



"Their goal and our goal has to be the same": Mohammad Rofiqul Islam of Clear Vision Collective on cultivating effective partnerships and collaborations

Ambika Samarthya-Howard

May 14-15, 2024

Ambika Samarthya-Howard: Can you please introduce yourself?

Mohammad Rofiqul Islam: My name is Mohammad Rofiqul Islam. I'm the executive director of Clear Vision Collective, CVC.

The CVC program started in 2019. In 2017, the vision was organized and planned with a meeting that included stakeholders in Bangladesh. The stakeholders were the government, INGOs, and also other local hospital partners.

At that time they were thinking that we will do collective work because VisionSpring is paying Sightsavers, Fred Hollows and Orbis. They are doing work with their own modality, their own strategies, but we want to work collaboratively.

So then they said we all collectively work for a local council, not a formal council. There are eight or nine council members who are working in the Clear Vision Collective. They're the members.

At that time they thought, we have some resources, so they [wanted to work] collectively. They said that they will establish a Vision Center, and they have the RGIL Program, which is the community health program. They will do cataract surgery.

Ambika Samarthya-Howard: Is it difficult working as a group?

Mohammad Rofiqul Islam: Yes, [it can be] difficult. VisionSpring is still thinking that we have a pharmacy program, so we can contribute to our pharmacy. Essilor's is the Eye Mitra program. They had local people [who they] trained on eye health. Basically they trained young people and they set up the optical shop.

 In the community, there needs to be a lot of coordination and collaboration, because the main problem that [was identified] through our National Blindness Survey [is that] people are not aware [of the problem] because [presbyopia] is not a painful disease.



Ambika Samarthya-Howard: You have a program that uses community health workers and one with pharmacists. Do the two speak to each other?

Mohammad Rofiqul Islam: No.

Ambika Samarthya-Howard: How do you coordinate them?

 **Mohammad Rofiqul Islam:** We coordinate through our partners. So, the work is managed by Grab, and the pharmacy [work] is managed by the medical school. So, we coordinate with them, Grab and the medical school.

Ambika Samarthya-Howard: Can you give advice on how to get good partnerships?

 **Mohammad Rofiqul Islam:** My advice is that, at first, talk to the other partners. Their goal and our goal has to be the same, because they also work for eye care. If their goal and our goal is the same, then we will talk to each other and form a partnership.



With the partnerships, [one has] a static eye center, like a vision center, and all the pharmacy or the RGIL people are working with health workers in the community. So this is different because the RGIL health worker [goes] house to house. Every month they plan to visit 300 households, that is their target.

During their household visit, they do lots of things in health care – such as the drug health care program and they also have contraceptive related [services], like birth control. So, they sell in the community.



Basically partnerships work through an agreement. In the agreement, there are so many transfer conditions. So according to the agreement, set in every year, they plan their work for every year to achieve their yearly target.

Ambika Samarthya-Howard: But how do you get a good partnership?



Mohammad Rofiqul Islam: The mindset of those partners is important. So, they are not thinking only of the money. They are also thinking about the people of the community. Our goal is to reduce unavoidable blindness, so correction of refractive errors and distributing glasses among people who need the eyeglasses.



We continuously follow up, monitoring the needs in the area. If we find anything, any gaps, then we talk to the responsible people within those two partners. Then we take corrective measures to benefit the people in the community.

Ambika Samarthya-Howard: When you started the Clear Vision Collective, what made other partners decide to do it? What do you offer them or how do you establish a partnership?



Mohammad Rofiqul Islam: I can give my example in my work in Sightsavers. When we have some funds, we look at what we can do. Because our mission and vision is the reduction of avoidable blindness, we find out the risk areas, according to the National Blindness Survey Report. We look at two or three districts. Then we give the circular. If you are interested, then [you would] apply for it.

We give a preliminary assessment and then sort out the partners, and we do partnership analysis. It is one of the standard formats from the International League. We run through their minimum criteria, and [if] we feel they meet the minimum criteria, we go with them. Then after that, we review the details when we sign the agreement. That's then we finalize the partner.

Ambika Samarthya-Howard: And then, in terms of working together with these eight different groups, what's your advice?



Mohammad Rofiqul Islam: Basically, the close monitoring and close coordination. We sit [together] every two months, alternating every two months, and find the gaps and learn from others. Then, we take [action] to minimize those problems.

Ambika Samarthya-Howard: Do you feel like there was competition amongst different delivery methods?

Mohammad Rofiqul Islam: Always. Everything is a competition because there is one Vision Center. The government vision center or any other private organization can set another vision center nearby. This [leads to] competition.

Ambika Samarthya-Howard: How did you handle that?

Mohammad Rofiqul Islam: It depends on the quality and goodwill. If we provide quality service, people will come to us. [Among] our partners, there is no competition because we are working collaboratively. Our main objective is a refractive-error free district in Sherpur.

Ambika Samarthya-Howard: Between the community health program and the pharmacy program, which do you feel is more effective in terms of reaching people?



Mohammad Rofiqul Islam: I can say, [with CHWs] people go door to door, house to house, but pharmacies are static. So basically in the pharmacy, females do not come, males come. But in the community, most of the females and their health volunteers are female, so they easily go to the community and have easy interaction and then find out the problems.

Ambika Samarthya-Howard: What does training look like?



Mohammad Rofiqul Islam: The pharmacies are modern. There are not only pharmaceutical products, there are also hygiene, soap, antiseptic, and other things. There is no need to train the people, just give it to older people, like 55, without glasses.

We have some training to identify the people. I ask the people how old they are, which means there is the price value, with near vision, because of their age. I visited another place and saw in one market that there were some glasses just for power. So I know the problem is glasses too. I can buy another one like this. So we are trying to give the same message to the CVC campaign.

Ambika Samarthya-Howard: A lot of times people are thinking about eyeglasses as healthcare, but one of the things that we notice is that if you think about it as a product, like a sales product, it actually helps expand access. Do you feel like it should be seen more as a product rather than healthcare?

Mohammad Rofiqul Islam: We always say it's health care.

ICON LEGEND



Advocacy



Money



Supply



Demand generation



Partnerships



Technology



Distribution channel



Regulation



Training



Media campaigns and marketing



Screening

Ambika Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*