“One of the coolest things is the system of mobilizers who go out and spread the word.” Solutions Insights Lab Manager, Rollo Romig, reflects on his visit to Nigeria talking to government officials, NGOs, faith leaders, and community health workers

Ambika Samarthya-Howard
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Ambika Samarthya-Howard: From your time in Nigeria, where are you seeing gaps? Do you feel pharmacies or the private sector could come in? A lot of what you saw seemed to be working very successfully, but did you see any misses?

Rollo Romig: The primary gap I saw was just the ability to reach everybody. People are very spread out. Nigeria is huge. It's expensive and time-consuming to travel to places.

The impression I got is once you reach people, the demand is already there. You don't need to sell people on it. But it's physically difficult to get everywhere, and the screeners have a particular difficulty because they're expected to cover a particular region.

The screener team working for CHAN [Christian Health Association of Nigeria] are volunteers. They're getting paid a stipend for travel, but it's just not enough. They're given, for example, ₦25,000 naira [US$16.67] for a month as a travel stipend, but it often costs them ₦5,000 naira [US$3.33] just to get to one place.

Ambika Samarthya-Howard: Who's giving them ₦25,000 naira [$US16.67]?

 **Rollo Romig:** That's coming from CHAN, but CHAN's obviously getting their money from elsewhere. This was something that came up repeatedly with the CHAN folks that I talked to. They were very eager to do the work, very dedicated, idealistic people, but they said it was really a struggle because they can't afford to get to places. I had the impression they're spending their own money to get to places in order to get things done, or just doing less than they would otherwise because they simply can't afford it. Travel costs are huge.

[NOTE: In response to volunteers' feedback, CHAN raised the stipend amount for volunteers from ₦25,000 to ₦72,000 a month.]

The travel cost came up in different ways. For example, I knew going in that there would be a slight tension around the fact that this intervention is specifically focused on reading glasses, but people have all kinds of eye problems, some much more serious and even life-threatening. At one village in Benue state, the village chief had very bad glaucoma. He's about to go completely blind, and he was frustrated that the event doesn't cover glaucoma. They gave him a referral, but he said that the referral is useless to him because he could not afford to travel the distance to a specialist who could take care of his glaucoma. Travel is a very big problem.

Ambika Samarthya-Howard: Was travel less of an issue in Abuja because things were more compact, with more access to public transportation?

Rollo Romig: Yes, it didn't come up as much in Abuja. I'm not sure exactly what their transit system is in Abuja, whether it's minivans or mini buses.

CHAI [Clinton Health Access Initiative] had just started doing the outreach in Abuja the week before I arrived. It seemed to be going well. CHAN also said things were going great, even given the logistical problems of the areas they're working in, since CHAN primarily focuses on reaching hard-to-reach places in everything they do. That's their specialty.

 Despite the logistical difficulties of getting to some of these places, they were running out of some of the more popular diopters. They were really struggling with 1.5's. They said they could keep going indefinitely if they got more glasses, but I repeatedly heard the same complaint from the people doing the work on the ground.

Ambika Samarthya-Howard: If the issue is really about access, then how does setting up in a pharmacy or elsewhere solve that? Did you find anything that worked?

Rollo Romig: Regarding pharmacies, I really wonder how a paid model is going to work in Nigeria right now, even if the price is quite low, because the economic situation is

terrible, inflation is very high, and one of the massive selling points for these glasses was that they were free. People were very happy that they were free.

 I talked to a lot of people who knew they needed glasses, or who knew they needed to replace their glasses because they were broken, or had grown out of an old power, and they simply weren't getting them because they couldn't afford even the very small cost to get them.

If a pharmacy model comes in, it will be subsidized. Even then, that's going to be a tough sell to get people to pay anything for glasses, even though the glasses are very popular and there's high demand for them. There's no stigma at all around glasses. If anything, it’s the opposite, that people see it as a point of pride to have these glasses.

Ambika Samarthya-Howard: These are two subtly contradictory things, which is everyone's really excited, and no one's going to pay.

Rollo Romig: I don't know that they won't pay, but I had that concern because over and over people emphasize how happy they were that the glasses were free, but then they emphasized that money is so tight for them that every spending decision is weighty.

Ambika Samarthya-Howard: Religion is a hugely contested issue in Nigeria, yet Christian and Muslim groups work together closely across sub-Saharan Africa. Do you have any insights on this?

Rollo Romig: I traveled outside Abuja with CHAN, which is an explicitly Christian organization, Christian Health Association of Nigeria. They are also coordinating the outreach with Muslim community leaders.

Ambika Samarthya-Howard: Why would a Muslim group be okay with a Christian organization?

Rollo Romig: I don't know enough about the nuances of how religious conflict is playing out in Nigeria, but my sense is that, at least on the leadership level of these organizations, there's not a lot of tension. CHAN folks told me that they have a very good working relationship with their counterparts on the Muslim side. CHAN takes the lead on it, because they just happen to have a very particular expertise and long track record in doing health interventions of all kinds in many different regions.

 CHAN is not using a missionary approach. They're doing what's practical. They're leveraging religion to the extent that it helps with the health intervention, but the health intervention is always the supreme thing. People from other religious traditions probably trust them because they understand that this is their approach, and that they take the same approach regardless of what faith it is.

It's not about spreading Christianity, it's about spreading the health interventions, and leveraging religion to the extent that it's helpful.

Ambika Samarthya-Howard: Dr. Okolo is special, there's nobody else in the world like her. If we're trying to replicate the Nigeria program elsewhere, and we don't have a Dr. Okolo, would it work? How did the city, state, regional, and national government events work out?

Rollo Romig: That is an issue. Dr. Okolo is very special. She's clearly fueled this thing. She's been the moving force behind it. Any country that wants to make this as successful as it's been in Nigeria needs to find at least the closest equivalent of a Dr. Okolo to really drive it. What happens even in Nigeria when, and if, there's not a Dr. Okolo who has a special position that the president is personally invested in? He has a personal connection to eye health. When there's a change of office, what happens? Dr. Okolo is conscious of that. She's thinking about how to set this up, both in terms of systems and evidence, so it's a no-brainer to continue.

Ambika Samarthya-Howard: What are some details and insights on the system, and what evidence is there that it's working?

Rollo Romig: They are doing a lot of impact tracking. At every distribution, they're collecting a lot of data and also doing narrative-based impact tracking, interviewing people who got the glasses. My sense is it's driven by Dr. Okolo's office, and it's pretty budget-dependent. They don't have a lot of money to do it. I got the sense they would be making more videos, for example a video testimonial from a tailor whose job was transformed by having glasses. They have to pick and choose what they do because money is so tight.

Ambika Samarthya-Howard: What about systems?

Rollo Romig: The systems right now are CHAI and CHAN's work. I don't know much about the infrastructure for all that, but it's interesting because Nigeria is a federalist system like the US where the states have a fair amount of autonomy. It's not super centralized.

 It's centralized enough that regulations of glasses, for example, aren't a problem. Those are set by the federal center, so they don't have to reinvent the wheel state by state in a regulatory sense. Dr. Okolo has a lot of control over that part. Things vary a lot in how they roll out state to state, because every state is different. There's an interesting dynamic that can also help, because the states have a certain amount of autonomy and there's a bit of a FOMO [fear of missing out] effect. Dr. Okolo and the folks from CHAI both mentioned this. So far, they've rolled out maybe 14 states. They said that neighboring states that haven't gotten it become interested when they hear about their neighbors getting it. They get requests to come from state-level leaders. That's something they can and are leveraging.

Ambika Samarthya-Howard: The distances are hard, but the demand is easy, because people are very excited about it. How do they get people out to screenings? What's easy about the process?

Rollo Romig: One of the coolest things is the system of mobilizers who go out and spread the word. For the most part, the mobilizers have had the same training as everyone else. Often, they've also been trained to screen, but their primary job is mobilizing.

Ambika Samarthya-Howard: Are they community health workers?

Rollo Romig: Not necessarily. Some are volunteers. Some work as mobilizers for the state for health interventions. We'd have to confirm this, but my sense is that it's a few different things. As mobilizers, they do a couple things. In the days leading up to a screening and distribution event, if it's on the village level, for example, they'll go around door to door, talking to people.

The mobilizers who do it for CHAN work on a volunteer model, so they're getting a stipend for travel and food, but they're not getting paid. My sense is that in Abuja, there are people who work as mobilizers.

Ambika Samarthya-Howard: Who do they work for? Who do they report to?

Rollo Romig: I don't know. The volunteers for CHAN are reporting to CHAN. I don't know who employs the people who work as mobilizers. They also go out on the days of the event. Sometimes the mobilizer will serve as a record keeper at the screening, or sometimes at certain events, they do the screening or help with it. It just depends. The structure of the events differed. Sometimes there would just be one screener, and other times there'd be five tables of screeners, depending on the scale of the event. For example at the events I saw in Abuja, CHAI set up screening and distribution events with mobilizers at different places like marketplaces, or outside them.

They set up an outreach for civil servants in a parking lot near many civil servant offices of various kinds. In each of these places, such as the market, mobilizers would often go around with a megaphone and announce the screening in multiple languages, for example, Pidgin and Hausa in Abuja. Word spreads fast. There was a very powerful word-of-mouth effect. The shopkeepers would hear the megaphone and then spread the word to their employees and shoppers in their stores. Many people in the market event, for example, said they heard about it from word of mouth or mobilizers with a megaphone. There were very well designed flyers too, but people said these have virtually no effect, mostly because they're in English.

Ambika Samarthya-Howard: That's what we've heard across the board.

Rollo Romig: They've been playing around a bit with radio ads, but I'm not sure if they have metrics on the effect of those. The folks at CHAI were skeptical that radio ads would be helpful because they doubted that anyone still listens to radio, but this is actually the target audience. Maybe, because they're young, the ads are more effective than they assume. Both CHAN and CHAI are also getting a lot of data at screenings. They have very extensive intake forms with many questions, such as profession and

age, but one question they're not asking is how people hear about the events, which would be very useful to include.

Ambika Samarthya-Howard: By far the most shocking thing from your trip is about second pairs, especially in communities where they're not paying for the first pair. Did you see people wearing glasses and then ask them about the second pair, or did they mention it?

Rollo Romig: At the first outreach event I went to, someone mentioned already having a pair and I just made it a standard question to ask everybody.

I noticed a very distinct pattern with the two kinds of screenings I saw. I was with CHAI in Abuja, the capital city, [where many people already had a pair] and then with CHAN in Benue in rural areas, where almost no one already had a pair. Some people could tell they needed glasses, but virtually no one already had them.

For example, at an outreach at a Catholic church, the priest said he had a pair before, which he'd bought, and he was eager to get a second pair but couldn't afford it. He was very happy to get them. The priest is very influential in the community, and lives in a big house, but it doesn't have running water. People are really strapped, especially in the rural parts. In rural areas, it was unusual for someone already to have had a pair, but in the city, a majority of people who already had a pair said they were coming to get another pair, not just a spare, because they needed a stronger diopter or they'd broken or lost their previous pair. These were people who knew they needed the glasses, heard about this event, and felt it was an opportunity. They didn't get a new pair of glasses even though they knew they needed it and it would help them very much, but they didn't want to spend the money.

I have no idea if these events in Abuja were representative of the city, because in each case, they tended to focus on civil servants. There were events right outside the Health Ministry with mostly government workers.

Ambika Samarthya-Howard: What is happening in Nigeria that would be easy for others to scale in India and elsewhere? One would be the megaphone, another would be community mobilizers who are not community health workers.

Rollo Romig: Those are the big ones. Mobilizers seem to be the most useful approach.

Ambika Samarthya-Howard: What's something unique to Nigeria that would not scale elsewhere?

Rollo Romig: Dr. Okolo, certainly. I sensed that the challenge of getting people to pay for eyeglasses might not be true everywhere. People have a little more discretionary income in other places. I also wonder how permanent this condition is in Nigeria. I don't know the history of inflation in Nigeria, but inflation has been very bad lately. When I arrived, I changed US $500 bills and got a stack of cash. I was glad my backpack was empty because I had to fill the whole thing with stacks of cash. That's not normal, and it

indicates a very bad inflation problem. Is it permanent? Are things going to get better for people? Maybe so.

Ambika Samarthya-Howard: In some places, specifically the US market, if you don't charge for something, people think it has no value, so they don't want it for free.

Rollo Romig: They think it must be useless or promotional.

Ambika Samarthya-Howard: In Nigeria, they get the first pair for free, but even when they find it useful, they don't want to buy a second pair. They just don't have money or economic power. They might feel manipulated and think that it was given to them for free so they would then buy a second pair. There's a heavy sense of distrust. Once they get something for free, they wonder why they should pay for it later.

Rollo Romig: That's right. I got the sense that people feel they've been ripped off for a long time. For example, Dr. Okolo's office was doing a glaucoma outreach, walking around the central neighborhood to spread the word about glaucoma, handing out t-shirts, which were extremely popular. Passers-by on the streets wanted these t-shirts because they were free. They were just ordinary swag t-shirts, but it was so rare to get something with no strings attached that people were passionate about it.

Ambika Samarthya-Howard: They've been the victim of a lot of very authoritarian governments, as well as many international issues.

Rollo Romig: A lot of corruption. A lot of broken promises.

Ambika Samarthya-Howard: Yes, exactly.

ICON LEGEND

Ambika Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*