



Learning for the New Normal: VisionSpring Guidelines for COVID-19 Safe Community Vision Outreach Programs

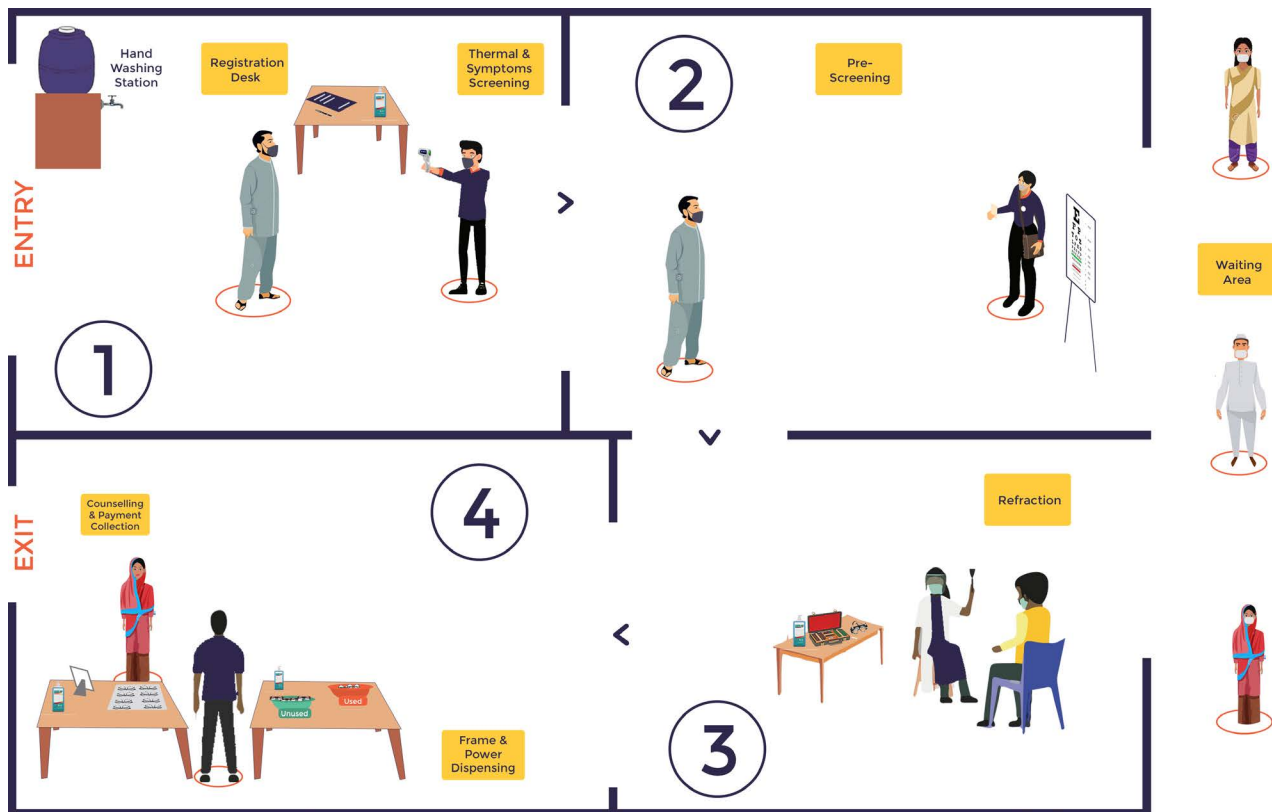
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COVID-Safe Outreach Setup and Customer Journey



Acknowledgments

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Project Leadership: Jodi Nelson, Anamika Satpathy, Asitima Bhadra

Introduction

For the more than 10% of the world's population that live in poverty, access to regular vision screening and affordable eyeglasses provide a proven intervention to increase income. Despite eyeglasses being a powerful tool for social and economic development, vision screening and glasses provision is not included in the services typically prioritized by governments or by global aid and development organizations.

VisionSpring began its work to change this reality in South Asia in 2006. By 2019, teams in Bangladesh and India were partnering with garment factories, tea estates, transport authorities, eye hospitals, artisan collectives and local government agencies to enable 1.2 million people a year to see clearly through eyeglasses. In early 2020, the social enterprise was looking forward to increased scale in South Asia, peak volume sales of glasses and expansion in five new markets in Sub-Saharan Africa.

The dramatic spread of the new coronavirus brought these aspirations to a standstill in March 2020. The organization shifted gears quickly. From March to May 2020, VisionSpring created a global supply chain that would provide Personal Protective Equipment for 125 hospitals, eyecare centers and front-line community health organizations in seven countries just four months later. Teams distributed food and safety kits to truck drivers and associated workers in India's main transit hubs. Before they went anywhere, VisionSpring teams were given the supplies and training to keep themselves, their families and their customers safe. At the end of May and as India began to re-open in early June, 160 VisionSpring team members implemented

a Safe Re-Opening Campaign, going door-to-door to distribute kits to 100,000 people containing cloth masks, soap, detergent and educational leaflets, coupled with prevention counseling.

In Summer 2020, VisionSpring's leadership team set its sights on returning to vision screening. The key challenge facing the organization was how to do so while also keeping its teams and customers safe from infection. Although guidelines for safe eyecare were being developed by professional associations in India, they focused on clinics or eye hospitals – both very controlled environments compared to the outreach programs VisionSpring runs in informal settlements and low-income rural communities.

VisionSpring's model presented unique risks. For example, no matter how well informed its teams were about infection prevention, the fact that its customer had less exposure to information and were likely to be experiencing fear presented a new operating reality. Because VisionSpring's approach is mobile, leadership had to adapt to changing and varied government guidelines about inter-state travel. The spread of disease across the country required that VisionSpring develop new safety policies, staff training and capacity to plan for and mitigate risk.

This brief report summarizes VisionSpring's journey to develop a new COVID-safe protocol to operate in this context. It is written to share with partners our ongoing learning about how best to meet people's needs during the current pandemic in India, with potential applicability to other settings.

The Rationale

The first case of the new coronavirus in India was identified on 30 January 2020. Two months later on March 24, India's prime minister Modi ordered all 1.3 billion people in the country to stay inside their homes. The nationwide lockdown was described as "the biggest and most severe action undertaken anywhere to stop the spread of the coronavirus."¹

The lasting nature of the pandemic motivated a frequent internal conversation about when and how VisionSpring could return to its core business. In May 2020, two national expert societies – the All India Ophthalmological Society and a collaboration comprised of Indian optometry institutions – developed guidelines to inform practitioners on the safe delivery of eyecare services. Both sets of national guidelines were developed for eyecare stores, clinics and hospitals. VisionSpring's target audience is the rural poor; its approach is to mobilize communities to attend local vision outreach programs where they can get regular screenings and purchase affordable eyeglasses. The new protocols were a helpful starting point, but insufficient for these community contexts, where access to water, crowd management and overall hygiene present new risks to consider. VisionSpring needed to adapt the new, evolving standards of eyecare if it was going to get back to vision safely.

VisionSpring leadership created a small innovation team to define, test and pilot new COVID-safe vision screening protocols fit for this context. The following sections describe the process they used; the outputs and lessons they generated; and the questions that guide the ongoing adaptation of VisionSpring's efforts to keep both staff and customers safe from infection.



1. Gettleman, J., & Schultz, K. (2020, March 24). Modi Orders 3-Week Total Lockdown for All 1.3 Billion Indians. Retrieved October 07, 2020, from <https://www.nytimes.com/2020/03/24/world/asia/india-coronavirus-lockdown.html>

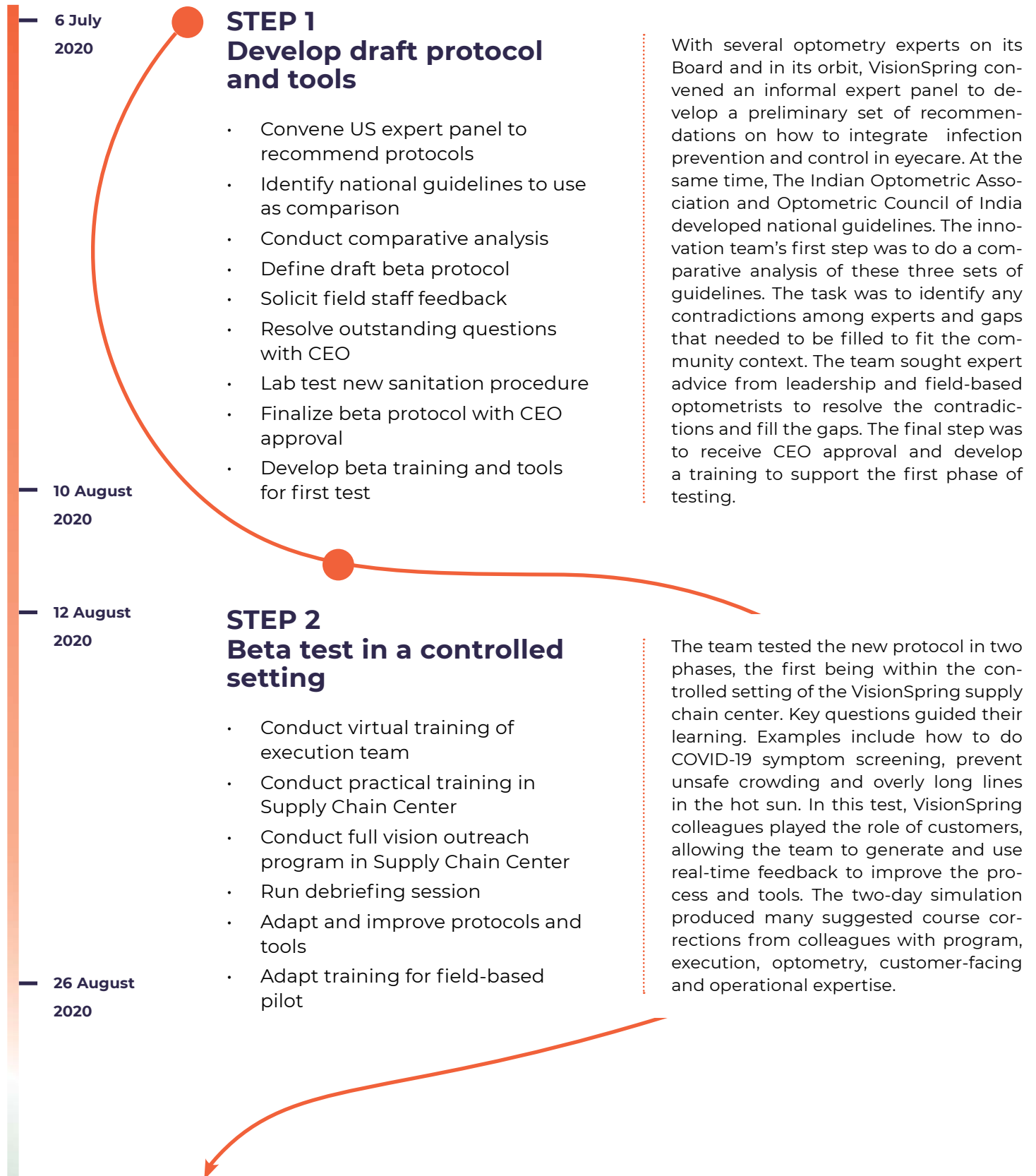


Vision outreach programs reach the rural poor

VisionSpring's priority customers are those living on \$4/day or less in rural, peri-urban and informal settlement communities. Whether in workplaces or communities, teams work to demonstrate and deliver the Wonder of Clear Vision – a commitment to providing people with a non-intrusive, supportive experience to purchase stylish, affordable glasses that improve the quality of their lives. VisionSpring's approach is to bring eyecare to people where they live and work by organizing vision outreach programs – a temporary location where a structured process of registration, screening, counseling and purchasing of eyeglasses is led by customer-focused staff and optometrists. The program experience is meant to be enjoyable and easy; local partners mobilize community members to attend the program, where they are treated with respect and professionalism as they go through what in many instances is their first time with the Wonder of Clear Vision. In 2019, VisionSpring conducted 8,000 vision outreach programs in India and together with partners (or through strategic partnerships and cost-sharing collaborations) in India and Bangladesh, screened the vision of 3.7 million adults and children in community, school and workplace settings.

The Innovation Process:

Define, Test, Adapt, Pilot, Improve



— 31 August
2020

STEP 3 Pilot the protocol in East Delhi

- Map locations to assure access to water
- Work with partner to mobilize community and gain permits
- Conduct 5-day vision outreach programs with new protocols
- Receive monitoring visit by All India Institute of Medical Sciences
- Debrief and analyze feedback from AIIMS, customers and staff
- Adjust protocol and tools

— 4 September
2020

The final stage of the pilot process was to conduct an actual vision screening program using the new protocol and tools in a weaving and textile community of 150,000 in East Delhi. Over five days VisionSpring operated the vision outreach program while also gathering feedback from customers. A team of officials and senior optometrists from the All India Institute of Medical Sciences (AIIMS) visited the program and provided additional feedback for the innovation team to incorporate. The team faced and learned from challenges throughout the pilot period. Optometrists experienced discomfort from wearing face shields all day. The new process and capacity limits produced long wait times for customers. The new sanitation procedures were difficult for staff to remember and adopt. And customers needed education and assurance to do the symptom screening necessary to enter the program.



“I was afraid to visit a hospital, but with VisionSpring’s outreach, I got my eyes tested and received eyeglasses.”

— Malti Devi
Weaver, East Deli

The Product: _____

Protocols, Tools and Training

The pilot process helped the team create a COVID-safe protocol to use in community vision outreach programs.

The protocols are based on VisionSpring's traditional program process flow and specific junctures where staff and customers need to change their behavior to align with global standards for infection prevention.

The protocol needed to be easy for team members to quickly learn and adopt. Relevant tools and process were designed to fit five criteria:

1. Easy to understand, simple to use
2. Consistent with the original operating procedures
3. Feasible outdoors
4. Consistent with government COVID-19 messaging
5. Replicable and scalable

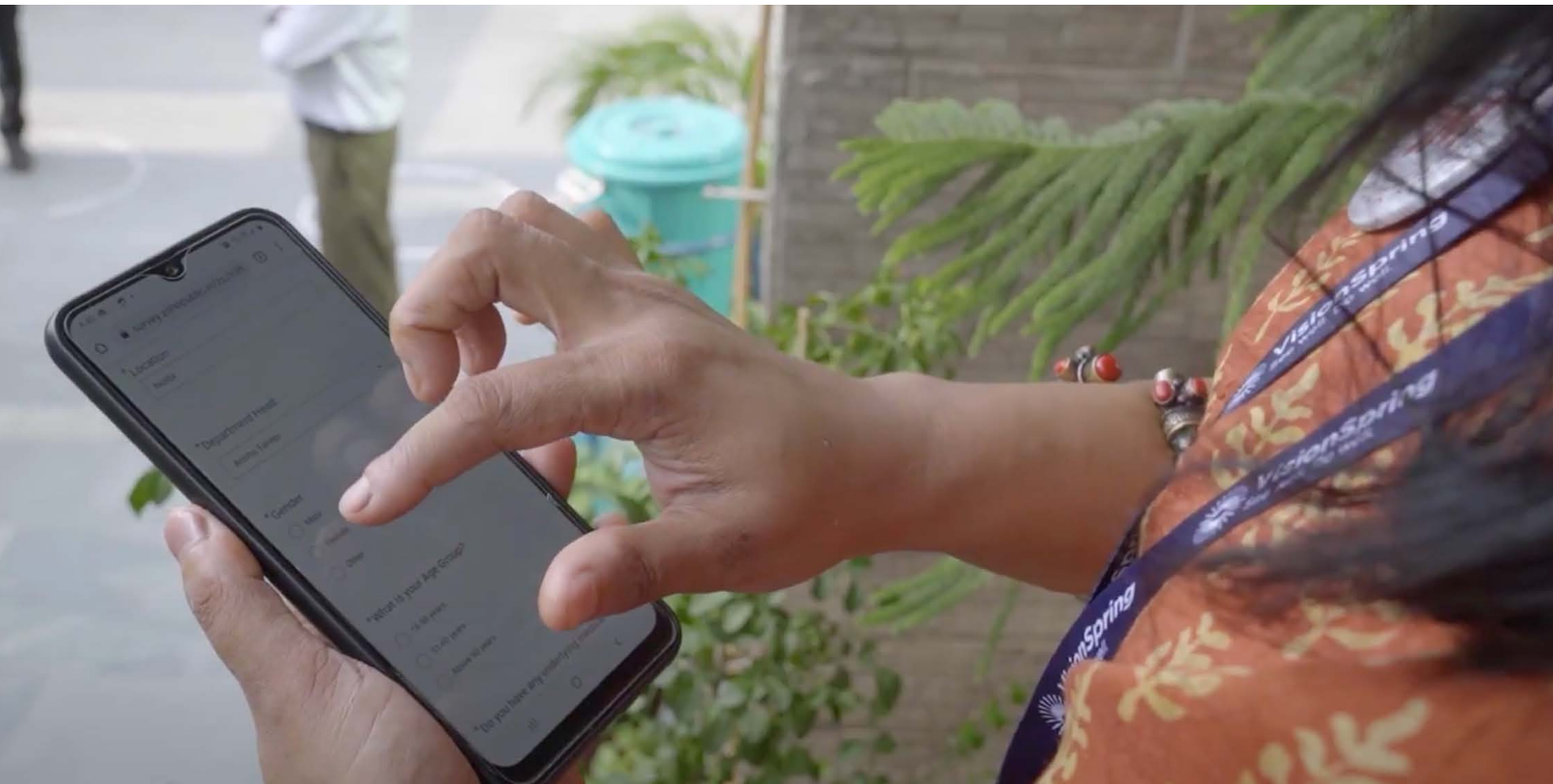
To meet these criteria and align with global infection prevention standards, the protocol was designed to achieve these objectives:



1.

Create a consistent thread of infection prevention and control behavior for staff to follow

The VisionSpring protocol starts even before staff travel to the program site. Before they leave home, team members report on their health status, inclusive of temperature and symptom checking. They only report to the program if they are healthy and without any risk. They follow organizational safety policies when in transit and carry their own food and water to the vision outreach program location. The protocol includes required steps staff must take to set up, run and close down the program in accordance with social distancing, hand hygiene, material disinfecting and mask wearing standards as defined by the WHO and the Indian Ministry of Health and Family Welfare.



2.

Structure the customer experience to flow through fixed stations

The protocol is based on a structured process flow across seven different stations, represented in the image below. Marked circles throughout the site notify customers where to stand and how to maintain social distancing as they go from station-to-station. Each station is manned by a VisionSpring team member responsible for adherence to the sanitation and disinfection protocols fit for the equipment and tools at their station. For example, in the refraction station, the optometrist uses red and green trays to transfer unused or disinfected trial frames and lenses to/from customers. Similarly, in the dispensing and counseling station, the counselor provides the customer with unused or disinfected frames with fitted lenses for trial from a green tray and guides the customer to place them in a red tray once he/she has tried them on. The red tray is then disinfected along with the frame once the customer has left. When customers pay, the exchange happens through a no-touch method wherein the customer places cash only in the money box and the team member places any change in the money box for customers to collect.

Use and Specifications of Disinfectants

Hand Sanitizer At least 70% alcohol based.
Use at all stations for customer and employee hand sanitation. To be used in a spray bottle.

Alcohol based wipes / swabs Containing 70% isopropyl alcohol.
Use only at refraction station for wiping retinoscope handles, nose bridge, temples and ear pieces of trial frame and trial lens in case of quick fixes.

Sodium Hypochlorite 1% for sodium hypochlorite concentration.
Use at all stations to clean furniture and customer contact surfaces. Use a spray bottle and a cotton absorbent cloth.

Dish wash solution & water Diluted dish wash gel and clean water. Use at least one-part liquid soap to 100 parts water.
Use only at refraction and dispensing station to clean customer used trial frames, trial lens, readers, frames.



3.

Assure all staff and customers use preventive equipment and resources

One of the key changes with the new protocol is the added procurement of Personal Protective Equipment (PPE), mobile handwashing stations, appropriate disinfectant products and COVID-19 education material designed to raise customer awareness of prevention behavior throughout their screening experience.

Before entering the program site, customers are educated about handwashing and instructed to wash their hands for 20 seconds with soap at the hand washing station. They are then given a face mask. After customers are screened for COVID-19 symptoms and if they are permitted to enter the site, they wait in an area demarcated with social distance circles and provided with graphic-based handouts communicating COVID-19 prevention messages as instructed by Government of India.

Personal Protective Equipment

Station Name	Face Mask	Face Shield	Gloves
Handwashing station	✓	✗	✗
Registration/ Symptom Screening	✓	✓	✗
Pre-screener	✓	✗	✗
Optometrist	✓	✓	✗
Counselor/ Dispenser	✓	✓	✓
Coordinator	✓	✗	✗
Customer	✓*	✗	✗

*Disposable or cloth mask



4.

Gather customer and staff feedback to improve efficiency and safety

The team collected and used regular feedback to improve in real time throughout the piloting process. Assessment tools were designed to answer the questions: What are we learning about how best to implement the protocol? How do we improve it to make it more efficient and effective? They will provide a basis for new supportive supervision tools used by managers to assist new teams adopting the protocols during roll-out.

Camp Observer Checklist: Vision Screening for the New Normal

Project Name:		Project theme: Pilot testing/ See to Learn/See to Earn- Workplace/See to Earn- Community/See to be Safe	
Camp location:		State:	District:
Project Coordinator/leader Name:			
Date://.....//.....			
Name of the observer:			
Assessment Standards			
	Observations Point	Yes/No	Remarks
	Pre camp activities		
	All stations are sanitized before start of the camp		
	Social distancing circles are marked for customer to stand	Yes/No	
	Customers are guided to maintain distance by standing in social distance circles		
	No crowding is allowed at the entry and within the outreach premises		
1.1	Station 1: Symptomatic screening for COVID-19 & Registration	Yes/No	
1.1.1	Team consistently and properly wears a mask	Yes/No	
1.1.2	Team ensures that customer is wearing mask, if customer is not wearing mask.	Yes/No	
1.1.3	Team guides the customer to wash hands from the hand washing station and informs about handwashing techniques at the entrance of the camp	Yes/No	
1.1.4	Thermal screening is systematically performed with each customer	Yes/No	
1.1.5	Thermal scanner is held 4 fingers (or one hand length) away from the forehead of the customer and VS team member has their own hand/arm extended.	Yes/No	
1.1.6	Temperature noted for each customer in the health assessment form	Yes/No	
1.1.7	Systematically asks about the customer's history of cough and shortness of breath taken	Yes/No	
1.1.8	Systematically asks each customer about fever and chills	Yes/No	
1.1.9	Systematically asks each customer about sore throat	Yes/No	

1161	Systematically asks each customer about their history of fever and cough	Yes/No	
1162	Systematically asks each customer about their history of shortness of breath	Yes/No	
1163	Systematically asks each customer about their history of sore throat	Yes/No	
1164	Systematically asks each customer about their history of eye redness/itching	Yes/No	
1165	Systematically asks each customer about their history of sneezing	Yes/No	
1166	Systematically asks each customer about their history of coughing	Yes/No	
1167	Systematically asks each customer about their history of chest pain	Yes/No	
1168	Systematically asks each customer about their history of difficulty breathing	Yes/No	
1169	Systematically asks each customer about their history of loss of taste or smell	Yes/No	
1170	Systematically asks each customer about their history of other symptoms	Yes/No	
1171	Systematically asks each customer about their history of any other symptoms	Yes/No	
1172	Systematically asks each customer about their history of any other symptoms	Yes/No	
1173	Systematically asks each customer about their history of any other symptoms	Yes/No	
1174	Systematically asks each customer about their history of any other symptoms	Yes/No	
1175	Systematically asks each customer about their history of any other symptoms	Yes/No	
1176	Systematically asks each customer about their history of any other symptoms	Yes/No	
1177	Systematically asks each customer about their history of any other symptoms	Yes/No	
1178	Systematically asks each customer about their history of any other symptoms	Yes/No	
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1188	Systematically asks each customer about their history of any other symptoms	Yes/No	
1189	Systematically asks each customer about their history of any other symptoms	Yes/No	
1190	Systematically asks each customer about their history of any other symptoms	Yes/No	
1191	Systematically asks each customer about their history of any other symptoms	Yes/No	
1192	Systematically asks each customer about their history of any other symptoms	Yes/No	
1193	Systematically asks each customer about their history of any other symptoms	Yes/No	
1194	Systematically asks each customer about their history of any other symptoms	Yes/No	
1195	Systematically asks each customer about their history of any other symptoms	Yes/No	
1196	Systematically asks each customer about their history of any other symptoms	Yes/No	
1197	Systematically asks each customer about their history of any other symptoms	Yes/No	
1198	Systematically asks each customer about their history of any other symptoms	Yes/No	
1199	Systematically asks each customer about their history of any other symptoms	Yes/No	
1200	Systematically asks each customer about their history of any other symptoms	Yes/No	

1191	Systematically asks each customer about their history of any other symptoms	Yes/No	
1192	Systematically asks each customer about their history of any other symptoms	Yes/No	
1193	Systematically asks each customer about their history of any other symptoms	Yes/No	
1194	Systematically asks each customer about their history of any other symptoms	Yes/No	
1195	Systematically asks each customer about their history of any other symptoms	Yes/No	
1196	Systematically asks each customer about their history of any other symptoms	Yes/No	
1197	Systematically asks each customer about their history of any other symptoms	Yes/No	
1198	Systematically asks each customer about their history of any other symptoms	Yes/No	
1199	Systematically asks each customer about their history of any other symptoms	Yes/No	
1200	Systematically asks each customer about their history of any other symptoms	Yes/No	
1201	Systematically asks each customer about their history of any other symptoms	Yes/No	
1202	Systematically asks each customer about their history of any other symptoms	Yes/No	
1203	Systematically asks each customer about their history of any other symptoms	Yes/No	
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1205	Systematically asks each customer about their history of any other symptoms	Yes/No	
1206	Systematically asks each customer about their history of any other symptoms	Yes/No	
1207	Systematically asks each customer about their history of any other symptoms	Yes/No	
1208	Systematically asks each customer about their history of any other symptoms	Yes/No	
1209	Systematically asks each customer about their history of any other symptoms	Yes/No	
1210	Systematically asks each customer about their history of any other symptoms	Yes/No	
1211	Systematically asks each customer about their history of any other symptoms	Yes/No	
1212	Systematically asks each customer about their history of any other symptoms	Yes/No	
1213	Systematically asks each customer about their history of any other symptoms	Yes/No	
1214	Systematically asks each customer about their history of any other symptoms	Yes/No	
1215	Systematically asks each customer about their history of any other symptoms	Yes/No	
1216	Systematically asks each customer about their history of any other symptoms	Yes/No	
1217	Systematically asks each customer about their history of any other symptoms	Yes/No	
1218	Systematically asks each customer about their history of any other symptoms	Yes/No	
1219	Systematically asks each customer about their history of any other symptoms	Yes/No	
1220	Systematically asks each customer about their history of any other symptoms	Yes/No	

4.1	Station 4: Counseling during the frame and power dispensing		
4.1.1	Consistent availability and usage of hand sanitizer by the team member at this station.	Yes/No	
4.1.2	Support is given to the customer on choosing frames and glasses	Yes/No	
4.1.3	Frames, mirror and rear vision chart are consistently sanitized after usage by every customer	Yes/No	
4.2	Counseling during glasses dispensing		
4.2.1	Counseling is shared with the customer on usage and care of glasses	Yes/No	
4.2.2	Counseling is shared with the customer on when and how to use glasses	Yes/No	
4.2.3	Handled over card to the customer	Yes/No	
4.3	Counseling during payment collection		
4.3.1	No touch technique used for collecting money into a box or other method	Yes/No	
4.3.2	Handled over receipt, glasses and case to the customer with no touch technique	Yes/No	
5	Clean-up: Disposal of masks and gloves		
5.1	Staff cut-off used masks and gloves and dispose in a separate bag	Yes/No	
5.2	Line-up informed local hospital to dispose of biomedical waste at the end of each day	Yes/No	
	Post camp activities		
1.	All team members wash hands with soap and water	Yes/No	
2.	All instruments are sanitized before storing, collaterals / canopy etc. are stored separately	Yes/No	
3.	Symptom screening is a part of daily reporting mandates	Yes/No	

The Lessons: _____

What we learned & what we're still asking

As was the case with India's national guidelines for optical Stores and optometry practices, defined by the Indian Optometric Association and Optometry Council of India, VisionSpring's protocol was developed with information available as of Summer 2020. We are ever more aware of the dynamic nature of this pandemic and the evolution of knowledge about its spread and impact on people's lives. With this in mind, our protocol is meant to be a living tool rather than a fixed set of procedures. We expect that our practices will change and improve, as we adapt them to factories, schools and transportation hubs, and as experts gain a better understanding of the disease.

We share this document in the spirit of contributing to the learning we, our peer organizations and partners all need to embrace if we are to continue to deliver high quality, customer focused services to people who need them. Our work this summer has already provided us with vital lessons we want to share with others.

- We learned that trainings need to be done in both classroom and applied settings in order to give team members the chance to use and improve new procedures and tools. During our beta test in the supply chain center, this approach allowed us to make improvements in real-time even before we ran the actual pilot. Engaging with the process in a hands-on fashion – with VisionSpring colleagues role playing as customers – was exactly the type of

experiential learning needed for team members to learn the new approach.

- We learned that even if we require customers to wash their hands, they have questions and incentives we did not predict. Guided by the knowledge that hand sanitation is most effective when done with soap and water for 20 seconds, VisionSpring procured a mobile handwashing station and required customers to use it before entering the vision outreach program. Although we had done some of our own testing of different sized stations, we found that encouraging hand washing and maintaining the station can be a full time job.
- We learned that one of the most vital steps is to manage the number of customers inside, outside and at the entry of the site at all times to prevent over crowding. Over the course of our testing, we added additional signage, social distancing circles and guidance to encourage customer adherence to a very structured station-wise process, unidirectional flow and sufficient separation.
- We learned that every interaction with our customers provides an opportunity to continue to educate people about the importance of infection prevention and control. By integrating COVID-awareness materials into the waiting experience, providing masks and requiring proper hand sanitation before program entry, we reinforced these behaviors for our customers and our staff.



Join us in learning together

We have many more lessons ahead of us. In October and November 2020, VisionSpring will restart vision outreach programs in 14 project locations in India, which will extend for an initial period of five months.

Three learning questions are already top of mind as we plan for this next phase of our programs. What kinds of extra precautions or added prevention measures do we take if communities demonstrate low adherence to mask-wearing? How do we adapt the protocol to our other workplace contexts, including factories, schools and transit hubs? How generalizable are the protocols to other countries where we work in South and Southeast Asia and Sub-Saharan Africa?

VisionSpring is pleased to make the protocols available to other eye care and health practitioners, and to partner in learning about their utility in your context. Please reach out to: GlobalPartners@visionspring.org



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