



“We go very far to meet artisans and mechanics, who need glasses for their near-vision jobs”: Anointed David O. and Nathan Meshik of CHAN on bringing quality eyeglasses to Nigeria’s most remote communities

Rollo Romig

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Rollo Romig: How has the eyeglasses outreach been going since March?

Anointed David O.: As of our week 17, we have screened 206,000 people and dispensed about 198,000 eyeglasses. At the moment, we have just about 1,000 glasses remaining across Kaduna State. There are no glasses there again, just a few in Sokoto State. We had a team visit the multi-country coordinator, Simon [Ssetongo], who was around for two weeks and leads the projects on the ACHAP [African Christian Health Associations Platform] side.

Following a program review meeting, we had some supportive supervision in the field. We're in Plateau State in Shendam, and Kaduna State, too. Teams in other states did some data validations and stock analysis to check the remaining glasses.

We were supposed to stay till Friday last week, but we left because there was no funding. We left the field the week before the Eid al-Adha holiday.

For next year, starting July 2025 to June 2026, [RestoringVision] is sending us 350,000 glasses. Last year it was 200,000 glasses. We specifically requested more of the lower powers. We had serious challenges with the higher powers from 2, 2.5, and 3 because those powers are required for more elderly people.

Because we cannot finish with 50,000 glasses still remaining, all 3.0 and 2.5, we have to do some targeted outreach to make sure we get them dispensed to the right people.

The process of applying for glasses is ongoing, and we are expecting the delivery of the shipment anytime now.

The other part is the call for scale-up, the high call, the high demand. The NEHP [National Eye Health Program] had their fourth national coordination meeting with all the state eye health coordinators in Abuja. They request we come to their states to support them, because they also have a high burden, but we are quite limited. We can only do as much as we are funded.

A few teams, such as the one in Kaduna right now, don't have glasses, so they're not in the field. As soon as the glasses supply is exhausted, that's all we can do for now until we get the next tranche.

Rollo Romig: In some places all they have left is the highest power, is that right?

Anointed David O.: Yes. In Sokoto, all they have is 3.0. In 98% of the places, about 2,000 or at least 1,000-plus glasses remain. They are 3.0s. We have to do targeted outreaches to meet more elderly folks because they need that higher power.

Rollo Romig: That sounds inefficient. It's better just to have all the powers, right?

Anointed David O.: Yes, of course. It's better to have all the powers because when you screen, maybe 3.0 is not what the person needs. We still have a set of screening glasses when we go out. For teams with a few glasses remaining, when they screen, if what you need is 1.5, they'll write down your name and let you know that these glasses are not available for now, but once it's available, we'll call you and give them to you.

Rollo Romig: The lack of funding and the lack of glasses are huge challenges. Aside from that, how was the program going before the funding ran out? Did you learn any new things?

Anointed David O.: It's going well. We discovered that our approach is yielding so much result, and we are meeting the right people. In a few discussions we have had with the national coordinator, Dr. Okolo, at the national coordination meeting, we discovered that most eye health organizations are programming in the city center. But we are in the villages, in communities and places where even when people have money, they can't access these glasses. This is one thing that really stood out.

For example, we were in Kaduna and met a woman who picks rice on farms. She has money to buy glasses, but she has not been able to get them. The pair she had seven years ago is not reliable any more, and she couldn't see well. When our team came, we screened her, and gave her glasses. She said that normally, it takes her about one month to fill the container she uses to pick stones from the rice. Now, with glasses, it takes her about three days to fill it, because she can see well and her eyes are no longer stressed.

It's not just that the glasses are helping, they are also quality glasses. They're strong. We go far, to places that others do not. In the coordination meeting were over 10

partners in eye health, but just a very few go deep into the community. That has really been a strong point for us. We go very far to meet artisans and mechanics, who need glasses for their near-vision jobs. It has been helpful.

Other challenges we had was the issue of insecurity, but it's our kind of terrain, so we know how to implement in those places. At one location in Benue we gave 1,000 glasses for every power after the training in February, but we did not hear from them again until early June because of the Insecurity. After we gave them the glasses and they returned to their communities, fights started. There were communal clashes here and there, and we could not dispense. Everywhere there was heightened insecurity. After the training, in two or three communities where we distributed 1,000 glasses, 10 cartons in February, we did not hear from them again after they returned from the training until the end of May. Communal clashes started, and everybody just had to lay low until then. The disputes were resolved, and now they can begin dispensing again.

It comes with the terrain when we work in insecure locations. It is also a challenge, but we know how to operate in those settings. We provide vaccinations in humanitarian settings, funded by Gavi [the vaccine alliance]. We [screen for] eyeglasses with it.

In Sokoto, we talked with Saraki of the LGA [Local Government Area]. Saraki is the 'king' of the LGA. He said vaccination is for children, but eyeglasses are for everyone. That means we are taking care of their children, and we are taking care of the adults, so their livelihoods are getting better, and their children are living well.

Rollo Romig: Were the communal clashes religious conflicts?

Anointed David O.: No, they're not religious. They're all Christians. It's communal. It's communities fighting communities.

Rollo Romig: What else has been notable in the past three months?

Anointed David O.: The other notable things are the strategies we use that give us results. One strategy is using locals. [Despite insecurity,] these people still continue dispensing, because they live in that community and they are locals. It's their ancestral home. They don't have anywhere else to go. Using locals has been a very good strategy that helps us. For each of those communities, if we use locals, it saves logistics costs and [adds] communal acceptance.

Another strategy is daily data tracking. This helps us check whether we're on track, and if not, we can do some quick cost correction. We've just included another item for quality control by calling the clients. For instance, when our team went into the field two weeks ago, we all called a few people. In Sokoto, we called some people and asked if they received glasses from the CHAN team. They said yes, to confirm that [the volunteers] are giving glasses for free. This was done across all the states, just to be sure. The team knows we can call these people. It makes the quality stronger.

Another strategy is stakeholder support. We have great support from the national organization, including the national coordinator, and great support from community

heads, traditional leaders, and religious leaders. This has given us good acceptance in the field.

Rollo Romig: It sounds like you are distributing glasses pretty evenly between men and women. What is the breakdown percentage-wise?

Anointed David O.: There are some things you can't control directly. Of course, I've had times that I have to call my people to ask why I'm seeing only women on the summary sheets. They'll say they went to a women's conference. In Nigeria, the statistic is about 49:51, with women having above 51 percent. It's about the same when we checked glasses given by gender, we also saw this was very close. The last analysis I did was around 49:51.

There's something interesting about gender in Nigeria. When we went to a community in Shendam with the coordinator for the project, 90% of the clients were men, or even 95%. He was worried, where are the women? We told him this was our second time in the community. We expect to see more men at the beginning because most times, women don't stay together where men are. When you finish up with the men, you start seeing the women come up. It's a patriarchal society, and there are some things we don't have full control over. The results have shown that we have a very good balance of both genders.

Rollo Romig: It's important to allow enough time so that when the men finish, there will still be time to see the women.

Anointed David O.: Yes. It's most likely not the same day, or maybe not even the same month, depending on how frequently you go to the place. The first and second visits may be mostly male. Then by the time you are getting through with the men, you start seeing the women come in front. Those are the majority in the remote areas anyway, rather than in the places that are semi-open.

Rollo Romig: Your specialty is in those very remote and hard-to-reach areas. What percentage of Nigerians does CHAN serve?

Anointed David O.: The last statistics we have is that CHAN supports about 40% of Nigeria. It's all on our website, stated by the minister of information. However, that is arguable. We have not done a recent analysis to know what percentage of the population that CHAN is covering, but it's quite a huge number.

Rollo Romig: One big challenge with so many health interventions, including glasses, is access to health facilities. Approximately what percentage of Nigerians have no local access to a health facility?

Anointed David O.: That can be pulled up from NDHS, the National Demographic and Health Survey that just came out in December last year.

Rollo Romig: There's a discussion around eventually introducing a paid or subsidized model to encourage people to buy a second pair of glasses, probably at a very subsidized, low cost. Is it possible for a paid model to work?

Anointed David O.: It's very possible. RestoringVision is doing that in some other countries. For Nigeria, Save the Children has a subsidized version. Sightsavers [provides them for] \$1 or so per pair, for sustainability to keep the program running.

If, for instance, you need ₦5,000 (USD \$3.33) to get glasses, and the location we are working is quite remote, even with ₦5,000 (USD \$3.33) they cannot get glasses. If you bring glasses for them for ₦1,000 (USD \$0.67) or ₦1,500 (USD \$1), they will happily take it.

Generally, in one, two, or three years, these glasses will either break, get lost, or your eye needs a different power. When that time comes, you see that most of [these people] don't have anywhere to get the glasses. If it is made available at a subsidized rate, which other organizations are doing for about USD \$1 in Nigeria, it's going to be very welcome.

Rollo Romig: I didn't realize organizations were already doing that in Nigeria. Do you know in which states they are operating?

Anointed David O.: Not very clearly. In the last coordination meeting, they gave their presentation. That's when I first heard they're already doing this in Nigeria. The NEHP will have full details on the program.

Rollo Romig: Are there populations or areas in Nigeria where people would not be able to pay even \$1 for glasses? Would that be a challenge in some places?

Anointed David O.: Of course, yes. There'll be locations where people, even with the \$1, will not be able to pay, especially people in the heart of a humanitarian crisis. If we were talking about people who are already artisans in a stable community, and they need these glasses to get on with their work, or like the woman who was able to fill her rice drum in three days, they're ready to pay ₦1,500 (USD \$1) to get glasses.

I was in Borno a month or so ago, and we were in an IDP [internally displaced person] camp where they don't even know where their meal for this night will come from. There's no access to WASH [water, sanitation, and hygiene] services. Getting glasses will be the least of what they want. They want survival at that moment. For areas with high humanitarian needs, that may not be what they can afford, but for other stable areas, \$1 is very practical.

Rollo Romig: CHAN's health interventions are typically free. Would you be able to implement a paid model, or would other implementers have to do that?

Anointed David O.: No, it's not typically free. Let me shed a little light. They have interventions that are purely free. Our immunization intervention is free, but we have, presently, a Gates Foundation funding for maternal and child health. As part of the

program, there are medications for different reasons. They have the heat-stable Carbetocins that help with hemorrhaging in women who are giving birth. We are not giving it for free. It's at subsidized rates.

However, it also has revolving funds for drugs. When this is given to the health facility, they're not paying for it immediately. As they sell the drugs to women in need, they send the money directly into the drug revolving fund account. As you pay, you get not just subsidized rates, but also high quality.

Rollo Romig: Nathan Meshik, do you have any thoughts on how the paid subsidized model for glasses would work?

Nathan Meshik: It'll be very interesting for us here in Nigeria to give it a try, especially in the first four states and all the local governments where we are working. One thing we tell our beneficiaries during the process of giving them glasses is that the initial one is free, but then subsequently, if anything happens to these glasses, you may have to pay for another pair from your own pocket.

I'd be very interested to know how much people see the value of these glasses to them. If a paid version is subsidized, I'd like to see the results. I feel deep within my spirit that there will be some level of reception, especially if these glasses are at a subsidized rate. Sometimes people have the money, but they do not know where to get the glasses. If we have the glasses and provide them at a very subsidized rate, I am very sure there will be some level of reception for these glasses in those states where we are implementing the program at the moment.

Rollo Romig: You increased the travel stipends for the volunteers from ₦25,000 (USD \$16.67) to ₦72,000 (USD \$46.67). What kind of impact did that have?

Anointed David O.: The increase in stipend was a good motivation. It helped the team. In the St. Peter and St. Paul church, when you asked them what would be a good pay rate, they all mentioned ₦75,000 (USD \$50). We just did the scale to ₦75,000 (USD \$50) for the team or ₦70,000 something (USD \$46.67), which is a good motivation.

Generally, as we go into the next phase, it will be much better because we devised a better strategic means of outreach that will reduce the number of times they go out, so when they go out, they will achieve higher results.

Rollo Romig: So it's not just about the amount of travel stipend, it's about being more efficient with each trip. How did you make the decision to increase the stipend amount?

Anointed David O.: First, following the discussions we had with you from Solutions Insights Lab and the team about going for ₦75,000 (USD \$50), we had an internal discussion with our Secretary-General about how the teams are requesting something a little better. That was the beginning of the yardstick.

We are looking at about ₦5,000 (USD \$3.33) per day when they go out in the field. We did all those calculations, including the average distance they go per day. That's how we came to that particular amount. However, in the next phase, we are looking at a team. Presently, we have about 97 teams, and in the next phase, we'll have 50 teams who are expected to go out just 7 times in a month.

In these seven times each month, each person in the team will get a stipend of ₦5,000 (USD \$3.33). They should be very strategic in going to places with the highest numbers. They'll be targeting market days and big church events, because the funding is low. We have already calculated, with 50 teams working 7 days in a month, times 11 months, we'll get 350,000 glasses dispensed.

Rollo Romig: It's about making sure they have ₦5,000 (USD \$3.33) for each travel day, but also about trying to make sure the travel days are more efficient. Nathan Meshik, do you have anything to add about the stipends or the process in making that decision?

Nathan Meshik: We had a joint meeting with the PMU [Programme Management Unit] of the ACSP to review what was initially provided for each individual. One key learning from your visit was also to improve on that. Initially, we had planned to improve it to ₦50,000 (USD \$33.33), but after your visit, we also had to negotiate to make it a bit higher, because of the distances they would have to cover for each round of their travel for the outreaches.

It was not a decision made by one person, it was a decision that came up after the first visits. Initially, we thought of moving it higher, which we didn't do but your visit also was a motivation for us to move it up after finding out that what we initially budgeted was not enough. The decision was a joint agreement by the PMU for the projects to implement the increase and the change. Thank you.

Rollo Romig: That's great. Great talking to you both.

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* This interview has been edited and condensed.