

## **“We were looking for something self-sustaining, a market-based model”: Ankur Sanghai of The/Nudge Institute on building an entrepreneurial approach to presbyopia**

**Rollo Romig**

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**Rollo Romig: Could you tell me what you do at The/Nudge, and also about this entrepreneurial model in particular?**

**Ankur Sanghai:** I'm Ankur Sanghai. I'm heading the entrepreneur model for the Insight program at Nudge. I've been at Nudge for around two and a half years. I started in their agri practices, and then recently around nine months back, I moved into the Insight program, where our mandate is to eliminate presbyopia from India in the next 10 years.

When we came up with this whole mandate around presbyopia, the easiest strategy we could think of was the traditional approach, where we work with philanthropy and government, using the government cadre, both health and non-health cadres, who can go door-to-door, conduct vision screenings, and then distribute eyeglasses for free to patients having presbyopia.

Presbyopia is a near vision impairment, which impacts almost everyone above the age of 40, and now even at the age of 35. The solution is pretty easy. It's reading glasses, which cost like \$1 or \$2. Living in cities, we have easy access to it. Once you enter the rural landscape, it becomes difficult. First of all, there's an issue around accessibility to reading glasses, and there's also the issue of awareness that people don't think of it as a big problem. People think it's normal, so awareness is low.



At the same time, for people in the city, it may not be so much of a livelihood issue, because maybe you need reading glasses to read a newspaper or use a mobile phone, but in a rural landscape, it's also a matter of livelihood. For example, artisan workers, textile workers, tea plantation workers, coffee plantation workers, and farmers need to have near vision to do their job

in an efficient manner. Once this vision starts deteriorating, if they don't correct it at the right time, it starts impacting their livelihood, and they move into jobs which are less paying, or they start getting less paid in the same job because of inefficiency, which starts because of near vision impairment.

The whole idea was to correct it by providing reading glasses. The main strategy we followed was the traditional approach, where we join with governments and philanthropists to distribute glasses. At the same time, we saw that the issue is pretty big in India, about 200 million presbyopic patients in the Indian rural landscape, so just this one strategy may not be able to yield results in the timeline we wish.

Then we started discussing other ideas, because there had to be more strategies to reach our very ambitious goal. Some conditions we took was that it has to be a self-sustainable model, because otherwise, not only we, but also the ecosystem, won't be able to put resources into all these different strategies. We were looking for something self-sustaining, a market-based model, and there were two or three levers which worked in our favor.

One was that presbyopia has been demedicalized, both by the World Health Organization and the Indian Medical Association, so you don't need an optometrist to do vision screening for presbyopia and to dispense glasses. Second was that there's a big category of the population who can afford to pay ₹200 to ₹500 [approximately US\$2 to \$6] on eyeglasses for their eye health. Today there's a big chunk of people who can pay in the rural landscape, and we are focused mostly on the rural landscape only.

**Rollo Romig: Nigeria is operating just as much in the city as in rural areas, because in the cities there's also a high need. But that's not the case here, is that what you're saying?**

**Ankur Sanghai:** In the city, we already see a lot of optical shops, and even big startups such as Lenskart and Titan. For them, entering the rural landscape does not always make business sense, because after they've saturated the cities, they think of moving to locations abroad, such as Southeast Asia, or other places which are more rewarding, compared to the cost-benefit of building a whole infrastructure to cater to the rural landscape in India. This entire landscape doesn't get catered to by anyone. It's not a focus of priority.

**Rollo Romig: Do you feel that the need is mostly being met in the city?**

**Ankur Sanghai:** At least the accessibility problem is solved, with access to shops all around.

**Rollo Romig: And also many optometrists.**



**Ankur Sanghai:** Yes, and because of accessibility, awareness is not that big a problem because there's so many shops around. In terms of affordability, the good thing in cities is you can get reading glasses from, let's say, \$0.20 up to maybe \$100. You have all the variety. Definitely, interventions can be done to improve it much further, but the rural landscape today is far behind. For them, it's a matter of livelihood, which may not be so much in the case of cities, so that's why our focus was a little more on the rural landscape. Definitely, whatever we do, those initiatives will eventually automatically spill out to the cities also. Automatically, things will get

catered to, but right now, the pressing problem is in the rural areas, so that's why we focused on that.



First, there were these two levers around demedicalization. Second was that people can afford to pay ₹200 to ₹500 even in the rural landscape, and third was that there's a huge chunk of working age people in India who are ready to go out to work in different kinds of jobs, such as selling glasses or becoming entrepreneurs. We had all these favorable levers, so we came up with the strategy of an entrepreneurship model to promote reading glasses to correct presbyopia.

The idea is that we find aspiring entrepreneurs in rural areas, and we onboard them. We provide them with all the training related to presbyopia screening and glasses dispensing, as well as sales training. Then they go into the catchment area and start going door to door, village after village, to do screenings, free of course, and then offer reading glasses to the beneficiaries in need. By offer, I mean they sell reading glasses.



Our plan is that the catchment area should be big enough for this entrepreneur to take around two to three years to saturate it. The idea is that since the lifecycle of eyeglasses is normally two to three years, once the area is saturated, your second-class business starts penetrating. By then the entrepreneur will also be trained, will have developed a strong muscle in sales and communications, so the sky's the limit. Nobody's stopping him from selling similar products such as sunglasses or other products. Build a whole entrepreneurship ecosystem and if it's successful, it'll just build on itself. That's the whole idea.

**Rollo Romig: How are you finding the entrepreneurs? It sounds like some of them don't have sales experience. They're just looking for an opportunity.**



**Ankur Sanghai:** It has been a very iterative and learning method over the last six months. We failed a lot of times. The current process we are using, which is more or less working for us, is that once we identify a block in a district where we want to start pushing this model, we spread the word among the *gram pradhans*, the village heads, in the block offices, in the social network and among influencers, that we are looking for these people. CVs start pouring in, which we screen. Based on that, we shortlist people and we call them for interviews.

There are two face-to-face interviews with my coordinators, and after the shortlisted candidates, after the phase two interviews, there's a final interview, which is in the field where we want to test sales, communication skills, and the confidence of the person. Also, by giving him or her a taste of the real job, they can get an experience of what it's going to be, so they can make a decision before we start investing in training and all.

For us also, it's a very nice opportunity to see how the person reacts to going door to door, doing these kinds of consultations, and selling items. The third round is basically a field round where we do a field screening, and after that, we onboard the candidates who pass, and then the training process starts. The training process is basically, on the first day, we have theoretical training in the classroom, where we teach them about presbyopia, eye healthcare, how to determine the eye diopter, how to dispense glasses.

The second day focuses on sales training, but in a classroom setting, where we explain all the minutiae around sales, how to do it, and present successful sales strategies. We show them successful sales videos, and they get to practice with each other and with my coordinators. From the third day, it's two or three days of sales training in the field with real customers, depending on each candidate. Once we feel the candidate is confident enough and is able to understand how to do sales and take over the manual, then they are on their own.

**Rollo Romig: Who accompanies them on field visits as they're being trained?**

**Ankur Sanghai:** The presbyopia training is provided by our partners. We are partnered with different hospitals and optometrists. They provide presbyopia training in the classroom setting. In the field, my coordinators accompany them. Now, who are these coordinators? When we started the project and started onboarding entrepreneurs, randomly some entrepreneurs came in who were excellent in sales from day one, from the get-go. What was surprising was almost 90% of them didn't have any sales experience, so it was like an inborn talent.

I started calling them my lead entrepreneurs. They're able to sell like eight or more glasses a day. These lead entrepreneurs are my coordinators, basically. They are the ones who provide sales training to the new general entrepreneurs. The lead entrepreneurs are the ones who go into the field to give them field training and to shadow the new candidates as well, to determine if the new candidate is now in a good position to go out by himself or herself.

**Rollo Romig: Tell me more about things you tried that didn't work out.**

**Ankur Sanghai:** We had a high attrition rate in the beginning. People came, they stayed for two or three days, they left. They came, they went. They came, they went. Things were going like that.

**Rollo Romig: Why do you think that is?**


**Ankur Sanghai:** We came up with a few reasons. There's an inherent tendency today among the youth for instant gratification, so they want success from day one. But here, it's a new process. You have to learn sales. You may not be a good salesman from day one. Most of the time, there are days when you're selling zero glasses, and they might not be able to live with that fact. Secondly, with the advent of social media, people are so engrossed on their phones. This is my personal view. They may prefer a desk kind of job, and may not want to go to village after village, door-to-door. Once they come to get the training, and then the real job starts, they realize this is not what they want to do, and go away.

**Rollo Romig: So they have to try it first, and then say it's not for them?**

**Ankur Sanghai:** Yes. That's the reason we decided, let's not do the training from day one. Let's also do a field interview, which will be the final call. Only then will we onboard people, because then we'll also be confident that yes, they do want to do this job.


**Rollo Romig: It's a way of screening a bit from both directions.**

**Ankur Sanghai:** Both directions, yes. It benefits both sides, because if I give two days of training, and then on the third or fourth day the person leaves, it's a lot of waste of time and resources and energy. That's one thing. Second is, once I figured out this concept of lead entrepreneurs, I started

sales training with these lead entrepreneurs.  Once these lead entrepreneurs go with the general entrepreneurs into the field for the sales training, the general entrepreneurs can see success from day one, because the lead entrepreneurs are able to sell from day one. That instant gratification is solved. You are not seeing zero sales from day one, you're seeing a very good number of sales from day one.

We slowly figured out a few things which are okay. Third was that initially, we were going for fresh college graduates, like 21 or 22-year-olds. Now we started focusing on people who are a little bit older, 25-plus, people who are a little bit more mature, with a little bit more sense of responsibility, so that they are committed to the program. It's in its pilot phase. At the mature phase, we can accommodate people with a small level of attrition. Right now, in pilot phases, it has a bit more impact, because as a pilot, it's a small project with a small team, so there's high attrition. It's a lot of bother for the team.

**Rollo Romig: Is it always door-to-door, or do you ever have community events where you sell to people in larger groups?**

 **Ankur Sanghai:** By design, we don't sell to larger groups, but sometimes, as a matter of course, it happened that we went to a door, but actually, 10 people had gathered over there. We prefer door-to-door. There are a few reasons for that. One is that it's a matter of awareness. People are not aware that they have this problem, which is concerning and which can be solved easily, so you actually have to make them feel it by saying, "Sir or madam, you have this near-vision impairment, and it's apparent because you're not able to read my chart. When I ask you deeper questions about your cooking habits and all, it's very clear that you have this issue, and it's something which needs to be solved."

There's counseling along with it, which happens more in a door-to-door setup. If I conduct a group setting, the problem is many people won't show up, because now it's a choice. If you don't consider it to be a major issue impacting you, why will you come? That's why for this project, we are more interested and more focused on door-to-door setup. We don't advocate so much group events because of this, because of the lack of awareness, and because of making the people confident that, yes, they need it.

**Rollo Romig: If you have a group, that direct communication is diluted. You're not having that conversation and speaking to them directly about their situation.**

**Ankur Sanghai:** The whole concept of saturation then goes down, because then you are just dependent on the people who show up in that group meeting.

**Rollo Romig: So it's less systematic?**

**Ankur Sanghai:** We want to saturate village after village. Maybe only 30% or 40% will buy the glasses, but in the end, we have at least spread awareness, and we have made people know that someone has a problem. That's why we prefer door to door.

**Rollo Romig: Once the 30% or 40% get glasses, and are happy with it, then word spreads and people might regret that they didn't get the glasses?**

**Ankur Sanghai:** Yes.

**Rollo Romig:** What makes them hesitate to get glasses? Are there any stigmas around glasses? Does it have to do with the cost? What are the barriers to people just right away being convinced?

**Ankur Sanghai:** We found during our exercise that there was not one dominant reason. There are people who feel a little stigma, thinking they are not so old, so why would they need glasses? This reply does come, but it's not dominant. Similarly, there are people who come up with the excuse that they don't have the money to buy it. Some are genuine, some make up that excuse because they don't trust that they need glasses. There are these reasons which come up. Mainly it's around age or money, or perhaps the husband is not around and he's the one who will make the decision, since he has the money.



The most common is a stated lack of money by someone who doesn't want to purchase, but I felt that's not the real reason. The real reason is they don't trust that they need glasses. Sometimes they just feel that somebody has come to their door and is trying to sell something, but it may not be the right thing for them. I had a case where the lady told us she didn't have the money, and then a gentleman was passing by who was the brother of the village head, and he had bought glasses from us in the morning that day. He told the lady, "Hey, it's very good. These guys are giving these good glasses. I have also bought them." Then that lady told us, "Okay, wait." She went inside and got the money. Where did she get the money suddenly?

**Rollo Romig:** In Nigeria, it's a completely free community cadre model. They're just starting to introduce an entrepreneurial model. There, it's very easy to convince people because it's free, so people just want it right away. Tell me about the extra challenge you have with an entrepreneurial model. The cost is very low, but do you find that people are skeptical of the sales pitch because they think someone is trying to sell them something?

**Ankur Sanghai:** I feel that people are inherently skeptical, because that's the nature of human beings. The main issue I see here is that my lead entrepreneurs sell a lot of glasses, but general entrepreneurs are selling less. The screening process is the same, and it's a very quick process to screen.



The difference is, once you detect that this patient needs glasses, then comes the convincing part, your sales pitch to convince the person to buy the glasses they need. What I see with lead entrepreneurs is that they spend a little more time convincing the patient. The general entrepreneurs are more liable to say, "Okay, you are not interested, thank you," and move to the next house. People by nature may be skeptical. It's more about how you present your sales pitch and convince them. If four people buy the glasses in that house, then the inhabitants of that particular house end up buying much more easily. I won't have to spend a lot of effort on the sales pitch. The convincing, the trust, and the credibility just comes because the neighbors have bought them. It's just about that convincing, which, for the initial houses, you need to spend a little more time on, which the lead entrepreneurs do a lot. They understand that.

**Rollo Romig:** When they spend a little bit more time, what are they doing? What is their pitch at that moment when they're overcoming that last bit of skepticism?



**Ankur Sanghai:** There are three or four pitches they make which I have seen work. The first is around what we do. When we find a patient, we determine the diopter glasses by giving them different glasses. First, we start with the age. If your age is so much, your power should be 2. Let's try 2, let's try 2.5, then let's try 1.5 and see which one fits the best, or if it needs to go more extreme on both sides. Now that we found the perfect glasses, then what we do is give them the demo glasses with the perfect power diopter for the person and give him or her some task similar to their day-to-day tasks.

Like, for a lady, we'll give her a plate with different pulses mixed on it, and we'll ask her to segregate it. Or we'll give a gentleman a newspaper to read, or ask a lady to thread a needle, or give a gentleman a bunch of seeds if he's a farmer and ask him to segregate. The beneficiary can see the difference, then and there, because they're able to do that task so quickly now as compared to how they were doing. There's an 'aha' moment, and you have to capitalize on that moment, which the lead entrepreneurs are able to do. That is one strategy, to say, "Sir or madam, you just saw how fast you could do this, and there was this smile on your face which was not there before."

**Rollo Romig: A big advantage with glasses is that it's so clear.**

**Ankur Sanghai:** Clear, and so quick. If you are doing some improvement in agriculture, because I have that agri background, it will take six months, since the harvest will only come after six months.

**Rollo Romig: They really have to take your word for it.**

**Ankur Sanghai:** Yes. Here, you capitalize on this whole moment where you actually showed them the benefit. They saw it, they experienced it, and then you have to capitalize that experience. You have to leverage it.



Second is you talk about similar things which have happened. Like polio, and how polio drops eradicated it. During COVID, how vaccines helped people overcome it. Similarly, with presbyopia, we try to convey that it's also a condition which can be handled so easily. For polio, you guys gave polio drops to your kids. For COVID, you took a COVID vaccine. Why are you trying to avoid this? Why would you want to live with it? We try to give them this story.

**Rollo Romig: That sales pitch would not work so well in the US now because there's so much vaccine skepticism, but that's not happening here in the same way?**

**Ankur Sanghai:** No, it's not in the same way. Here, we try to capitalize on that experience of someone taking those actions, and ask why they're not doing it now. Third pitch is that so many other credible people in the village have bought it. They must have seen some genuine credibility in this, and then you yourself have experienced it also, so you should go ahead with that. These are a few mental pictures we try to use.

We make it very clear from the first moment that we are not there as a salesman. Just to make things a little clear, we'll do the screening for free. We determine what problems you have, we explain the problems to you, and then it is your call. We have the glasses, but then it's the beneficiaries' call whether they want to purchase or not. We try to be crystal clear from the get-go.

The reason is also that so many people knock on their doors, so there's an inherent skepticism. We make it very clear that the screening is purely free, and there's no issue if you don't purchase. It's also about creating eye health awareness.

**Rollo Romig: Since the screening is free, at least everyone's getting information, even if they don't act on it.**

**Ankur Sanghai:** Yes. Also, another benefit is because we are doing door-to-door, it's a big exercise. Many times, we come across complicated issues in these patients, like early-stage cataract, glaucoma, myopia. What we do then is give them a reference to the local clinic. We tell them that, "Sir, madam, you have this problem which we can see, but we are not trained, neither we are authorized to do anything about it. We highly recommend you to visit this nearest clinic." We give them a small receipt with the name of the clinic that they should visit to get it rectified. Which is an added advantage for the community as a whole because otherwise, these patients would have remained as is, and they would have probably never visited the clinic, or maybe only when the problem was at its worst stage.

**Rollo Romig: Like glaucoma, which needs to be treated in an early stage.**

**Ankur Sanghai:** Yes.

**Rollo Romig: Do you give the entrepreneurs some training in at least identifying some of these other conditions?**

**Ankur Sanghai:** Very basic. Mostly, we depend on how things look or appear on the face and eyes, and if the beneficiary is making some specific complaints.

**Rollo Romig: Like eye problems that obviously can't be fixed by readers.**

**Ankur Sanghai:** Yes.

**Rollo Romig: They don't need to know specifics, they're not medical professionals. They just need to be able to identify something's wrong.**

**Ankur Sanghai:** Yes. It's a question of scale versus depth. If you start imparting more and more knowledge to these community cadres or the entrepreneurs, yes, they might identify a few more things, but then your training module becomes bigger. Then instead of that one day, now we are talking about 15 or 30 days, so is it scalable?

Second, is this population whom we are targeting to become entrepreneurs trained in such a way from their schooling days to absorb so much new information? First, we are making screeners for presbyopia and myopia. Now if we start teaching them cataracts, glaucoma, and more, things start becoming complicated. We need to understand that simplicity is what works to scale any project.

**Rollo Romig: The beauty of presbyopia as a problem to tackle is how straightforward it is, so you don't want to lose that advantage.**

**Ankur Sanghai:** Yes.



**Rollo Romig:** Also, you don't want to just abandon people when they have other problems.

**Ankur Sanghai:** Yes, exactly. Hopefully, our expectation is that the footfall at the nearest clinic should actually increase over time when the project matures.

**Rollo Romig:** Are there other operators providing reading glasses who are maybe unhappy about this entrepreneurial model? Is there any tension with other people who sell or provide reading glasses, such as optometrists or eyeglass shops? Do they feel their territory is being cut?

**Ankur Sanghai:** Yes. Till now in the pilot phase, we haven't faced that issue, but we know that issue will come up at some point. They might feel threatened because of it. The thing is, they are already so sparsely [distributed]. They're so few in number. If they were more dense, there wouldn't be a need for us to be present to do this whole initiative. Already, the number of optical shops across the population is so low for the rural landscape that we don't envision it to be a huge problem. It will happen in sparse locations here or there, but we don't envision it as a huge problem going forward.

**Rollo Romig:** This is just part of business if this happens?

**Ankur Sanghai:** Yes.

**Rollo Romig:** You've given each entrepreneur a territory that is big enough to take them a couple years to cover it all.

**Ankur Sanghai:** Two to three years.

**Rollo Romig:** How big of a territory is that?



**Ankur Sanghai:** Normally, we go by this method. Each entrepreneur is able to do on an average of 12 to 15 screenings a day, and we want to screen everybody above the age of 35. In a month, if these entrepreneurs work for 25 days, assuming Sundays off, we are doing somewhere around 350 to 400 screenings a month there, or around 3,000 to 4,000 screenings a year.

Across two to three years, we are talking around 8,000 to 12,000 screenings. Based on that matrix, we assign the catchment area, because the population density is a little different in Tamil Nadu, let's say, versus Uttar Pradesh. Based on that matrix of one screener in two to three years screening 10,000 to 15,000 people, we give them an area only with this kind of a population.

**Rollo Romig:** It sounds like door-to-door sales is pretty common in India in general, right?

**Ankur Sanghai:** Yes. All these agriculture companies already have door-to-door sales of pesticides and insecticides, so people know about it, and FMCG products [fast-moving consumer products] are also sold door-to-door.

**Rollo Romig:** Does that differ regionally? Are there some states that have more door-to-door sales, or other states that have less?

**Ankur Sanghai:** What I perceive personally is that there are states with denser populations where you might find more door-to-door campaigns going on.

**Rollo Romig: Because it's more efficient?**

**Ankur Sanghai:** More efficient, and you also have a lot of population to actually go door-to-door. In areas like the southern part of the country where the population is not so dense, maybe the door-to-door campaigns will be little less as compared to North India, just because the population is less. Even the density is less, so going from one home to the other, or one village to the other, may not be so close by.

**Rollo Romig: If I understand correctly, eventually you will use both the entrepreneurial model and the community cadre model in every state?**

**Ankur Sanghai:** Yes. The idea is that the community cadre model will be scaled in a natural way with governments in every state and every county, and with philanthropists. We want to build a successful entrepreneurial model. We want to prove if it works or not. We want to build a technology around it and build a full business case, like how to train, how to find lead entrepreneurs, how to do interviews, and then we want to make it open source. We want to invite other organizations. We want to invite governments whose ministries are interested in building entrepreneurs. It's a proven, successful model. You just take it, replicate it, propagate it, and promote it as much as you want. That will help in scaling much faster.

**Rollo Romig: How do you decide where you will do the entrepreneurial model and where to focus on the community cadre model?**

**Ankur Sanghai:** We are trying to focus community cadres everywhere in the country. We're in discussion with most state governments and central ministries, and wherever we have enabling factors, we want to go ahead. For the entrepreneurial model, right now we are in just two states, Uttar Pradesh and Tamil Nadu.

**Rollo Romig: Wasn't it also outside of Bangalore, too?**

**Ankur Sanghai:** We were trying, but it didn't work out, and then we didn't move forward, based on resources. The idea was to prove the model first. The community cadre model is proven. This model was not proven, so that's why we felt that taking Karnataka or more states would deviate our focus and energy, so let's focus on Uttar Pradesh and Tamil Nadu, which are two different corners of the country, and get good comparative data also. We are focusing on these two states. We're in one district in Uttar Pradesh, one district in Tamil Nadu to see how this entrepreneurial model shapes up. After these two, the idea is to move into different states, again based on where there are enabling factors and resources suited for us. At the same time, there may be other organizations we are open to who can learn from this model, and take it up. We have all the training modules designed, and they could propagate in some other states as well.

**Rollo Romig: How did you choose this particular district in Tamil Nadu, and that particular district in Uttar Pradesh?**

**Ankur Sanghai:** In discussions, we found partners. It was an organic approach we came up with. In Uttar Pradesh, our partner is Shroff Eye Hospital. We were discussing and planning with them,

so we started with a few days of getting to know the model in their district. This district was just closer, so we just started there.

In Tamil Nadu, our partner is Aravind Eye Hospital. It was similar in that we just started with a district where there has been less promotion around presbyopia awareness, and Aravind was there. It just happened organically. There was planning that, yes, there is less of this and that, but it was more about where the enabling factors were. The district made sense, so we went there.

**Rollo Romig: Why did you drop the district outside of Bangalore? What made that less suitable of the three?**

**Ankur Sanghai:** It was more about the timeline. The partnership happened first, so Uttar Pradesh got kicked off first, then Aravind happened. Tamil Nadu kicked off second. Already, our resources and time started getting focused on these, so until we could build a partnership in Karnataka, we were already stressed between these two.

**Rollo Romig: Tell me more about these partnerships. What role are the partners, Shroff and Aravind, playing?**

**Ankur Sanghai:** Basically, they are our training partners. One of the main collaborations is to train these entrepreneurs how to conduct presbyopia screening, and the best methods and strategies around presbyopia detection. That is the main collaboration in this whole endeavor. From our side, we focus more on the success of the model from the entrepreneurship and sales perspective. Then we focus on putting the whole system together to build the tech and the training modules around it, to make it a model in a box, with everything packed and ready to go. Anybody who wants to experiment with it, everything is done. It's like a manual. You just go through it and you can implement it.

**Rollo Romig: What tech have you had to develop?**

**Ankur Sanghai:** We are in the process of developing this right now. We started because we have to record all this data, like where sales are happening, and who is the beneficiary. Currently, we are using KoboToolbox, which is very commonly used in the nonprofit world, but as we scale, we know we need something in-house that's more sophisticated, so we are building our own in-house tech right now, to record the workflow around the whole screening, recording the data of the beneficiary, whether the glasses are sold or not, to determine also the performance of the entrepreneur.

We've decided to take two or three months to see if AI tools can help us streamline and expedite this whole process of tech development. We're experimenting with that this quarter. I'm leading that initiative as well to build a whole tech solution using AI tools as much as possible. Let's see what comes out of that. That's where we are right now.

**Rollo Romig: In what areas do you think AI tools might be particularly helpful?**

**Ankur Sanghai:** One of the very cool things about AI is because the projects evolve over time, like the workflow where you record the demographic data and whether glasses were sold or not, you record the success metric. Also, there's another module around inventory management, because with these screening entrepreneurs, they have inventory. They also want to manage their

inventory. A third module can be about finances, where these entrepreneurs can keep a record of their finances based on how many glasses they sold each month, how much they earned, and those kinds of things.

You don't start working on all the modules at one go, if you're doing something with the tech team. You build one module, then you integrate the other, then you integrate a third one. With AI, these things become a little easier because from the get-go, you know what you want to do, so you keep those pipelines open so that there'll be a new pipe which will come into the flow later on.

AI is pretty quick making the whole wireframes, like how each screen will look. You have to bring in designers earlier. Before you had product managers, designers, and the actual coders. Some of these aspects can be automated pretty quickly. I made wireframes for my tech solution. It was pretty easy to use AI and build it. Also with vernacular languages, like getting the same screens in different vernacular languages, it's a pretty quick job with AI.

**Rollo Romig: Tell me about this pilot in that district in Tamil Nadu. When did this start, and how has it gone from the beginning?**

**Ankur Sanghai:** We went live with the pilot on June 1st. In May, we did the hiring and onboarded lead entrepreneurs. Before that, the first step for me was to find a coordinator for the state. Hena came on board and started building a team. We hired four entrepreneurs in May. In late May, they underwent training in presbyopia. They were live in the field from the first week of June. Among those four, one lady turned out to be amazing. From day one, she was selling like 10 to 12 glasses every day. She became my lead entrepreneur by default.

The other three were more generic entrepreneurs. Everyone is female, not by design, but it just happened that they were more receptive to this model. The other three, they were doing sales, but the numbers were not that sustainable in terms of earning a decent livelihood. It was just the first month, but I wanted to push that question. How do I reach a sustainable number of sales numbers, so that they can earn a decent livelihood? Because otherwise, the pilot will be at risk.

To achieve that, the lead entrepreneur went with these general entrepreneurs to the field, one by one, and spent a few days showing them successful strategies and things like that. In July, there has been a big dramatic change where my general entrepreneurs are selling enough glasses every day in a sustainable manner to make around ₹15,000 [US\$173.12] per month. To make a special note, these ladies work only three to four hours every day. They are not working for 8 to 10 hours every day.

**Rollo Romig: So it's a part-time job.**



**Ankur Sanghai:** Yes. It's so conducive because now they can take care of their home, they can take care of their kids, they can do their cooking, et cetera, and they spend three to four hours in the field where they can make ₹15,000 a month. If you see the average salary or income there, ₹15,000 is pretty good. The average is around ₹10,000 or ₹12,000, so ₹15,000 is a little leg up, and that's just a three to four hour-a-day job. That's another remarkable outcome of this whole pilot.

**Rollo Romig: Distance-wise, how big is each one of their territories?**

**Ankur Sanghai:** Normally, it's either we give you a big territory and you deal with one product, or you get a small territory but you have more products, because if you give them a small territory, then the person will saturate it pretty quickly. Right now, we have given them enough of a big territory that takes two years to slowly go around it, but because it has been just a month and a half, they're still close to their villages.

**Rollo Romig: Then they're going to have to go farther and farther distances?**



**Ankur Sanghai:** Yes. Right now for these pilots, we hire people who have scooters or who have some transportation means so they can travel. It's a screening condition. That's essential, because if they cannot travel, then this may not be the right product for them because then they will need to sell more products or otherwise it won't be sustainable. They'll saturate their region maybe in two, three months right after that.

**Rollo Romig: Is the transportation cost a challenge for them at all?**

**Ankur Sanghai:** That's included in my model. This ₹15,000 is after the fixed cost, after the transportation cost. After that expense, they're still left with ₹12,000 to ₹15,000 in their pocket. The main expense is around fuel.

In this region, I found that the transportation bus services were pretty good. In the area of Uttar Pradesh we're in, there are not so many public transports in the village. Over there, people have their own vehicles. Over here, not everybody does, but the public transportation is pretty good.

**Rollo Romig: Did your lead entrepreneur, Maheshwari, have any sales experience before?**

**Ankur Sanghai:** Zero experience.

**Rollo Romig: She was just a natural?**

**Ankur Sanghai:** That's the irony. Similarly, my lead entrepreneur in Uttar Pradesh has zero sales experience. Their community experience was where they used to visit community people and guided them, things like that, but zero sales experience.

**Rollo Romig: Obviously, for a lot of skills, training is helpful, and I'm sure anyone could become a better entrepreneur, but there are certain things like this where people just have a natural skill. Some people have the personality for that.**

**Ankur Sanghai:** There are two questions I'm trying to solve right now. First is, how do you find such people? Today what's happening is that I hire 10 or maybe 20 or 30 people, and then one turns out. I'm not even talking about screening. I might be screening hundreds, out of which one turns out. But what process to design to find these people naturally?

**Rollo Romig: They don't necessarily know that they're that person, because Maheshwari hadn't tried selling before.**

**Ankur Sanghai:** Yes. That is one question. The second question I'm trying to answer is that because it's difficult to find such people, and because there may not be so many such people out

there, you have to depend on those general entrepreneurs. The idea is, how do you raise the power of these general entrepreneurs so they are able to achieve sales targets and make a sustainable living? How do you raise them? These are the two things I'm working on.

One of the strategies I'm employing is that this lead entrepreneur gives training to these general entrepreneurs, but over time, as we scale, it may not be at that level. Today it's one to one. Tomorrow, it will probably become one lead entrepreneur for four or five general entrepreneurs. It's just the nature of scaling. I'm trying to record small videos of all the successful sales strategies used by the lead entrepreneur live in the field when she's actually selling.

Secondly, I'm trying to do [videos] about all the situations an entrepreneur lands into with the customer. Like, what are the inherent complexities, questions, or doubts in the mind of the customer, and how do the entrepreneurs handle the pushback? I'm trying to make small video snippets of all those scenarios to make a learning module for the general entrepreneurs, which they can watch again and again. I am trying to gamify it in some way so that it becomes interesting for them, so that somehow it just goes into the way they think, and it becomes second nature that if the customer says this, then this is the way you react.

**Rollo Romig: It helps a lot to have some kind of script, even if you don't adhere to it directly, at least you've got the idea in your head.**

**Ankur Sanghai:** Yes. Today we'll go to the field close to where Maheshwari is working currently. The whole idea is to interact with her, and she will do live sales. We'll accompany her to see how she does the sales.

Also, if we have the time and opportunity, we'll try to speak to some customers who have bought glasses a few days or weeks ago, to understand their experience. Are they actually using the glasses? What's going on? What are the difficulties? All that.

You are not going to see things in a perfect shape, just to let you know. That's the nature of pilots. If it was perfect, then it wouldn't be successful. It has to be mended every day till we reach the perfect stage.

## 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.*