

“If we can do the same project throughout the state at this scale, imagine the number of lives that we will impact”: Ronald Kynta of the Meghalaya State Rural Livelihoods Mission on cultural barriers, SHGs, and a statewide scale-up

Rollo Romig

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Rollo Romig: Can you start by introducing yourself, your work, and how you first connected with The/Nudge for this program?

Ronald Kynta: My name is Ronald Kynta. I'm the Chief Operating Officer for the Meghalaya State Rural Livelihoods Mission. I've been working here since 2017. I'm quite passionate about working for world development, working for the people of the community, and seeing how I can best support and empower people, so they will maintain their well-being.

On that basis, we connected with The/Nudge through a very unique project in the state of Meghalaya. It was called the WISE [Women's Income Security and Empowerment] Project. We worked closely with The/Nudge on this project; they were the technical partner. It was for identifying the poorest of the poor households in Meghalaya. We found that the most vulnerable households, or the most vulnerable section of people in Meghalaya, were single women– which was surprising because Meghalaya is a matrilineal society. We had a very high prevalence of single mothers in the state.

As we started working with The/Nudge, we saw that they had the same kind of approach as us, examining how we can support the most vulnerable target groups in the rural area. We managed to identify almost 4,000 households led by single mothers in the state of Meghalaya requiring consumption support. We also provided them with technical skills so they can earn income through various livelihood opportunities, as well as cash transfers in the form of livelihood support.

It was during this time that we were introduced to another branch of The/Nudge Institute, which was focusing on near vision. That is when I met Mr. Mohit, as well as Mr. Amit, the Chief Operating Officer. They were advocating for another project, which focuses on presbyopia. They gave me very alarming statistics that almost all adults above the age of 40 have presbyopia.

I was first introduced to the subject through The/Nudge. We advised them to do some reconnaissance visits and go to a few villages to see whether this was prevalent in Meghalaya before we started thinking about a pilot. They had already made a few visits to a couple of villages, and they came back with even more alarming reports saying that, of the few people they had interviewed or screened, 80% to 90% of the people above the age of 40 had some difficulty in seeing properly without any glasses. That was how we started working with them. We decided to pilot this project in one block. On the basis of the findings, we wanted to scale it up in the entire state of Meghalaya.

Rollo Romig: Were you surprised to learn about this as a health problem, or as a livelihood problem?

Ronald Kynta: Yes, definitely. We work mostly with women in the state of Meghalaya through the National Rural Livelihoods Mission. When we try to empower women to become entrepreneurs and start earning a livelihood, one of the basic skills that we teach them is bookkeeping and accounting. We have observed that a lot of middle-aged women above the age of 40 had challenges in terms of maintaining books of account. The program had to introduce a new cadre, called bookkeepers, to help these women.

When we investigated further, we found that the struggle was not only basic bookkeeping, but vision. That was causing a lot of stress. Many of them complained of headaches. They might not understand that it was a visual impact, but they were complaining about stress, saying things like, I cannot do this calculation because I'm getting headaches. I'm very stressed. We began to realize that this could be because they could not see clearly. I thought that near vision glasses could support rural women in terms of addressing this issue and helping them pursue business and livelihood opportunities.

Rollo Romig: That's a really interesting example. It turned out to be that, in some cases, the missing piece of the puzzle was solving a problem that people didn't necessarily realize they had.

Ronald Kynta: I think it is two factors. One is not realizing the problem. The second factor is cultural beliefs. If somebody has an eye problem, the perception is that somebody cannot see. If they have to go to a hospital, or a doctor, or have their eye checkup, it means they have an eye problem. No one is looking at having a slight hitch, or realizing that above the age of 40, you will likely need glasses just to see better and read better. People tend to look at wearing glasses as having some form of disability. It tends to touch their pride a bit. We've observed that.

Rollo Romig: How have you gone about raising that awareness? What has been your approach to spreading that information about presbyopia specifically?



Ronald Kynta: The beauty of this particular intervention in the state of Meghalaya is that we are working between three organizations. From the SRLM [State Rural Livelihood Mission], we have the SHG [Self-Help Group] network, where we're working with women in the state of

Meghalaya. We are also collaborating with the National Health Mission, which is the health program in India, as well as in Meghalaya, where you have the ASHA facilitator. These are the frontline workers for the Health Department. We're also working with The/Nudge Institute.

Each of these three partners brings a set of expertise. The SRLM brings knowledge of community ownership through community-based organizations such as SHG, the Village Organization at the village-level, and the Cluster Level Federation. It is invaluable to use this existing network, as it has achieved tremendous trust among people in the community because it is community-owned. It's not a government-owned institution.

While doing this project, we realized that the community cadres from the SHG network were the cadres who were mobilizing people to come forward for screenings. The frontline workers through ASHA from the Health Department acted as the experts. The/Nudge Institute came in as a partner who was actually advocating and bringing a lot of knowledge and awareness.



These three partners gained the trust of the community. That is why, out of the 2,500 people we have screened so far from 100-plus villages, almost 2,300 of them have accepted glasses from us. More than 90% of the people we screened have been provided with glasses. That result in and of itself tells us the impact that this has had and the trust that people have in accepting the initiative. I think this is a very beautiful convergence program.

Rollo Romig: These community networks are a powerful way to spread information and raise awareness. Are you also relying on these networks to spread the word about screening and distribution events?

Ronald Kynta: Yes. We're using the county network to raise awareness. What is more challenging, especially in rural areas, is mobilizing people to come to these screening sites because people in rural areas are mostly daily wage earners. During the day, they are involved in their day-to-day livelihood activity. Because of the community's trust, awareness is being built around these screening camps, and we have seen quite a good intake of people coming in. What The/Nudge has also done, which is very interesting, is to extend the screening beyond a single day. We stretch it for about two to three days, thereby allowing other people who may not be able to come on the first day to come on the second or third day.

Rollo Romig: Is there also word of mouth from people who come on the first day?



Ronald Kynta: Yes. Verbal communication in the state of Meghalaya, especially in rural Meghalaya, is very important, because we have connectivity challenges in terms of technology, mobile networks and the internet. Word of mouth spreads information well. In this case, it has created a very powerful outcome because the second and third screenings have seen more participation from the rural community.

Rollo Romig: Is there anyone whose job or role is being a mobilizer? Is there anyone whose full-time work is mobilizing for health interventions?

Ronald Kynta: In Meghalaya, we have a traditional institution. Every village has what is called a headman. They are the head of the village. For a government department or for any program, the headman will be the point of contact to create any level of awareness. Over the years, the SHG

network has grown, and now we have almost 94% of rural households connected to the SHG network, and at the village level, they are federated into a Village Organization. We use the SHG network as one form of connecting to people in the rural areas. They have become a very strong entity in the rural areas.

Rollo Romig: Is there anything else that you're doing in terms of spreading information? Are you doing advertising or anything like that?



Ronald Kynta: We do promos through WhatsApp. We have a combined WhatsApp group for the three entities where a lot of information is being shared, not only to the officers, but also to the frontline workers and committee members. We have observed that this has also helped to build trust because they are using these same messages to share among themselves within the group. WhatsApp has become a very useful tool in terms of advocating for this mission in the particular block where we're running this project.

Rollo Romig: How do you see this program benefiting your constituents, particularly in rural development?

Ronald Kynta: In rural development, among the SHG programs, there are various schemes. One scheme is called NSAP [National Social Assistance Program]. It's about providing a pension to people in rural areas who are above the age of 55. We did come upon a very unique case, where we were told that one pensioner who was receiving cash benefits from the government depended solely on their guardians to tell them whether funds had been deposited into their account because when the information was printed on their bank passport, they could see it clearly; they had not been wearing glasses. After obtaining and using glasses, the pensioner was able to clearly see how much money was entering their bank account on a month-to-month basis. We are trying to advocate that people, especially older women and older folks in the rural community, should come forward for screening because near vision glasses can help them to see properly.

Rollo Romig: Why did you choose Umsning for your pilot? Why that block in particular?

Ronald Kynta: There are a few factors that led us to choose Umsning. One is that we wanted to be in a place where we had a strong SHG network. We also looked at the block where there was a good number of villages and a good number of community cadres available in each of the villages. We wanted to test the strength of the community institution and the strategy of reaching out and mobilizing. We knew if we wanted to scale this project, we had to find our local champions. The community gender and health activists, a cadre within the SHG network that has been providing a lot of intervention in the health aspect, have proven to be our local champion.



There was a strong presence of community, gender, and health activists in the Umsning Block. We also had a very good working relationship with the Health Department in Umsning, which we want to replicate in other blocks and show other blocks that, if these two departments—the Rural Livelihood and the Health Department—work together, they can complement each other. Without proper health intervention, you will not get a proper livelihood outcome. At the same time, if you do not have a proper income generation avenue, how will you access health services, and how will you reduce the burden on the health sector? These two fields were complementary, so we selected this block for the intervention.

Rollo Romig: How do you feel about how it's been going so far?

Ronald Kynta: We are beyond happy that 90% of the people in the rural areas have benefited from this project. Roughly 2,500 people would otherwise not even have been aware that they needed glasses, or aware of how much impact glasses would make on their lives. It is a very happy moment for the program. If we can do the same project throughout the state at this scale, imagine the number of lives that we will impact and the number of opportunities people will find. We are very excited about this project in Meghalaya.

Rollo Romig: What have been the biggest challenges of the pilot, especially unexpected challenges?



Ronald Kynta: The biggest challenge initially was the fact that we had to bring three entities to work together. That was number one because working with different organizations is always a challenge. I think The/Nudge has done a fantastic job here because they have managed to connect both the NHM [National Health Mission] and the NRLM [National Rural Livelihood Mission], bring them together in one platform, and take the strengths of both NRLM and the Health Department to achieve the objective that they have set for themselves, which is providing near vision glasses to people in rural areas who needed them.

When we went to the field, The/Nudge conducted training for the community cadres and the frontline workers. Initially, there was a bit of skepticism from the community cadres because they didn't understand the concept of presbyopia, or the fact that people require near vision glasses.. There was a lot of fear that people would not come forward, people would not participate, and people would not take the glasses, but the results have shown us otherwise. Roughly 2,700 people have been screened, and more than 2,500 pairs of glasses have been provided.

Now the trust is building, and people are excited. I can see the cadres getting more motivated because of these results. I feel like the challenges were mostly perception and assumptions stemming from a lack of awareness. If awareness is created and if services are provided, people in rural communities will benefit tremendously from this program.

Rollo Romig: How do you imagine it scaling from here? What are the next stages for scaling this further in Meghalaya?

Ronald Kynta: We are using the pilot as a USP [unique selling point]. We want to take this pilot, present it before all the heads of department of these two organizations, and present it to the heads of the district. The outcome would reflect the commitment of people in the other blocks and other districts. If they see the outcome on the same block, I'll be very confident in terms of implementation. It should not be a challenge because they will want to replicate it in their own district. That is, ideally, what most pilots are meant to do.

Then there is the matter of the supply chain. What we've done here is very interesting because we have health subcenters at the village level. We are using the health subcenters to maintain the inventory. We are using the community cadres to carry these glasses to the camp, which means people don't necessarily have to come to the health center to get access to the glasses. It is a last-mile delivery of services to the doorstep of the benefactor or the beneficiary. I don't see any major challenge in terms of scaling that because we don't need to demand people to come to the district headquarters or block headquarters to access the benefits.

Rollo Romig: How accessible are health care facilities for most people in Shillong? Is there a difficulty in accessing health care facilities?

Ronald Kynta: In Shillong, there is no difficulty, as it is an urban setting and urban population, but for people in rural areas, there are definitely challenges. People in rural areas mostly depend on public health centers and community health centers, and there are services that might not be available in those centers, so people have to travel to the district headquarters or the state capital. This is a challenge. We've seen that in some parts of the state, if they are closer to a neighboring state, like Assam, they even travel to their neighboring state. It is a challenge, but the state government has invested a lot in these public health centers and community health centers, ensuring that proper facilities are available.

We are also working very closely with the community through the Village Health Council, giving them awareness and support funds through the Chief Minister's Safe Motherhood Scheme, where free transportation is available at the village level to take people from rural areas to health facilities, as well as all the way to Shillong.

We also have the Meghalaya Health Insurance Scheme, and people have universal health coverage through the program. Making access easy at the last mile may be a challenge, but facilities have been made available for people to get the best health care within the state.

Rollo Romig: As you work to scale this program statewide, what do you think will be the biggest challenge?

Ronald Kynta: I don't see it as a challenge. I look at it as we need to plan the scale-up in a phased manner. That is what we have done with The/Nudge on a similar project, where we don't try to reach out to the entire state at once. We'll need to phase it out over two to three phases. If we phase it out, there should not be much challenge. As I said, the pilot will be our USP. Using the learnings from the pilot, we will plan properly. We will examine ways to mitigate any risk factors.

The only challenge will be the hard-to-reach villages. There, we will try to figure out the best possible scope, because we have about 1,500 villages in Meghalaya that have been tagged as hard-to-reach villages. These are the villages where we would need to go the extra mile.

Rollo Romig: Are there any other partners with whom you're working that you haven't mentioned yet?

Ronald Kynta: For this particular project, besides the Health Department, MSRLS [The Meghalaya State Rural Livelihoods Society], and The/Nudge, the District and the Block Administration have also provided a lot of support. In Meghalaya, all the blocks are managed, and the administration is managed by the Block Development Officer. These are state civil servants. They have been very supportive of this project. They have also been providing guidance and connecting with the headman carrying on this project. The District and the Block Administrations play a big role. I feel like even when we scale up, we will need the support of both the District and the Block Administrations.

Rollo Romig: There are so many different partners who you have to get on board to invest in an issue that most of them weren't even aware of before. What do you think is the most effective way of convincing these different partners to buy into this program?

Ronald Kynta: With every partner, the people in the group committees are the same. We may have different objectives, but the purpose is the same. We want to improve the well-being of people in rural areas. We want to improve their standard of living. We want them to come out of the poverty index. Every department has that common purpose. The way we bring partners together is by looking at the common purpose, seeing how we will benefit from this particular project, and working together, so everybody stands to gain. Common purpose has always been a driving factor for convergence with other departments and partners.

Rollo Romig: What other ways have you seen the near vision glasses benefit people? Do you have any examples of perhaps unexpected ways in which these glasses have benefited different workers?

Ronald Kynta: I'm working a lot with SHGs, so a lot of the livelihood opportunities are handicrafts, handlooms, embroidery, and tailoring. In particular, in Meghalaya, a lot of the skills are traditional skills. They hardly use any machinery. This work is very delicate, very tedious, and it requires a lot of focus on near vision. The women tend to complain about a lot of strain on their eyes. I see this as an opportunity: if these women are strained, I'm very sure most of them will need near vision glasses.

For example, Meghalaya is famous for Eri silk. Eri silk is a biodegradable material that is extracted from the Eri silkworm. In Ri-Bhoi, in particular, they hand-roll the silk that comes out of the silkworm. They spend hours and hours in a day just hand-rolling this silk. There's a lot of strain on their eyes. Glasses can benefit the women who are involved in handloom activity.

Rollo Romig: Do you feel that there are resources or support that you need that you don't yet have? What would be helpful to you?

Ronald Kynta: When different partners come to meet me, I always tell them, You should have The/Nudge model. When The/Nudge Institute comes and partners with us, they bring in a lot of human resource support for the organization because any new intervention requires a new set of skills. The skills of MSRLS and its professionals are mostly mobilization and facilitation. They might not have the in-depth technical skills that are required for a certain project. Whenever we work with The/Nudge on a particular partnership, they recruit such human resources and provide them to MSRLS employees so they can work on that particular project.

Human resources are very important. We spend a lot of capacity-building funding from the program. That is not an issue because the Government of India is already spending that money. We are using the program to help build this project. I would say we need even more resources, definitely human resources and, where required, technical expertise.



When The/Nudge came and advocated for this project in the state of Meghalaya, we asked them, Who is your technical partner? They informed us that they're working with AIIMS Medical College. That led us to say, Okay, you have a trusted partner who's coming with a well-known technical expert. Yes, we can work together.

That is very important because existing programs or the existing government already have an implementation framework. What we don't have is the technical expertise for certain interventions. Whenever a partner comes in, we always ask, Who is your technical partner coming

in for the project? If they have a good technical partner, if they bring in good human resources, we are very happy with the project.

Rollo Romig: It's difficult to have enough personnel. You have this wonderful ASHA program, but they have 75 other health interventions they're working on. Even when there's the will and the recognition that this is important, do you find that there's a lot of competition amongst different needs?

Ronald Kynta: Yes. During COVID, the health system was under immense pressure and immense stress. What the government of Meghalaya realized was that we need to make health a community-driven program. It is not a health sector program. That was when, through our principal's category, we constituted a community institution called the Village Health Council, where we had a local representative come in and try to understand the base health challenges at the community level, whether epidemic or non-communicable diseases, or basic things such as maternal and child care.

We made the community take ownership. Once the community took ownership, it became easier to create awareness, to spread information, and to avoid any unwanted incidents. COVID taught us a very valuable lesson. Since then, we realized we cannot put too much burden on the frontline workers or the existing system. We need to earn the trust of the community. Once we earn their trust, the community itself will advocate for the program.

Rollo Romig: Where do you imagine this partnership with The/Nudge will be five years from now?

Ronald Kynta: I'll give an example. We started with The/Nudge Institute on one program, the WISE Project. Now we're working with near vision glasses. We have just gotten another proposal that we're submitting to the government of Meghalaya, where we're expanding the WISE Project to another four blocks. This is again for vulnerable households. The first project focuses a lot on single mothers, but the second project looks at vulnerable households, irrespective of whether they're single mothers or not.

With the state government, we are also working on a very dedicated project to improve the livelihoods of, again, vulnerable households in the state. In five years, I see The/Nudge and the state government of Meghalaya implementing projects across the state, across different sectors.

We're very happy that The/Nudge is bringing in a lot of external partners, like the Livelihood Impact Fund, to support the state. In the next five years, we will see The/Nudge bring multiple programs into the state as partners, not only from within India, but from outside India.

Meghalaya has a lot of very low indicators, but it is an aspirational state. We have seen over the last three to four years that Meghalaya has been very open to new ideas and trying something different. That is very important. With this, I've seen people's mindsets start changing. We have a very aspirational chief minister, Shri Conrad K. Sangma, who has a vision of a \$10 billion economy from the state of Meghalaya. We want to work towards that vision.

Rollo Romig: Thank you so much. I appreciate 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.*