdown has adversely impacted the revenue and savings of EMs across UP and WB

Key findings:

- Over 65% of EMs in UP and 87% in WB reported a drop in their monthly revenue between February 2020 and December 2020.
- In UP, female EMs earned 4.1K in December, around 3.4K short of their average revenue before the lockdown. A similar trend was also witnessed among male EMs in UP and both male and female EMs in WB.
- In terms of monthly revenues from the EM shops in December 2020, male EMs lead female EMs by 122% in UP and 117% in WB.

According to the Centre for Monitoring Indian Economy (CMIE), the unemployment rate in Uttar Pradesh was seen to spike from 10.1% in March 2020 to 21.5% in April 2020 during lockdown.⁷ Similarly, the unemployment rate in West Bengal shot up from 6.9% in March 2020 to 17.4% in April 2020.⁸ This lack of job security has created an environment of decreasing revenues and savings at a household level, which was reflected in this research as well with respect to EMs' households.

65% of EMs in UP witnessed a dip in their revenue figures and 82% witnessed a decrease in their savings. Similarly, 87% and 100% of EMs in WB saw a drop in their revenue and their savings, respectively. This trend was consistently worse among female EMs, which can be explained through an increase in their household workload.

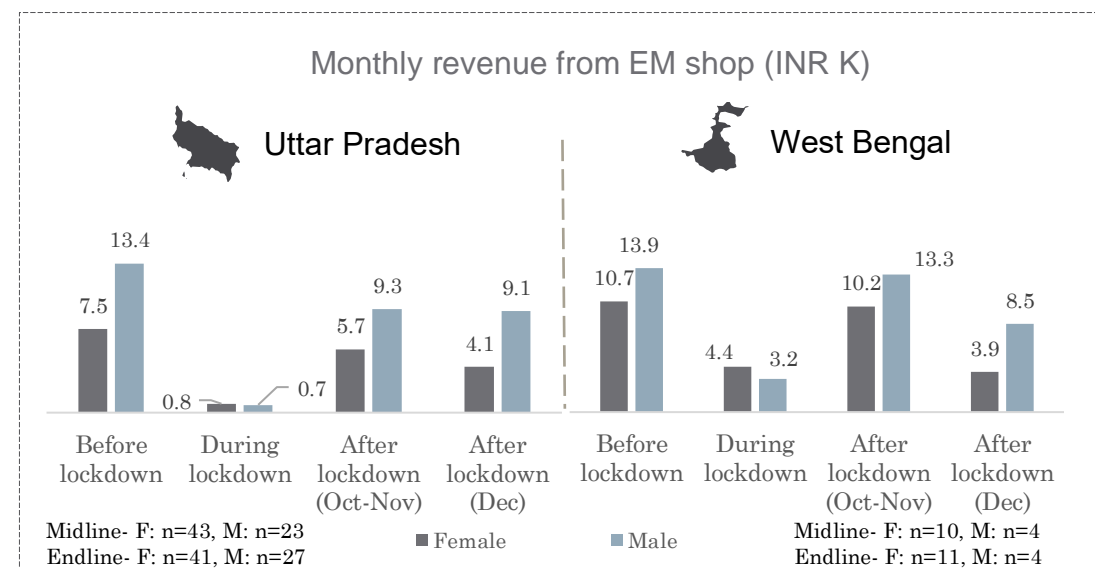
Although EMs were seen to be earning more in December 2020 than in Oct 2020, the figures still trailed their pre-lockdown levels significantly. Only 22% of EMs in UP and 7% of those in WB reported making a profit in December.

50% drop in revenues of female EMs from EM business between February and December 2020, while for male EMs the drop was 33%. This can be strongly attributed to the COVID-19 induced impact on their businesses coupled with an increase in domestic responsibilities

86% of EMs witnessed a drop in their savings between February and December 2020

~6.5K INR average loss among EMs across UP and WB. Female EMs incurred more loss than male EMs. In UP, 52% of EMs suffered a loss in December against 25% who said that they broke even. In WB, 80% of EMs claimed facing a loss in the month of December

88% of EMs predict an improvement in their business. Despite slight growth since lockdown, revenue levels in both the states have not recovered entirely



While COVID-19's impact on the EMs' physical health was not as significant, it had an adverse impact on their mental health

Key findings:

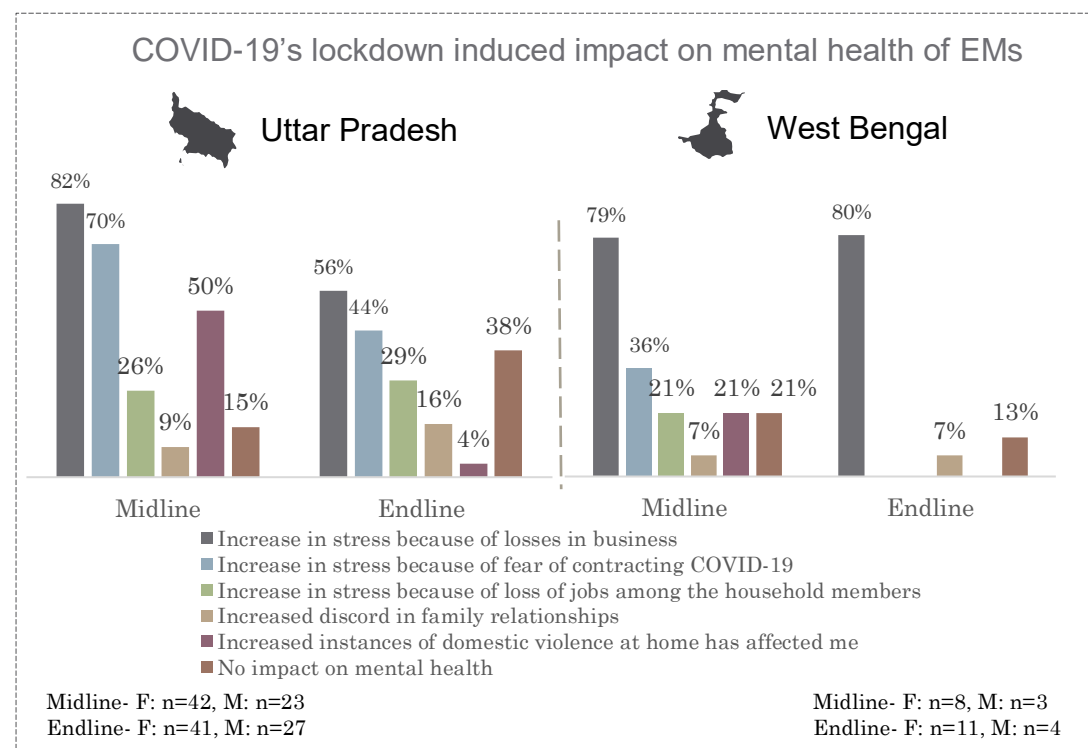
- 81% of male EMs suffered mental stress because of a loss in business, the highest across all the possible reasons. Only 13% of them claimed not suffering any mental issues due to COVID-19, against 46% of female EMs who did so.
- 82% of EMs in UP and 87% of EMs in WB reported facing no physical impact of COVID-19. However, 19% of male EMs in UP complained about not being able to go out for exercising, a concern that was also registered by 9% of female EMs in WB.

Along with the impact on the EMs' financial health, the endline survey also gauged the impact of the pandemic, and its associated lockdown, on their health. Ever since the pandemic-induced lockdown was put into place, academic research highlighting the psychological influence of COVID-19 has brought issues like anxiety, stress, depression, and fear into the forefront.⁹

Considering this finding, when the EMs were asked about the impact of COVID-19 on their mental health, over 56% of EMs in UP and 80% of them in WB reported an increase in stress because of loss in business. Similarly, 36% of EMs across both the states also reported an increase in stress due to the fear of contracting the virus.

During midline, while only 16% of EMs had claimed that COVID-19 had no impact on their mental health, this number increased to 34% in endline, suggesting an improving situation in terms of the pandemic's impact on their mental health.

66% of the EMs felt the impact of COVID-19 lockdown on their mental health. The top three reasons were: increase in stress because of losses in business; increase in stress because of fear of contracting COVID-19; and increase in stress because of loss of jobs among the household members



17% of EMs across UP and WB felt the impact of COVID-19 on their physical health as they could not go out, perform outdoor exercises and were unable to get necessary medication

While the pandemic-induced lockdown caused a huge dip in the sale of sunglasses for over 90% of EMs, it was seen to improve the sale of BLU-cut lens marginally, owing to consumers' increased screen time

Key findings:

- In 2020, 21% of EMs in UP witnessed a spike in the sale of sunglasses between April and June, whereas 40% of EMs in WB did so between January and March.
- EMs with less than two years of experience are strong sellers of Ophthalmic-OT and Ready2Clip frames with 88% of them selling either of the products. Only 38% and 25% of them sell OPH-normal and readymade frames, respectively.
- Readymade frames seem to be more popular among customers & EMs in WB (40%) than in UP (9%).

Impact of COVID-19 lockdown

On financial health

On physical and mental health

On sales of product portfolio

While the previous sections cover the impact of the 2.5 NVG program on an EM's financial, social, and psychosocial status, this section analyses the performance of Essilor's product portfolio among EMs during COVID-19.

The sale of sunglasses was witnessed to be negatively impacted by the COVID-19 induced lockdown. This can be attributed to people's lowered ability of traveling during summers, which is a strong motivator to buy sunglasses. Conversely, the lockdown also forced an increase in screen time, especially among students and professionals working from home. As a result, protective glasses, especially the BLU-cut lens category, saw a spike in its sale, which has been corroborated by secondary research as well.¹⁰

As far as the sale of Essilor's frames is concerned, a consistent trend was not observed across the states or the products. This disparity can be explained through the varying buying habits of customers in both the states & their financial prioritisation of eye-care.

90% of EMs across UP and WB witnessed a decrease in the sale of sunglasses due to COVID-19 lockdown that limited outside exposure

30% of EMs across UP and WB reported an increase in sale of BLU-cut lenses, which can be attributed to an increase in the customers' screen time under COVID-19

The most popular frames among the EMs are Ready2clip and Ophthalmic-OT frames. While Readymade and Ophthalmic-normal seem to be the least popular of all in UP, the EMs mentioned a growing demand for them among the consumers

88%

EMs in UP sell Ophthalmic-OT frames

80%

EMs in WB sell Ophthalmic-normal frames

43%

EMs in UP find Ophthalmic-OT frames to be popular

60%

EMs in WB find Ready2Clip frames to be popular



EMs familiarity with ClickCheck tool and CE certification principles

Awareness of both, the ClickCheck tool, and the principles of CE certification, was extremely low across both UP and WB

Key findings:

Like gender, an EM's experience of running the EM shop also impacted their awareness levels, but a clear trend was not observed. While 63% of EMs with over three years of experience were aware of the ClickCheck tool, only 33% of EMs with 2-3 years of experience, and 40% of EMs with less than 2 years of experience knew about it. A similar trend was noticed in the awareness levels of the CE principles as well.

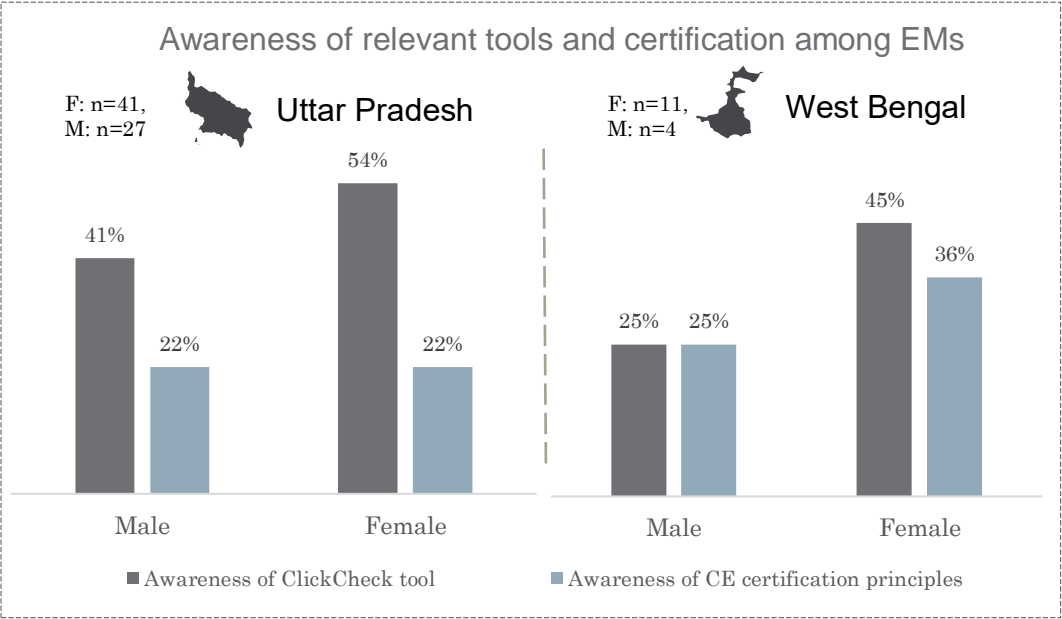
Female EMs across both the states were found to be more aware of the ClickCheck tool and the CE certification principles than male EMs. The low awareness of the CE certification principles among the EMs can be explained through the lack of any refresher trainings during lockdown

The EMs were also inquired on their knowledge of certain Essilor tools and construction principles. While this analysis was done only during the endline phase of the study, the findings are relevant in measuring how aware the EMs are about different instruments through trainings given by Essilor.

Only around half of all the EMs knew about the ClickCheck tool and only a quarter of them knew about the CE certification principles. Based on Sattva's qualitative conversations with EMs, it can be deduced that the decreased frequency of refresher trainings in late 2020 due to COVID-19 restrictions was a potential reason for this reduced awareness.

Additionally, even among EMs who were aware of the principles of CE certification, only 25% recall their descriptions without any support from the interviewer. This low level of knowledge can again be attributed to an absence of frequent refresher trainings, leading to a lack of reduced revision.

52% of female EMs are aware of ClickCheck tool, in comparison to 39% of male EMs



24% of EMs across UP and WB are aware of the CE certification principles, of which

40% could not recall the principles when asked to do so

35% could recall the principles when provided with probes during the interview



Insights from customers & non-customers



Insights from customers and non-customers

38% of EMs' customers get their eyes checked once a year compared to 13% of non-customers

Key findings:

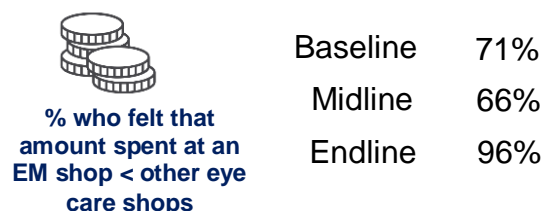
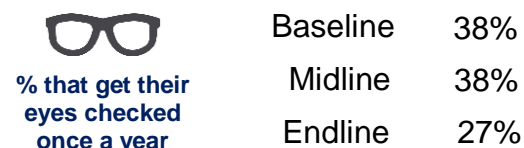
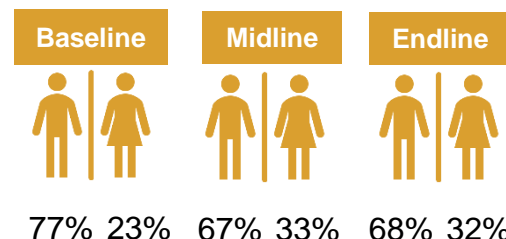
- While only 25% of non-customers were aware of EM shops during baseline, the number grew up to 31% during midline and over 67% during endline, highlighting the growing popularity of the EM shops.
- On average, in UP, respondents claimed having around 4 optical shops in their wards, against only around 2 optical shops per ward in WB.

Over 71% of respondents to the customer and non-customer survey were men. This can be attributed to the inhibition on the EMs' part to share contact details of their female acquaintances.

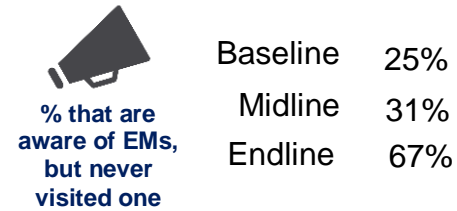
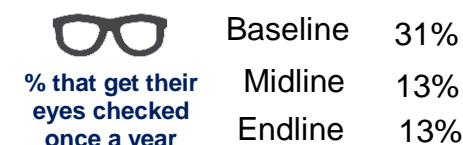
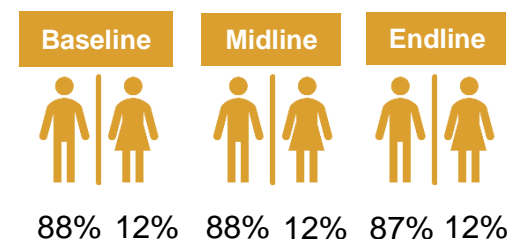
Over 50% of customers across both the states claimed to be satisfied with the EM services, which is an encouraging trend, especially in an immediate post-COVID world.

Across all phases, the customers were also enquired about the impact of interacting with a female EM on their own attitudes and opinions. Over 71% of customers in WB and 94% in UP realised the need for women to be self-independent and over 75% of customers across both UP and WB claimed to be convinced of women's abilities to support their families.

Customers



Non-customers



95% of female and 94% of male customers across both UP and WB found running an EM shop to be a good job opportunity for women

86% of female customers and 82% of male customers claimed to have undergone a change in their attitude after interacting with female EMs



Recommendations

The research study conducted by Sattva documented an overall positive impact on the female EMs by the EM programme, however, the study has identified a few challenges that the EMs face throughout the journey, which has been captured through a dual approach of qualitative and quantitative interviews. This section captures these challenges from the ground and brings out the recommendations for 2.5 NVG team, which when adopted, would enable an inclusive and focussed process to enable female EMs further in the EM programme. Sattva has mapped the challenges faced by EMs in pre-training, training and post-training phases of the EM programme and for each of these phases, actionable recommendations have been provided.

The broad theme of the recommendations is to make the training more accessible and more practical-focused for the EMs. Additionally, the recommendations also provide measures on revamping the outreach processes, training content and post-training support to improve the EMs' learning outcomes, which will further improve the trainees' retention of the content over time, thus contributing to their business outcomes as well.



Improving outreach on social media platforms as a marketing channel to attract rural youth

Marketing strategies that involve pamphlet or billboard advertising are already quite established in their popularity. Additionally, since the target crowd for the EM programme are unemployed rural youth, using social media platforms that are more popular in rural areas, like Facebook, and WhatsApp, will provide for a better success rate.¹¹ Additionally, platforms like Mobile Vaani, which cater to rural youth, specifically, can also provide for essential advertising grounds.¹² Moreover, Essilor can also consider improving its current social media strategy by making it more concise and appealing to its target groups, to have a more impactful outcome to its outreach process.



Uniformisation and clarification of the marketing pitch of EM programme among community mobilisers

Advertising the EM programme through community mobilisers is a key aspect for attracting potential candidates. A significant portion of trainees conveyed that after their communication with the mobilisers, they perceived EMs to be doctors and not optometrists before joining the training programme. Additionally, because their customers also perceive EMs to be doctors, they are frequently asked for medicines and cures. Failing to receive them, the customers leave the shops disheartened, choosing to go to a different eye care shop the next time. Consequently, rephrasing the marketing pitch to make it clearer and more explicit would help bring in EMs who are more aligned with the training's actual processes.



Establishing incentivised referral structures for EMs

A majority of EMs claimed that their exposure to the EM programme came from their friends and family, which was also highlighted through conversations with mobilisers. As a result, creating referral structures, where experienced and reliable EMs are provided with benefits in the form of subsidies, discounts, monetary support, etc. for referring a friend/ family member, can help Essilor get a wider pool of like-minded people. The skewed ratio of female to male candidates towards the latter suggests that the current outreach methods tend to bring in more men than women. In such a scenario, the first barrier towards improving the proportion of female EMs is to expand the programme's contact with them. Therefore, it is necessary to design specific outreach methods to bring more female EMs into the programme's fold. This can be done through creating referral benefits for EMs that suggest female candidates, or by collaborating with local groups like SHGs, women-friendly NGOs, etc., to ensure a higher acceptance rate among female candidates.



Establish uniform training structures and mechanisms basis expected learning outcomes and trainee feedback

- **Duration of classroom training and handholding support:** The initial structure of the training involved a period of 6 months of classroom support, followed by 6 months of handholding. This was shifted to a model that provided 2 months of classroom training and 10 months of handholding support to introduce an entrepreneurial spirit among the EMs. While most EMs in UP seemed to be okay with the shift, in WB, a significant proportion of EMs expressed their apprehensions regarding the new model & efficacy of the same since the training duration was shorter. As a result, conducting a more elaborate feedback session with the EMs would help Essilor understand the ways in which the training sessions can be made more accessible.
- **Regular refresher trainings:** In conversations with the EMs, the study found that very few of them were aware of aspects like the principles of CE certification or the ClickCheck tool. This can be improved by conducting more frequent refresher trainings throughout the year to ensure continuous retention and revision by the EMs. Alternatively, providing EMs with post-training reading material, either audio-visual or textual, can also contribute towards a more regular engagement with the learning content, thus reducing their dependency on refresher trainings.
- **Location of training:** Another concern that the EMs conveyed was their inability to travel to farther locations to attend the training. This distance to location further amplifies the hinderances that female EMs face for attending the training, vis-a-vis the risks of traveling, household responsibilities, freedom of mobility, etc. As a result, optimising the location of the training centre based on its distance from a majority of EMs can be looked at as a potential situation. Alternatively, conducting training sessions at multiple locations can also be considered as a possible approach.



Revamping the training content in-line with market and trainee needs

- **Need for extensive practical training:** A majority of EMs felt that the training sessions were majorly theoretical and transitioning to a more hands-on training process might improve their knowledge and skills before confidently setting up EM shops.
- **Need for training curriculum that is easy to understand:** A significant proportion of EMs found the training content to be either “difficult” or “neither difficult, nor easy.” This can be changed by making the content simpler to understand; either through visual cues or through a more context-based learning curriculum.
- **Need for online resources for continuous upskilling:** EMs expressed a need for remote learning courses that they can access at any time, either using a purpose-driven app, an online platform or by utilising WhatsApp as a dissemination medium among the EMs. Additionally, creating video-based training content in both Hindi and Bengali can also help improve the learning outcomes of the EMs.
- **Providing financial knowledge along with technical knowledge:** Over 75% of EMs are either high school pass outs or graduates and over 50% of them are under the age of 30. This lends them only a restricted view to the idea of financial control. Therefore, along with providing them with theoretical and practical knowledge on the tools and products, the EMs should also be trained on certain financial aspects of running a shop. This can include some basic principles like managing their savings, calculating breakeven durations, ways of curbing costs, etc.



Revamping the existing feedback and grievance redressal mechanism

While training sessions are an essential feature of Essilor's interaction with EMs, the reliability of the existing grievance redressal mechanism can be improved for both personal and business-related issues, boosting the EMs' confidence in running their businesses. This can be done either through more direct interventions by Essilor, or through working with a network of NGOs that work in similar domains. This support mechanism can also be built into the aforementioned app or WhatsApp. More regular governance rhythms can be set up either through the NVG team or through the partner organisations. A quarterly review of a cluster's EMs to understand their business progress, hurdles faced by them, their requirements in terms of learning and development, can help Essilor understand the on-ground limitations.



Designing a common engagement platform for EMs across India

The analysis revealed that a majority of EMs also appreciated the idea of connecting to other EMs in other districts and states. Setting up a common engagement platform offline/ online can help EMs learn the best practices and challenges from each other and can also provide them with an opportunity to build state-level connections.



Providing a more progressive supply policy for EMs

A majority of EMs in the study expressed a growing interest in Essilor products, in comparison to other suppliers in the market, if they received more discounts from the former. A performance-based subsidy policy can be designed for EMs, where parameters like revenue per customer or growth in revenue can be used to measure their eligibility to discounts or rebates. For example, incentivising EMs through these rebates can improve both their individual growth, as well as contribute to the programme's overall performance. This policy can also be structured to include only female EMs, thus contributing to their empowerment as well.

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Essilor International is the world's leading ophthalmic optics company. Considering good vision to be a fundamental human right, it has a mission to improve lives by improving sight. For 170 years, the Essilor Group has put its service towards correcting and protecting the visual health of everyone, everywhere by designing, manufacturing and marketing a wide range of solutions including lenses for consumers as well as equipment, instruments and services for eyecare professionals. In a commitment to continuously bring new, more effective products to market, Essilor allocates more than €200 million to research and innovation every year. Its flagship brands include Varilux®, Crizal®, Transitions®, Eyezen™, Xperio®, Foster Grant®, and Bolon™.

Today uncorrected poor vision is a public health crisis, with 1 in 3 people not being able to see the world clearly, needlessly suffering when simple solutions exist. 90% of them live in developing economies at the base of the pyramid where they lack access to vision care or are unaware they have poor vision. That's why in 2013, Essilor set itself the global ambition to eliminate uncorrected poor vision from the world by 2050. It focuses on four areas of action in the fight against uncorrected poor vision - creating sustainable access points; innovation to create affordable products, screening tools and service delivery models; philanthropy to help those most in need as well as raising awareness for vision care. These areas of actions are delivered by its social impact division made up of its inclusive business team, base-of-pyramid innovation lab, philanthropy organizations & awareness platforms.

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Sattva is a social impact strategy consulting, research and advisory firm. Sattva works closely at the intersection of business and impact, with multiple stakeholders including non-profits, social enterprises, corporations and the social investing ecosystem. Sattva works on the ground in India, Africa and South Asia and engages with leading organisations across the globe through services in strategic advisory, realising operational outcomes, CSR, knowledge, assessments, and co-creation of sustainable models. Sattva works to realise inclusive development goals across themes in emerging markets including education, skill development and livelihoods, healthcare and sanitation, digital and financial inclusion, environment, among others.

Sattva Research brings together sectoral expertise and perspectives from the ground to drive insight to action. Through research publications and ecosystem engagement across sectors, Sattva Research co-creates strategies and partnerships to galvanise impact and create benchmarks, frameworks and toolkits to influence effective decision-making in the ecosystem. Sattva's research team brings extensive experience of conducting rigorous research studies, and developing actionable insights that help in informed decision-making and action for funders, sector practitioners and social impact leadership. Sattva has offices in Bangalore, Mumbai and Delhi.

Website: <https://www.sattva.co.in/>
Email ID: knowledge@sattva.co.in
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