“There's a lot of appreciation for the simplicity of the solution we are proposing”: Amit Gupta of The/Nudge Institute on emphasizing presbyopia as a livelihood issue and tapping into government funds for social welfare programs.

Ambika Samarthya-Howard
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Ambika Samarthya-Howard: Could you start by introducing yourself and tell me more about your model? I know eyeglasses were more recently added to your portfolio, so maybe you could also talk to me about how Nudge works in general too.

Amit Gupta: Sure. Let me start with the The/Nudge overall, what we do. Our area of focus is poverty alleviation through resilient livelihoods. The idea is that we want to make a significant contribution towards making India a poverty-free country by the time we turn 100 as an independent country.

We started in 2015. Question is then: why poverty, why livelihood? Poverty because we think that India is at that cusp where it has all the enabling conditions to become poverty-free in a generation. That is what has happened with many Asian countries after the Second World War. All the countries that escaped poverty after the Second World War did it in one generation. While for all the countries that escaped poverty before the First World War, it took a couple of centuries or more. The models and the conditions were different.

 In the Indian case, we believe that some of the enabling conditions that make us ready are, one, that India has a lot of poor people, unfortunately, but as a country, we have pretty decent size GDP. This is the fifth largest country with a 3.9 trillion dollar economy. Number two, the country has gone through many large-scale social transformations. There is institutional knowledge and an ecosystem and willingness in place to foster that kind of social transformation. In the first two decades as an independent country, there was a lot of institution building. In 1991, we liberalized the economy. We had our own version of the Green Revolution and the White Revolution. Then an entire digital transformation.

There has been a very high flow of money, which is increasing, coming to the social sector from the government for social welfare schemes, as well as from the private sector. India has over half a trillion dollars of annual budget and more than a quarter of that goes into social welfare schemes. A lot of philanthropic money is coming in social welfare.

Ambika Samarthya-Howard: What do you define as social welfare? Does it include the Aadhaar system [India's biometrically secured national identification system that enables people to participate in the country's economic life]? Does it include all public goods? What do you define as social welfare?

Amit Gupta: Well, there are various schemes, quite a few of those are related to rural development. Things like MGNREGA [Mahatma Gandhi National Rural Employment Guarantee Act], rural employment schemes, various programs through national livelihood mission. And various other programs in terms of making a village an ideal village from a social justice standpoint overall.

 Aadhaar, rather than a welfare scheme, is more of a digital public good that might enable social welfare in a way. The [social] sector is increasingly attracting top talent to solve the thorniest of the problems. Money is coming from CSR [corporate social responsibility]—from first-generation wealthy individuals or from wealthy family houses—that's the money coming in philanthropy. Then there's a talent that is coming to do things on the ground also at scale using technology.

Those are the enabling conditions and we think that those are the right conditions for us to leverage. So long as we can work in a way wherein we find scalable models that can make an impact at population level, then we can escape poverty. That's the whole model of The/Nudge Institute. We work on two areas, two kinds of programs specifically speaking. One is a direct implementation program.

 The idea is that we want to identify social transformations and programs which can scale, which can become the next Green Revolution or White Revolution. Our approach is to follow this phased model, start with an idea, then a prototype to figure out what adaptations are needed in Indian conditions. Then [we come] to a propagate stage wherein we are doing it at a scale to create some evidence and also tweak our model, and we partner with other players in the ecosystem from the government side, from market, from other players in civil society, to propagate. We also play the role of an orchestrator and technical partner. That's how we go to the scale at population level.

Now, the deal is that we don't know which one would be the next Green Revolution or White Revolution. We have a probability-based model that we will work on various things. At a prototype stage, there will be a few programs that will cater to a large section of society where prevalence of poverty is high. Some of that will pass through to propagate, and some of them will pass through to proliferate. We need to have this funnel of the programs to work on and be very disciplined when there's the right decision to see whether something needs to go to a propagate stage or versus something which needs to be phased out. That's one set of the programs that we are doing.

 [We are also working on] what we call an economic inclusion program, which is a graduation approach based program. We work with tribal communities over 4 years, starting with a consumption grant, a livelihood grant, and so on and so forth. That's one where we already have partnerships with central and state governments to reach out to about 300,000 households. We have unlocked about $300 million of government funding for that program.

 Reading glasses would be the second program, which we have launched recently. We have studied different models and initiatives that were carried out by both government and civil society. If I may, let's take a step back and see why it is not being scaled in India. Product is very simple. It's a $2 product. You don't need a doctor. So why has it not scaled? If we look at all three players, let's start with the government. We are a populist developing country. The amount of money we can give in public health is limited to begin with.

Ambika Samarthya-Howard: Limited to what?

 **Amit Gupta:** The amount of money or budget we can have for health is limited compared to the developed world. To give you a benchmark, India allocates about 2% of its GDP to health. OECD countries spend anywhere between 8% to 10%, and the US spends about 17% of GDP on health. Actually, if you divide that by population, the picture is starker. India spends about $74

per person. According to the World Bank, the US will spend about $12,500 per person. There's a resource limitation in public health.

 Let's say we have a $11 billion health budget. In a country as big as ours, there are various other, very high-priority public health issues, and they take precedence. Within public health, vision care is not the top and rightly so. In that $11 billion, vision will get about $100 million. Within vision, also then from a public health standpoint, blindness prevention, cataract, glaucoma, myopia, those are the priorities, so presbyopia [is towards] the bottom of the overall priority list in a resource-constrained developing country from a public health standpoint. Those are the constraints we have in India.

When you look at market players, again, India is still a very underpenetrated market from an eyeglasses standpoint. India's market size would be what, $3.3 billion? The US would be 10 times that, if not more. We are spending about $2 per capita on eyeglasses. The US spends about $100 per capita. The thing is that there is enough unmet demand in urban areas for prescription glasses, which are easier to serve and [offer] high profit margins. But market players are still catching up to that demand through their distribution expansion, their manufacturing expansion, and so on.

 Rural India [has a high] cost to service. Profitability is low, more so for reading glasses. In the order of priority, they are doing what market forces are driving them to do, essentially. When it comes to civil society, there are players who have done phenomenal work, and many are centered around overall vision care from a public health standpoint, and hence they focus on overall vision care where blindness prevention, rightly so, takes precedence.

Then there are organizations who are also focusing quite a bit on refractive error, and there are a couple who prioritize presbyopia. India is a country where potentially there are 300 million people who need reading glasses, and 85% of those are in rural areas. If civil society were to serve that population, the kind of distribution machinery one will need and funding required for that will just not be enough from a philanthropic funding standpoint.

 Whatever we do, if the model is about going to a village, it means screening camps and distributing glasses, which is good work and will provide good insight and create awareness, but that will probably never be enough to meet the challenge for the scale that is required. What's the way out? Now there are certain enabling conditions in India, like I said, more than a quarter of the budget goes to [social] welfare schemes. The government is more than willing to allocate money for the right causes. If one approaches the government from a livelihood standpoint and quality-of-life standpoint, as well as not only from a public health standpoint, there's a willingness to allocate money. That's number one.

 Number two is that India has a vast community cadre. There are about 9 million self-help groups, which have a membership of about 100 million people, all women. There are close to a million ASHA [Accredited Social Health Activist] workers, which are community health workers, about 900,000 nurses, midwives, and so on. There are about 200,000 or so community health centers. There's a vast community that already works with these villages day in and day out. They have the trust and they have the intent to serve that society. Lastly, in India, the regulatory body, which is DCGI [Drugs Controller General of India], never put eyeglasses on the list of medicalized devices.

Ambika Samarthya-Howard: Eyeglasses are not categorized as medical devices?

Amit Gupta: It's not medicalized. I can go into any shop in Bangalore and walk away with a pair of glasses without any prescription, and that's not illegal. That's the law of the land. [Eyeglasses are] not medicalized. That enables us to use community cadres so long as we train them and mobilize them properly. These are the enabling conditions.

 Our approach is a three-pronged strategy. First is working with the government to unlock government funding and to get the government community cadre to work on streaming and distribution. There are certain nuances in policy also. For instance, while it's not medicalized in India, when one wants to get a pair of glasses through any of the government schemes, which are run by the Health Ministry, usually, that scheme requires you to have a prescription from a government doctor. That needs to change, which requires some evidence-building and expert consultation. That's one pillar of what we are doing.

Ambika Samarthya-Howard: I feel like what you're saying so far is that you're working with existing models of the government social welfare system, including ASHA workers. I've heard you've had a very good response from the government around this work. I was wondering if you could share some of that, how did that happen?

 **Amit Gupta:** Our experience is that, again, if one looks at it from a funding and availability of money standpoint, health is one ministry, which has many priorities and will have certain limitations. But there are many ministries that have livelihood mandates. That's where we got an early breakthrough. It's very encouraging initial news, one of these departments has in principle agreed to allocate funds up to $60 million, which is quite significant. But it still needs to go through a formal procedure of getting the money allocated. That's still work in progress.

When we reach out to ministries that are focused on social justice, welfare, livelihood, we are getting traction. Since the product is very simple, it can be done through community cadre. They're very responsive.

Ambika Samarthya-Howard: When you say you're getting traction, what does that look like?

Amit Gupta: We have discussions, at the secretary level, in these ministries. It's a good starting point for us to make the case about [the size of] this problem and the impact it can have on the country. Then having a discussion with the government about this community cadre-led model and how we can help as a philanthropic organization to catalyze them and provide them with technical support.

There's a lot of appreciation for the simplicity of the solution we are proposing and the impact they can have. We got in principle approval from one minister to do it. That's where we are at. In another ministry, we got a conceptual buy-in. We'll have to work through how we make it happen within the confines of their schemes and rules and regulations.

 We have had some discussions with the Health Ministry at the central level and the Health Ministry also appreciates the fact that refractive error should get more attention in vision care. They agree that it's worth trying the health community cadre-based model to see if it can scale. Some experimentation and evidence building should be done to see if this model with the health community cadre can be worked out [and get] more buy-in.

Health is a state matter in India. We are in parallel reaching out to various state governments also. There is one state government where the chief minister has given an in-principle agreement. We will have to work out the details. In one state, we are working on a district-level pilot. In another state, we are working with the state health department to see how we can make it work with their existing last mile community health centers. That's how traction is happening.

Ambika Samarthya-Howard: What have you started putting into place already, or what is it that you're starting to work on to do?

 **Amit Gupta:** What we offer is our support to the government. We offer that once the scheme is approved, we will take ownership of the capacity building of the community cadre, for which we may partner with some other organizations who have been doing it for longer than us. There are many civil society organizations, various hospitals, even organizations like the WHO [World Health Organization]. Those things have to be explored. That's one thing we offer.

The second thing we offer is program management support. Depending on the ministry and the structure of the scheme, it can be at national, state, or district level—or if it is at the district level, the scheme, then it is at the state and district level. That's the second thing we offer, and we are putting a team together for that.

The third thing we offer is baselining, monitoring, and evaluation for these things so that models can be tweaked and evidence can be made. In parallel, we are working on the details of three variants of the distribution model. A health worker model, a non-health community cadre, and a solo entrepreneurship-based model, wherein they can be provided a loan for a two-wheeler or a smartphone and they will get compensated for screening and distribution [of government-funded reading glasses].

These are the three distribution models we want to experiment with. As things get traction and we figure out what the right standard operating procedure is, we would want to explore what the right technology enablements are so we can scale it further. These are the things which we are offering to the government.

Ambika Samarthya-Howard: Are you in the process of implementing any of those?

 **Amit Gupta:** [We have] the one pilot that I talked about in one of the districts, that's where we want to try with a non-health community cadre.

Ambika Samarthya-Howard: When you say non-health cadre, what department is that?

Amit Gupta: It would largely be self-help groups, which are part of the rural development community cadre. We are hoping to launch it in a couple of weeks.

Ambika Samarthya-Howard: Can you tell me a little bit more about what that program looks like? How many people are enrolled and what's your goal?

Amit Gupta: The population of the district is about 1.1 million. This is a district with a higher percentage of population from economically excluded segments of the society. We are estimating that, if things go well, we will end up distributing about 100,000 reading glasses. I don't want to get ahead of myself, but the plan is to execute that and saturate that district in three months. [Then we can] take learnings from that and expand it across the state.

Ambika Samarthya-Howard: How are you training the cadre? Where do the glasses come from?

 **Amit Gupta:** We are still working out those details. What we will do is tie up with one of the reputed organizations in this area for presbyopia training. It's like two hours of training in a very simple module. There are many organizations who have done that and we are in discussion with a few of those and will see which one will work out in this context, in terms of their on-the-ground presence and so on and so forth. Those discussions are going on in parallel.

When it comes to procurement of reading glasses, we want to help the government partner with them to put together guidelines for the procurement. As in what would be the quality parameters and so on and so forth. There is a government process of procurement. We will respect that and we will go through that. What we are saying is to put together a guideline. Let's have an upfront procurement and upfront inventory of reading glasses so that those can be distributed on the spot after screening. Those things we would want to facilitate, but procurement will be done by the government and payment to the vendor will be directly done by the government to the vendor. We would not be part of that by choice and by design.

Ambika Samarthya-Howard: Can you talk a little bit more about the entrepreneur model. What are your thoughts on rolling that out?

Amit Gupta: Before we propose that to any government-funded scheme, that's probably a pilot of our own we will do, how to understand the issues with it. Broadly speaking, here's the set of some of the numbers which I have in mind. A decent electric two-wheeler will be anywhere between 25,000 to 30,000 rupees (≈ $397 to $356 USD). You can provide a loan for that which can be paid off in three or four years. Then let's say if somebody doesn't have a smartphone to administer everything, that will cost you about 10,000 rupees (≈ $119 USD). In less than 50,000 rupees (≈ $595 USD), you will have your initial capital expenditures, which can be provided to a person on a subsidized basis. A person will have to pay back the loan, but interest will be lower.

In Karnataka, the state we are in, there are 32 districts. [If] we give an entrepreneur a target of five adjacent districts and a target of two years to saturate them, [with mechanisms to] hold them accountable against certain milestones of screening, is it scalable?

They will get paid for screening and there would be measures like capturing latitude-longitude and video recording to see that it has been done properly. They will get compensated for that screening and we will provide subsidized glasses. They can try charging the end beneficiary versus not charging for them.

In two years, my back-of-the-envelope calculation says that one such person can easily make about 300,000 rupees (≈ $3,566 USD) per year, which is not insignificant in the Indian context. Then they can easily pay back their loan. Then after two years, people are going to need replacement glasses.

Once they have figured it out, we can gradually start pulling out subsidization. Then you're not going to get paid for screening. If it's a 100 rupee (≈ $1.20 USD) pair of glasses, we will provide you with 100 rupees, you sell it for 150 rupees (≈ $1.80 USD), and that becomes a sustainable livelihood for you. Then we have created a market and we have created a distribution channel. That's a broad level of thinking. We have not even started putting that in plan but that's what we have in mind and [what] we want to iterate with.

Ambika Samarthya-Howard: Are you getting the initial capital of that from philanthropy? When is the rollout for that?

Amit Gupta: For this experiment, we wouldn't mind putting in philanthropic money even for eyeglasses and paying the entrepreneur. Just for the pilot and [from a] learning standpoint, if we think that this is a scalable and sustainable model, then we do want to propose that as one of the options for government-run schemes. We just started this program this quarter. I'm hoping that I'll at least start the experiment by the end of the quarter.

Ambika Samarthya-Howard: You have done a lot of programming over the last 10 years in many of the same communities with serious health and livelihood issues. What is something you've learned from what you've done with the other programs that you think is helping you get into the eyeglass space?

Amit Gupta: We have done many experiments, a few scaled, a couple did not, so that's the part of the learning. The economic inclusion program is on the right trajectory. We did some experimentation. We started learning about the graduation approach in 2019. Then we started our first cohort in the state of Jharkhand [around] December of 2019, and we graduated the first cohort in December of 2022. That's getting good traction. We are working across about 10 states now. Like I mentioned earlier, we are working very closely with different government departments and we have unlocked government money to do this program. That has scaled well and has more potential to scale.

Skilling is one of the first things we tried as an organization through a residential program called Gurukul. We used to bring youth from rural areas to a training facility in Bangalore where we provided them three months of residential training on “21st century skills”, such as conversational English, personal grooming, a basic sense of numbers, and so on, so that these youths can move from the unorganized [labor] sector to the organized sector. This model was very effective in achieving its intended goal, and we successfully placed our Gurukul graduates in organized sector jobs. Through this model we realized that, while this is effective, this is not scalable.

Ambika Samarthya-Howard: Why is it not scalable?

Amit Gupta: How many physical locations will you open for a country like India? It's a linear graph of scaling. It's not an exponential graph of scaling.

 Then we tried a technology-based solution and we named it Future Perfect. We did get the three aspects of this program execution in terms of technology. One is basically recruiting these youths to come and attend these training programs. Doing outreach through technology with

social media or any other means so that there's no human intervention. Otherwise, earlier our team used to go to these rural areas to recruit people. That's one.

Second was getting them interested in joining the programs through, let's say a ChatGPT based model, which gives them a nudge that you try to write something and then the chat bot will tell you what the corrections are and so on. Nudge them to come to the program.

Then third is delivery of the program through technology platforms. We realized that the optimization of scale, effectiveness and economics was not working out.

Ambika Samarthya-Howard: Do you know why?

 **Amit Gupta:** If we do only tech-based delivery, the learning will suffer. If we do tech-based outreach, however hard we try, it'll have some virality, but some human intervention will be needed. Then there's a certain cost of delivering through technology. We tried to bring it down, but we could not bring it down to the extent where it would become self-sustainable. Let's say somebody pays 2,000 rupees (≈ $23.70) and then this program is self-sustainable. We did experiments using various technology interventions and decided that we have experimented enough and we haven't cracked it, and it doesn't look like a scalable model, so we closed it.

Ambika Samarthya-Howard: If I'm distilling this correctly, you are not looking for linear scale, you're looking for exponential scale, so there has to be enough self-sufficiency in the workflow. Then the other thing I'm hearing is that there has to be enough demand to make it profitable.

Amit Gupta: Yes. But profit is not an intent. Economic sustainability is an intent.

Ambika Samarthya-Howard: How do you differentiate economic sustainability and profitability?

Amit Gupta: Profitability is revenue generated from the program is more than the cost of delivering that program. None of our programs are designed with that intent. All our programs are philanthropically funded. When you're designing a program for a population scale versus designing a program for some scale, the thinking differs. Right from the get go, we'll have to keep asking to what extent we scale and what is the pathway to scale. That's where we think there are some big levers of scale, which need to be properly baked into the design and experimentation. Philanthropic funds can play a catalytic role, but for these programs to be economically sustainable with the same level of effectiveness at scale, the design of the program needs to have avenues for philanthropic funds to unlock at least 8-10 times funding from other sources. Government is a very important partner in scaling.

 Second, technology is an important enabler in terms of scaling. In some cases, it will be a tech-based solution. In some cases, it will be a technology-enabled solution.

The third thing is when we are thinking about any program that we take up, what is the size of our customer segment, so to speak? Is the problem we are addressing catering to a large enough population who needs to be pulled out of poverty or not?

There needs to be a good ecosystem for livelihood programs. That's where our indirect ecosystem programs come into play. The idea is that we play on four pillars of ecosystem-building. One is bringing the talent to the sector. We do it through our social entrepreneurship program, through our administrative fellowship program, through some of the innovation funds which we are managing with the government and so on. That's number one.

 Number two is bringing funds and capital to the sector. We provide philanthropic funding to the early stage startups who, in turn, get trained to do downstream funding. We are getting government funding for different kinds of initiatives. We are getting catalytic philanthropic funding in these kinds of initiatives.

 Third is policy. Our approach towards policy is, we're not economic advisors in policy-making. Based on our on-the-ground experimentation and experience providing advocacy to the government in terms of having the right welfare scheme and locking the firms, allocating resources, and so on. Then lastly, using tech-based intervention so that technology can be used as a lever for scale.

Ambika Samarthya-Howard: Do you think you'll start integrating technology for the reading glasses?

Amit Gupta: It's a technology to begin with. It's a seven-centuries-old technology, but it's technology nevertheless. There are three areas where from the get go I can see technology playing a role. One is that, let's say it's a government-provided benefit, there needs to be a tracking mechanism of entitlements. One good example in the Indian context is the COVID app where you have your hard number, you can track when you got your first reaction, your second vaccine, and so on. This is a good example of administration of the program.

 Number two is that if you want to do it through our community cadre, and that's what we have experienced in our economic infusion program, if we can digitalize the entire workflow for the community cadre, even digitalize learning and development, the program standardization and quality control becomes easier. What are the different steps to be taken by the community cadre that can be digitized?

 Third thing is that there are some tech solutions for screening also. Although presbyopia screening is so simple that we don't have to worry too much about technology, there's perhaps a role to be played where a mobile phone can be used for even more accurate screening. It can maybe give more confidence, at least as a screening aid.

These are the three areas. [But] designing a technology solution without understanding what the standard operating procedure would be is not the right decision. We would first want to experiment in those areas, understand, and then get to technology.

Ambika Samarthya-Howard: Is there anything else you want to share about The/Nudge's work or what you're predicting the next year is going to look like with this work?

 **Amit Gupta:** We are aspiring to make India presbyopia free in two phases. The first phase, let's say, [will] last about five years, distributing 150 million pairs of first reading glasses. Some second pair also through the government and also creating some market models. Five years, 150 million of first pairs, let's say about $50 million of philanthropic funding and $600 million of government funding.

 Phase two [will be] three years, another 150 million of first pair, some second pair from the government creation of market models. Another $50 million of philanthropic funding, $800 million of government funding, and let's say about $100-$125 million of top-line creation through market models.

That's the broad level that we are targeting. This is our first year, and we did not even get the full financial year, so my target for this year would be initially to work with the government to unlock some funding and scheme approval and so on. We do want to get to some number of reading glasses [distributed]. Let's see what number that comes out to be. Even if this one district pilot is successful, we'll be able to get 200,000 pairs of reading glasses, but [it's] early days and [there are] many uncertainties.

Ambika Samarthya-Howard: Thank you so much for your time. This was really great.

ICON LEGEND

Ambika Samarthya-Howard 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.*