

Looms & Lenses

Better Sight | Better Stitch

Beyond the Thread



Eye Health Status and Service Access
Among Weaving Communities

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Foreword



India's weaving traditions are an extraordinary expression of skill, heritage and identity. Behind every handwoven textile is a craftsman whose work depends on sustained concentration, precision and the ability to see the finest detail.

For weaving communities, therefore, good vision is not only a matter of health but of livelihood, productivity and independence. It is in this context that Sightsavers India undertook Beyond the Thread: Eye Health Status and Service Access Among Weaving Communities as a pre-programme needs assessment for Looms & Lenses.

Conducted across selected weaving communities in Chhattisgarh, Gujarat, Odisha, Tamil Nadu and West Bengal, the assessment provides an important baseline on eye-health needs, patterns of eye-care utilisation, access barriers and community perspectives on appropriate and accessible eye-care services.

The findings highlight a significant need for eye care. Of the 3,655 people screened, 2,268 (62%) were prescribed spectacles, and 2,079 (91.7%) received them. Additionally, 458 (13%) were identified with cataract and other eye conditions and referred for further care. Yet only 13.4% of participants reported currently wearing spectacles. This gap between identified need, spectacle provision and continued utilisation is important. For weaving communities, where sustained near vision, visual precision and fine hand-eye coordination are integral to the craft, uncorrected refractive error or other eye conditions can directly affect both work and livelihood.

The assessment also shows that clinical need cannot be viewed in isolation from access. Participants reported lack of awareness, loss of wages, cost, distance and waiting time as barriers to seeking eye care. These factors can interrupt the continuum of care and reinforce the importance of bringing services closer to weaving communities and working through trusted local networks such as cooperatives, self-help groups, health workers and community leaders.

These findings emphasise the need for an eye-care approach that is accessible, affordable, community-centred and sensitive to livelihood realities. They also provide an evidence base for shaping Looms & Lenses around regular screening, appropriate spectacle provision, referral and follow-up, eye-health awareness and community mobilisation.

I extend my sincere appreciation to the weaving communities who generously shared their experiences and perspectives, and to our partners, field teams, community stakeholders and colleagues whose contributions made this assessment possible. I hope this report contributes to stronger dialogue, collaboration and collective action to advance eye health while supporting the livelihoods and well-being of the people who sustain India's rich handloom heritage.

RN Mohanty
CEO of Sightsavers India



Looms & Lenses

Better Sight | Better Stitch

Beyond the Thread:

At a Glance

For weaving communities, good vision is closely linked to livelihood, productivity and independence. This assessment explores the eye-health needs of weavers, their access to care and the barriers they face in seeking services.

The figures below offer a snapshot of the assessment's reach and the eye-care needs identified across weaving communities. They reflect both the scale of engagement and the need for refractive correction, spectacle provision and referral for further care.



5

States



2,079

received spectacles



27

Camps



458

referred for cataract
and other eye conditions



3,655

People Screened



2,268

prescribed spectacles

A mixed-methods needs assessment across weaving communities in Chhattisgarh, Gujarat, Odisha, Tamil Nadu and West Bengal.

Background

Weaving is an important source of livelihood for many communities across India and requires sustained visual attention, precision, and close work. Weavers routinely engage in activities such as threading, handling fine yarn, identifying intricate designs and colours, and maintaining fabric quality. However, access to appropriate eye-care services may be constrained by limited awareness, cost, distance, loss of wages, and other practical barriers.

Against this context, Looms & Lenses: Eye Health Needs and Access to Eye Care among Weaving Communities in Selected Locations of India was undertaken as a pre-programme, community-based needs assessment. The assessment was conducted before the implementation of the Looms & Lenses programme and therefore provides a pre-programme evidence of eye-health needs, patterns of eye-care utilisation, access barriers, and community perspectives.

Objective of the Study

The objective of this study was to assess the eye-health needs and access to eye-care services among weaving communities in selected locations of India, and to understand their knowledge, utilisation patterns, barriers to accessing care, and community perspectives on appropriate and sustainable eye-care services.

This study also sought to generate evidence to inform the development, implementation and scale-up of an operational model for Looms & Lenses.

Methodology

The assessment covered selected weaving clusters across five states: Chhattisgarh, Gujarat, Odisha, Tamil Nadu and West Bengal. Community eye camps were organised within the selected weaving clusters in collaboration with local partners and community stakeholders. A total of five camps were conducted in each state, with 3,655 individuals screened through the camp activities.

Three complementary sources of evidence were used. First, Sightsavers India MITRA data were used to describe the reach and service profile of the community eye camps. Second, quantitative needs-assessment data were collected using a structured interviewer-administered questionnaire through KoBo toolbox, with 249 participants included in the assessment. Third, qualitative information was collected through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and case stories to understand community experiences, barriers, facilitators and perspectives on community-based eye care.

Key Findings

1. Community Eye-Camp Reach and Identified Eye-Care Needs

The community eye camps identified a substantial need for eye-health services among people attending the camps. Of the 3,655 individuals screened, 2,268 (62%) underwent refraction and were prescribed spectacles. A total of 458 (13%) were identified with cataract and other eye conditions and referred to partner hospitals for further care. Among those prescribed spectacles, 2,079 (91.7%) received spectacles, including 1,855 near-vision spectacles (89.2%)

and 224 R2C/custom spectacles (10.8%). These findings demonstrate the need for accessible refractive correction, spectacle provision and referral pathways for cataract and other eye conditions within weaving communities.

2. Profile and Livelihood Context

Among the study participants, 48.6% male and 51.4% were female. Participants were predominantly middle-aged, with the largest proportion aged 40–49 years. Independent weavers formed the largest occupational group, and many participants had been engaged in weaving for 10 years or more. More than half (55.8%) primarily worked from home. Monthly income from weaving was modest for many participants, with 56.2% reporting less than ₹10,000 per month. These livelihood circumstances are important when considering the potential financial and opportunity costs of seeking eye care.

3. Knowledge and Awareness of Eye Health

Knowledge of eye health was mixed. While 68.3% of participants recognised that poor vision can be corrected with spectacles and 61.8% were aware of the importance of regular eye examinations after age 40, awareness of other important aspects of eye health was limited. Only 50.2% knew that cataract is treatable, while 35.7% knew that diabetes can affect eyesight. Among the participants who responded to the diabetes and hypertension questions, 8.7% reported having diabetes and 9.4% reported having hypertension. These findings indicate a need for continued community-level education on preventive eye care, refractive errors, cataract and the relationship between systemic conditions and eye health.

4. Previous Eye-Care Utilisation and Spectacle Use

Previous engagement with eye-care services was limited. Only 21.7% of participants reported that they had ever undergone an eye examination, while 78.3% had never undergone one. Similarly, only 21.2% reported that they had ever been advised to wear glasses. At the time of the assessment, 13.4% reported currently wearing spectacles, while 70.0% reported that they were not currently wearing spectacles. The findings point to a gap between eye-care needs and routine utilisation and highlight the importance of regular eye examinations, timely refractive correction and continued access to appropriate spectacles

5. Barriers to Accessing Eye Care

Participants identified several barriers to accessing eye care. Lack of awareness (29%) was the most frequently reported barrier, followed by loss of wages (16%). Cost, distance and waiting time were each reported by 11% of participants, while transport difficulties and lack of family support were each reported by 7%. At the same time, participants identified several factors that could facilitate access, including free eye examination (59%), proximity to services (50.2%) and free spectacles or treatment (45%). Convenient timing and encouragement from SHGs or weaver cooperatives were each reported by 11.2%. These findings indicate the importance of services that are affordable, geographically accessible and compatible with the occupational realities of weaving communities.

6. Insights from the Qualitative Findings

The qualitative findings highlighted the close relationship between vision, weaving and livelihoods. Participants described good vision as essential for threading, observing intricate designs, distinguishing colours and maintaining the quality of woven products. They also described watering, burning, headaches, blurred vision and difficulty focusing, and perceived these difficulties as affecting concentration, productivity and work quality. Cost of treatment, loss of wages, travel and limited availability of services were described as reasons for delaying care. Participants expressed a preference for regular eye camps within villages, weaving clusters, cooperatives and workplaces, supported by convenient timings, comprehensive services and mobilisation through cooperatives, SHGs, ASHA workers, village leaders and other trusted community networks.

Key Implications

The findings indicate that eye health among weaving communities is not only a health concern but is closely connected with livelihoods, productivity, and household economic security. The assessment identified substantial needs for refractive correction, spectacles, cataract-related care, and management or referral for other eye conditions, alongside gaps in knowledge and regular utilisation of eye-care services.

The findings support a community-based, accessible, affordable, and livelihood-sensitive approach to eye care. Services should be brought closer to weaving communities, complemented by awareness activities, appropriate spectacle provision, referral and follow-up mechanisms, and mobilisation through existing community institutions.

Priority Recommendations

- Bring eye care closer to communities through regular camps in villages, weaving clusters, cooperatives and workplaces, including mobile services where appropriate.
- Provide comprehensive eye care, including refraction, appropriate spectacles, counselling, cataract referral and follow-up for other identified conditions.
- Strengthen awareness and preventive eye-care practices, including regular eye examinations, appropriate spectacle use, cataract treatment and diabetes-related eye complications.
- Reduce financial and livelihood-related barriers through free or affordable eye-health services while minimising travel, waiting time and loss of working hours.
- Engage community institutions such as cooperatives, SHGs, ASHA workers, Panchayat representatives and local leaders in mobilisation, referral and follow-up.
- Use convenient timings and locally appropriate communication channels to improve participation.
- Strengthen referral and follow-up mechanisms so that individuals identified with cataract or other eye conditions are supported through the continuum of care.
- Use the needs assessment as a reference point for monitoring future changes in eye-care utilisation, spectacle uptake and use, referral completion, awareness and access barriers as Looms & Lenses is implemented.

Conclusion

The Looms & Lenses needs assessment identified substantial eye-care needs among weaving communities and highlighted important gaps in regular eye-care utilisation, knowledge and access. The findings show that barriers such as lack of awareness, loss of wages, cost, distance and waiting time may make it difficult for community members to seek timely care, while free services, proximity, affordable spectacles or treatment and community support may facilitate access. Qualitative findings further demonstrate the importance of good vision for visually demanding weaving tasks and the potential relevance of eye health to livelihoods.

As the assessment was conducted before implementation of Looms & Lenses, these findings should be interpreted as an initial understanding of community needs and perspectives rather than evidence of programme outcomes. The findings provide a foundation for developing and subsequently monitoring an eye-care approach that is accessible, affordable, community-centred and responsive to the occupational and livelihood realities of weaving communities.





1. Introduction

Vision impairment remains one of the leading causes of disability worldwide. According to the WHO, over 2.2 billion people live with vision impairment or blindness, and at least one billion cases could have been prevented or remain unaddressed [WHO, 2019]. Among these, 123.7 million are due to unaddressed refractive error, 65.2 million to cataract, 6.9 million to glaucoma, 4.2 million to corneal opacities, three million to diabetic retinopathy, two million to trachoma, and 826 million to unaddressed presbyopia [WHO, 2019]. India bears one of the largest burdens of vision impairment globally. It is estimated that approximately 4.8 million people are blind and nearly 74 million live with vision impairment (Vashist et al., 2021). Uncorrected refractive errors and cataract remain the leading causes of visual impairment contributing to over 75% of the total visual impairment [Resnikoff et al., 2002].

Poor vision has consequences beyond health. It limits educational attainment, reduces labour force participation, decreases productivity, increases dependence, and perpetuates poverty. The impact is particularly severe among workers engaged in occupations requiring sustained near vision and visual precision.

1.2 Why Focus on Weaving Communities?

India's weaving industry is an important source of employment and livelihood, particularly in rural communities. The industry has historically provided large-scale employment and remains an important occupational sector in many parts of the country, the second largest provider of rural employment, employs approximately 12.5 million workers [Kiron, 2015]. The Indian weaving industry is one of the most enduring sectors in terms of mass employment. After agriculture, it is the largest provider of labor. Workers use handlooms to interlace various yarns or threads at right angles to create cloth. Typically, the entire family takes part, with older members mainly performing skill-based tasks. According to the Fourth All India Handloom Census (2019–20), more than three-quarters of (76.3%) weaving households depend primarily on weaving for their livelihood, while nearly two-thirds (66.3%) earn less than ₹5,000 per month, reflecting considerable economic vulnerability [Fourth all India Handloom Census, 2019–20]. Weaving is largely undertaken within household settings, with multiple family members—including women and older adults—participating in different stages of production. Consequently, any reduction in visual function affects not only individual productivity but also household income and economic security. Beyond its economic importance, traditional handloom weaving represents an important part of India's cultural heritage, with many regional

weaving traditions, techniques, and designs being passed down through generations. However, some traditional weaving practices face challenges related to economic viability, changing livelihoods, and the continuity of traditional skills. Supporting the health and functional capacity of weaving communities may therefore have broader implications for the sustainability of these traditional practices.

Weaving is an occupation that demands excellent visual function. Daily activities require sustained near vision, precise accommodation, colour discrimination, depth perception, binocular vision, and fine hand-eye coordination. Weavers routinely perform visually intensive tasks such as threading fine yarns through heddles, identifying broken threads, matching colours, counting warp and weft threads, aligning intricate patterns, and operating looms under prolonged periods of visual concentration, often in suboptimal lighting conditions. Even mild uncorrected refractive error or age-related presbyopia can substantially reduce work efficiency, increase errors, prolong production time, and compromise the quality of finished products. As many weavers continue working into older age because of limited social protection and financial necessity, age-related eye conditions such as cataract and presbyopia further threaten their productivity and livelihood.

According to the Fourth All India Handloom Census (2019–20), India has approximately 3.14 million handloom worker households, representing one of the largest traditional occupational groups in the country. The weaving workforce is predominantly female (72.3%), while men account for 28.0% of workers. In terms of age distribution, 3.1% of handloom workers are below 18 years, 42.6% are aged 18–35 years, 25.0% are 36–45 years, 23.0% are 46–60 years, and 6.3% are aged 60 years and above. The census also reported approximately 2.82 million handlooms, of which 2.52 million are located in rural areas, indicating that weaving remains predominantly a rural livelihood. Furthermore, 95.6% of handlooms are located within weaver households, highlighting that weaving is primarily a home-based occupation.

Among the states selected for the Looms & Lenses pilot assessment, the census reported 542,557 handloom worker households in West Bengal, 209,582 in Tamil Nadu, 63,223 in Odisha, 18,876 in Chhattisgarh, and 10,209 in Gujarat. These figures demonstrate the substantial concentration of weaving households in the proposed intervention states and support their selection for targeted community-based eye care services.

1.3 Burden of Eye Health Problems among Weavers

Despite their high visual demands, many weaving communities face significant barriers to accessing eye care services. These include low income, limited awareness of eye health, indirect costs associated with seeking care, loss of daily wages during hospital visits, and the geographical inaccessibility of comprehensive eye care services in many weaving clusters. Consequently, avoidable visual impairment often remains undiagnosed and untreated until it significantly affects daily functioning.

Evidence from India demonstrates a substantial burden of avoidable visual impairment among weaving communities. A population-based study conducted among weavers aged 40 years and above in Prakasam district, Andhra Pradesh, reported that 14% of participants had visual impairment, while 4.6% were blind. Cataract accounted for nearly two-thirds of blindness, whereas uncorrected refractive error was the leading cause of moderate visual impairment [Marmamula et al., 2013]. A study by Madraswala et al., 2025 also found a notable prevalence of myopia (38%), particularly among quality check workers (45%), consistent with rates in other weaving communities [Majid et al., 2018; Naidoo et al., 2016; Yekta et al., 2011]. Accurate near vision is crucial for work quality in the weaving industry, and existing studies highlight that hypermetropia and uncorrected presbyopia can hinder productivity [Madraswala et al., 2025; Reddy et al., 2018]. Therefore, bringing eye care services directly to weaving communities through community-based eye camps has the potential to substantially improve both visual outcomes and livelihoods.

2. Rationale

Weaving is a visually demanding occupation that requires sustained near vision, visual precision and fine hand-eye coordination. Visual problems such as uncorrected refractive error, presbyopia and cataract may therefore affect not only the health and quality of life of weavers but also their work performance, productivity and household livelihoods.

Despite these needs, weaving communities may face barriers to accessing eye care, including limited awareness, cost, loss of wages, transportation difficulties and distance from services. Existing studies have reported a considerable burden of visual impairment and refractive errors among weaving and textile workers, but there is limited evidence on their eye-care utilisation, unmet needs, barriers to accessing care and experiences with community-based eye-care services.

This study was undertaken to assess the reach and service delivery of the eye camps, eye-health needs and service utilisation among participants, barriers and facilitators to accessing care, and community and stakeholder perspectives on the programme. The findings are intended to generate implementation evidence to strengthen and improve community-based eye-care services for weaving communities.

3. Aim

To assess the eye-health needs and access to eye-care services among weaving communities in selected locations of India, to inform the design and implementation of the Looms & Lenses programme.

4. Objective

1. To describe the socio-demographic, occupational and economic characteristics of weaving communities
2. To assess the eye health status and unmet eye care needs among participants attending community-based eye care camps.
3. To assess utilisation of eye care services, including previous eye examinations, spectacle use and cataract surgical services.
4. To identify barriers and facilitators influencing access to and uptake of eye care services among weaving communities.
5. To explore stakeholder perspectives regarding the acceptability, feasibility and sustainability of community-based eye care services for weaving communities

5. Research Question

1. What are the socio-demographic and occupational characteristics of weaving communities participating in the programme?
2. What is the reach and service delivery profile of the community-based eye camps?
3. What proportion of participants have previously accessed eye care services?
4. What barriers prevent weaving communities from accessing timely eye care?

6. Methodology

A community-based, cross-sectional mixed-methods needs assessment was conducted among weaving communities in selected districts and locations of Chhattisgarh, Gujarat, Odisha, Tamil Nadu and West Bengal. The needs assessment was undertaken to understand the eye-health needs of weaving communities, their access to and utilisation of eye-care services, barriers and facilitators to accessing care, and perceptions regarding community-based eye-care services. The assessment used three complementary sources of information:

1. **Programme-generated eye camp data** to assess programme reach, service delivery and service utilisation among the individuals attending eye camps.
2. **Participant-level quantitative data** to assess socio-demographic, occupational and economic characteristics, eye health knowledge, eye health needs, spectacle use and barriers/facilitators to accessing care.
3. **Qualitative data** from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) to understand community and stakeholder perspectives, perceived needs, barriers, facilitators, and the acceptability and feasibility of community-based eye-care services.

7. Study locations

The needs assessment was conducted in selected weaving clusters across five states of India. These states were selected because of the presence of established weaving communities and their relevance to the proposed Looms & Lenses programme.

The selected districts were:

1. Chhattisgarh- Rajnandgaon,
2. Gujarat- Kutch
3. Odisha- Bolangir, Sonepur, Ganjam, Jajpur and Bargarh
4. Tamil Nadu- Kanchipuram,
5. West Bengal- Howrah

The assessment was implemented in collaboration with local implementation partners and community-level stakeholders. Community eye camps were organised within the selected weaving clusters to facilitate access to eye-care screening and to identify the eye-health and

service needs of the communities. A total of 27 camps conducted in 5 states and a total of 3,655 beneficiaries screened during the camp.

8. Study population

The study population comprised adults aged 18 years and above who were actively engaged in weaving or related handloom activities and/or were members of weaving households residing in the selected weaving clusters.

For the quantitative component, eligible participants attending the community eye camps were invited to participate in the needs assessment.

For the qualitative component, weaving community members and relevant stakeholders were purposively selected to capture diverse perspectives regarding eye health, access to services and the potential role of community-based eye care.

8.1 Eligibility Criteria

Inclusion

- Adults aged 18 years and above.
- Individuals engaged in weaving or related handloom activities.
- Resided in selected weaving clusters.
- Willing to provide informed consent.

8.2 Exclusion criteria: Participants who did not meet the inclusion criteria or who did not provide informed consent were not enrolled in the quantitative assessment.

9. Sample size and sampling strategy

The quantitative sample size was planned to obtain approximately 249 participants across the selected assessment areas. As the assessment was designed as a pre-programme needs assessment, the quantitative component was intended primarily to generate descriptive information on the socio-demographic and occupational profile of weaving communities, eye-health knowledge, previous utilisation of eye-care services, and barriers and facilitators to accessing care.

During the camp period, eligible adults from the weaving community who attended the camps were approached by the study team and invited to participate in the needs assessment. Individuals who met the eligibility criteria and provided informed consent were enrolled

consecutively during the assessment period. Recruitment continued across the selected locations until the planned sample was reached, subject to the availability of eligible participants at the community eye camps.

Purposive sampling was used for the qualitative component to obtain perspectives from community members and stakeholders with relevant experience or knowledge of weaving livelihoods, community mobilisation and/or eye-care service delivery.

10. Data management and analysis

Data generated through Sightsavers India MITRA (Management Information for Tracking, Reporting and Analysis) were used to capture information related to community eye camps, including camp-level service delivery and beneficiary information. The MITRA data were reviewed for completeness and consistency and compiled to describe the reach and service profile of the eye camps across the selected locations, separately from the participant-level needs-assessment data.

Quantitative needs-assessment data were collected using KoBoToolbox through a structured, interviewer-administered questionnaire. Variables were appropriately coded and labelled, and the dataset was analysed to describe participants' socio-demographic, occupational and economic characteristics, eye-health knowledge, previous utilisation of eye-care services, spectacle use, cataract-related care, and reported barriers and facilitators to accessing eye-care services.

Qualitative data from KIIs and FGDs were organised by interview/discussion type and study location and prepared for thematic analysis in accordance with the actual field documentation and data-processing procedures used during the assessment.

Findings from the three sources—MITRA programme data, KoBoToolbox quantitative needs-assessment data, and qualitative data from KIIs and FGDs—were considered together during interpretation.

11. Results

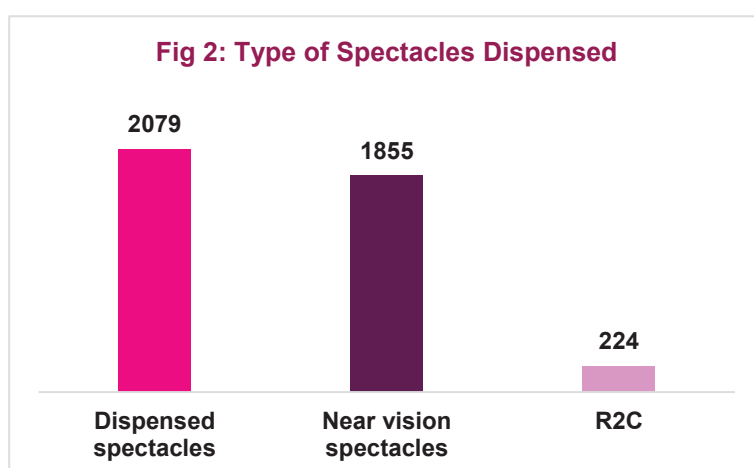
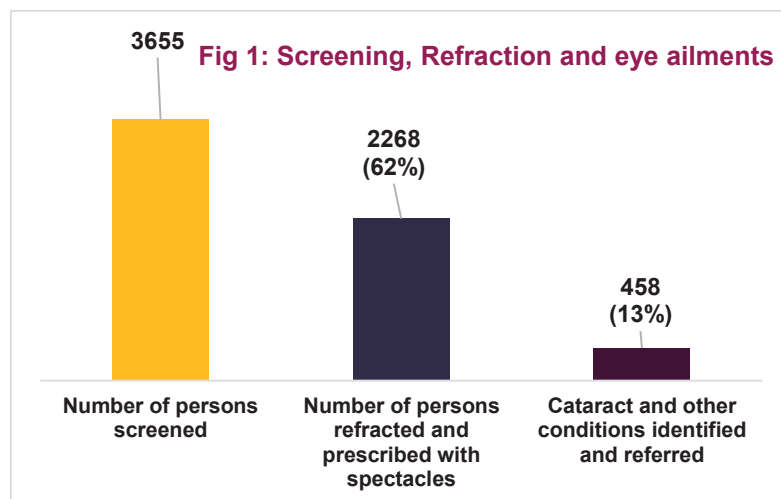
11.1 Findings from the community camps:

For the Looms & Lenses pilot camps, partner hospitals were onboarded, and camp locations were selected based on the concentration of weaving communities. Permissions were obtained through handloom societies, cooperatives and Panchayat leaders, followed by community awareness and mobilisation through announcements and IEC materials. At the camps, weavers were registered and underwent refraction, colour-vision screening and other relevant eye examinations, with prescriptions provided based on findings. Health workers entered participant information into the MIS platform, while near-vision spectacles and R2C were dispensed on-site where applicable. Participants requiring specialised prescriptions were provided with prescriptions for further procurement, while individuals identified with cataract were referred to partner hospitals.

A total of 3,655 individuals were screened across the Looms & Lenses pilot eye camps. Of these, 2,268 (62%) underwent refraction and were prescribed spectacles, indicating a substantial burden of refractive error among participants. A further 458 individuals (13%) were identified with cataract and other eye conditions and referred to base hospital.

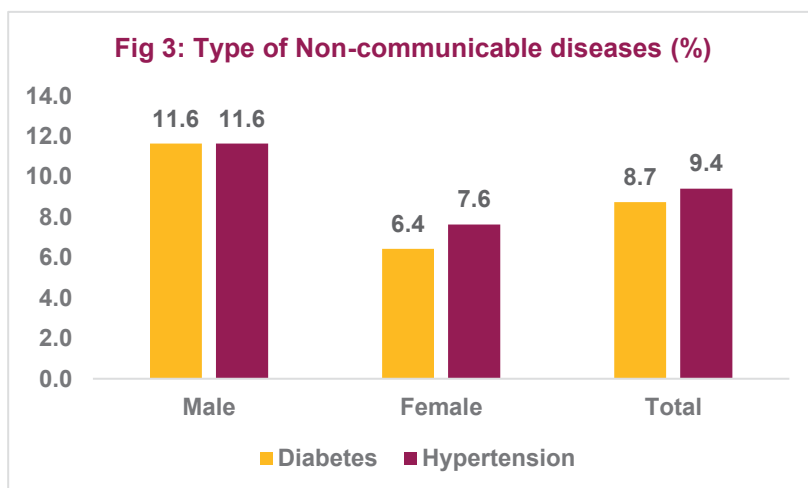
Of the 2,268 individuals prescribed spectacles, 2,079 (91.7%) received spectacles. This included 1,855 near-vision spectacles (89.2%) and 224 R2C and custom made spectacles (10.8%). Overall, the camp findings demonstrate a

considerable need for refractive correction and further eye-care services among people attending the community eye camps.



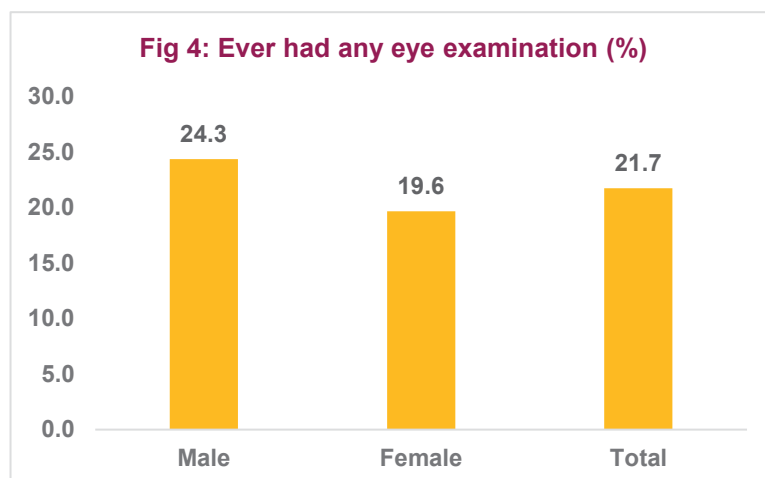
11.2 Non-Communicable Diseases among beneficiaries

Among the 2,104 beneficiaries who responded to the questions on diabetes and hypertension, 8.7% reported having diabetes and 9.4% reported having hypertension. Overall, hypertension (9.4%) was slightly more prevalent than diabetes (8.7%) among the study participants. Among males, the prevalence of diabetes and hypertension was identical at 11.6%. Among females, hypertension (7.6%) was more prevalent than diabetes (6.4%). The prevalence of both diabetes and hypertension was higher among males than females.

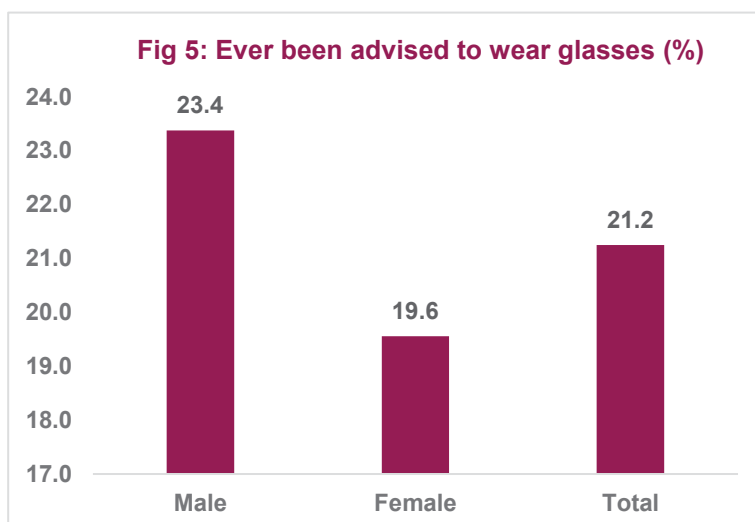


11.3 Eye care practices and current spectacle use among the camp beneficiaries

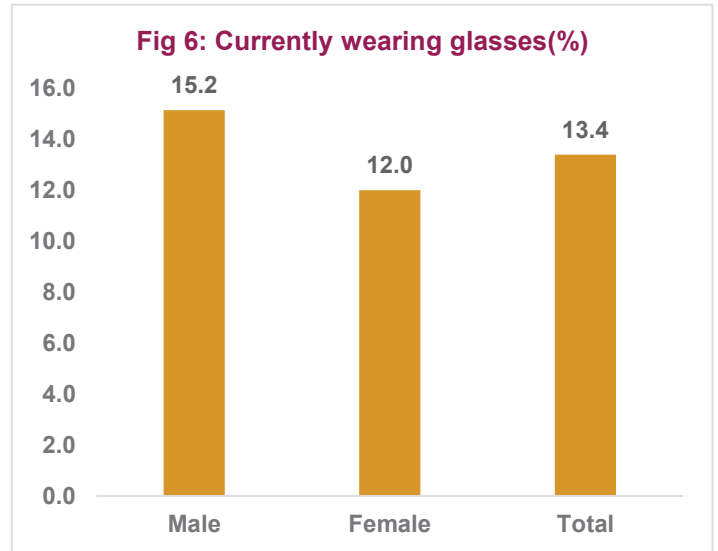
Prior to the eye-care screening, beneficiaries were asked about their previous eye-care experiences and current use of spectacles. Overall, 21.7% of participants reported that



they had ever undergone an eye examination. The proportion who had ever undergone an eye examination was higher among males (24.3%) than females (19.6%). Overall, the findings suggest that only about one in five participants had received an eye examination, indicating relatively low utilization of eye-care services among the camp beneficiaries. Overall, 21.2% of the participants had ever been advised to wear glasses. The proportion was higher among males (23.4%) compared with females (19.6%).

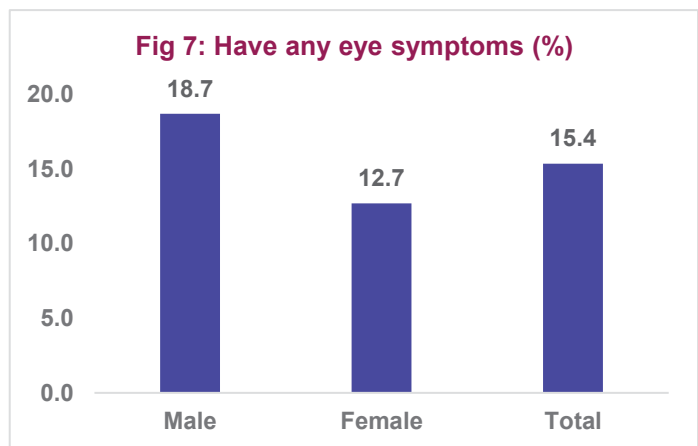


With regard to current spectacle use, 13.4% of participants reported that they were currently wearing glasses (approximately 1 in 10 beneficiaries), while 70.0% reported that they were not wearing glasses. A further 16.0% did not respond to the question. Male participants accounted for 15.2%, whereas 12.0% of female participants were currently wearing glasses. The findings indicate that a substantial proportion of camp beneficiaries were not currently using spectacles, highlighting a considerable gap in spectacle use among those attending the eye-care camps.

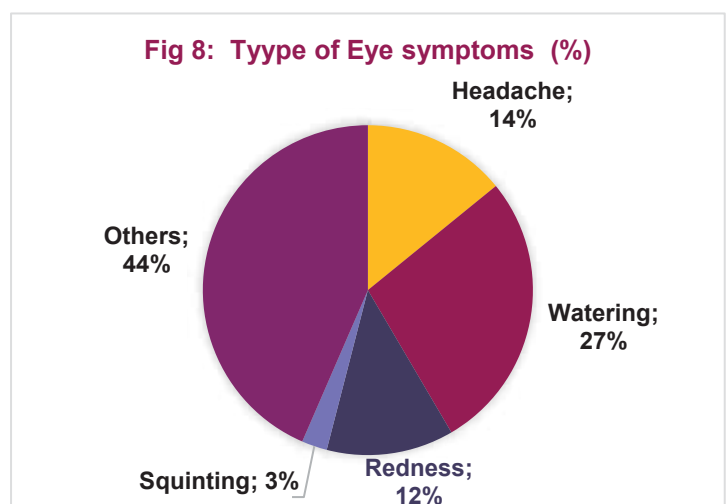


11.4 Reported eye symptoms

Overall, 15.4% of study participants reported experiencing eye-related symptoms. The proportion was higher among males (18.7%) than females (12.7%), representing a difference of 6.0 percentage points.



The distribution of reported eye symptoms shows that the category “Others” constituted the largest proportion, accounting for 44% of the responses. This indicates that a substantial proportion of participants reported symptoms other than those specifically listed.



Watering was the second most commonly reported symptom, accounting for 27% of the responses. Headache and redness accounted for 14% and 12%, respectively, while squinting was the least frequently reported symptom at 3%. Overall, the findings indicate that “Others” and watering were the most reported categories, whereas squinting was reported by a relatively small proportion of participants.

12 Findings from the Needs Assessment

While the community eye camps provided information on the eye-care needs identified through screening, the needs assessment was undertaken to understand the people behind these numbers—their socio-demographic and occupational circumstances, knowledge of eye health, previous use of eye-care services, and the factors that influenced their ability to seek care. The quantitative component included 249 participants, while the qualitative component used key informant interviews (KIIs), focus group discussions (FGDs) and case stories to explore community experiences and perspectives in greater depth.

12.1 Socio-demographic Profile of the Study Participants

A total of 249 participants were included in the quantitative needs assessment, comprising 121 males (48.6%) and 128 females (51.4%). The largest proportion were aged 40–49 years (36.1%), followed by those aged 50–59 years (24.9%) and those below 40 years (22.5%). The majority were married (94.4%). In terms of education, primary education was the most common level (37.3%), while 22.1% had no formal education. OBC participants constituted the largest social group (59.0%), followed by SC (26.1%), Others (8.4%) and ST (6.4%).

Table 1: Socio- demographic profile of the study participants

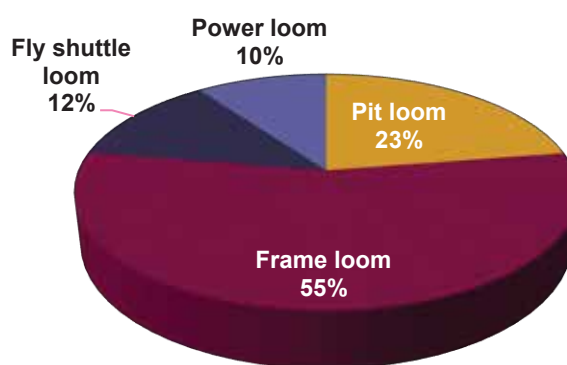
Background characteristics	Category	Male		Female		Total	
		N=121	%	N=128	%	N=249	%
Age groups	< 40 years	22	18.2	34	26.6	56	22.5
	40–49 years	38	31.4	52	40.6	90	36.1
	50–59 years	33	27.3	29	22.7	62	24.9
	60 & above years	28	23.1	13	10.2	41	16.5
Marital Status	Never married	5	4.1	2	1.6	7	2.8
	Married	115	95.0	120	93.8	235	94.4
	Widowed	1	0.8	6	4.7	7	2.8
Education level	No formal education	18	14.9	37	28.9	55	22.1
	Primary	47	38.8	46	35.9	93	37.3
	Middle	26	21.5	24	18.8	50	20.1
	Secondary	16	13.2	13	10.2	29	11.6
	Higher Secondary & above	14	11.6	8	6.3	22	8.8
Social group	SC	35	28.9	30	23.4	65	26.1
	ST	6	5.0	10	7.8	16	6.4
	OBC	66	54.5	81	63.3	147	59.0
	Others	14	11.6	7	5.5	21	8.4

12.2 Occupational and Economic Characteristics

The occupational profile highlights the close connection between participants' livelihoods and weaving. Independent weavers constituted the largest group (45.4%), followed by wage weavers (25.7%), those employed by cooperatives (13.3%), and helpers, assistants or others involved in weaving-related work (13.3%). Master weavers who employed or supervised other weavers accounted for 2.4% of the participants. Independent weaving was more common among males (51.2%) than females (39.8%), whereas female participants were more likely than males to be wage weavers (27.0% vs. 24.8%) or employed by a cooperative (16.4% vs. 9.9%). Most participants had been engaged in weaving for 10–19 years (34.1%), while 22.9% had 5–9 years of experience and 15.3% had 20–29 years of experience.

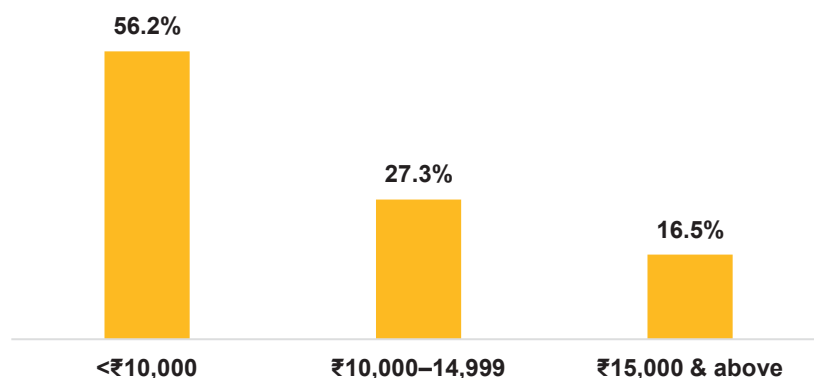
Frame looms were the most commonly used type (55.0%), followed by pit looms (22.5%). More than half of the participants (55.8%) worked primarily from home, highlighting the predominantly home-based nature of weaving in the surveyed communities. A further 23.3% worked in cooperatives or workshops, while 19.7% worked in factories. The proportion working from home was slightly higher among females (57.8%) than males (53.7%).

Fig 9: Type of weaving loom primarily use (%)



The average monthly income from weaving was generally modest. About half of the participants have reported their monthly income is less than ₹10,000 per month from weaving

Fig 10: Average Monthly Income from Weaving



while 27.3% earned ₹10,000–14,999. Only 16.5% reported earning ₹15,000 or more per month from weaving.

Table 2: Occupational and Economic Characteristics of the study participants

Domain	Characteristic	Male	Male	Female	Female	Total	Total
		N	%	N	%	N	%
Current occupational role	Independent weaver	62	51.2	51	39.8	113	45.4
	Master weaver (employs or supervises other weavers)	6	5.0	0	0.0	6	2.4
	Wage weaver	30	24.8	34	27	64	25.7
	Weaver employed by a cooperative	12	9.9	21	16	33	13.3
	Helper/Assistant	11	9.1	22	17.2	33	13.3
Years engaged in weaving	Less than 5 years	9	7.4	25	19.5	34	13.7
	5–9 years	21	17.4	36	28.1	57	22.9
	10–19 years	38	31.4	47	36.7	85	34.1
	20–29 years	25	20.7	13	10.2	38	15.3
	30 years or more	28	23.1	7	5.5	35	14.1
Type of weaving loom primarily use	Pit loom	32	26.4	37	28.9	69	22.5
	Frame loom	60	49.6	77	60.2	137	55.0
	Fly shuttle loom	23	19.0	8	6.3	31	12.4
	Power loom	11	9.1	14	10.9	25	10.0
Average monthly income from weaving	Less than ₹10,000	47	38.9	93	72.6	140	56.2
	₹10,000–14,999	42	34.7	26	20.3	68	27.3
	₹15,000 & above	32	26.4	9	7.0	41	16.5

12.3 Knowledge of Eye Health

The assessment showed varying levels of knowledge about eye health. Overall, 68.3% of participants reported that poor vision can be corrected with spectacles, while 26.5% believed that it could not be corrected and 5.2% did not know. The proportion responding “Yes” was slightly higher among females (37.3%) than males (30.9%).

Regarding cataract, 50.2% of participants were aware that cataract can be treated, whereas 42.6% reported that it cannot be treated and 7.2% were unsure. Knowledge about cataract treatment was relatively similar among males (25.7%) and females (24.5%). Awareness regarding the importance of regular eye examinations after the age of 40 was relatively high. Overall, 61.8% of participants agreed that people aged above 40 years should have regular eye examinations. However, 34.9% did not consider regular eye examinations necessary, while 3.2%

did not know. The proportion answering “Yes” was comparable among males (30.1%) and females (31.7%). Knowledge regarding the relationship between diabetes and eyesight was comparatively limited. Regarding the relationship between diabetes and eyesight, 35.7% of participants were aware that diabetes can affect eyesight, while 33.7% were not aware and 30.5% were unsure.. Notably, a higher proportion of females (19.3%) than males (11.2%) reported that they did not know whether diabetes could affect eyesight.

Table 3 Knowledge on eye health

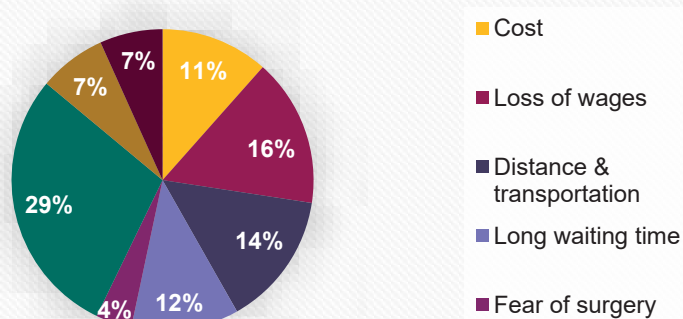
Knowledge on eye health — Better awareness for brighter vision (N= 249)							
Question	Response	Male (n)	Male (%)	Female (n)	Female (%)	Total (n)	Total (%)
Do you think poor vision can be corrected with spectacles?	Yes	77	30.9%	93	37.3%	170	68.3%
	No	38	15.3%	28	11.2%	66	26.5%
	Don't know	6	2.4%	7	2.8%	13	5.2%
Can cataract be treated?	Yes	64	25.7%	61	24.5%	125	50.2%
	No	53	21.3%	53	21.3%	106	42.6%
	Don't know	4	1.6%	14	5.6%	18	7.2%
Should people above 40 years have regular eye examinations?	Yes	75	30.1%	79	31.7%	154	61.8%
	No	45	18.1%	42	16.9%	87	34.9%
	Don't know	1	0.4%	7	2.8%	8	3.2%
Can diabetes affect eyesight?	Yes	48	19.3%	41	16.5%	89	35.7%
	No	45	18.1%	39	15.7%	84	33.7%
	Don't know	28	11.2%	48	19.3%	76	30.5%

12.4 Barriers to Accessing Eye Care

Participants reported several factors that could delay or prevent access to eye care. The most frequently reported barrier was lack of awareness (29%), followed by loss of wages (16%). Cost, distance and long waiting times were each reported by 11% of participants. Transport difficulties and lack of family support were reported by 7% each, while fear of surgery and other reasons were reported by 4% each.

The pattern indicates that barriers were not limited to the availability of services. Awareness, affordability, travel and the potential loss of working time also influenced participants' ability to seek care.

Fig 11: Barriers to accessing eye care among study participants



13. Qualitative Findings:

13.1 Understanding the Lived Experience of Eye Health and Access to Care

The qualitative findings from KIIs, FGDs and case stories added depth to the quantitative findings by illustrating how eye health was experienced within the everyday lives and working conditions of weaving communities. Across the discussions, participants repeatedly connected good vision with the ability to perform weaving accurately, maintain productivity and protect household income. At the same time, they described eye problems as something that was often tolerated or normalised until symptoms began to interfere with work.

13.2 Weaving and the Importance of Vision

Participants described weaving as an occupation requiring sustained visual concentration and precision, particularly for threading, observing intricate designs, distinguishing colours and maintaining fabric quality. Women and older weavers were perceived to face additional difficulties in accessing services outside their villages. Some participants who initially did not perceive themselves as having significant vision problems were found during screening to require spectacles, highlighting a gap between perceived and actual eye-care needs.

A weaver from Kutch described the visual demands of the occupation, explaining that several hours of focusing on small and intricate designs and continuously observing fine threads contributed to eye strain and discomfort.

“We spend several hours focusing on very small and intricate designs. Looking continuously at fine threads and detailed patterns places a great deal of strain on the eyes, leading to discomfort and vision-related problems.”

Participants from Kanchipuram similarly emphasised that clear vision was particularly important during threading, where even minor visual difficulties could affect precision.

“Good eyesight is essential because weaving requires very sharp vision. Weavers need to continuously observe threads, patterns, colour combinations, and fabric quality throughout the weaving process. Even minor visual difficulties can affect the outcome of the work.”

13.3 Eye Problems and Occupational Challenges

Participants reported watering or burning of the eyes, headaches, blurred vision and difficulty focusing on fine threads and intricate designs. These symptoms were commonly associated with prolonged close-up work, inadequate lighting and continuous visual concentration. Older weavers were perceived to be particularly vulnerable. A participant from Odisha explained:

“Eye problems affect productivity and the quality of weaving. When vision is poor, it becomes difficult to perform weaving work accurately, which can result in errors and reduced output.”

Participants from Kanchipuram further highlighted threading as one of the most visually demanding stages of weaving:

“Threading requires the highest level of visual accuracy because it involves handling fine threads and maintaining precision. Clear vision is necessary to avoid mistakes at this stage.”

Participants also described the potential consequences of prolonged exposure to textile fibres and dust, starch used during yarn preparation, dyeing chemicals and bright lighting around power looms. They perceived poor vision and eye discomfort as having consequences beyond individual wellbeing, potentially affecting weaving speed, quality, productivity and household income.

13.4 Access to Eye Care and Delayed Treatment

The qualitative findings helped explain the limited utilisation of eye-care services identified in the quantitative assessment. In Rajnandgaon, Chhattisgarh, participants reported that for most of the 12 participants interviewed, the Looms & Lenses camp was their first eye examination; only one had previously travelled to the district headquarters for an eye check-up. Participants identified government hospitals as an important source of care but noted challenges related to the availability of doctors.

Treatment was often delayed until symptoms became recurrent or began to interfere with work. Participants identified treatment costs and loss of wages as important reasons for postponing care:

“The biggest difficulty faced by weavers is the cost of treatment. Many families are unable to afford consultation fees, medicines, spectacles, or further treatment.”

Another participant explained:

“Yes, many people delay treatment. The main reasons are treatment costs and loss of wages. Since most weavers depend on daily earnings, taking time away from work for treatment results in financial loss.”

Participants also described the eye camp as an important opportunity to access care without travelling far from their communities. One comment particularly captured this perception:

“Who comes to help them, no one.”

This sentiment reflects the perceived lack of accessible eye-care support available to some weaving communities in the absence of community-based services.

13.5 Community Participation and Sustaining Eye Care

Participants felt that sustainable eye care would require collaboration between NGOs, government systems, weaver cooperatives and community-based networks. For women and older weavers, peer support and community outreach were considered particularly important. ASHA workers and women who had already benefited from spectacles or treatment were identified as potential sources of encouragement and information.

Participants also identified cooperatives and SHGs as useful platforms for awareness and mobilisation. Local-language posters, WhatsApp groups, pamphlets and audio announcements were suggested as practical communication channels.

Participants from Kanchipuram, Tamil Nadu and Sonepur, Odisha stated:

“Pamphlets and audio announcements would be effective ways to inform weavers about the camps and encourage participation.”

Another participant from Bargarh emphasised the importance of bringing services closer to the community:

“Conducting camps within villages would be especially helpful for women and older weavers because travel can be difficult for them. Audio announcements before camps would also help increase awareness and participation.”

These findings suggest that existing community networks could play an important role not only in mobilising people for camps but also in encouraging regular eye examinations and supporting follow-up and referrals.

13.6 Service Preferences, Mobilisation and Programme Sustainability

Participants emphasised that eye-care services should be regular, accessible and responsive to the working realities of weaving communities. They suggested at least one camp annually within each cooperative society, with services extending beyond screening and spectacles to include referrals and support for surgery and other treatment.

Participants also highlighted the importance of timing. Camps organised around busy weaving periods, agricultural activities and weather conditions were considered more likely to achieve good participation. For mobilisation, participants recommended advance communication, repeated reminders, direct messaging, WhatsApp groups, pamphlets and audio announcements, supported by cooperative leaders, village heads, teachers, ASHA workers, women's groups and NGOs.

Participants expressed a preference for services that were comprehensive and affordable. One participant from Bargarh, Odisha stated:

“The programme would be more successful if spectacles for all types of powers are made available and affordable treatment is provided for other eye problems.”

Similarly, another participant suggested:

“Mobile van services would improve access to eye care. Comprehensive eye examinations should be conducted, and all types of spectacles should be provided either free of cost or at an affordable price.”

Participants also suggested that workplace and village-based camps could reduce travel-related difficulties and loss of working time. One participant noted:

“Sunday would be suitable for village camps, while workplace camps can be conducted during working days.”

Another added:

“Cooperative leaders and village heads can encourage greater participation.”

Taken together, these qualitative findings complement the quantitative results. The barriers identified quantitatively—particularly lack of awareness, cost, distance and loss of wages—were reflected in participants' lived experiences. At the same time, the facilitators identified in the survey, including free services, proximity and community encouragement, were repeatedly emphasised in the qualitative discussions.

13.7 Case Story 1: The Eyes Behind the Weaving

Male carpet weaver, Chhattisgarh, 18 years of weaving experience

“When you cannot see the design properly, the work becomes slower—and sometimes, you may not be able to finish it.” – Weaver from Chhattisgarh

For a carpet weaver, good eyesight is an important part of the work. The job requires looking closely at threads, colours, and detailed designs for many hours. A male weaver from Chhattisgarh, who has been weaving for about 18 years, explained that continuous close work can be difficult, especially when the lighting is not adequate.

Participants spoke about problems such as watering, burning, and difficulty seeing clearly. They felt that such problems were more common among older weavers. They also explained that when vision is not clear, weaving can become slower and mistakes may increase. Sometimes, a weaver may need help from another person to complete the work. Many weavers may wait before seeking eye care, especially when symptoms are mild. Participants felt that eye-care services closer to their villages and workplaces, and at convenient times, would make it easier for weavers to seek care without missing work.

This experience shows that for carpet weavers, clear vision is important not only for eye health but also for doing their work with accuracy and confidence.

Case Story 2: Weaving Tradition, Building a Future with Better Sight

For more than four decades, weaving has been at the heart of the Meher family's life in Sonapur, Odisha, a district known for its handloom sarees. For this family, weaving is more than a traditional occupation—it is their main source of livelihood and an important part of their identity. Fifteen extended family members live together, with five adults actively engaged in weaving and sharing the different stages of the work according to their skills and experience.

The family spends around 12 hours a day on weaving and related activities. Women generally prepare, knot, and dye the yarn, while men set the loom and finish the sarees. Weaving provides approximately ₹10,000–12,000 in monthly income for the household. Although this supports their basic needs, the income is often insufficient for larger family requirements. Work may also decline during the monsoon, making regular orders important for the family's financial stability.

The family weaves from their home, where good lighting and reliable power are important. Frequent power cuts sometimes interrupt their work. Since weaving requires close attention to fine threads, colours, and intricate designs, the family feels that a better-equipped workspace would make their work easier and more comfortable.

For the family, good eyesight is as important as weaving skill. Even a small mistake or break in a thread can affect the quality and value of a saree. Two family members require spectacles, while an elderly member may have cataract and could need further treatment. One member had an eye examination approximately five years ago. These experiences highlight the importance of regular eye examinations and timely care.

Although an eye hospital is located nearby, eye care can sometimes be postponed because the home is also the workplace and weaving takes up much of the family's time. The family would benefit from regular and accessible eye examinations, appropriate spectacles, and timely treatment without disrupting their work.

For the Meher family, protecting vision means protecting their ability to weave, earn, and preserve a tradition passed down through generations. Better access to eye care, together with safer and better-equipped working conditions, can support the family in continuing their craft and building a more secure future for the next generation.



14. Discussions

This needs assessment provides an overview of eye-health needs and access to eye-care services among weaving communities in the selected locations. The community eye camps demonstrated a substantial need for eye-care services, while the quantitative and qualitative components of the needs assessment helped explain the occupational, social and economic factors influencing access to care. Together, the findings indicate that eye health among weavers is closely connected with their ability to work, maintain productivity and sustain household livelihoods.

14.1 Eye Health and Weaving

The findings indicate a close relationship between weaving and visual health. Many participants had been engaged in weaving for several years, and more than half worked primarily from home. Qualitative discussions highlighted the importance of clear vision for threading, observing fine designs and maintaining weaving quality. Participants described watering of the eyes, eye irritation, headaches and difficulty focusing, and felt that poor vision could affect productivity and household income.

14.2 Unmet and Unrecognised Eye-care Needs

The community eye camps identified a substantial need for eye-care services among people attending the camps. Of the 3,655 individuals screened, 2,268 (62%) underwent refraction and were prescribed spectacles, while 458 (13%) were identified with cataract and other eye conditions and referred for further care; among those prescribed spectacles, 2,079 (91.7%) received spectacles. These findings indicate that a considerable proportion of camp attendees required some form of vision correction or further eye-care attention. The quantitative needs assessment further demonstrated limited prior engagement with eye care: only 21.7% of participants reported having ever undergone an eye examination, while 78.3% had never done so. Current spectacle use was reported by only 13.4%, compared with 70.0% who reported not currently wearing glasses. The qualitative findings complemented these results, with participants describing delayed recognition and treatment of vision problems, particularly when symptoms were gradual or care required time away from work. Taken together, the findings point to an important gap between eye-care need and prior utilisation, underscoring the importance of regular eye examinations, timely correction of refractive errors, appropriate referral and follow-up, and eye-care services that are accessible within weaving communities.

14.3 Knowledge and Utilisation of Eye-care Services

Knowledge of eye health was mixed. While 68.3% of participants knew that poor vision could be corrected with spectacles and 61.8% recognised the importance of regular eye examinations after age 40, knowledge regarding cataract treatment and diabetes-related eye problems was limited. Only 50.2% knew that cataract could be treated, and 35.7% knew that diabetes could affect eyesight. Among 2,104 beneficiaries who responded to the NCD questions, 8.7% reported having diabetes and 9.4% reported having hypertension, based on self-report. Despite some awareness of eye-care needs, previous utilisation remained low, suggesting that knowledge alone may not be sufficient to encourage care-seeking. The qualitative findings further indicate that participants often sought care when symptoms became troublesome or affected their work, highlighting the need to promote regular and preventive eye care.

14.4 Barriers to Access

Access to eye care was influenced by several interconnected barriers. Lack of awareness (29%) was the most frequently reported barrier, followed by loss of wages (16%), while cost, distance and waiting time were each reported by 11% of participants. Transport difficulties and lack of family support were each reported by 7%, and fear of surgery by 4%. The qualitative findings reinforced these barriers, particularly the financial implications of treatment and the loss of income associated with taking time away from weaving. Participants also emphasised the difficulty of travelling for care and expressed a preference for services closer to their villages and workplaces. These findings suggest that improving access requires attention not only to service availability but also to affordability, travel, waiting time and the practical realities of livelihood-related time constraints.

14.5 Community-based Eye Care as an Appropriate Approach

The strongest facilitators reported by participants were free eye examinations, proximity to home or workplace and availability of free spectacles or treatment. Participants also emphasised the role of weaver cooperatives, SHGs, ASHA workers, village leaders and other community networks in mobilisation and follow-up.

The convergence between the quantitative and qualitative findings supports a community-based approach in which eye-care services are brought closer to weaving communities, offered at convenient times and supported by trusted local networks.

14.6 Implications for Looms & Lenses

As this was a pre-programme needs assessment, the findings provide an initial understanding of the eye-health situation rather than evidence of programme effectiveness. The results suggest that Looms & Lenses should consider an approach that combines regular screening with spectacle provision, appropriate referral and follow-up, awareness activities and community mobilisation.

Overall, the assessment indicates that improving eye health among weaving communities requires more than making clinical services available. Services need to be accessible, affordable, convenient and connected to the occupational and livelihood realities of weavers. These findings provide an important evidence base for shaping the implementation of Looms & Lenses.

15. Recommendations

Based on the findings of the needs assessment, the following recommendations are proposed for the design and implementation of Looms & Lenses:

15.1 Bring eye-care services closer to weaving communities

Conduct regular eye camps within villages, weaving clusters, cooperatives and workplaces to reduce travel-related barriers and minimise loss of working time. Mobile eye-care services may be considered for geographically dispersed communities.

15.2 Ensure comprehensive eye-care services

Move beyond screening alone by providing appropriate refraction, spectacles and counselling, with clear referral pathways for cataract and other conditions requiring further examination or treatment. Mechanisms should be established to track referrals and follow-up.

15.3 Strengthen awareness and preventive eye-care behaviour

Develop simple, locally appropriate awareness messages focusing on regular eye examinations, spectacle use, cataract treatment, diabetes-related eye complications and the importance of protecting vision for continued livelihood. Communication should use local languages and channels familiar to the community.

Recognise the visual demands of weaving in programme activities. Awareness should include practical messages related to prolonged close work, eye strain, lighting, rest and occupational exposure, while avoiding claims that cannot be established by the present assessment.

15.4 Reduce financial barriers

Provide free or affordable eye examinations, spectacles and appropriate treatment support, particularly for economically vulnerable households.

15.5 Use community institutions for mobilisation

Engage weaver cooperatives, SHGs, ASHA workers, village leaders, Panchayat representatives and other trusted community actors in awareness, mobilisation, referral and follow-up. These networks can help reach women, older weavers and individuals who may otherwise be less likely to seek care.

15.6 Plan camp timing around weaving and community activities

Schedule camps at times that are convenient for weavers and take into account busy weaving periods, agricultural activities, local events and weather conditions. Where appropriate, village camps may be organised on weekends, while workplace-based services can be provided during suitable working hours.

15.7 Pay particular attention to women and older weavers

Design outreach and service delivery approaches that address the mobility and access challenges faced by women and older members of weaving communities. Village-based services, peer support and community-based mobilisation may be particularly useful for these groups.

16. Conclusion

The Looms & Lenses needs assessment demonstrates that eye health is closely linked to the working lives and livelihoods of weaving communities. The community eye camps identified a substantial need for refractive correction, spectacles, cataract referral and other eye-care services, while the needs assessment among participants revealed gaps in regular eye-care utilisation, knowledge and access.

The findings show that eye-care needs exist alongside significant economic, geographic and behavioural barriers. Lack of awareness, loss of wages, cost, distance and waiting time can discourage or delay care. At the same time, participants identified free services, proximity, affordable spectacles and treatment, convenient timing and support from community networks as important facilitators.

The qualitative findings further demonstrate that vision is not simply a health concern for weavers; it is an essential component of their ability to perform skilled work, maintain productivity and protect household income. Participants therefore expressed a preference for eye-care services that are brought closer to their communities and delivered through trusted local networks.

As this assessment was undertaken prior to the implementation of Looms & Lenses, the findings should be understood as an initial assessment of needs, access and community perspectives rather than an evaluation of programme outcomes. The evidence provides a foundation for designing a responsive eye-health programme that combines screening with appropriate treatment, referral, awareness, community mobilisation and follow-up.

Ultimately, protecting the vision of weaving communities also means protecting their capacity to continue their craft and sustain their livelihoods. Looms & Lenses has an opportunity to build on this identified need by developing an eye-care model that is accessible, community-centred and responsive to the realities of weaving communities.

Acknowledgement

The Looms & Lenses needs assessment was made possible through the valuable support and contributions of the weaving communities, study participants, field teams, implementing partners, and Sightsavers India. We sincerely thank the weaving communities across Chhattisgarh, Gujarat, Odisha, Tamil Nadu, and West Bengal for their participation and for sharing their experiences and perspectives on eye health and access to care. We gratefully acknowledge the support of our implementing partners and field teams in facilitating community-based eye camps, data collection, and field implementation. We also appreciate the contributions of everyone involved in data analysis, report preparation, and overall coordination. Their collective efforts have been instrumental in strengthening accessible, affordable, and community-centred eye-care services for weaving communities.

Ethical Considerations

The Looms & Lenses needs assessment was conducted in accordance with the principles of ethical research involving human participants. Prior to participation, all participants were informed about the purpose and procedures of the assessment, and their participation was voluntary. Informed consent was obtained from each participant before data collection.

Confidentiality and privacy of participants were maintained throughout the assessment. No personally identifiable information was disclosed in the report, and the data were used solely for the purposes of this assessment and reporting. The findings are presented in aggregate form to ensure that individual participants cannot be identified.

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