



## **“I went around the market with a microphone and speaker announcing in different languages that there's free eye services”: Conversations with screeners, mobilizers, distributors and customers at a CHAI distribution event at Garki market**

**Rollo Romig**

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**Rollo Romig: My name is Rollo Romig from the Solutions Insights Lab in the United States. We're studying eyeglass distribution. You got glasses today. Did you hear about the screening, or did you just see it and come?**

 **Edet:** I just heard about it right now from the security post, and decided to come. I was not aware before. We're the security company in the market. I just heard it from my boys, so I said let me see what is happening here. I got my vision tested. I got a +1 [diopter]. I knew I needed reading glasses, but I had financial issues, and I'm so busy all the time. At times, I have some itches on my eyes. I don't know the cause.

**Rollo: Did they give you any suggestions with that?**

**Edet:** No. they're just looking at reading glasses now. I think I need an eye doctor checkup, but there's no one here today for that. This is just for reading glasses. I'll try to see how I can go for an eye check-up. I'm concerned about my eyes. There are times they are itching, and at times it looks blurred. The reading glasses will be helpful in my day-to-day activities when I'm reading, or maybe preparing vouchers to pay the guards. It will help me not to make mistakes. I've already told some of my boys to come.

**Rollo Romig: How did you hear about the screening?**

**Daniel:** He told me.

**Rollo Romig: Did you know you needed reading glasses?**

**Daniel:** I knew I needed them. I'm the chief security officer here. It will help me when I want to write entries, anything with writing.

**Rollo Romig: How many people came here today?**

**Screener:** Over 200, just for this canopy. We have another one down there.

**Rollo Romig: How many people needed glasses?**

**Screener:** Almost all. Just a few didn't collect glasses.

**Rollo Romig: Are people surprised they need glasses, are they happy about it?**



**Screener:** Some were not aware until they came here, and we tested them. They are so happy. I work for FCT [Federal Capital Territory] public health, in the eye care unit. We work with CHAI [the Clinton Health Access Initiative].

**Kene:** Last week, I was in Ekiti for research about the facilities for these glasses, just having conversations. From the database, we see that more women are being screened than men in our PHC [public health clinic] facilities, although not for the outreaches.

**Rollo Romig: Why more women than men?**

**Kene:** From our research we found that a lot of people have this notion that PHC facilities only cater to women. When we ask them the services that are offered in PHC's, a lot of them say immunization, antenatal care, prenatal care, delivery, a lot of services channeled to women. That's what members of this community think. We have more women coming into these facilities. That's why we have higher uptake of the glasses by women than men.

**Rollo Romig: What other patterns did you see?**

 **Kene:** Besides having more women, when we visited the low-dispensing facilities, we found a lot of people who cannot read there. For a lot of them, the most they read is the Bible in church, so they don't need glasses for reading. They need them for other things, but from the conversations we had with healthcare workers, the community members are nonchalant about their physical health, and their eye health as well. A lot of people are hungry so they'd prioritize food over healthcare, especially if they have to pay for medication.



Also, from the research we conducted in Ekiti, we found that a major motivation to get people to come out for the glasses is the fact that the glasses are free. In situations where that information is not clearly passed across, there is lower uptake. Most people will prioritize food over glasses, considering the current state of the economy.



I'm not doing the screenings, I'm doing data collection, keeping the records. We're capturing the name, age, occupation, disability, and the help they're getting, and also finding out if these beneficiaries have used glasses before, or if it's their first time getting glasses. The government keeps a record, but we as CHAI are entering this data in Kobo as a collection tool for the eyeglasses distribution. CHAI is working closely with the Ministry of Health, and the National Eye Health Programme.



Besides the flyer, we tried the mobilizers. "I went around the market with a microphone and speaker announcing in different languages that there's free eye services, screenings, and glasses. [They should] get their eyes checked.

This mobilizer is a greater source of the numbers we're getting here. First of all, the flyers are written in English, so these are basically targeted to the people who can read, whilst the mobilizers are going around speaking different languages and getting to every caliber of people in the market. I saw someone still making announcements this morning, even while the screening was ongoing. They started today from 9:00 or 10:00 AM, and started again from 1:00 to 4:00 PM.

### Rollo Romig: Which languages do the mobilizers use?

**Damilola Oyedele:** It depends on where. In Abuja we're doing Hausa and English.

**Kene:** They did the announcement in Pidgin English.

**Damilola Oyedele:** In Jos too, it will be Hausa and English for the most part. In a place like Lagos, it will be Yoruba, English, Pidgin, maybe Igbo. It depends on the specific locations.

### Rollo Romig: It seems like almost everyone who comes takes glasses. Do you think people are mostly surprised that they need glasses, or did they know?

**Damilola Oyedele:** Most of them know, or at least, think that they need glasses. There are even some instances where people who come turn out to not have presbyopia and don't need the reading glasses. They get upset if they don't receive the glasses. So, yes, many people that have come around have some level of confidence that they need glasses.



When I went to Jos over the weekend, also for some screening, we saw a few women, and one had a retinal detachment situation. She thought glasses would fix her

issues. We had to explain these are just reading glasses, they won't fix that, and she needs to see an ophthalmologist.

Most people assume that if you're doing an outreach where you're screening people's eyes, you're also going to attend to other eye issues, but these screeners are only trained to screen for reading glasses. In Jos, we had two ophthalmologists who also participated. When we have ophthalmologists on the ground, people with more serious issues can see the ophthalmologist and have them manage other conditions.

**Rollo Romig: What do you hear from people at these events about why the glasses will be useful to them?**

**Damilola Oyedele:** Mostly for reading. They talk about reading their Bible quite a bit, and the Quran also. Maybe also looking at the phone, that has come up.



**Kene:** One other possibility is they think eye health is expensive, and they're surprised that they can get these for free.

**Rollo Romig: Are there people who are harder to reach?**



**Damilola Oyedele:** Yes, I saw an elderly man here earlier today that I know wouldn't have to come to a hospital or a PHC [public health clinic] if we didn't come here. He's here trying to make a daily living. He relies on what he makes every day to feed himself. I don't expect him to show up at a PHC if we don't come here. We also went into hard-to-reach communities last week. There were some elderly people that we were able to see, that we might not have been able to if we stayed within the town or city. That's primarily what the outreach is helping us do, to reach other people who might not have heard of the program if they stay in the city.

**Rollo Romig: You're targeting older people in particular, because that's who is more likely to have presbyopia, right?**

**Damilola Oyedele:** We're seeing people 40 and over because that's the age range where presbyopia is most common.

**Rollo Romig: Are there places where you do events specifically because you know there'll be more older people there?**



**Damilola Oyedele:** Yes. For instance, when we wanted to conduct outreach in churches in Lagos, we didn't want to go to some churches because we knew the demographic would be younger people, and it wouldn't be very efficient to go there. Instead, we are trying to work with Catholic and maybe Anglican churches because we know that's where older people go. For the market, we weren't targeting any particular age group as there is a wide range of age groups in the markets.

## Rollo Romig: Are you screening for glaucoma today too?



**Kene:** No. We're not screening for glaucoma. Quite a number have come with other issues that are not presbyopia. Then they've been referred to the other outreach [at the Ministry of Health]. That's going to be a more extensive screening, not just for presbyopia. A lot of them were referred to come for the outreach on Wednesday at that venue. We gave them the details.



This is the last screening point. Three hours ago, it was packed. It was the busiest time. In the morning a lot of people here are just coming to the market before the sun comes out and it gets too hot. From my own screening point, a lot of traders were screened. They work in the market, so they come before their shop gets busy with a lot of customers because obviously, they're not going to leave their sales to come get glasses. That's part of the reason we had more numbers early in the morning before it gets scorching like this. No one wants to stay under the sun. The numbers started declining from, say, from 12:00 to 1:00 PM-ish, but earlier it was packed. When the mobilizers were actively going around the market, you could see it reflected in the screening numbers.

**Rollo Romig: My name is Rollo Romig from the Solutions Insights Lab in the United States. We're studying eyeglass distribution. Since you're an optometrist, you can identify a lot of different eye problems. People are coming primarily for reading glasses, but did you find other problems today too?**

**Optometrist:** Yes. Allergy and glaucoma. I saw one glaucoma patient, although she's using one clinic for treatment already. Nothing serious, just reading glasses and allergies. In other screening centers, we had those with myopia, but we didn't have glasses for them. We had a lot of people in the morning, a lot of traders. Most of them want to be able to see their receipt prints on their phone. Some of them want to read their Bibles or Qurans.

**Rollo Romig: When you do these screenings, is there always an optometrist, or sometimes is it just people who've been trained to screen for reading glasses?**



**Optometrist:** It's supposed to be an optometrist. For all the ones I've attended, there are usually optometrists. When I give them the prescriptions, someone else can help me sort out glasses and distribute them.

**Kene:** Other healthcare workers were trained particularly to screen just for presbyopia. For any other cases that come up, they just refer, as long as they were trained particularly to do this. We trained the healthcare workers.

**Rollo Romig: What is that training like?**



**Kene:** First, the training was generally around various eye challenges as an overview, but then it was more channeled to presbyopia. The healthcare workers were also taught to identify and manage eye conditions that can be managed at the PHC level. They were also given an algorithm. The steps were broken down perfectly so that they can understand the screening without prior experience.

We had about five algorithms. First one is a red eye. There were some steps to follow to address that. They also got another one for a swollen eye, an object identified in your eye, with different cases and different algorithms on how they can attend to these various eye problems. Then they were taught to detect any issue that is more advanced than presbyopia, where people might need more than the reading glasses.



Because this "is a one-time opportunity," people were happy to do this while they were going about their day here in the market. Telling them to go to another place means they're going out of their way, and they may have financial constraints as well. They would have to transport themselves to that particular place.

**Rollo Romig:** **Some people who do the screenings are optometrists, and some have just been trained for this. The ones who have been trained just for this, are they all community health workers or could they just be anybody?**

**Damilola Oyedele:** They could be nurses or people who already work in a primary healthcare facility, mostly nurses.

**Rollo Romig:** **They've had some kind of training in health, but they're just learning this as an additional skill?**



**Damilola Oyedele:** Yes, exactly. We do primary eyecare training. In Abuja, we only did a presbyopia training, not a full primary eyecare training. They got the presbyopia training to learn how to do the near-vision and long-distance vision screening, how to dispense the glasses, and how to do the reporting. For this event, we only have the optometrists up here for now. For all the ones we're doing in the FCT this week, we don't have the healthcare workers that we trained. It's all optometrists.

**Rollo Romig:** **Why is that?**



**Damilola Oyedele:** A few things. We needed to meet with the Director of Health of the Abuja Municipal Area Council area council to get them to release the healthcare workers that we trained to participate in this, but we didn't quite get a chance to meet with the Director, so we couldn't release the healthcare workers. We had to just stick with optometrists. There is also an ongoing PHC workers strike in the FCT that limits how much work the healthcare workers can do during that period

**Rollo Romig: Is there any regulatory difficulty? In some places, only optometrists can do the screening and it's not legally allowed for other people to do it. Do you have that problem here?**

  **Damilola Oyedele:** We did have that problem at the beginning of the program but we have been able to explain what we're doing, and clarify that we are only screening for presbyopia, we're not doing any other tests. Optometrists don't like the idea that their work is being done by someone else but we have emphasised that there's a limit to what we're training the PHC workers to do, and that this work will ultimately improve access to eye health services at the grassroots, while improving referral rates for eye health issues.

**Rollo Romig: How long have you been doing screening events like this?**

 **Damilola Oyedele:** In Abuja, we just started last week when we were in one of the area councils. We were in Abaji the entire week, and then this week we're here. We're not just here in the market today, but on Wednesday, Thursday, and Friday we're elsewhere. Next week we're going to another area council, and we're doing two locations on Friday. In other states, they've already done some screening outreaches. Jos and Delta have done a few outreaches, and Kaduna as well.

**Rollo Romig: Have you been happy with the turnout today?**

**Damilola Oyedele:** It's been more than 300 people so far today, which isn't too bad for the middle of the city on a weekday. In Abaji, we saw maybe more than 3,000 people over the course of last week, so that was much better.

**Rollo Romig: Having done it a little more than a week, what have you learned? Are there things you will do differently going forward?**

 **Damilola Oyedele:** Yes. Last week, the outreach venue we went to was really far. We didn't know how far it was going to be, so we didn't quite expect that the logistics would cost as much as it did. There are pros and cons to everything, so going forward, although we want to see people in the hard-to-reach areas, we also need to strike a balance with cost-effectiveness. This event today is in the middle of town, so transportation is much cheaper. There are also security concerns with going to hard-to-reach areas. One of the lessons has been to do a proper mapping of venues, and be sure of where everything is located before we go so we're properly ready for that.

Something I noticed too, in the first place we went last week, it's one area council. We did maybe one place for two days, another place for one day, another place for one day. The first place we went, we got about 517 people on the first day, but the next day we got 960 people. The day after that, we had to move elsewhere.

↗ If I have to plan again, I might plan to stay in one place with multiple points running concurrently, because if we stayed in a place that had 900 people on the second day, we could have had even more people by the third day because of word of mouth. That's why we got almost twice as many people, just because word spread. Next time we'll just have people stay there and continue screening with multiple points running. It's very interesting how quickly word of mouth goes around and how effective it can be.

**Rollo Romig: Rollo Romig: My name is Rollo Romig from the Solutions Insights Lab in the United States. We're studying eyeglass distribution. You got eyeglasses today. Did you know you needed eyeglasses or did you just find out?**

**Mrs. Fine:** I know before. This is the second pair I've been using. This is the best one I use. This is the new size.

**Rollo Romig: How did you hear about this event?**

**Mrs. Fine:** I have a shop here. I saw them. My girl told me I should come. We sell baby things. The glasses help me see clearly to read. I like to read the Bible and anything readable that is nice.

**Rollo Romig: How did you get your first pair of glasses?**

⌚ **Mrs. Fine:** I went to eye clinic people and they tested for it. I paid for it, I can't remember how much. It's a long time ago.

**Rollo Romig: Is this a stronger prescription than those, or are these ones stronger than the old ones?**

**Mrs. Fine:** Yes, this fine. I love this one, it is simple.

## ICON LEGEND

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 Screening

*Rollo Romig (he/him) is the author of *I Am on the Hit List: A Journalist's Murder and the Rise of Autocracy in India*.*

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