

Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District

Period: July 2015 to Present..

Andheri-Hilfe Bonn e V, Germany

Yearly Progress Report

1. Formal Details

Project Title: Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District.

Project Number: BD-15-08/15

State/District: Kishoreganj

Duration: July 2015 to June 2016

Reporting Period: July 2015 to June 2016

Legal Holder: Nari Uddug Kendra (NUK)

Location of the Project: Kishoreganj Distirct.

Number of Project Staff: 5 staffs

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2. Introduction:

Nari Uddug Kendra (NUK) is a national non-government organization founded in 1991, mandated to promote gender equality, human rights and fostering personal and political empowerment of women and girls in Bangladesh. NUK extended its eye care services launched in June 2003, under its integrated health and family development Programme in Agaroshindhur Community Hospital in the Pakundia Upzilla of the Kishoreganj district.

However, NUK's eye care services has been evolved as an independent and specialized Eye Hospital in Kishoreganj, operating since 2006 engaged in delivering services in compliance with the Vision 2020. The **Kishoreganj Eye Hospital** located 3/4 km away from Kishoreganj district town as only independent secondary eye hospital in the district. The mission of the Eye Hospital's is to provide high quality eye care services to the rural poor for prevention and control of needless and avoidable blindness in Bangladesh. It remains the first and only independent secondary for eye hospital in the district of Kishoreganj, with a population of **3.5** million. Since the inception over the last 10 years, Kishoreganj Eye Hospital provided services to some 360,509 patients from Kishoreganj and neighboring districts includes Mymensingh, Narsingdi, Baluka, Gazipur and Gaforgaon received treatment from Kishoreganj Eye Hospital.

Background of the Project:

The Bangladesh National Blindness and Low Vision Survey 2000 estimates that, in Bangladesh **7.5** million people aged 30+ years and above are blind. The rate was 1.72% are females and 1.06% are males. Cataract was found to be the major causes of (79.6%) of blindness. Cataract Surgery coverage was found to be only 32.5%. It was lower among females in rural poor population. Cataract also is the major cause of visual disability among the poor people globally. The income of individuals and families may also be reduced due to blindness. There are considerable amounts of opportunity costs lost to other family members, especially to the family care takers. Cataract surgery therefore, can contribute to poverty alleviation and improve quality of life and reduce the socio-economic burden.

The estimated population of Kishoreganj district is **3.5** million with 642,823 households while the estimated blind population in the district is **35,000** (1% of the total population). The total cataract population was approximately calculated at 67,736 (including backlog plus new incidence) in Kishoreganj. The required CSR (cataract surgery rate per year, per million) is 1, 538, but the current rate is only 178 in Kishoreganj. If the current CSR continues than it would take 40 years to operate the total cataract patients in Kishoreganj, in the mean time thousands of people will get blind permanently. Each year huge number of new patients is increasing. Due to this preventable / avoidable blindness people are losing their jobs, become depended on other active family members to look after them, turning towards begging profession as well as they are not able to perform their daily wellbeing including their prayers. Since its establishment KEH have been performed cataract surgeries with high priorities, but 70.33% patients is poor and needed to be provided with the subsidized costs for surgery and among them 19.64% were full free for the poorest. Only 29.67% are paid patients. This is clearly a very challenging task that Kishoreganj Eye Hospital performing this huge amount of subsidized services. However, the surgery performed from number of identified patients is still very low. Similarly, the acceptance rates of Optical glasses were also very low compared to the number of patients identified with refractive error. Since KEH has to meet its operational costs from the revenue generated from the services, are unable to provide higher number of subsidized and full free surgeries to the poorest patients. KEH set up a "Poor Patients Fund "and collect sponsorship for performing the full free surgeries. But funds/sponsors are not always available and not sufficient compared to the needs. Hence

despite KEH's sound technical and infrastructural capacity, the total population of cataract patients is unable to cover. Considering the issues Nari Uddug Kendra (NUK) signed agreement with Andheri Hilfe Bonn, Germany for implementing activities under project on "Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District" with following goals and objectives.

3. Goal, Objectives and targets:

Goal: Elimination of Avoidable Blindness in Bangladesh.

Objectives:

- Eradication of cataract blindness, refractive error and other diseases loads among the population of Kishoreganj and adjacent districts.
- Childhood Blindness prevention through early detection of refractive error and low Vision with special focus on School aged Children.
- Reduction of Gender Disparity in Eye Care Services in the targeted areas.
- National level advocacy to meet the VISION 2020 goals.

5.1. Conduct Community Based Intensive Eye Screening Camps:

During the reporting period outreach team of Kishoreganj Eye Hospital organized **50** Community Based Intensive Eye Screening camps in different hard to reach areas of Kishoreganj district. Main purpose of the screening camp is to easy access and receive eye care services for the rural poor people especially for women who cannot come to the Base hospital directly and another is to identify the cataract patients and perform surgery for the poorest patients. During the reporting period total screened total 12,580 patients under the project of Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj district where female 7,499 and male 4,693, boys 187 and girls 201. Out of the total screened patients 2,042 (female 1042 and male 1000) were identified as cataract and **1,070** patients were performed cataract surgery from the hospital. Out of the total surgery performed in camp female were **521** and male **549**.



Patient's consultation in camp site.



Patient's consultation in camp site.

Under the project component of identify refractive error and its intervention, Kishoreganj Eye Hospital team identified total **926** patients with refractive error and corrected their error. Out of the total refractive error correction

patients, KEH provided spectacles to **418** poor patients (Female 235 and Male 183) considering some criteria like landless, day labor, VGF card

holder etc. There also provided medicine to **400** poor patients (Female 271, Male 129) under these activities.



Spectacle Provide in camp site.

5.2. Eye Screening for Garments Factory Workers:

Occupational health is one of the major compliance issues in the human resource market. Among the broader scope of Health Safety Issues in the work place the eyesight have significant impact on human life quality and standard. We do not have enough statistics about the occupational blindness and eye diseases. Type of eye complication depends on the type of the job and its environments. In readymade Garments sector, there are several types of factory. The occupational eye complaints depend on factory environment and type of job. Garments workers day to day are performed in a crowded, dusting and warmth working environments, which caused by amount of light, sound and other mechanical sounds. Workers involved in prolonged near work like sewing in high amount of light. So their eye can affect by prolonged headache, eye burning, watering, immature cataract, Presbyopia, allergic conjunctivitis and other chronic eye infections. In addition, the technical, supporting and security team of staff are often adult and suffers highly from Refractive errors and chronic or matured cataract.

During the project period Kishoreganj Eye Hospital conducted 5 (five) eye screening camp for garments factory workers which main purpose was to enhance easy, accessible, and affordable services for factory workers group, otherwise workers does not have access is such services and to enhance life quality and job satisfaction both for workers and their family through eye care services and awareness rising. Under the project component technical team of Kishoreganj Eye Hospital perform consultancy & treatment (diagnosis, medicine & glass prescription, counseling).

During the service period there screened total **2,554** workers of five factories where male were **1159** and female workers were **1,395**.



Activities & Achievements:**Vision Test:**

Visual acuity tests are the most common tests used to evaluate eye sight. They measure the eye's ability to see details at near and far distances. The tests usually involve reading letters or looking at symbols of different sizes on an eye chart. Usually, each eye is tested by itself. Then both eyes may be tested together, with and without corrective lenses (if you wear them). Several types of visual acuity tests may be used. The usual starting point for enhancing a patient's workplace performance is the comprehensive eye examination resulting in treatment of any eye disease, binocular vision disorder, or refractive problem. From this starting point, occupational vision assessment extends beyond the common tests and treatments to those specifically required for the workplace environment. Within the workplace, vision screenings or examinations are often conducted to ensure the minimum level of functioning needed to accomplish specific visual tasks. These procedures can be conducted upon employment (placement) and periodically throughout a worker's career. During the service period there done vision test for 2554 workers.



Vision testing done for Workers of L'Usine Fashion Ltd.



Vision testing done for Workers of Incredible Fashion Ltd.

Doctors Consultation:

After vision test patient go to the doctor for consultation / prescription. An ophthalmologist checked the patient eyes and advises for investigation when it required. If no need investigation then the doctor write medicine prescription to the patient.

One Ophthalmologist consults and treated the patients and one Refractionist done the refraction test for identifying refractive error. Each patients get prescription from ophthalmologist. Refractive error patient gets optical power prescription to take spectacles with corrective vision.



Doctor Examined Eye of one worker and others are waiting for consultation in Incredible Fashion Ltd.

During service period there find out **775 workers (30.34%)** out of total screened 2554 workers with more or less eye complications where total 423 (16.56%) were as refractive error out of total screened workers. Among them 226 (53.42%) were male and 197 (46.57%) were female worker. Out of the total refractive error workers there have 77 with presbyopia. There have find out workers with other eye complications like allergic conjunctivitis 187 watering 04, headache 28, red eye 07, viral keratitis 07 and cataract only 08 .



Gender & Factory wise consultation of workers

Refraction Test

Refraction is a test that measures the eyes' need for corrective lenses (refractive error). It is usually done after a visual acuity test. Refractive errors, such as nearsightedness or farsightedness, occur when light rays entering the eye cannot focus exactly on the nerve layer (retina) at the back of the eye. This causes blurred vision. Refraction is done as a routine part of an eye examination for people who already wear glasses or contact lenses, but it will also be done if the results of the other



visual acuity tests show that your eyesight is below normal and can be corrected by glasses. Presbyopia is blurred vision that comes with age when the eye lenses lose their flexibility. Symptoms are blurred vision, the need to hold reading material at arm's length, eye strain, and headaches.

Lesson Learned:

Refraction test done for workers of Incredible Fashion Ltd.

- During service period it was observed that worker are not generally agree to purchase spectacle or medicine by their own cost, to sale spectacle or medicine there made various problems. If factory owners or service provider can provide the spectacle/medicine free of cost then it is easier.
- During counseling period it was observed that workers may always suppressed and feel afraid. Out of the total identified workers with eye problems do not feel free to share their problems as because job may be terminated/lost if supervisors know about his or her eye problems. Most of the workers not feel free to share about the spectacle use due to afraid of job lost and uneasiness to use spectacle in front of other workers.

- All of the workers come from poor communities

Gender and Factory wise workers with Eye complications

Disease Profile of Garments Factory Workers

Recommendations:

1. All employees should be visually screened as a rule before their recruitment.
2. Awareness raising orientation on Common Eye Problems and Services with supervisory staffs may organize for early detection of the eye problems of the employee.
3. During service period it was observed that out of the total screened workers average 20-25% suffering from refractive error which can easily recover by correction the spectacle power and use spectacle. So, we proposed to organize eye screening program for workers periodically.
4. It will be more effective to take necessary action by both factory owners and service providers for identified workers who need surgery.
5. Industrial ophthalmology should be made a course of study for ophthalmic practitioners and the medical. Man made more conscious about its need and utility.

5.3. Support to Ultra Poor Patients for Surgery, Medicines and Spectacles:

Under this component Kishoreganj Eye Hospital selected ultra poor patients who came in the base hospital directly for eye care service. Patients who advised for surgery, spectacle or only medicines but not able to perform surgery by own cost or cannot purchase spectacle and medicines, Kishoreganj Eye Hospital supported those patients under the project supported by Andheri Hilfe Bonn, Germany; considering some point of poverty like bagger, landless, VGF card holders etc. During the reporting period total **400** (female 206, male 194) patients



supported for cataract surgery, 50 (female 46, male 4) for DCR, 50 (female 43, male 7) for DCT. On the other hand 400 (female 222 and male 178) patients supported for medicines and 301(female 204, male 97) for spectacles.



Patients supported for Cataract surgery

5.4. Eye Sight Screening Camp for School Students:

With the purpose to early detect the eye sight problems or any other eye complications to the children and take measures to overcome the problems through proper treatment Kishoreganj Eye Hospital conducted **30** eye sight screening camps for schools children in different Upazila of Kishoreganj district under the project. Under this program KEH provide free of cost sight testing, refractive error identification , refraction test & spectacle provide and refer the critical students to the hospital to get better services. During the reporting period total **4,560** students' screened their eyes where **2,860** girls and **1,700** boys. Out of the total screened students **209** were identified as refractive error and done there refraction test. After completion of the refraction provided spectacles to **203** students with free of cost. All of the students who received spectacles feeling better and comfort to see & read.



One of the most important components of the project is Awareness Raising Orientation to school. **Eye Sight and Refraction test during Screening Camp for School Students.** Objective is to

aware about the common eye diseases, causes, service required and also oriented school teachers on early detection of eye sight problems and its way out for the school students. As a part of this component, Kishoreganj Eye Hospital conducted 5 batches orientation session



with 95 school teachers and SMC members of different upazilas of Kishoreganj district. Upazila Executive Officer of 5 upazilas and other govt. officials were present in the program.

Chief consultant and Medical Officer of Kishoreganj Eye Hospital presented the overall discussion of the orientation session which covered the component like what is eye, structure of eye, function of different eye organs, common eye diseases and symptoms, eye problems of children, how to screened eye sight of children, use of vision chart etc. Chief guest who presented in the oriented program and said that “This program is very much effective for the respective schools as because the oriented teachers primarily can done the eye sight of the students before their admission or ongoing their study. They also can detect eye problems earlier and refer to the hospital for better treatment”. End of the orientation program, there distributed 45 "Vision Chart" to the teachers of respective schools which will be used for eye sight screening of the students.



Chief Consultant of Kishoreganj Eye Hospital Speech in orientation session



Hospital Administrator presented on use of Vision Chart

5.6 Upazila Base Workshop on Gender in Eye Care with Local Govt. Representatives:

Under the component of the project on “Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District” organized a 4 workshop on Gender in Eye Care with local govt. representatives which main purpose is to present the gender discrimination in eye health services, causes and to take measures to reduce the disparity. During the project period there conducted 4 upazila base workshops in Hossainpur, Pakundia, Karimganj and Kishoreganj Sadar upazila of Kishoreganj district. Executive officer of each Upazila (sub-district) were presented as chief guest, representatives of different local Govt bodies and Upazila Health and Family Planning Officer were presented in the workshops. Executive director of NUK chaired and focal person in the workshop. The main points that addressed in the presentation based on research is what kind of socio-cultural and economic influences that prevents women’s equal access in to the eye care services. From the presentation it was found that due to our localized cultural, financial, and gender stereotype approach, despite women have higher diseases prevalence, use of eye care services is much lower than males. It was also shared that what kind of institutional



Executive Director of NUK given speech in the workshop

barriers that affects women’s needs and interests in seeking eye care services. After over all presentation, there discuss and take open concern of the participants. Participants really feel the causes of less accessibility of women in eye care services, they also suggest to take initiatives to reach the services to the community level and for that recommend to increase the number of community based eye camp through the support of community elite persons. Upazila Executive Officer who presented in the workshops, said that “Kishoreganj Eye Hospital has a good reputation on their services, he suggested to organized more awareness rising program in the community level including educational institute, local government institute. He also suggested making a plan for regular basis attend in the coordination meeting of each local govt. institute where Chairman can take initiatives of the engagement of community people for awareness rising on common eye problems and services. Upazila Executive also recommends planning for visiting community based clinic in each upazila and take initiatives to refer the eye patients identify in the community clinics. Executive Officer of Karimganj Upazila declared to organize Union Based eye screening camp in Karimganj Upazila and full support will provide from Upazila porishod. He will implement this activity gradually discussing with the respective Chairman of each union porishod.



Executive officer of Kishoreganj Sadar speech in the workshop

Executive Director NUK speech in presence of UNO in Karimganj Upazila workshop

Kishoreganj Eye Hospital in Kishoreganj District” organized a district level workshop on “Gender in Eye Care” with district level govt. officials and Upazila Health and Family Planning Officer and other elite persons The main purpose of the workshop is to present the gender discrimination scenario in eye health services, root causes and to take measures to reduce this discrimination. Workshop was organized at 06 April 2016 in Conference Room of District Commissioner.

Additional District Commissioner (General) Torafdar Md. Akter Jamil was presented as chief guest, Deputy Director of district social welfare office & representatives of Civil Surgeon Dr. Imran Ahamed were present as special guest. Reprtentatives of Andheri Hilfe Bangladesh, Mr. Vincent Ashish Gomes (Coordinator Finance & Admin) were also present in the workshop and share the mission, vision and activities of Anhderi Hilfe.

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Executive Director of NUK focused the issues on Gender in Eye Care

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Principal of Gurudoyal College speech in district level workshop.

Torafdar Md. Akter Jamil said in his speech that there are suffering two family members in his family with eye problems but till now he cannot take initiatives for surgery due different causes like this research findings. He highly appreciates for this type of initiatives and share the findings to take immediate measures to reduce the gender discrimination in not only eye health care but also in every sector. ADC (General) also suggested to ke some urgent activities on reduce the scrimination in eye health care like mass

awareness rising program; identify the total number cataract patients in Kishoreganj district through door to door survey. He encourages to make a proper action plan on it and focused to start activities on Cataract Free Kishoreganj district's declaration. He also request to take initiatives for haor areas people fast, all administrative support will be provided from district level, he committed.

5.8: IEC Materials Development:

During the reporting period Kishoreganj Eye Hospital developed some IEC materials to promote eye care services to mass community people. There prepared and set up 3 billboard, printed 18,000 leaflet and distributing, printed 200 festoons to distribute in different institute and stakeholders level.

6.Outcomes of the Project:

- 1.** Has been ensure easy access of remote peoples especially women's and integrated services has been provided for all eye patients through the community based eye screening camp. Eye diseases have been identified treated, cured and thus the life standard has been improved and secondary eye care has been ensured.
- 2.** Targeted number poor patients received spectacles after scientific and adequate intervention for refractive error patients. Thus the normal sight has been restored successfully and they feel comfort.
- 3.** Cataract blind patients get return their normal vision through proper identification and performed cataract surgery. Their life is comfort and easily involved in regular activities, familial and social burden has reduced. Through the surgery support identified cataract and other patients especially ultra-poor who have no financial ability, can performed surgery and cured from the complications and feel easy and comfort life.

4. School teachers & SMC members of targeted areas, details knew about the common eye diseases and services through the orientations session. Previously they have only little ideas and also have some depressing ideas on eye care services that were clear from the orientation session. All of the participated teachers practically know about use of Vision Chart and eye vision testing process and they practicing the process in their schools.

5. Through the eye screening program for garments factory workers, identified the problems especially refractive error and its intervention were done and workers can realize and understand about their primary eye problems. Nobody knows about their problems. Workers identified with problems get treatment, who need spectacles received spectacles from KEH and cure from the problems and feel better than previous time.

6. Through the upazila and district level workshop on “Gender in Eye Health Care” targeted audiences were sensitized on discrimination against women and girls in eye care services with root causes. Due to sensitized on this issues participant who were presented in the workshop through the message to other people of his/her community and as a result number of women patients are increasing in the hospital day by day.

7. Problems/Risk and ways/means of tackling the Same:

- During the implementation of project activities there faced some problems especially to organize Eye Screening Camp for garments Factory workers, did not get the schedule by communicating with several Factories as because garments factory owners did not want get time for workers as because production will be hampered.
- Conduct of workshop and orientation session related with Govt. officials, faced problems as because Govt. Officials cannot provide schedule for program as per our requirements due to their business. For that there need to change several dates to organize some workshop and orientations session. To tackle this situation several times communicate or discuss about the importance of the program with relevant persons and then organized.
- Due to provide medicine and spectacles to the poor patients in the camp site there made some problems with mid/high income group patients. They also claim medicine and spectacle free of cost. It was tackle by proper counseling and sometimes with the help of School/venue authority.

Challenges:

1. Cataract is a painless and gradually progressive disease makes the patients very poor responsive comparative than the other (minor) eye disease where the eye get red, sticky, watering and itching is exist. So as people do not feel irritate or disturb as long as their sight become very worst they do not come for or invest for the surgery cost.

2. As per project conditions we need perform all identified proper cataract patients with free of cost where number of high income group people also take the facilities. For this reasons, number of pay surgery patients reduced in the base hospital and their spread information that KEH is a free eye hospital which may hampered of its further development or sustainability if there did not take alternative measures during camp period.

Conclusion:

Due to implement the project activities there made achievements on number of cataract surgery, refractive error correction and its intervention through spectacle provide to the poor patients, eye sight screening for school students etc. All the patients who received services specially cataract surgery get return their better vision and cure from their problems. Other activities also made positive changes to the community people, school teacher and govt. officials about the eye care services of Kishoreganj Eye Hospital and number of patients increasing day by day. If there given opportunity in further project implementation period to segregate the high income group patients during camp period and offer for cataract surgery with pay then KEH will financial benefited with meeting the project targets.

2. Introduction:

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prayers. Since its establishment KEH have been performed cataract surgeries with high priorities, but 70.33% patients is poor and needed to be provided with the subsidized costs for surgery and among them 19.64% were full free for the poorest. Only 29.67% are paid patients. This is clearly a very challenging task that Kishoreganj Eye Hospital performing this huge amount of subsidized services. However, the surgery performed from number of identified patients is still very low. Similarly, the acceptance rates of Optical glasses were also very low compared to the number of patients identified with refractive error. Since KEH has to meet its operational costs from the revenue generated from the services, are unable to provide higher number of subsidized and full free surgeries to the poorest patients. KEH set up a “Poor Patients Fund “and collect sponsorship for performing the full free surgeries. But funds/sponsors are not always available and not sufficient compared to the needs. Hence despite KEH’s sound technical and infrastructural capacity, the total population of cataract patients is unable to cover. Considering the issues Nari Uddug Kendra (NUK) signed agreement with Andheri Hilfe Bonn, Germany for implementing activities under project on “Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District” with following goals and objectives.

3. Goal, Objectives and targets:

Goal: Elimination of Avoidable Blindness in Bangladesh.

Objectives:

- Eradication of cataract blindness, refractive error and other diseases loads among the Population of Kishoreganj and adjacent districts.
- Childhood Blindness prevention through early detection of refractive error and low Vision with special focus on School aged Children.
- Reduction of Gender Disparity in Eye Care Services in the targeted areas.
- National level advocacy to meet the VISION 2020 goals.

Target Beneficiaries:

Rural people both adult men and women and children those are suffering from cataract, refractive error and other diseases loads of the Kishoreganj and adjacent districts are the direct target group of the project.

4. Summary:

Activities Planned	Activities Implemented	Expected output	Output achieved
1.Screening Camp/RREC			
No. of Camp Organized-30	30	1. 9,000 patients screened their eyes. 2. 1,350 patients will be identified as cataract. 3. Perform cataract surgery 1,000 patients. 4. 7,650 patients’ advised medicine 5. 800 patients with refractive error. 6. Provide medicine to 400 poor patients. 7. Provide spectacle with frame to 400 poor patients.	1. 9,769 patients screened their eyes. 2. 1,549 patients identified as cataract. 3. Perform cataract surgery 1,002. 4. 7,096 patients’ advised medicine 5. 802 patients with refractive error. 6. Provided medicine to 412 poor patients. 7. Provided spectacle with frame to 412 poor patients.
2.Organized Eye Sight Screening Camp			-

No. of Schools- 25	25	<ul style="list-style-type: none"> • 5,000 students examined their eyes. • 250 students will be identified as refractive error. • Spectacle provide to 250 students 	<ul style="list-style-type: none"> • 6,515 students examined their eyes. • 273 students identified as refractive error. • Spectacle provide to 251 students.
3. Teachers Demon/Orientation. Program			-
No. of Program- 05	05	<ul style="list-style-type: none"> • 100 teachers & SMC members of 50 schools. • Vision chart distribution to 50 schools 	<ul style="list-style-type: none"> • 95 teachers & SMC members of 50 schools were presented. • 50 Vision chart distributed to 50 schools.
4. Support to Poor Patients		<ul style="list-style-type: none"> • Support for Cataract surgery-300 • DCR- 69 • DCT-50 • Medicine Provide-400 • Spectacle Provide-300 	<ul style="list-style-type: none"> • Supported to poor patients for Cataract surgery-300 • DCR Surgery- 69 • DCT Surgery-50 • Medicine provided to 400 poor patients. • Spectacle provided to 300 poor patients.
5.Raising Public Awareness and encouraging social participation in Blindness Prevention (PRA)			-
5.1 Upazila level Workshop/Seminar-04	04	120 local govt. representatives.	104 local govt. representatives and other govt. officials including UNO presented in the workshop.
5.2 Orientation on Eye Care Services with Community Health Workers-03	03	60 community health workers	60 community health workers received orientation.

5. Details Description of Activities:

5.1. Conduct Community Based Intensive Eye Screening Camps:

During the reporting period outreach team of Kishoreganj Eye Hospital organized **30** Community Based Intensive Eye Screening camps in different hard to reach areas of Kishoreganj district. Main purpose of the screening camp is to easy access and receive eye care services for the rural poor people especially for women who cannot come to the base hospital directly and another is to identify the cataract patients and perform surgery for the poorest patients. During the reporting period total **9,769** patients screened their eyes in the camp site where **female 5,073, male 4,278**, boys 210 and girls 208. Out of the total screened patients 1,549 (**female 811 and male 738**) were identified as cataract and **1,002** patients were performed cataract surgery under the project. Kishoreganj Eye Hospital outreach team identified total 802 patients with refractive error and corrected their error through refraction test. Out of the total refractive error correction patients, KEH provided spectacles to **412** poor patients

(Female 224 and Male 188) considering some criteria like landless, day labor, VGF card holder etc. There also provided medicine to **412** poor patients (**Female 281, Male 131**) under the project.



Patients waiting in the camp site



Doctor Screened Patients in the Camp.



Camp Patients after Cataract Surgery.

5.2. Support to Ultra Poor Patients for Surgery, Medicines and Spectacles:

Under this component of the project, Kishoreganj Eye Hospital selected ultra poor patients who came in the base hospital directly for eye care service. Patients who advised for surgery, spectacle or only medicines but not able to perform surgery by own cost or cannot purchase spectacle and medicines, Kishoreganj Eye Hospital supported those patients under the project supported by Andheri Hilfe Bonn, Germany; considering some point of poverty like bagger, landless, VGF card holders etc. During the reporting period total **300** (female 166, male 134) patients supported for cataract surgery, **69** (female 59, male 10) for DCR **50** (female 42, male 08) for DCT. On the other hand **400** (female 221, male 179) patients supported for medicines and **300**(female 197, male 103) for spectacles.

5.4. Eye Sight Screening Camp for School Students:

With the purpose to early detection the eye sight problems or any other eye complications to the children and take measures to overcome the problems through proper treatment, Kishoreganj Eye Hospital conducted **25** eye sight screening camps for schools children in different Upazila of Kishoreganj district under the project. Under this program KEH provided free of cost sight testing, refractive error identification , refraction test & spectacle provide and refer the critical students to the hospital to get better services. During the reporting period total **6515** students' screened their eyes where **4,125** girls and **2,390** boys. Out of the total screened students **273** were identified as refractive error and done there refraction test. After completion of the refraction test, provided spectacles to **251** (girls **184**, boys **67**) students with free of cost. All of the students who received spectacles feeling better and comfort to see & read.



Eye Sight Screening and Refraction Test for School Students



School Students Received Spectacles

5.5. Awareness Rising Orientation Session with School Teachers & Vision Chart Distribution:

One of the most important components of the project is “Awareness raising orientation to school teachers and SMC members on Eye Diseases and Services which main objective is to aware about the common eye diseases, causes, service required and also oriented school teachers on early detection of eye sight problems and its way out for the school students. As a part of this component, Kishoreganj Eye Hospital conducted 5 batches orientation session with **95** school teachers and SMC members of different upazilas (sub districts) of Kishoreganj district. Upazila Executive Officer of 5 upazilas (sub districts) and other govt. officials were presented in the program. Chief consultant and Medical Officer of Kishoreganj Eye Hospital facilitated the overall discussion of the orientation session which covered the component like what is eye, structure of eye, function of different eye organs, common eye diseases and symptoms, eye problems of children, how to screened eye sight of children, use of vision chart etc. Chief guest who presented in the oriented program and said that “This program is very much effective for the respective schools as because the oriented teachers primarily can done the eye sight of the students before their admission or ongoing their study. They also can detect eye problems earlier and refer to the hospital for better treatment”. End of the orientation program, there distributed 50 "**Vision Chart**" to the teachers of respective schools which will be used for eye sight screening of the students.



Teachers of Kishoreganj Sadar are oriented on Eye Care Services



UNO of Katiadi Upazila giving speech and distribute Vision Chart to School Teachers

5.5. Awareness Rising Orientation Session with Community Health Workers

During the reporting period, Kishoreganj Eye Hospital conducted 3 batches orientation session with community health workers of three Upazilas under Kishoreganj district. The main purpose of this activity is to aware community health workers about the common eye diseases, causes, service required. Another purpose is to increase the referral systems for eye patients as because community health workers are directly work with the community people and easy to refer the patients with eye problems. Executive Director of Nari Uddug Kendra (NUK) chaired in the orientation session and Dr. Md. Soyed Monzurul Haque; Upazila Health and Family Planning Officer of Kishoreganj sadar upazila were presented as Chief guest. Dr. Beto Krishno Roy, Consultant & Surgeon of Kishoreganj Eye Hospital, presented the overall discussion of the orientation session which covered the component like what is eye, structure of eye, function of different eye organs, common eye diseases and symptoms, eye problems of children, how to screened eye sight of children, use of vision chart etc. Chief guest Dr. Md. Soyed Monzurul Haque said “It is a good initiative of Nari Uddug Kendra (NUK) who managed Kishoreganj Eye Hospital that they organized this type of orientation session for community health workers. It will be very effective as because they work door to door for health service and it is easy to detect and refer eye patients by them. Mr. Soyed Monzurul Haque recommended to take initiatives for weekly basis discussion session in ward base Community Clinic operated by government. He also requested to health worker who presented in the orientation to incorporate eye health discussion in their regular Health Education session.



Participants discuss with ED of NUK during orientation session.



Consultant discuss with the participants in presence of UHFPO



5.6. Upazila Base Workshop on Gender in Eye Care with Local Govt. Representatives:

Under the component of the project on “Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District” organized a Workshop on Gender in Eye Care with local govt. representatives which main purpose is to present the gender discrimination in eye health services, causes and to take measures to reduce the disparity. During the project period there conducted 4 Upazila base workshops in Hossainpur, Kishoreganj Sadar, Katiadi and Itna upazila of Kishoreganj district. Executive officers of each Upazila (sub-district) were presented as chief guest, representatives of different local Govt. bodies and Upazila Health and Family Planning Officer were presented in the workshops. Executive director of Nari Uddug Kendra chaired and focal person in the workshop. The main points that addressed in the presentation are, what kind of socio-cultural and economic influences that prevents women’s equal access in to the eye care services.



Executive Director of NUK, Special and Chief guest giving speech in the workshop

From the presentation it was found that due to our localized cultural, financial, and gender stereotype approach, despite women have higher diseases prevalence, use of eye care services is much lower than males. It was also shared that what kind of institutional barriers that affects women’s needs and interests in seeking eye care services. After over all presentation, there discuss and take open concern of the participants. Participants really feel the causes of less accessibility of women in eye care services, they also suggest to take initiatives to reach the services to the community level and for that recommend to increase the number of community based eye camp through the support of community elite persons. Participants are suggested to organize more awareness rising program in the community level including educational institute, local government institute and also to male counter parts of women household. Upazila Executives are also recommends planning for visiting community based clinic in each upazila and take initiatives to refer the eye patients identify in the community clinics.

6. Outcomes of the Project:

- Through the workshop on “Gender in Eye Health Care” relevant participants are realized the factors/limitations of women for accessible in eye health care easily. All of the participants are committed to take initiatives properly and in time for eye patients of their family and also support to other community people for overcoming the limitations and received eye care service from hospitals.
- Referral cases are increased after completion of the awareness rising orientation to school teachers and community health workers. Ration of women patients increasing day by day in the base hospital and acceptance rate of spectacle purchase by the women are increased after awareness rising program.
- Representatives of local government institute not thinking separately about eye care problems in his/her community in the previous time. After taking the orientation on gender in eye health care, they are more aware and committed to take community based plan for eye patients and try to take separate budget in Union Porishod for eye patients.
- Cataract blind patients get return their normal vision through proper identification and performed cataract surgery. Their life is comfort and easily involved in regular activities, familial and social burden has reduced. Through the surgery support identified cataract and other patients especially ultra-poor who have no financial ability, can performed surgery and cured from the complications and feel easy and comfort life.
- Has been ensure easy access of remote peoples especially women’s and integrated services has been provided for all eye patients through the community based eye screening camp. Eye diseases have been identified treated and they cured from the diseases. Thus the life standard has been improved and secondary eye care has been ensured.
- Targeted number poor patients received spectacles after scientific and adequate intervention for refractive error patients. Thus the normal sight has been restored successfully and they feel comfort.

7. Problems/Risk and ways/means of tackling the same:

- Due to provide medicine and spectacles to the poor patients in the camp site there made some problems with mid/high income group patients. They also claim medicine and spectacle free of cost. It was tackle by proper counseling and sometimes with the help of school/venue authority.

8. Challenges:

- During the project period large numbers of patients were identified as cataract but only targeted numbers of patients are performed surgery. Out of the total identified patients tremendous number of patients did not come under surgery due other health complications
- like high blood pressure, high Intra ocular pressure, significant number of identified patients canceled due to diabetic problems, asthmatic problem etc. On the other hand, cataract is a painless and gradually progressive disease makes the patients very

poor responsive comparative than the other (minor) eye disease where the eye get red, sticky, watering and itching is exist. So as people do not feel irritate or disturb as long as their sight become very worst they do not come for or invest for the surgery.

- As per project conditions we need perform all identified proper cataract patients with free of cost where number of high income group people also take the facilities. For this reasons, number of pay surgery patients reduced in the base hospital and their spread information that KEH is a free eye hospital which may hampered of its further development or sustainability if there did not take alternative measures during camp period.

Conclusion:

Due to implement the project activities there made achievements on number of cataract surgery, refractive error correction and its intervention through spectacle provide to the poor patients, eye sight screening for school students etc. All the patients who received services specially cataract surgery get return their better vision and cure from their problems. Other activities also made positive changes to the community people, school teacher and govt. officials about the eye care services of Kishoreganj Eye Hospital and number of patients increasing day by day. If there given opportunity in further project implementation period to segregate the high income group patients during camp period and offer for cataract surgery with pay then KEH will financial benefited with meeting the project targets.