

To: jeevacation@gmail.com[jeevacation@gmail.com];
jeevacation@gmail.com[jeevacation@gmail.com]
From: [REDACTED]
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Founder hasn't answered all of my questions yet but here is some back and forth:

1. Ideally, the glasses need to be strong (to be used by people who are not used to fragile valuables) and free (until introduced in the targeted area).
2. Prime beneficiaries are young pupils, students, and breadwinners with diminishing eyesight (e.g. in their forties), and teachers and medical general practitioners.
3. They should be distributed in areas where people have limited access to ophthalmologists. In-country private sector providers of glasses should not feel loss of income. Theoretically, their client pool should grow.
4. Health ministries should give a nod.
5. I have positively discussed distribution with NGOs who have maternity programs: a philanthropist would donate the glasses to NGOs who will give two for free to the mothers who visit; mothers usually know whom to give them to in their family. These NGOs can also donate to school classes/ teachers in their area.
But, basically, many developmental projects in rural areas could function as vehicle.
6. Donor programs must also provide the needed tax exemption, otherwise philanthropists will feel discouraged.