

## **“It helps the economy, and it also helps human well-being”: Sampath Kumar, Principal Secretary of Health for Meghalaya, on eyeglasses, women’s collectives, and development**

**Mohit Chelani**

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**Mohit Chelani: Can you start by introducing yourself and your role in Meghalaya’s government?**

**Sampath Kumar:** I'm Sampath Kumar. I'm the Principal Secretary of Health to the state of Meghalaya in India. I am also a Development Commissioner for the state. My job is to identify the binding constraints and barriers to progress, and try to remove those barriers through policy and program implementation.

**Mohit Chelani: You've been a champion for the eyeglasses program. What ideologies or aspects resonated with you when you were thinking about starting a program for screening and distributing near-vision glasses?**

**Sampath Kumar:** First, this is an amazing idea because it is a very neglected piece of health. When you start aging, you develop a near-vision problem, and many people, especially those living in remote and rural areas, take a lot of time to recognize that there is a problem. For a long time, they simply live with the problem.

If people can recognize that problem, and if we can provide a very simple solution by giving them glasses, their work productivity will improve significantly, and so will their quality of life. When this idea was brought to the state of Meghalaya by The/Nudge, we were surprised by the magnitude of the problem.

The/Nudge brought in some research and evidence that says, based on experiments both in India and outside India, providing these glasses to those working in small livelihoods like weaving, garment-making art, cultivation, and tea labor, significantly improves their productivity, and more importantly, improves their quality of life.

It helps the economy, and it also helps human well-being. That combination of economics plus human well-being attracted us, so we decided to try it out and start working with The/Nudge.

**Mohit Chelani: What do you feel about your partnership with The/Nudge? How has that been, and how has that evolved?**

**Sampath Kumar:** The way The/Nudge is designed is in the very name. Essentially, they bring interesting evidence and interesting ideas, which are proven, and if we can introduce them in a platform like a state, they can implement these ideas at scale. The/Nudge is also seeding an idea so that states are comfortable saying, Let me try this out, see how this works, and then I can scale it up. It's very interesting.

We are not just doing randomized control trials. We do a lot of trials. The key thing is to pick up those ideas that are already working somewhere through some experiment or pilot, and then expand them. For example, the economic inclusion program, like the graduation approach, was tested by BRAC [Building Resources Across Communities] in different places. That learning is not shared with many other similar contexts.



We started working with some 5,000 families through this approach, and we were happy to engage with The/Nudge. Once we started doing this work, we said, Wow, this can be expanded to larger numbers. Now we are working with 50,000 of the poorest of the poor families. That's the beauty of The/Nudge. It's a behavioral economics concept. We are working very closely with The/Nudge on this particular partnership.

**Mohit Chelani: We started this pilot for near-vision glasses in the Umsning block. Can you explain the role of different departments? When this program scales, how will their roles become more critical? How should we look at the scale-up opportunity?**

**Sampath Kumar:** Two large programs are implemented by the government of India in very close coordination with all the states. One is NHM [National Health Mission] and the other is NRLM [National Rural Livelihoods Mission]. Both these programs are very important.

NHM is more of a technical capacity-building program for the state because health is a state subject. Through NHM, the government of India is providing additional resources and additional technical expertise to see that we prioritize different health issues and we do it well.



NRLM is a massive program. It is, in fact, the world's largest poverty reduction project. Their work is done through a very proven method, which is evidence-based. Poverty reduction can happen through women's collectives and women's SHGs [self-help groups]. This model has been proven across South Asia. This was brought in as a scale program by the government of India to all the states. NRLM is one of the first of its kind in the world because we are building a huge network of community institutions, especially women's collectives. We have these women's economic collectives across the country, and they reach out to almost every poor household in the country. We've reached 95% saturation in the state. That means 95% of the rural households are connected with NRLM.

This network, especially this women's economic collective, is systematically networked. It's a platform, and it's like an operating system. Just as computers require an operating system to run any program, we require this operating system to run any developmental program and take it to the last mile population. That's the innovation here.

In Meghalaya, we are very consciously leveraging this network of women's SHGs, or women's economic collectives, you can say. We are leveraging them to work on important programs that are very important to the state. For example, we have high maternal mortality rates because of binding geographical constraints and a lack of proper medical experts, among other challenges. By using this women's network, we are able to provide a lot of support systems from the point of public health. These women's groups are now managing transit homes for pregnant women. Pregnant women from remote areas come at least a week or 10 days before their expected date of delivery because they cannot actually travel when they start experiencing labor pain. It's very dangerous. In fact, 20% of our maternal deaths are transit deaths.

These transit homes are managed at nearby health facilities. We have about 150 health facilities. Our SHGs manage the transit homes, take care of the pregnant women, and make sure they're in close coordination with the medical staff. We will be able to see a huge impact in terms of reducing maternal deaths because of the power of this social capital.

NRLM has been building tremendous social capital in the country that will help in terms of solving a lot of problems, which are very contextual. Every state has its own issues. In our state, we have been using these networks of women's economic collectives very actively to address a lot of complex developmental problems. In this particular program, we felt one of the main tasks should also be figuring out how they can increase their economic capacity. We felt that providing reading glasses to people who have near vision problems would significantly improve their productivity. That was our idea of how to involve them. It's going very well.

**Mohit Chelani:** Two of the very interesting and innovative ideas that you suggested, which have worked out quite well, are leveraging the CGHA [community gender and health activist] cadre, which is a rural development cadre that has sensitization for health, and anchoring the program in VHCs [Village Health Councils].

**Can you talk about the philosophy behind this approach of using the CGHAs and VHCs? How can it be leveraged when we look at scaling this program?**

**Sampath Kumar:** We have all these women's collectives, and they have certain community resource supports, who are the best practitioners who can give some time to others. They're all leaders who are willing to give their time to mobilize their own community.

At every village level, among the women's SHG members, some of the active women were identified as CGHAs by the community. The community decided, She's the one who's going to represent us. That person was then put into proper capacity building and given ideas around how gender and health are both important, and what kind of facilitation they can do.

The job is to connect with the health systems and the nutrition systems. We have another very massive program called ICDS [Integrated Child Development Services]. CGHAs connect with the frontline functionaries of these other agencies and bring them to the women's SHGs. That's the

idea. They are a converging institution. They take these messages to the SHG meetings on a weekly basis.



In addition, Meghalaya has an Indigenous population. Around 86% of the population is Indigenous. The state is also specially recognized under the Constitution as a sixth schedule state [referring to a section that provides a degree of autonomy and self-government to the Northeastern states]. Being a sixth schedule state, we have a great advantage and an opportunity to leverage these traditional institutions, which are recognized under the sixth schedule framework.

By involving these traditional institutions, we set up VHCs, through which we can see male participation. While women's SHGs provide a lot of female participation, and you can see that energy in the villages, through VHCs, we can also ensure systematic male participation, which is required in the overall development of the state. By involving the VHC in taking an active part, we've made it a more inclusive program.

**Mohit Chelani: When you think about scale, is there a timeline or an outlook that you have in mind? What do you foresee as challenges when we scale this program?**

**Sampath Kumar:** To scale up, you need to mobilize the cadres— the women's SHGs and their cadre, CGHAs, and VHCs. I don't see any challenge. It's only that the state has to make it a priority. While doing the pilot, we have had a very close partnership with The/Nudge, so we've taken that energy and made it happen. When we scale it up, that energy will decrease a bit.

When you scale up, you also have to ensure that the local institutions like NHM and NRLM fully own this work and build their own capacities to ensure that the program is continued under their various agendas and among everything else they are supposed to prioritize.

**Mohit Chelani: When scaling the program, The/Nudge will be there as a technical partner, but beyond The/Nudge's capacity building, are there any resources that The/Nudge or any other external partner can bring on board? Is there any particular partnership that can help the program?**



**Sampath Kumar:** Partnerships are helpful because they put the idea in focus. The state is generally occupied with so much work, and partnerships help in prioritizing a particular idea. They bring a lot of focus to a particular work. They also help in terms of proper monitoring, proper evaluation, and proper feedback. The constant feedback you get through partnerships is very helpful, so we encourage them.

As a state, we would like to engage with a lot of partnerships. As a policy practitioner, I would say partnerships are crucial. Many times, people underestimate the value of sitting with a partner. It gives you time to reflect on an idea again and again, and to refine the idea. It's important.

**Mohit Chelani: Thank you so much for your time.**

## ICON LEGEND



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Demand generation



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Technology



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Training



Media campaigns and marketing



Screening

*\* This interview has been edited and condensed.*

*Mohit Chelani is the Product Head for the InSight program at The/Nudge Institute, a non-profit working towards a poverty-free India, within our lifetime. He has also worked towards building the Indian Administrative Fellowship, an initiative to bring together CXOs to work with senior civil servants on state projects of strategic relevance. Prior to The/Nudge, he has been an entrepreneur.*