



“The first thing is improved quality of life because now you have better vision, so you have better tools”: Ramakrishna Chitturi of the Meghalaya State Rural Livelihoods Society on how near-vision glasses support income and independence

Rollo Romig

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Rollo Romig: Can you start by introducing yourself and explaining how you first got connected with The/Nudge, and how you've collaborated with them?

Ramakrishna Chitturi: I am Ramakrishna Chitturi. I am the Chief Executive Officer of Meghalaya State Rural Livelihoods Society, and I am also the Mission Director of the National Health Mission of Meghalaya.

We first got in touch with The/Nudge for a project called WISE, Women's Income Security and Empowerment. This is a special project that has been given to Meghalaya by the Ministry of Rural Development. The/Nudge Institute was our technical partner in that initiative. That initiative was aimed at serving very underprivileged and deprived single women by providing them with livelihood support, trainings, and a source of sustainable livelihood. That is how we started our partnership with The/Nudge. Subsequently, after working with them for some time, another idea came up, where we can improve the livelihoods of our rural folks by providing them with near vision glasses because presbyopia is very underappreciated, and most people are not even aware of its existence, let alone its impact.

 We chartered a program and did a pilot in one district, and based on the results, our idea is to expand it across the state. We chose Ri Bhoi, one of our districts near Shillong, as the pilot district because there are a lot of people who are into Eri silk cultivation and Eri silk weaving. Since weaving is a skill that requires near vision, we thought it would be a good candidate for our pilot. We started the pilot a couple of months ago. So far, we have screened approximately 2,700

people, of whom more than 2,500 needed glasses. When they took the glasses, they expressed satisfaction.

This is our pilot phase, and we are now in the distribution phase. We are also considering their income levels and their socioeconomic markers as a part of this pilot. So in six months or one year, we'll go back to these villages to see whether this has benefited them by assessing the increase in their income and the increase in their overall quality of life and satisfaction. This will provide us a better understanding of how this initiative is impacting the livelihoods of our rural folks. Once the pilot is done, and once we do this study, the idea is to expand it across the state to all the districts, so everyone benefits.

Another important point I want to highlight is how the Health and Rural Development Departments have come together. In Meghalaya, we have a unique cadre among the SHG [Self-Help Group] Network women called community, gender, and health activists. These are SHG women who are working in the area of health. They help the local ASHA workers. They help the local health facilitators in providing support to rural women. They also undertake counseling activities. This cadre was developed during COVID to assist the government with COVID-related relief activities. Subsequently, they're still playing a very crucial role in maternal and child health.

One problem we're trying to address is the availability of specialists to perform screenings. Across the state, we have around 58 optometrists, which is a very low number. It's not possible to offer universal screening with the manpower we have. There needs to be local innovation and a localized solution. Though it might not be the perfect solution, it should be something that works, given the context in which we are operating. We thought we would train CGHAs [community, gender, and health activists] in this activity and in this pilot.

Another important goal is to see how screenings by these trained CGHAs compare with professional screenings. We also want to establish that it's not just today that we have SHG women; we just want to utilize them for everything and assess the efficacy. We know we will not have as many optometrists as we would like to have, so we want to do this comparative analysis to see whether these other people are able to identify issues like presbyopia properly and whether the support they provide meets the requirements.

After the pilot, we will be able to pinpoint areas that need improvement and tweaking, and identify what is going well. Once that is done, I think we'll be in a good place to take the initiative forward.

Rollo Romig: Can you talk about some of the questions that you suggested adding to the pilot questionnaire for information tracking purposes?

Ramakrishna Chitturi: We wanted to get some socioeconomic markers about the target population to make our evaluation easier. One thing is their income level. If we know their income level today, when we go back six months after the initiative and ask them their current income level, we can do a comparison. Of course, after six months, we can ask them, "What was your income six months ago?" But their memory may not be 100% accurate, so having this baseline is important.

 Another question is what their occupation is, so we can understand which occupations this initiative is making the biggest impact on. We thought of starting with the weavers because weaving is one technique that requires near vision. This is something that's in the back of our

minds, but it is not actually tested on the ground. We wanted to have the data for people involved in these kinds of handicraft activities. These questions will add a layer to our understanding of the efficacy of the program.

Another question is whether they were already using near vision glasses or not. That question is designed to understand people's awareness of near vision issues and the seriousness with which they tackle these issues. This helps us understand people's health-seeking behaviors. For example, in my experience with patients who have cataracts, by the time most people seek help, they are at a very advanced stage. They don't come seeking help when it is starting. They think it's okay as long as they can get things done. Efficiency loss is very difficult to measure and very difficult to understand. People might think it's just an eyesight-related problem, and there might be no solution for it. Or they might think, everyone else in the village is living with it. These factors will be there. Knowing how many people are getting screened for the first time will give us valuable information in that regard. In the absence of this program, we can figure out how many people who are suffering would never have gone to a health facility.

Suppose we're giving near vision glasses to 100 people, and 80 of them have said they have never gone to a facility before. This is the first time they have gone for a screening. That means 80% of the population may not go to a health facility in the absence of camps like this. I'm not saying that all 80% will never go. When they sense it's a bigger issue, and when they sense that something is wrong, some of them will go to the facility. However, quite a large chunk of them might never go to a facility until the problem becomes absolutely unmanageable. That is often the thought process.

Rollo Romig: When The/Nudge first approached you about this presbyopia program, what was your initial reaction to it, and what made you interested in it?

Ramakrishna Chitturi: Initially, I thought it was a good idea, but I was also skeptical, because here we are speaking about community gender and health activists, who have some understanding of health, but are not formally trained. To me, in the initial stage, it looked like a specialist job. It took a lot of time for The/Nudge to convince me that this is something we should try.

At the time, I was not focused on health, only on rural development. I did not have an understanding of the magnitude of the issue. When they said presbyopia, that was the first time I had even heard that word. Initially, there was some dilly-dallying, and there was some back and forth between the Health Department and the Rural Development Department about how to take it forward.



After analyzing all these factors, the problem always boiled down to the availability of manpower to do the screenings. We realized that without the community support, we would not be able to do this initiative. Within the community, who is most suitable to do this? We cannot go and do it with every association, all without CGHAs. There is already a cadre in place, so our thought was let us train them, let us give them some capacity building in this area, and let us utilize them.

The/Nudge did not come up with the idea of a pilot. They wanted immediate statewide implementation. We discussed that timeline, then we decided to do it first in one district, establish proof of concept, and then go further throughout the entire state. That pilot phase is going well,

and the response has been good. I'm sure the result will also be good. Once we do the final analysis, we'll expand it across the state.

Rollo Romig: You mentioned that you were skeptical at first when they approached you. How did they convince you? What was the argument that won you over?

Ramakrishna Chitturi: The numbers. They were proposing universal screening. If you do universal screening, then you cannot have specialists doing it, especially given our geography, our terrain, and the resources available to us. They also quoted studies indicating the prevalence of presbyopia across the world.

It was the first time I heard the term presbyopia. At the time, I was of the opinion that, if people are not going to healthcare facilities and if people are not feeling the need, how can we say that this many people are in need? I saw that we are trying to address an issue that is not acknowledged as an issue by the person suffering. That's why I asked them to add that question about whether they have gone to a facility for this issue before. I was not aware of the prevalence of this problem, so I thought maybe many other people were not aware, and they might think it's a natural part of aging.

That is the mindset of many people. We believe it's always better to err on the side of caution, so we decided to do a pilot first, and then, once we establish proof of concept, move forward.

Rollo Romig: What do you think has been the biggest challenge with the pilot program? Were there any roadblocks that you didn't anticipate?

Ramakrishna Chitturi: Once we started designing the pilot, there were not many roadblocks. The only challenge was arranging for quality training because trainers sometimes have to come from outside, and The/Nudge has to find local partners who can train our community, gender, and health activists in presbyopia screening. The training was the only bottleneck.

Otherwise, one good thing in Meghalaya is that, because of the SHG movement, there was an organizational structure at the village level, and there were facilitators at the village level. Since SHGs meet regularly, and they are given a lot of support and counseling, they're very receptive to new ideas, and health-seeking behavior has improved over the years. In that sense, we did not face much resistance. The only thing were the logistical challenges, which are present in any hilly terrain, like Meghalaya. Apart from that, once we started the pilot, it was a very smooth process.

Rollo Romig: What is going to be the main benefit of these glasses for the community you're trying to serve?

↗ **Ramakrishna Chitturi:** The first thing is improved quality of life because now you have better vision, so you have better tools. As such, if you're reading a book, the satisfaction you gain out of it is much higher. The second benefit is better livelihood opportunities. Most of the people in this area depend on handicrafts, weaving, handlooms, and such activities for their livelihood. Near vision improves their efficiency and their output.

There will definitely be an improvement in the income level. That is something we are specifically trying to measure through this program. Increase in income is something that you can objectively

measure, whereas the general overall improvement in quality of life and satisfaction level is very personal. Increase in income is an objective criterion, which you can measure and demonstrate.

Rollo Romig: Do you feel like there's anything you need in order to scale the programs statewide? What do you wish you had? What kind of resources are you lacking right now?

Ramakrishna Chitturi: Having a more intensive training, and more resource people for that training, would be very helpful, as would the ability to scale up the availability of glasses. I'd also like to make the program sustainable. It's not a one-time screening every couple of years. You need to adjust the lens power, and you need to adjust other things accordingly.

We need to figure out how to make sure that funds are continuously available to carry this out so that the glasses are available to everyone in need. One idea that we have in mind is replacing glasses every two to three years.

 I consider this program as one that financially improves livelihoods, so the hope is that people will go by themselves and purchase new glasses, instead of someone going to them and giving it to them again and again. We want them to understand that getting their eyes checked regularly and getting their glasses updated regularly is a very small financial cost compared to the income gains they're experiencing thanks to the glasses. That is the truest measure of success in this program: the number of people doing it by themselves.

Rollo Romig: The camps are designed to introduce them to the concept, and then hopefully, they will see enough benefit to purchase a second pair?

Ramakrishna Chitturi: Yes.

Rollo Romig: What do you see as the timeframe for scaling the program statewide?

Ramakrishna Chitturi: I would say maybe another six months. Right now, we are doing the pilot. In three or four months, we'll start the impact evaluation. Then, after that, we'll launch. Realistically, it will take six to eight months to scale up.

Rollo Romig: Will you start scaling incrementally? How long do you think it'll take to go statewide?

Ramakrishna Chitturi: It depends on the availability of training resources. Once this concept is established, and we have credible proof that it's both helping people and it is as effective as being tested by professionals, then the only bottleneck is the availability of trainers. If you have a sufficient number of trainers, we can train our teams and start across the state all in one go.

We will be able to do it all at once thanks to the strength of the SHG mechanism. Everyone has their own groups across the state, a system and a structure through which you can reach out to every single woman in the state. It's easy to replicate once the concept is established. The only bottleneck here is the availability of training resources. If we can train the CGHAs very quickly, or if we have more people who can train them, then we are good to go.

Rollo Romig: Is there anything you'd like to add that we haven't discussed?

Ramakrishna Chitturi: I would like to thank The/Nudge for all the support. Our livelihoods project is turning out very well, and we got approval for another 4,000 households, in addition to our initial approval of 4,000 households. It's almost a 100% increase in the number of households because of this project. We've gotten some more allotment and apart from that, the state government has also approved to increase it to 50,000 households. It's going to be a massive project for our womenfolk. I hope it will be successful.

Mohit Chelani [The/Nudge Institute]: The feeling is absolutely mutual. When it comes to gratitude, I feel we have received so much support. We appreciate it and hope for it to continue across this program and many more that we do.

Rollo Romig: Thank you so much for your time and insights.

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*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.