"There's a whole ecosystem": Solutions Insights Lab Director, Ambika Samarthya-Howard, reflects on her visit to Bangladesh talking to pharmacists, community health workers, vision camp customers, and organization leaders

Alec Saelens and Jenn Rosen

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Jenn Rosen (she/her): Well, welcome back! I think what would be helpful is if you can just give a timeline: who you saw, when, what you did?

Ambika Samarthya-Howard: Thanks. Yeah, so let me just zoom out and [talk about] why we made this trip to begin with. So essentially, when we started the Livelihood Funds project, we were planning to do all the interviews face to face. Which included meeting the program managers. But then, also the people that the program managers were talking about like the media people or the pharmacists in Kenya, in Liberia, in Nigeria, and all that stuff. When we locked this year's budget as a pilot or test year, I was fairly insistent that we travel at least once or twice to interview people on the ground, so we were able to get that approved. Which is great, and they understood the need for that.

Why do we ever want to do that? Because when you talk to program managers and you talk to people and founders, we're talking to all these big scale change makers, it's not the same as hearing from the people actually selling or giving away the glasses directly.

This particular project in Bangladesh got started by Jordan [Kassalow]. He's been doing work there I think since 2006, so they've been doing it for quite some time with a group of people, and then in the last, like maybe 5 to 6, 7 years. I think that they've even scaled, you know, to try different things.

This particular group, which is called the Clear Vision Collective, is a group of like 8 or 9 organizations, including BRAC one of the world's largest Ngos, based out of Bangladesh and then, as well as VisionSpring, the largest eye group, and then some local partners and local performers, and then for the last 3 months they put on a media campaign specifically with dramas. So people would go and do dramas around services in this area.

Alec Saelens: Do you mean like theater? Plays?

Ambika Samarthya-Howard: Yes. And then they would have mics. So by mics, like microphones and amplifiers that said "Get your glasses through this pharmacy. Get your glasses through these communities. You know, glasses are cool. Get your glasses at these eye camps." So they would bring people to pharmacies, eye camps, and then also non pharmacy [eye camps]. There seems to be two different types of non pharmacy eye camps.

 One was a technical eye camp run by local vision folks. I went to one run by a really famous eye institute, an eye doctor who is named in a lot of the interviews. But I can't recall off the top of my head.

And then the other one was a non technical one that was run by BRAC and their community health workers. So there's the eye camps. There's all this micing that went around in the center of the town to get people to get to the eye camps. There were posters, and then the campaign with the dramas and micing, they're gonna end this week.

I was basically there to see if those things had any relevance. But I was also really there to talk to people about the work that they're doing and what was happening. So Misha [Mahjabeen], who I interviewed before I left, was one of the first people that I saw there. And Misha is the country director for vision spring in Bangladesh.

I think she's only been there for a couple of years. And what's really interesting about Misha is, if I'm not mistaken, she used to be a marketing director for Mercedes. So she comes from the private sector and so she really sees this as like, how do you push a product to market, which is definitely what we're trying to move towards. We're trying to move towards demedicalization. We're trying to move towards seeing this as a product.

There were 3 people who escorted me on my travels. Misha's based in Dhaka, I think the other ones are, might be also based in Dhaka. But there's 3 people who escorted me on my travels. One was a man named Bappy [Amirul Islam Bappy], he is the VisionSpring pharmacy lead. He's been with the program for a very short time, maybe like a year, but he is who all the pharmacists report into. One is a man named Anupam [Sengupta], who just left BRAC a few years ago. And then

Mohammed Rafiq [Islam], who is the executive director of the Clear Vision Collective, which will last beyond the campaign.

The campaign lasted three months. That funding has ended, but the Clear Vision Collective still exists. And it still has multiple partnerships. So they're the 3 people who escorted me and I had [several] interviews with them. That was one of the coolest parts, like 4 different times. I had an initial interview with them, and then, after we would meet a group of people, I would have another interview with them and talk about what they thought about [what people said].

 We met with the eye camp manager, a representative from that institute. I went to the eye camp. It was very well attended. One thing that I noticed at the eye camp was there were tons of posters around. What I really wanted to do was interview somebody who got glasses and interview somebody who didn't get glasses. That to me was like the craziest part of the trip, I was interviewing people who said no, and trying to figure out what was happening.

 This one woman who I interviewed got glasses, and she was happy with them. I think she was like a seamstress or tailor, and she needed them, and she got them. Then this other woman was not going to get the glasses.The reason she didn't want to get glasses was because she had to pay for it and she was like my husband just got them, and so I didn't. I don't think we have the money for me to also get it. And I thought that was so interesting because the whole thing made me think about cell phone usage, and how like back in the day, in this idea of like family plans, and like sharing mobile phones and doing all this stuff because one of the things that we have noticed is a lot more people buy glasses when their partners are with them, when it's like a collective financial decision.

The glasses are 150 local currency, which is about a dollar. And so when she didn't get her glasses, I basically just looked at my team and was like, are one of you buying the glasses for her? And they're like no, no we have subsidized funds. And so she did eventually get a subsidized [pair of] glasses, and so she was able to get the glasses also at that clinic. People who have something called a red card can get glasses for free. Those are people who are widowed, disabled, and maybe other castes and stuff like that.

 That is not the case for the second camp. In the second camp, BRAC doesn't do the subsidies. They don't give the glasses for free. Nobody gets a glass for free. It doesn't matter if you have a red card and that was like what they decided there. So that's really interesting. I think that's also confusing and I don't know how people navigate that or figure that out. BRAC decides how they want to hold their camp, and then the eye institute folks decide how they want to do it at their camp.

Alec Saelens: Why do these different organizations organize these camps differently?

 **Ambika Samarthya-Howard:** I don't know why they organize it differently. The people who are doing the screenings at the eye center camp are optometrists and doctors and the people doing the screening at the BRAC camp are community health workers, which is fine. They're trained on their screening. But, if you're trying to gain trust and you're trying to get a much higher rate of conversion, it makes a difference if it is an eye doctor there screening with their wife rather than a community health worker, like [in the] BRAC [camp].

 I assume all the financial stuff is pertinent to how they both do their businesses. And I know the first group of people could take the red card, I assume, because they're probably a government hospital. So they could take the red card. That's completely my assumption. But I suspect that that's probably true. And then, if they couldn't take the red card and people have to pay then that subsidy came, I think, from the Clear Vision Collective, and I don't think that that happens for the BRAC camps.

There is complete transparency, but I think every partner does what that partner does. They don't do the same jobs. There's a whole ecosystem. Some [work with] community health workers. [With the other] there is an eye doctor coming in. So it's completely different. It's like there's nothing similar from our point of view. But I can imagine from a consumer point of view they look exactly the same. I think it's very confusing from a consumer point of view.

 I interviewed community health workers, three women. Two are fairly older and one was young. And you know the goal is to ask them how long they've been selling eyeglasses as a part of their bundle. They do malaria. They [treat] dysentery. They do all this stuff, and two of them have been doing it for around five years, and the younger one for two [years].

 None of them felt like the training was hard. None of them had felt like it was like a burden. They all said that they get a little bit of commission for each [pair of] glasses that they sell, and they felt like their commission was fine.

 I asked, “What do you say to convince someone who's like “No, I don't need glasses.”?” And the main thing that they are saying is that they tell them their eyes are going to get worse. You know, if they don't get glasses now, their eyes are probably gonna get worse. And that makes sense because they're community health workers. So I think that that was probably persuasive.

 But they are selling at the rate of like a maximum of eight glasses a month. Most of them are doing around 5 a month, if that. And that's considered like a gold star. And it's because, you know, they're going home to home. And how far away is each home to another? And they have to

have the right glasses for people. And if they get there and the person's like, yes, they want it, but they don't want to buy today. Where's that person going to go? There's no system, referral flow.

I asked [the community health workers], “What can I do to get you to do 100 rather than 10?” And they were basically like they didn't know how to answer that. But they thought it was really funny that I asked, and they were just like, you know, I don't know. I don't think that they had a clear sense of how that could even be possible, because they only have a certain amount of time and everything is so far away from each other. So this system of community health workers which is where I was putting my bets before the trip, I was like, it's just physically not possible for this to be the system in which we scale.

They are community health workers. They're there to take fevers and [treat] diarrhea. They have the pills, and eyeglasses went into that bundle. So this was just like one of many things that they service, but like they just go from home to home.

 I haven't even told you about the eye camps conversions. The first camp's conversions were still about 30 to 50. The community health workers’ camp is much lower, about 15 or something. In the [BRAC] camp I think it was like 48 people got screened. 24 people needed reading glasses, and I think only 7 people got them. So it was much lower. In the first camp, I don't know [the numbers], we weren't there for the whole thing. But it was a much higher conversion. Mohammed is going to send the numbers.

 I then started talking to the people who were getting glasses at that camp, and you know it was mostly livelihood related. They needed it for tailoring. They needed it for different things.

I did ask all the community health workers if they've ever been screened. And they said, yes. And one of them said yes, and she has glasses. I asked, “Why don’t you wear them? This would be a great time. I would love to see you in glasses. Let's take some photos.” It didn't happen. And so I thought that was really interesting, because if I was selling reading glasses, the first thing I would do is wear reading glasses.

And what I think is interesting, I generally wear contacts. But I wore reading glasses like every day when I was there, because I wanted people to be like, “Okay, it's cool to wear reading glasses.” Not that I'm cool, but, you know, you're at the reading glasses camp.

Next I interviewed a lot of people at the BRAC camp. One was a very attractive man, and he said he needed to get glasses, and he was like I don't like the frames, it's not good enough quality, and so then I said, “Well, would you go to a pharmacy if they had better frames?” And he said yes. But is he ever going to go to the pharmacy? I have no idea who's going to take him to the pharmacy.

Later I interviewed Anupam, and I asked what was surprising about that day, and he's just like, oh, no one's ever asked them [CHWs] any of their opinions about any of this. And so it's shocking that

no one's ever talked to them about this in this way. I assume that people have asked them," How many have you sold? How many houses have you been to?" But no one's asking, "What do you think? What's not working? What could we be doing better? And I was directly asking them all the solutions journalism pillars. And it's just like, you know, it's really important stuff, right? And we think it's like, whatever. But it's so fundamental to empowerment and agency and change.

 The next day I went to two pharmacies [and spoke with] two pharmacists. One was very cool and hip, he was in his twenties or thirties. Very charming and he was a very good seller, and he was selling a lot. The second guy, who is older and much softer spoken.

 I asked the first pharmacist the same question about [moving from] 10 to 100. And he said, "Oh, we definitely need better quality glasses. We need more frames. That's the main thing that we need. If the pharmacy was open more, and there were more people working there, [you can sell more]. I asked them both about the amount of commission that they get from each glass sold, and they were totally happy with it.

 Then I asked the second [pharmacist] how he would go from 10 to 100, and he was like, well, there's a local eye center. Why can't they refer to me if they don't have the [right] glasses? And you know and it's like, "Yeah, why can't they?" And I asked if he had ever gone over there and tried to make that happen. Like, what are you waiting for? And he said, "Oh, I've never, ever thought about it until you asked me this question." And I was like, "Okay, now that I've asked you this question? And everybody was saying, "We'll come back to you in three months and see if you've done it." Which obviously, I don't know if he's going to, and I doubt he will. But it's just so interesting because I gave them a moment to actually try to solve the problem. They came up with a really good solution.

And then I just think about this idea about pushing products and the demedicalization of things. I think that specifically with the pharmacies, it's definitely seen as a product and they talk about pushing products. But then, when you start talking to them about things they're like, "Well, we often give this to people when their eyes are hurting. If they come in here and they have an eye problem, we ask them to try on glasses." So it's definitely also seen as a medical product for them. I thought that that was all very interesting.

 After the two pharmacists were done, I interviewed someone [Nahid], who is the person who checks in on all the pharmacies and gives them the supply and things like that. And he has all 35 pharmacies. There's 35 pharmacies in the Clear Vision Collective program, and he has all 35 pharmacies. And he was talking about how hard it is because they give the glasses on credit. So every time they sell a [pair of] glasses, [Nahid] has to go and get the money, I mean, there's 35

pharmacies. I was like, there's no way you're doing a good job at anything else, because all you're trying to do is just get your accounting right, and travel from one location to another location.

I understand why they give it on credit, because if they didn't, they would never give it. But just to track that, there's no way you can scale efficiencies or ask the pharmacists these questions. Then, on the way back from the pharmacies, I heard Anupam say to Bappy that that guy made some really good points about how to scale their work in pharmacies. I'd like you to go back and figure out how we can incorporate that in our business plan.

And I thought that, specifically the referrals, how would a referral system work that they could actually put into action, which was awesome.

The people who run the eye center run the eye programs. And program managers are nonprofit leaders. They're people who are rock stars. I mean, like BRAC has been doing 20 years of this or 25 years of that. They worked in Sightsavers, a cataract saving organization. They are hardcore nonprofit managers, and it shows in how they took care of me. The logistics were stunning. They knew where to go, they knew everything. But were any of them ever pharmacists? No. Have any of them ever done community health work? No. And so I think that there's a real gap between the things. And this is not just in Bangladesh. This was the reason that I wanted to talk to people like this. But there's no way that I could talk to people like this without getting on the ground, even on the ground I needed, like, 5 people to support me to talk to people like this.

Alec Saelens: It seems like there is a lack of curiosity about diverse different stakeholder groups and how they operate, what they're concerned by and what their challenges are. And there perhaps isn't enough thinking about how to try to address their issues in order to understand how the system could work better.

Ambika Samarthya-Howard: It's partially that. And it's partially, as you know, just the way international development over the last decade has moved towards localization. Everybody, literally everybody I talked to in this program has been a local person. It's been a person of color. They've been the people who live there. There's people who know the language. These are the people that hold the knowledge. Now, what's happened, though, is that, yes, all the efforts are localized but they're localized people with a background in very intense project management and really, really intense NGO leadership. Both things which are highly coveted and really important. But we're asking people to do the things and we haven't actually tapped into their process.

I mean every interview I would say, “Yeah, community health workers can't scale, because it's really hard, and distances are hard and things like. Cool, we all know that.” Or, “Oh, pharmacists want to do this because people don't buy the glasses, because there's not enough diversity.” But maybe [CHWs and pharmacists] have the solutions, you know? Maybe we can like up the game for them. Tell them, “It's not going to be good enough for you to do 5. You have to do 50. How can

we get you to do 50? What do you need?" And I don't think anyone has posed it from a solutions perspective to them. They know all their lives, their lived problems, like, why things aren't working.

Jenn Rosen (she/her): What did you learn about demand generation? The media campaigns specifically.

 **Ambika Samarthya-Howard:** Here's a place where, like no one owns anything. It's a farming community. So maybe that's a better way to put it. But they don't even have radio campaigns or TV campaigns. All you did was put up some posters, and then you had a few folk dance dramas that generated attention. And then you literally got on an amplifier.

And just putting on these camps or getting on these mics, it feels like a very easy thing to do. I definitely asked people how they heard about things and they said, "You know, I heard about it from a neighbor. I heard about it from the mic. I heard it from that." So it's definitely working. I'm not entirely sure why that doesn't just become part of the norm.

 And I don't know. I just go back to cell phones. And you never stop talking about cell phones or getting a better cell phone, or, like everybody in the family, should have a cell phone. There's the marketing side of this that is definitely not tapped into. So I do find it very effective. But I also found it pretty cheap. I was like, you're not doing anything super expensive. And then I also think that almost everybody said that the quality of the glasses, they felt like it got blurry after a while, and the quality wasn't that great.

 And then there's certain price points. The pharmacies have three different price points. They had the lowest price point, which was the one offered in the eye camps, and then they had two higher price points. Most people bought the lowest price point, but I know other people could buy a higher price point.

 And that was the other big difference, I think, between the morning and the afternoon eye camp. In the morning eye camp, almost everybody was there as a couple, so if they had to make a financial decision, the person was there in real time. And it just depends on the person who's selling it. This is something we hear [about in] almost every interview. It's only as good as the person who's selling it. That's not sustainable. It has to be that the worst salesperson in the world can sell them. And so there has to be something about the product that becomes like a little bit more, you know, tantalizing.

 **Alec Saelens: You mentioned that there were different price points for the glasses. Can you explain positively like, what's the difference in the product?**

Ambika Samarthya-Howard: I assume it's the frames. Some people want to pay for a better product.

Jenn Rosen (she/her): And so you heard that style actually does matter? A lot of the people we talked to talked about it mattering, but we didn't have actual examples. You feel like you heard that?

Ambika Samarthya-Howard: I don't know if it was style, but it was quality. I think a lot of the glasses just look cheap.

Alec Saelens: You said something really interesting about the fact that when people come as couples they're able to make decisions as to whether or not to buy a pair of glasses for one of the people, or the two people. Could you elaborate on that?

 **Ambika Samarthya-Howard:** Yeah, I'm gonna keep going down this cell phone analogy. But like, if I'm at a store and I'm going to buy hangers I'm not gonna call Peter about my hangers because they're usual commodities or non shared commodities or whatever. But if I had to get a new phone, I'd have to call him because I'd have to figure out, how does that affect our phone plan if he gets a new phone? Does that mean I get a new phone? Who needs the phone more? That's a big investment. And I think that there's this feeling with [purchasing] glasses. Why would I? Why would the woman have the glass before the man had the glasses? The demographic was 50 -50. So it wasn't like we saw more women or saw more men. It was pretty split across the board across all of these things.

But, if both people need glasses, they should probably both be there figuring out how they're going to figure out their finances, to get those glasses.

Jenn Rosen (she/her): You think it went both ways like it wasn't just the women who needed the man there? The man needed the woman there, too, to make this collective decision?

Ambika Samarthya-Howard: You know I don't know, but I would assume that if that man was married and his wife was like no, you look great in those glasses. He might have got him in those glasses. I think it's like, really, I mean, even my mom's getting glasses next week. She's taking me to the store. It's one of those things where it's like, both financially and stylistically. It's kind of a social or collective thing to do.

And it's this idea of collective stuff that I think we're really missing more than almost any other element, of this campaign, or of what we're doing. Maybe the reason that the eye camps are working is not because there's one central place, but because everyone sees it's becoming a socialized thing. I mean, even when we were doing the shoot and people heard us talking about glasses, the people I was with sold a pair of glasses to somebody. And everyone was like, "Look, at my glasses! My glasses are cool!" I mean, obviously that's an anomaly. But they sold the glasses. And so I do think it just has to be sort of a group thing, this hip type of thing.

Jenn Rosen (she/her): Did you learn anything surprising about partnerships?

 **Ambika Samarthya-Howard:** They have tons and tons of conversations. And there's a big management aspect to a lot of this. I suspect that there's a lot of agreements, they often talk about partner agreements I'm assuming. I also think that there's a lot of autonomy given to different partners.

Alec Saelens: And just to confirm, CVC is a partnership with local pharmacies, right?

 **Ambika Samarthya-Howard:** Clear Vision Collective is, I think, 6 to 8 partnerships, and that's like a nonprofit. Some are eye care foundations and stuff. But one of the things that they do is pharmacies. And one of them is a community health worker partnership. One of them is with the media. There's several partners in it.

 All the pharmacists get trained and all these other people get trained. I did ask whether their training includes a sales component. And they did say, yes, they definitely include a product and sales component. Oh, this was the other thing that I thought was really interesting. So they trained in person. I think it's a very short training for the pharmacist, and the community health workers, too.

 All the pharmacies are within the district. I understand that they're not close, but they're all within 6 or 7 kilometers. And I was sort of like, “Are you guys on a Whatsapp group?” And then my partners, my colleagues, were laughing. And they're like, “We don't really do Whatsapp in this way.” And bang! They're not Whatsapp savvy? And I was like, “Oh, they each have like three phones.” And they're like, “Yeah, but they're not smart phones necessarily.” I was really surprised that they're not in community with each other.

Jenn Rosen (she/her): They're training one off? They're not bringing them together.

 **Ambika Samarthya-Howard:** Oh, they bring them together. So then I'm like you don't want to be in touch with everybody else who's doing the one thing that you're doing? It’s the same thing with the community of health workers. When I was asking them questions, it was really clear that they've never talked to each other about what I'm asking them.

Jenn Rosen (she/her): Why do you think that is?

Ambika Samarthya-Howard: I guess if you don't have a smartphone and these places are far to get to so I guess it's really hard to stay in touch with people.

 But I also just feel like we haven't given enough agency or ownership towards this whole process to these people. So like the [pharmacist] who came up with this really great idea,

there's nothing stopping him from just literally going to those eye doctors, this NGO down the street, and being like, “Hey, you're doing some screenings, and you can't provide them glasses, refer them to me.” But they would never refer them to you, because there's a competition. I'm like, there's not really. It's not a super competitive space. I'm sure they would refer them to you. But I don't think anybody feels like they can, like they have the ownership to like to do their own thing. I thought about that with the micing, too. All you have to do is get on an amplifier and tell people you have glasses. You don't need a lot of money to do that. You just need an amplifier, which you have. Why aren't they doing that?

 **Alec Saelens: Do they sometimes use the beneficiaries, the people who received glasses and for whom it changes their lives? They're able to read better. They see the world better. Do they get them to kind of testify about the benefits of these glasses?**

Ambika Samarthya-Howard: They do with each other. So like people in the same family, in the same friend circle would do that.

Jenn Rosen (she/her): And are they using community leaders? Religious leaders who can be spokespeople in a way to bring people in.

Ambika Samarthya-Howard: I didn't see them. But I was only there for a short time, so maybe it was just not the time that was there. I'm sure they have done that as part of the campaign.

Jenn Rosen (she/her): Did anyone talk about anything with government partnerships, regulations, or regulatory bodies?

 **Ambika Samarthya-Howard:** I was trying to understand how much of the community health workers' salaries came from the government, and it feels like it all just came from BRAC and that BRAC was substituting for a lot of government services in that area. I mean, they all seem pretty confident about what they were doing.

Alec Saelens: Name like three things that are kind of barriers and challenges, kind of like bottlenecks.

 **Ambika Samarthya-Howard:** There's not enough direct communication amongst people of the same peer learning group. So community health workers aren't learning anything from each other. Pharmacists aren't learning anything from other pharmacists. There's no communication.

The middle managers are trying to keep the money, and the counting and the supply flowing, so there's no way that they can sit down with the pharmacist and ask him questions. [The pharmacy field sales officer] has no time to do that because he's literally going from one place to another place. That's a huge miss. The main point person for pharmacists is somebody who doesn't have time to really help them through.

And then I would say, the third thing is that I don't think we give enough incentives. Incentives might not be the right word. Responsibility, accountability, ownership towards the people who are actually selling, to do whatever they want. This is true for every organization, for every single thing. You need a startup mentality. You need somebody to be like you can do whatever you want. Just go do it, and then watch and see what they do. I think that most people don't have that mentality. And so then you're just waiting for orders. And they ordered you to like, sit behind a thing and sell glasses when people come. How much are you going to sell?

Jenn Rosen (she/her): But people felt the commission was okay? I mean, you would think that that could be an entrepreneurial motivation, that if you sell more glasses, you get more commission. If you feel the commission is substantial enough.

 **Ambika Samarthya-Howard:** Yeah, that's where I got confused. So I felt like the pharmacist didn't make a lot per glasses. Maybe it was like 25 or 50 taka. I'm not sure if that's the right amount, but they definitely say it in the interview. With community health workers, they hardly made anything per glasses, maybe 10 or 15 [taka]. But nobody said that the commission was a particular issue. I'm assuming they didn't feel that way because they have no comparison. It's not like they're selling anything else with commission, right? Nothing else they sell is a product like that.

 I was really expecting when I said, “How would you get from 10 to 100?” I would have literally bet money if you asked anyone in the US that question, they would have said, give me 15 for every pair of glasses I sold, and I will sell you your 100. That's what I would have said. I was like, you want me to sell 100? Cool, just give me like, 10 times more commission, because that's kind of how our system works. That's how we do this ridiculous treadmill capitalism, where you get more money for doing more of the things. And nobody I asked said that. That was definitely not part of their reply.

I would love to run a pilot and see what happens if you give 150 taka per glasses, which is the cost of the glasses. If you get a hundred percent of that money, how many would you be able to sell?

Jenn Rosen (she/her): Do you feel people were open with you?

Ambika Samarthya-Howard: You know they were very, very open with me. I think that the issue was I was with the organization putting this stuff on, and at some point I did ask them, “What do you think your organization is doing wrong? What do you think they could be doing better?” And I was very self conscious about how they would feel. But they were very much like, “Oh, it's just mostly about the glasses, and they could just be doing a better job with all of that. I don't remember off the top of my head, but a lot of it was around frames, and like flexibility, with glasses.

Alec Saelens: This is a typical solutions journalism question. But who of the pharmacists and community health workers do you feel was pulling that thread of being more innovative, more enterprising and therefore could stand out as an example or a model for others to do slightly better? Do you feel like you saw someone?

 The guy who had the idea about the referral was smart. And he's probably much more out spoken when I'm not interviewing. He was the last pharmacist I spoke to. But there is no way he's gonna go to the local NGO and get them to refer to him. The first guy was really young and hip, and I think he probably would be somebody who would do something like that.

 I just don't know if they feel motivated enough. So much of this project has been about the motivation of people to buy glasses. And I wonder if the real problem is getting the motivation of people to sell them because I just don't think people really care that much. I feel very strongly now that the question is not at all about motivating people [to buy]. It's all about motivating the sellers to really care about selling this.

One thing I will say was that in terms of people feeling like it's a medicalized thing, I think that definitely people are like, “Oh, yeah, my eyes were hurting. And so it was good that I got the glasses.” I also feel like a lot of people felt, "It's helped me do my things and continue my job and continue my tailoring or continue my stuff.” So the belief system we have about why people buy glasses [based on] those two beliefs are totally correct. I think we now need to think about the belief system of why people sell the glasses. Like what's in it for them? And I think that that's where we're really missing stuff.

Jenn Rosen (she/her): That is a fantastic insight to come out here.

Ambika Samarthya-Howard: I just think it was just really fascinating, because it was very clear. I mean, even one person had like an eye thing of minus one. So she decided not to buy the glasses. And she's like, “Well, if it gets worse, I might buy the glass.” I'm like, okay, these people are really aware. And that's very condescending [of me], because I'm saying that they're really aware, because they're making decisions that I would make. But essentially, that's how I feel. If I was at minus one, that’s not too bad. I'm not gonna increase my contacts or increase my glasses. So I feel like the way they're thinking about things is pretty correct in that way. And then there is another person who said.

 There was a person who went to the eye doctor. The eye doctor gave him glasses that were minus 1.25. He came home and his eyes still hurt, so he went to the pharmacist, the hip pharmacist, the first pharmacist I spoke to, who said, “That's because you're really at a 1.5.” But he didn't buy the new frames from the pharmacist. And when I asked why he said, “Well, I'll just ask the eye doctor when I go next time.” We were all laughing at him because he's like, “I don't trust the

pharmacist to do that." So I asked why he came to the pharmacist to get checked and he said, "I just wanted to check. But, no, my eye doctor's going to have to say it before I buy it."

So I think all of that stuff we know, like to trust, I don't feel like those are moving parts like. I don't feel like there's a lot of gray or movement in there.

Alec Saelens: In the question of trust, when it comes to people being correctly assessed for something that they might need, pharmacists don't have the same credibility as the eye doctor, right?

Ambika Samarthya-Howard: I mean, maybe they do. Maybe the pharmacist has a lot of credibility with some people. But I mean, I'm never, ever going to convince anyone in the United States to trust a homeopath or naturopath if they don't. And I don't feel like the question of trust came out very starkly on either side. Some people were totally happy with the community health workers. Some people are totally happy with the eye doctor. Some people are totally happy with the pharmacist. I think they will trust whoever it is that they usually go to. You're not going to convince people to do the other. All three are [distributing]. So the question is just making sure that they all have some kind of relational interaction with each other. You know.

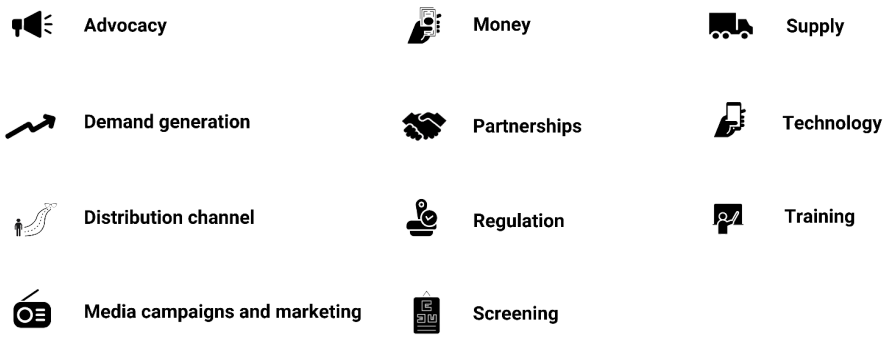
Alec Saelens: And so what's the blockage here? I'm just trying to picture. So this guy goes to the pharmacy and he's told, yeah, your eyes are still hurting because you need a 1.5. And the guy says, I'm not going to buy them because I trust my eye doctor. Is there a way to get the pharmacist to check with the eye doctor, and to have these kinds of partnerships?

 **Ambika Samarthya-Howard:** Totally. That's what would make the most sense. That's what the second pharmacist was saying. He's like, the NGO who is doing the screening [could be] referring people to us, because then you should be doing it three ways. And so I think that there's some clear referral systems that happen. And this whole process is missing all of that. But of course it's missing that because even the people who are doing the same things aren't talking to each other.

I asked him, is there anything that would convince him to get it from the pharmacist and he said no. And so then everybody made this joke that they're just going to wait until they see the eye doctor, and then the eye doctor will tell him it's 1.5, and then the pharmacist can say I told you so.

Jenn Rosen: Well, thank you for doing this. This was very helpful.

ICON LEGEND



Alec Saelens is a former journalist who supports SJN and its partners track solutions journalism's impact on society and the industry. In his former role, he researched and consulted on the connection between solutions journalism and revenue. He is co-founder of The Bristol Cable, the UK's pioneering local media cooperative. Before SJN, he was a researcher and coach for the Membership Puzzle Project and an analyst for NewsGuard.

Jenn Rosen (she/her) is SJN's Solutions Insights Lab Research Manager: She leads research initiatives and oversees data analysis to identify trends, patterns and insights that support the Solutions Insights Lab's knowledge-generating work and SJN's strategic priorities. She has a Ph.D. in sociology from Northwestern University and has been teaching and researching at the intersection of democracy, gender, sexuality and the power of social movements to bring about social change.

** This interview has been edited and condensed.*