



## **“By giving this small pair of spectacles, we bring care and joy”: Dr. Sapna Deb Sarkar, State Officer for the National Program of Blindness and Visual Impairment in Meghalaya, on training and scaling access**

**Rollo Romig**

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**Rollo Romig: Can you start by introducing yourself and your role in this work? How did you first connect with The/Nudge for this project?**

**Dr. Sapna Deb Sarkar:** I'm Dr. Sapna Deb Sarkar. I'm the state-level officer looking after the National Program of Blindness and Visual Impairment in Meghalaya. We have centrally sponsored schemes where we go for screening, where we bring cataract patients, where we screen children and older people, and where we provide glasses, including reading glasses. I'm also a trained ophthalmologist.

We came across the program because we don't have enough staff to cover the population; it requires much more than we are able to do with our staff. When The/Nudge came in and suggested this extra cadre, which is not directly related to the health cadres, to do the work of reading glasses distribution, it seemed a very good idea.

Initially, I had some reservations because we were wondering whether we'd be able to train them well enough. Generally, it's the optometrists who are trained to do the distribution. They are from a different department, and we were wondering whether we could train them. I think the training has been very well done by large, so they have been doing well. They are satisfied and happy that they are helping us do what we were not able to do alone. Now we can reach more people. That's the advantage.

**Mohit Chelani, The/Nudge Institute:** I would like to add that Dr. Sapna has been a pillar from the start who has been supporting us with regards to eyeglass distribution, training effectiveness, and even allocating the on-ground cadre: optometrists for training and ASHAs for managing all the logistics. She was generous enough to be the first person to give us 5,000 glasses from the state department budget. Those glasses have all been distributed. She is a person that I deeply admire and who has been a champion all throughout.

**Rollo Romig: Can you talk about the training? How has it worked, and what do you think is necessary to train a non-health worker to do this kind of screening?**

 **Dr. Sapna Deb Sarkar:** The training has to be very good, and it is— the model that they have is very comprehensive. With that model, I think anybody with a class level of 10, or even less, can screen and distribute reading glasses. Our ASHA workers are doing it well. They implemented the training very nicely with the optometrists and the other staff. They checked whether the trainees were able to give the correct numbers. We've worked together, and because the training is so complete, everyone is doing nicely.

**Rollo Romig: How long is the training?**

**Dr. Sapna Deb Sarkar:** The training is only two days, but it is enough, I think, if you do full-day trainings.

**Rollo Romig: Have there been any particular challenges in the training, or anything that the trainees had difficulty understanding?**

**Dr. Sapna Deb Sarkar:** No, because this module is done so well. Everything is step by step, and it is under supervision.

In India, glasses are everywhere. You will even see roadside people selling glasses. Anybody can do it. Since this is a step-by-step, comprehensive training under supervision, and doctors and optometrists have also pitched in, they are doing it quite well.

**Rollo Romig: You oversee all the eye healthcare for the state, and there are so many different eye health interventions that people need for serious conditions. How do you see presbyopia fitting into the work you're already doing?**

**Dr. Sapna Deb Sarkar:** It has serious standing. Presbyopia correction is a part of avoidable blindness, and one of the main motives of our program is to do away with avoidable blindness as soon as possible. It affects so many people. We have a continuum of care models. If there is a person who needs emergency eye care at the hands of an ophthalmologist, our people know where to refer them.

I have been going to villages here. Even in Meghalaya, you will not see many small shops selling spectacles. For many people, this is the first time they have come in contact with glasses. I remember going to a small camp and giving glasses to one lady, and she was so happy. She said, I'm able to see now. We bring so much joy into the lives of simple people who do not have many expectations; they're so content. By giving this small pair of spectacles, we bring care and joy. They are able to read their Bible. They can see their fish bone on their plate. They're able to see whatever they're eating.

It gives me great pleasure when I give these glasses to those who need them-- especially if they can't come all the way to Shillong or some other place to buy those glasses, or if they can't afford them. When we reach out to them, we are doing God's work.

**Rollo Romig: The immediate result is one of the most satisfying things about this work.**

**Dr. Sapna Deb Sarkar:** Yes. You see so much happiness. Eye care is more or less like that, even with cataracts. The next day, when they stand tall, you feel so proud. You are so full of satisfaction.

**Rollo Romig: What are some ways in which you've seen these near-vision glasses be especially useful for people?**

**Dr. Sapna Deb Sarkar:** There are many people like weavers who say that they are able to do their work without glasses, but once they get the glasses, they're able to do it better. Suddenly, with the glasses, they're able to see clearly. It adds value to their life.

**Rollo Romig: In what ways are the glasses useful for farmers?**

**Dr. Sapna Deb Sarkar:** Farmers will be able to see the seeds. Their work is basically all near work, so when they see clearly, they'll be able to do it better, from planting to harvesting.

I have also seen many injuries happen with grass. When farmers work, it gets into their eyes, and they get infections. The glasses protect them directly from grass, so they're also a kind of protective gear for farmers, even small pairs. Bigger glasses are better, so we usually distribute bifocals. Those grass injuries are very common, and people don't go to the doctor immediately. They try to use home remedies, like calcium. We've seen eyes get worse because of that. This is a very good solution.

Earlier, we used to give out single vision glasses, and people would feel giddy or dizzy from wearing them all the time. Now, we always order bifocals with clear upper lenses. They are bigger, so they provide greater protection, and people see better. If they're walking, they won't feel disoriented. They don't have to move the glasses down or take them on and off.

**Rollo Romig: India is the only place I've seen bifocals being distributed. Why did you make that shift, and what inspired you to think of bifocals?**

**Dr. Sapna Deb Sarkar:** Patients were complaining because they were able to see at a distance, but when they wore near vision glasses, they could no longer see clearly in the distance. It made them feel giddy and dizzy to look long distances through their reading lenses. We received a lot of complaints, and people didn't want the glasses, so we shifted to bifocals.

I always tell those who are into reading that they can have an extra pair. They're very cheap. Even if they buy the lenses, it's at a low price. It works best to have the bifocals.

**Rollo Romig: With the single lens, they have to keep taking them on and off. It's a hassle. You could lose them or forget to take them with you.**

**Dr. Sapna Deb Sarkar:** Yes. And many people are a little self-conscious. They feel they look old when they have to slide their glasses down their nose. Nobody wants to look old.

**Rollo Romig: Are there any other things that cause people to hesitate about taking the glasses?**

**Dr. Sapna Deb Sarkar:** There are some people, especially village people, who do not want to use glasses. They feel shy. I think slowly, with more widespread use, those individuals will change. If you see some other people wearing them, it's easier to adapt.

I find people have good eyesight here, in this colder climate, more or less. People are preserved. If you go to the lower regions of Meghalaya, which are very hot, there are more eye diseases, and many cataracts, but here, it's not so bad.

**Rollo Romig: Where do you get your supply?**

 **Dr. Sapna Deb Sarkar:** Every year, we write in for whatever we need, and we submit it to the Central Ministry of Health. From there, we are given the amount of funds needed for whatever we ask for. Since we have fewer people distributing glasses, we do not ask for that much. We need to know that we will be able to distribute them so there is no mismanagement of funds.

Now, with the glasses coming in, I think we will have extra because this other cadre is also trained, so we can reach out to more people. Next time, I think I'll ask for more funds.

**Rollo Romig: Are all the glasses for the division camps coming from the Central Ministry of Health?**

**Dr. Sapna Deb Sarkar:** Yes. Funds come from there, and then we order.

**Rollo Romig: Who are you ordering from, and how do you choose who to order from?**

**Dr. Sapna Deb Sarkar:** I do not choose because we did not get a vendor at the government rate. We order from VisionSpring.

**Rollo Romig: Currently, they're all coming from VisionSpring?**

**Dr. Sapna Deb Sarkar:** Yes, because there was no other vendor. They supply well, and the glasses are fine. There have been no complaints about the glasses.

**Rollo Romig: You're getting the supply as you need it?**

**Dr. Sapna Deb Sarkar:** Yes. As and when I need. We order and they give it to us.

**Rollo Romig: What have you found in terms of diopters? Which strength of glasses is most popular?**

**Dr. Sapna Deb Sarkar:** We start with +1, and we buy 1, 1.5, 2, and 2.5. We buy an equal quantity of each, and we see that all of them are used.

**Rollo Romig: What about the higher strengths, like 2.5 and 3?**

**Dr. Sapna Deb Sarkar:** We have up to 2.5. Those who need +3 usually have some distance numbers also, so it's not only reading glasses they need. We do not provide that; it's something Vision provides.

**Rollo Romig: Would those patients typically need true bifocals?**

**Dr. Sapna Deb Sarkar:** Yes. They'll typically have some high-distance numbers also.

**Rollo Romig: Is it mostly the lower-power glasses that you're distributing?**

**Dr. Sapna Deb Sarkar:** Yes.

**Rollo Romig: Reading glasses are not medicalized in India, so you don't need a prescription, and anyone can distribute them. Are there any other kinds of regulations that you have to think about?**

 **Dr. Sapna Deb Sarkar:** We get all the funds from the Central Ministry, so there are guidelines from the NPCB [National Programme for Control of Blindness]. Initially, glasses had to be given by an optometrist only, not others. But now we have these MLHPs [mid-level health providers], and they have to go through a bridge course. In that bridge course, we teach them about eye health, and we teach them how to prescribe reading glasses. We train them, we provide them with a box of glasses, and they help us. They are not directly eye professionals, but they have done training.

**Rollo Romig: Can you tell me more about who's doing what in terms of the different cadres you're working with, and how you decided who would do what?**

**Dr. Sapna Deb Sarkar:** All the guidelines from the Ministry are very detailed. Everything is there: instructions on which program will do what, and what the collaboration between programs will look like. For instance, ASHA workers do not come under the NPCB. They are under a different cadre. They are given training on how to trail packages. They have what we call a CBAC [Community-Based Assessment Checklist] form. They are the ones who go house to house, examine people's eyes to check their vision, and if they think the patient doesn't see well, they give them an E chart to read. They know where to send anybody who has vision problems.

Then there are the MLHPs who help us under the CPHC [Comprehensive Primary Health Care] program. All these guidelines are given by the Ministry. They're very detailed, so we simply follow those guidelines.

**Rollo Romig: Do you find that those guidelines work well for what you need?**

**Dr. Sapna Deb Sarkar:** Yes, they work very well if we follow them. Everything is planned out meticulously by the Ministry. I am very impressed by them because every point is written in detail, and everything is documented. Patients have a little booklet where everything, every immunization and issue they have, is tracked. Looking at the booklet, you know the problems they have, and who they have seen. Recently, I went to a council. In that booklet, I wrote about ocular examinations. Everything is there, planned out, written, and documented. It works nicely.

**Rollo Romig: Can you tell me more about the role of VHCs [Village Health Councils] in Meghalaya?**

**Dr. Sapna Deb Sarkar:** We have only recently started working with VHCs because they are not directly part of the health cadre. We have been able to train their CGHAs [community gender and health activists]. Apart from this, I have not really worked with the VHCs, but I was told by our principal secretary to work with them because they are in direct contact with the community.

When we diagnose cataract patients, many patients just continue with them. They do not come to us. Maybe they don't have the money to come, or the willingness to seek treatment. He told us to contact the VHCs because they're in the community, so they take responsibility once a patient is diagnosed with cataracts or any other eye problem. They take responsibility for bringing or sending the patients here, just as they take responsibility for pregnant women. We are going to work with them in the near future.

**Rollo Romig: Here in Meghalaya, what do you think is the biggest logistical challenge for distributing these near-vision glasses?**



**Dr. Sapna Deb Sarkar:** The distance and the terrain because of the way some of the villages are cut off. At the community level, somebody is there who is paying to get glasses, and if we are able to provide them with a box of glasses, it will be very helpful. These logistics will not be a problem anymore if all they have to do is travel to a center to get the glasses, and then there is a cadre in the community itself distributing the glasses. It will be easier. Logistics will not be a problem.

**Rollo Romig: This first pilot is in the Umsning block. What is your vision for how the program will continue to scale across the state?**

**Dr. Sapna Deb Sarkar:** As of now, they have done the pilot for one block. If they are able to do it in all the other blocks, we can do the same model because all these cadres are there throughout the state: ASHA workers and optometrists are there throughout the state. We can very easily scale up. The only challenge will be getting all the funds needed for the glasses.

I don't think that everything should be free. I think some responsibility should be on the person who is using the glasses. There should be some help-seeking behavior and some responsibility taken by the user. In general, we have scant regard for things we get for free. The person becomes more responsible if you pay. Taking responsibility also raises self-esteem. If that happens, it will be scalable, and it will also be sustainable.

It's not good to be dependent on what somebody gives us. It's better to have some self-respect, some self-esteem, and some drive to seek help and contribute towards your own welfare because most people are not so poor that they cannot afford to take care of their health.

**Rollo Romig: Last month, I went to see The/Nudge's pilot in Tamil Nadu, which is an entrepreneurial model. They are selling the glasses there. If I understand correctly, the plan is to spread both models nationwide: selling the glasses when that's possible, but distributing them for free to populations that are harder to reach.**

**Dr. Sapna Deb Sarkar:** Yes. It has to be a mixed model. I have seen some people who are very poor. I remember going to one household in Assam. They are farmers, and their livelihood depends on the rain. I remember they had a garden of pineapples. We were a big team, and we

were so happy to see pineapples growing that they cut some and gave them to us. Some people from Delhi had also come, so they gave us even more. We loved the pineapples, so they were just taking more and more pineapples and giving them to us, but then it made me feel guilty because that is their livelihood. For us, a pineapple is nothing, is it? We were just enjoying them. None of us thought of paying him.

People who hardly have anything are the people to whom we should give glasses for free. The others who we know can pay, should pay. It should be mixed. Then we will be able to continue the program. If people are contributing, then the program will go on for a longer time. More people will benefit. They will also realize the value of service.

It has to be sustainable. Always begging for money from somebody else keeps us always reliant on new funds.

**Rollo Romig: Is it possible that the community cadre could also implement a paid model, or would the community cadre only distribute for free?**

**Dr. Sapna Deb Sarkar:** We need to work out how the paying model would be implemented in the state. Usually, whatever the government gives is free. Proper guidelines have to be created. Only then can it be done; but it can be done.

**Rollo Romig: There would have to be a different model arranged?**

**Dr. Sapna Deb Sarkar:** Yes.

**Rollo Romig: Are there any other partners in this work whom we haven't talked about yet? Who else is a necessary partner?**

**Dr. Sapna Deb Sarkar:** We use our optometrists. We use our ASHA workers. We are using our MLHPs. Now we have this cadre. I think this should be enough.

**Rollo Romig: What about other kinds of resources? Is there anything else that you would find helpful that you don't have now?**

**Dr. Sapna Deb Sarkar:** I think we have all the resources we need. Whenever we need something, the Ministry has been very helpful. Somehow, I've been able to convince them that we need this first, and they have given. We have never faced a shortage of money. The only thing I need is more cadres to distribute glasses so we can expand our work.

Whatever we have, we need to use it to the optimum. We don't start by asking for more people and more funds. Whatever we have, first, we use it well. Only then do we ask for something else.

**Rollo Romig: As you try to scale this program across the state, what do you think will be the biggest challenges?**

**Dr. Sapna Deb Sarkar:** I think when we try to do this for the full state, then the state has to come up with funds for so many people. We can ask the Ministry for the full amount if we are only giving to those who are below poverty line, but if we want to give to everybody, then the funds have to be there.

Now, we are giving to everybody and anybody who needs glasses. To do that throughout the full state is going to require a lot of funding. Right now, we are fully dependent on the resources from the center; there is no state contribution to anything, although they said they will help.

**Rollo Romig: When making your requests from the center, what do you find is most effective in getting them engaged and getting them to buy into these programs?**

**Dr. Sapna Deb Sarkar:** They are very engaged. They are very active. They will do a lot of work, and they'll make us do a lot of work.

**Rollo Romig: It didn't take a lot of convincing?**

**Dr. Sapna Deb Sarkar:** No. I have to stand and explain why I want it, and they will get it for me. It has always been like that, whether I ask for a microscope for a doctor's post, or for some machinery.

You just have to convince them by showing them that you're doing the work. If you don't show that you're doing the work, they will not give. They want documentation. They want to see results.

**Rollo Romig: How are you tracking the results?**

 **Dr. Sapna Deb Sarkar:** Every district has an optometrist, and every district has a doctor in charge, so we receive monthly reports. We send those monthly reports to the Central Ministry. They're always monitoring. If something decreases one month, they will ask us. Because of technology, everything is very fast. I will write, and they will reply in ten minutes. If they give us mail, we are expected to reply quickly. They are very cooperative.

**Rollo Romig: Over the next five years, how do you see your relationship with The/Nudge evolving?**

**Dr. Sapna Deb Sarkar:** I think in five years, we'll be able to train all the cadres, and we will have reading glasses everywhere, including in shops at the community level. That's the point I hope to reach in the next five years. I think we'll be able to do this in less than five years, and then after that, we'll be on our own. We can also take on some other states.

**Rollo Romig: If you were giving advice to your counterpart in another state, say someone who's the head of eye healthcare in another state, what advice would you give them for running a program like this?**

**Dr. Sapna Deb Sarkar:** Once we document a project, I send it to the center and say, Look at these innovative practices. Whenever a state does something new and sends documentation to them, and they feel it is good, they tell us to implement it in all the other states. That directive comes from the Central Ministry.

Once we do that for this program, we can show them the results, and then maybe there'll be a change in policy. Right now, the policy is that only optometrists can do this work, but we've started doing it little by little. We started with the MLHPs. If there is a shift, then more people will be able to get these glasses all over the country.

**Rollo Romig: You're coming up with a model here that other states could use?**

**Dr. Sapna Deb Sarkar:** Yes, we're creating a model that other states can replicate.

**Rollo Romig: Can you tell me about innovative practices?**

**Dr. Sapna Deb Sarkar:** Every year, when we turn in reports at the end of March, we have to give our best innovative practices. They get the innovative practices of all the states, and whoever has given the best will be rewarded. Then, the same thing will be replicated in all the other states. It's done very nicely in our country right now. If somebody is doing something new, then we are also trying it. They are awarded, they speak about it, and then everybody takes it up. The system is very good.

**Rollo Romig: What is something that you adopted from a different state through this innovative practices system?**

**Dr. Sapna Deb Sarkar:** When I came here, the services that we were supposed to be doing were not being done because there were too few doctors and optometrists. Without optometrists, we could not do the work because doctors were doing operations. We were not going to the small places. Once I joined, before adopting new practices, we first asked for more posts for paramedical optometric assistants. The Ministry has given us that, not the state cadre.

We are doing whatever the program needs to be implemented according to the guidelines, and those are the only things we are doing. I've not taken on any other innovative practice as of now. I have realized that VisionSpring has been helping me. For instance, we were not able to get glasses for children. Then I came to learn that this was done through VisionSpring. We contacted them, and then we got them. In the same way, we got Operation Eyesight Universal. They are also working with us.

**Rollo Romig: It's such a big advantage in India that you have all these different states trying things that you can learn from.**

 **Dr. Sapna Deb Sarkar:** We made a WhatsApp group for Northeast states. Whoever faces a problem, they post in the group, and then we help them. For example, when we were giving children glasses [for other eye health needs], some of them didn't like the frame, or the frame needed to be bigger or smaller, depending on age. In the same clan, not everyone needs the same size.

VisionSpring showed me a carry case in which there are 12 frames of different sizes. We took that up. Every child gets to select the frame size and the design they want. The children do not want the same kind, the same style, or glasses that are falling off their noses. They make their selection, then they write the design, the number, and the prescription, and we send it to VisionSpring via WhatsApp. This makes the children happy to wear their glasses. That problem is no longer there. We were the first ones to start this in Meghalaya. Now, other states in the Northeast are picking it up. We learn from each other and try to implement whatever works for our children because they should wear their glasses. If they don't like them, they don't wear them, and the goal is not achieved.

**Mohit Chelani:** From a state-level scheme point of view, when we pick up the project post-Umsning and roll it out for the entire state, is there a particular approach or outlook that we should look at? Should we follow the same model?

**Dr. Sapna Deb Sarkar:** I think the pilot model has worked well, so we should stick to it first and see how it goes. We'll learn along the way. Now that you are helping us, it has given me new insight. I was very rigid in thinking that only an optometrist should give out glasses because that is according to our guidelines. I had initial reservations, but I'm very happy that we did this, that we learned from this, and that we are able to scale. Unless we have the other cadres working on this, we won't be able to achieve these results.

**Rollo Romig: It was not legally mandated that only optometrists can do it, but that was the guideline?**

**Dr. Sapna Deb Sarkar:** Yes. Now we can show something new, and maybe the whole country will follow that because this problem must be everywhere. Since the Northeast is so remote, the problem here is bigger. Other states are far more advanced than us.

**Rollo Romig: Advanced in terms of being able to access services like this?**

**Dr. Sapna Deb Sarkar:** Yes.

**Rollo Romig: Thank you so much, Dr. Sapna. I appreciate your time and insights.**

## ICON LEGEND



Advocacy



Money



Supply



Demand generation



Partnerships



Technology



Distribution channel



Regulation



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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.*