



“There isn’t as much lack of awareness around the problem as we think there is”: Amit Gupta and Atul Satija of The/Nudge Institute on scaling eyeglasses in India

Rollo Romig

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Rollo Romig: Can you start by introducing yourselves and your organization?

Amit Gupta: My name is Amit Gupta, and I’m COO of The/Nudge Institute. We’re an India-based non-profit, and we’re working to make India poverty free in our lifetime. We’re working with LIF [Livelihood Investment Fund] on their eyeglasses project.

Atul Satija: I’m Atul Satija, founder and CEO of The/Nudge Institute.

Rollo Romig: I saw the pilot for the entrepreneurial program in Tamil Nadu, and I’m going to see a community cadre model next. I know the plan is to scale them both, and right now, they’re separate programs. What are your thoughts on how things might change when these two approaches come into proximity with each other? How will you make sure the models aren’t harming each other, or people aren’t annoyed that they’re paying for glasses in one place and getting them for free in another?



Amit Gupta: The community cadre model is very new. The ability to scale would come from that. That’s the model that will create the market, so to speak. That’s the model that will create awareness and inform people that it is not a ₹1,000 solution. It’s a very simple solution, and they’re not going blind. We have more feet on the ground for the community cadre model, and it is far bigger than the entrepreneurship model.

In terms of a go-to market, there are institutions with a large cadre with whom we can establish partnerships, making the pathway to scale much faster. Economic sustainability needs to come in

to scale, and in these cases, the sustainability is already there, but people are not aware. We are envisioning some of the community cadre people becoming entrepreneurs.

For instance, some cadres would have certain limitations on whether or not they can do this work, especially the health cadre here, but non-health cadres are largely field workers. They can do this work along with the many other things they're already doing. They're larger in numbers.

This is something we need to get our heads around and develop a solid strategy around. Let's say, hypothetically speaking, you need 10,000 such people across India to make it a viable market model. How do you find those 10,000 people who are very entrepreneurial and motivated?

Ankur Sanghi has done so many iterations of this model. It needed multiple iterations, and finally we identified that there is a certain personality type that will be successful. Then the task becomes finding 10,000 such personalities without any good institutional partnership. Right now, that is an open question that we'll have to sort out. Maybe the community cadre can become that institutional partnership eventually, so we can scale it in the market.

Rollo Romig: You mentioned community cadre as a way to get the word out. Are there other approaches that you're taking, or thinking of taking, in terms of awareness building and priming the market for people learn about the problem and become interested in the solution?

 **Amit Gupta:** Right now, these two approaches seem to be working well and seem to be sufficient. The work that still needs to be done is to form partnerships, like partnerships with all the government entities at different levels, be it the federal level or the state level. That is where work and attention are required.

In terms of experimenting with others' seats, there are some ideas, but we have not thought it through completely. For instance, there are a few companies that specialize in last-mile delivery logistics. We are thinking through a possible solution if we were to partner with them. Even for last-mile logistics companies, reading glasses are a high-profit product compared to other things they sell, so they might be interested. What does not work in favor of reading glasses is that, unlike other fast-moving goods, they don't sell in huge volume. We'll have to talk to a few folks to understand that value chain and business model properly.

Another idea for the entrepreneurship model is that, if we establish economic viability, which Ankur has done in a few instances, we can get many market players interested. The market is huge, so even though the margin is low, it adds up. It's a different delivery model altogether, so long as there's no opportunity cost for you in terms of your manufacturing capacity, then it makes sense to do it.

These are some of the ideas that we will think through when we talk about alternative models to scale.

Rollo Romig: I didn't realize that the profits for eyeglasses are higher in comparison to other health interventions.

Amit Gupta: These are not health interventions, but other products, like shampoos, in particular. Toiletry products.

Rollo Romig: What about advertising or mobilizing, or strictly promotional work? Have you thought about that at all?



Amit Gupta: In the business case, we want to do that from here onwards. Number one is that community-based awareness works fairly well. Number two is that there isn't as much lack of awareness around the problem as we think there is. The lack of awareness is regarding how cheap the solution is. Number three is that, in our point of view, no mass media campaign can work or serve a purpose until you have sorted out the supply chain. Let's take care of distribution and availability first, and in parallel, do some community-driven awareness. Once that standard operating procedure is there, and there's a critical mass, then it makes sense to have a mass media campaign.

In today's context, that's probably not going to be TV advertisements. It's probably going to be web advertisements and social media advertisements. Radio still works in rural India, so we'll try that, too. The newspaper, not so much. The vehicles for mass media campaigns change in changing times.

Rollo Romig: Atul, as you're working in all these different states, which all have such different approaches, how do government partnerships work? What kinds of help do you need from governments, and how do you get that help?

Atul Satija: Most of the programs that we are working on, like eyeglasses, are already problems that the government wants to solve. We aren't bringing anything new in terms of the problem. It's the solution design and approach we take that might have nuances we've learned and want to share with the government. The first part of engaging with the government is sharing those learnings and the collective intelligence of the practitioner community outside the government. That's the case whether it's experiments in the entrepreneurship model, in the non-health cadre, or in the health cadre. For all the programs that we work with the government on, we take our insights, collective knowledge, experiments, and failures to the government. That's one part of it.

The second part of it is that sometimes, there are evidence gaps because you are doing a program in a direct implementation mode, but in a government design, they need to think about different kinds of scale, constraints, and resources. What kind of contextualization, localization, and replicability do we need to do in government systems designs? What sort of thinking is required? That requires a common dialogue with the government.



In many cases, the evidence that we need is different in terms of what we want to see versus what the government wants to see. For example, we would be interested in seeing how, if we work with a family, the family's economic outcomes improve. For us, that is great. One state government comes and says we are interested in reducing distress migration. Our data shows that in our program, distress migration has decreased, but we have never paid attention to it. Our solution works, but it was not designed for distress migration reduction.

Today, we don't know all the implications of eyeglasses in terms of non-livelihood, non-economic indicators, like women having fewer headaches because they are cooking at night, and now they are able to differentiate salt from other spices that they are using because they're wearing eyeglasses. We don't know the implications, but some state governments may care about

reducing the hardships of women in their constituencies. They can distribute glasses for different reasons than us.



How do you build evidence that the government cares about? Sometimes they will want to lead a pilot on the ground before they are convinced that this is the right thing for them to do. Sometimes they are believers, but they want to test out a few things around how to scale, like what is the right distribution model. They believe in eyeglasses. They believe in solving presbyopia. They believe in the budget and cost effectiveness, and they believe in the evidence that we already have, but they want distribution models that are not yet clear.

Wherever we suspect the government needs help in thinking about a problem or solution, we try to engage with them. We think that part of government partnerships is opening doors, and going to the government to share the work we have done and see whether this is even important to them. Once we realize it is important, program teams go in and say, Now the conversation needs to get deeper.

I won't be able to express the depth of learning that Ankur has on the ground, for example. So Ankur will have to go and have a detailed conversation about the work they've been doing on the ground. Program teams spend a lot more time building the case for policy, budgets, and evidence— everything from opening doors and building relationships all the way to how it will get distributed at scale. We work alongside the government throughout the entire value chain.

Rollo Romig: Have any policy changes within the eyeglasses field been necessary, or are there changes you're currently seeking, to ease the process?



Atul Satija: Eyeglasses are not considered a medical device in India. You can go and buy them from Amazon or Flipkart. However, in most on-ground programs and schemes, you need a prescription even though the device doesn't require a prescription. You need a screening and a prescription to buy eyeglasses and even know you need them. A screening is obviously needed, but a doctor's prescription isn't necessary. How do you create processes in government scenes and outside them so that this bottleneck, which is not required, is removed?

Rollo Romig: Is that nationwide? What are the circumstances in which a prescription would come into play for reading glasses?

Atul Satija: When the government is giving out free glasses across the country, the scheme requires you to have a prescription from a doctor or an optometrist.



Amit Gupta: Here's the nuance. It is not so much a medical policy because they have never medicalized glasses. It's a fiscal policy. The government wants to make sure that if you are distributing free glasses, the service is not being misused. By requiring a doctor's prescription, they are ensuring that those who need glasses are getting them, and the service is not being misused.



However, now there are technology solutions for that. You can put all of that in your app, which is being used to collect the data and digital workflow, so you are collecting their Aadhaar ID,

their age, where they got the glasses. There are multiple ways to triangulate and validate that the number of glasses that have been distributed looks right based on the demographic data, the age distribution, and such. We are trying to convince the government that they don't need to depend on those 8,000 optometrists in the country. There are other ways to validate this process.

Atul Satija: From a practical perspective, it's not even possible to have an optometrist do this for everyone who needs glasses with the ratios we have in India. Even if it is not a doctor's prescription, somebody else can do a screening and give you that.

Rollo Romig: Are there any other policies that you're working on?

Atul Satija: Most of the government schemes are for refractive errors. Given that presbyopia is a simpler problem, we want to see if governments can start to look at this specifically as a livelihood intervention, instead of only a health intervention. Other ministries, like the textile ministry, tribal ministry, social justice ministry, rural development ministry, agriculture ministry, and the Ministry of MSME [Micro, Small and Medium Enterprises], are all interested in their constituencies and care about their constituents' productivity. Can this be a solution for them and what they want to achieve for their population sets?

So far, it's only been in the health ministry domain. We are trying to talk to others about this, and we've found that many of them see it as a potential solution for their constituents.

Rollo Romig: Often, we think about unintended consequences in a negative sense, but there are often positive unintended consequences. It might not be the thing that you're tracking, but it's having a positive effect. How do you bring that in?

Amit Gupta: Recent surveys suggest that when it comes to time poverty in rural areas, women are massively more time poor than men. They are time poor because they are doing all the household chores. When we do pilots on the ground, participation from women is very high, and they are using those glasses for their household chores. If that, in turn, helps them become more productive in their household chores, it's hard to measure the economic impact of that, but it's a very positive consequence of the whole thing. They get time to do other things. They are being supported in livelihood activities for which they won't get credit, but this will have economic consequences.

Rollo Romig: I'm sure you think a lot about what is livelihood and what isn't. All the unpaid labor that women are typically doing is often economically beneficial, yet we don't think of it as a livelihood because it's not necessarily wage-earning. Are there ways that you think about tracking that even though you can't put a numerical value to it?

Amit Gupta: This is a question we are grappling with. We're trying to figure out how to do a study that provides good insights without attempting to put a number to the level of accuracy that we cannot achieve. We are in discussion with a few PIs [principal investigators]. We are looking at a few things, like the adoption of the glasses. In broad cases, how many are using them? Then, we're trying to understand what people are using them for and doing a qualitative survey that examines how much time they are saving while doing different tasks like, for instance, cleaning rice. How much time do their eyeglasses save them?

We are looking at the anecdotal evidence we are getting, and how frequently we are getting stories about people using glasses for non-livelihood activities, and then finding their overall quality of life and their productivity improve? There are qualitative indicators also. These are some of the ideas we are brainstorming on. RCTs [randomized control trials] alone would take forever.

Atul Satija: The jobs and livelihoods angle of entrepreneurs is a very interesting one. For instance, women in remote areas being able to work.

One of the biggest things is paramedical offices, what we call para meds. In rural areas, people who perform procedures like deworming, vaccination, and castration to livestock, and small ruminants like poultry and goats, are, in the eyes of the community, medical professionals. They compare it, in a way, to doctors. The pride they carry for the work they do is very different. It's not just about money. They don't make a lot of money, but they want to do this work.

It's very similar to the way entrepreneurs feel when they are going and distributing glasses. They get respect in the community because they are providing a device that is helpful. They have dignity, pride, and social currency in the community because they are providing a product that was previously understood as a medical device to the community.

Rollo Romig: I was interested in how the entrepreneurs wear lab coats, which gives this immediate signal. Whose idea was it to have them wear lab coats?

Ankur Sanghai: That was mine. They wear a white lab coat to create that impression, that aura. It makes them feel more confident, too.

Rollo Romig: Thank you all so much.

ICON LEGEND



Advocacy



Money



Supply



Demand generation



Partnerships



Technology



Distribution channel



Regulation



Training



Media campaigns and marketing



Screening

*Rollo Romig is the manager of Solutions Insights Lab. He is the author of *I Am on the Hit List: A Journalist's Murder and the Rise of Autocracy in India*, which was named a finalist for the Pulitzer Prize.*

** This interview has been edited and condensed.*