

# **Annual Progress Report**

**On**

**Elimination of Avoidable Blindness through Kishoreganj Eye Hospital  
in Kishoreganj District**

**Period: July 2015 to June 2016**

**Report Submitted to  
Andheri-Hilfe Bonn e V, Germany**

**Report Submitted by  
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Bangladesh**

# 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 District.

Number of Project Staff: 5 staffs

## 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.

#### 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
<b>1.Screening Camp/RREC</b>			
No. of Camp Organized-50	50	<ol style="list-style-type: none"> <li>1. 10,500 patients screened their eyes.</li> <li>2. 1575 patients will be identified as cataract.</li> <li>3. Perform cataract surgery 1,000 patients.</li> <li>4. 9,500 patients’ advised medicine</li> <li>5. 862 patients with refractive error.</li> <li>6. Provide medicine to 400 poor patients.</li> </ol>	<ol style="list-style-type: none"> <li>1. 12,580 patients screened their eyes.</li> <li>2. 2,042 patients will be identified as cataract.</li> <li>3. Perform cataract surgery 1,070.</li> <li>4. 11,530 patients’ advised medicine</li> <li>5. 926 patients with refractive</li> </ol>

		7. Provide spectacle with frame to 400 poor patients.	error. 6. Provided medicine to 400 poor patients. 7. Provided spectacle with frame to 418 poor patients.
<b>2. Camp Organized for Garments Worker -05</b>	5	<ul style="list-style-type: none"> <li>2,500 workers will be screened and treated</li> </ul>	<ul style="list-style-type: none"> <li>2,554 workers screened their eyes and treated.</li> </ul>
<b>3.Organized Eye Sight Screening Camp</b>			
No. of Schools-20	30	<ul style="list-style-type: none"> <li>6,000 students examined their eyes.</li> <li>200 students will be identified as refractive error.</li> <li>Spectacle provide to 200 students</li> <li>Referrals of 15 child cataract</li> </ul>	<ul style="list-style-type: none"> <li>4,560 students examined their eyes.</li> <li>209 students will be identified as refractive error.</li> <li>Spectacle provide to 203 students</li> <li>Referred 1 child cataract for surgery.</li> </ul>
<b>4. Teachers Demon/Orientation. Program</b>			
No. of Program-05	05	<ul style="list-style-type: none"> <li>100 teachers &amp; SMC members of 50 schools.</li> <li>Vision chart distribution to 50 schools</li> </ul>	<ul style="list-style-type: none"> <li>90 teachers &amp; SMC members of 50 schools were presented. Rest of participants cannot attend due to heavy rainfall during program day.</li> <li>Vision chart distribution to 45 schools out of 50.</li> </ul>
<b>5. Support to Poor Patients</b>		Support for Cataract surgery-400 DCR- 50 DCT-50 Medicine Provide-400 Spectacle Provide-320	Supported for Cataract surgery-400 DCR- 50 DCT-50 Medicine Provided to poor patients 400 Spectacle Provided to 301 poor patients
<b>6.Raising Public Awareness and encouraging social participation in Blindness Prevention (PRA)</b>			
6.1 Upazila level Workshop/Seminar-04	04	110 local govt. representatives including UNO.	120 local govt. representatives and other govt. officials including UNO presented.
6.2 District level workshop-01	01	30 district level govt. Officials will be presented	30 district level govt. officials including UHFPO presented.
<b>7.World Sight Day Observed-01</b>	01	Observe world sight day with 200 participants.	World sight day observed with 225 participants.
<b>8.Dev. IEC Material</b>	-	Bill board -03 Leaflet- 18,000 Feston- 300	Bill board prepared -03 Leaflet printed- 18,000 Feston printed- 200
<b>9. Fixed Assets</b>		Digital Slit lamp-01 Laptop-1 Desk top computer-01 Projector -01	Digital Slit lamp-01 Laptop-1 Desk top computer-01 Projector -01

## 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 **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 there 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**.



Technical Team with ED of NUK and MD



Doctor Treated Workers in MB Knit Fashion

### 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.

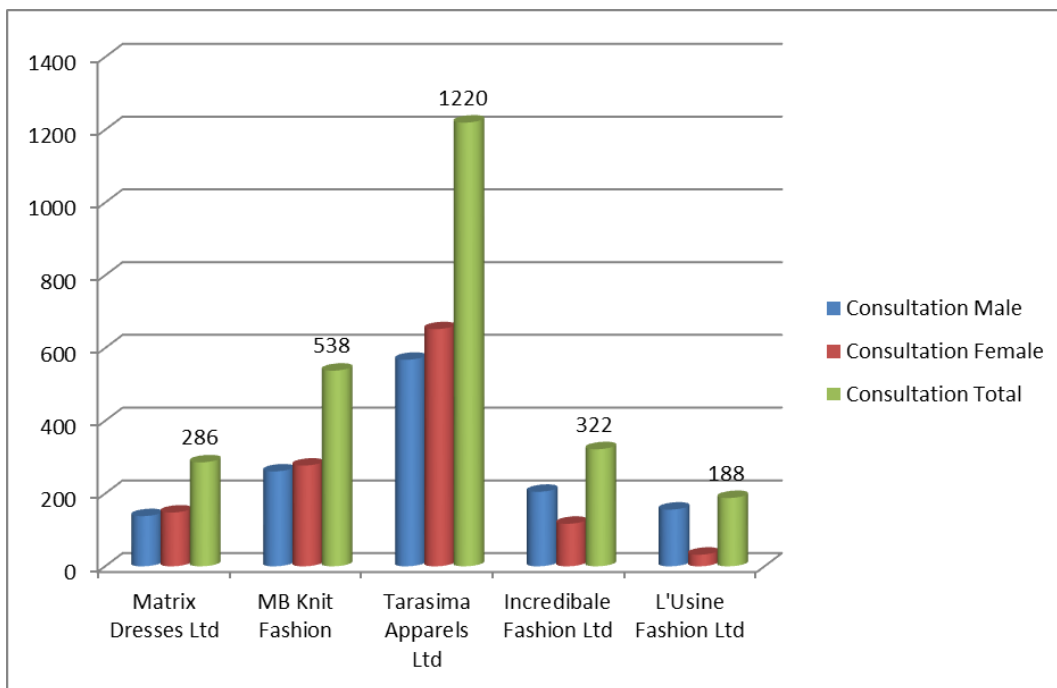


**Doctor Examined Eye of one worker and others are waiting for consultation in Incredible Fashion Ltd.**

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 .



**Patients Registration and Consultations for workers of L'Usine Fashion Ltd.**



**Gender & Factory wise consultation of workers**

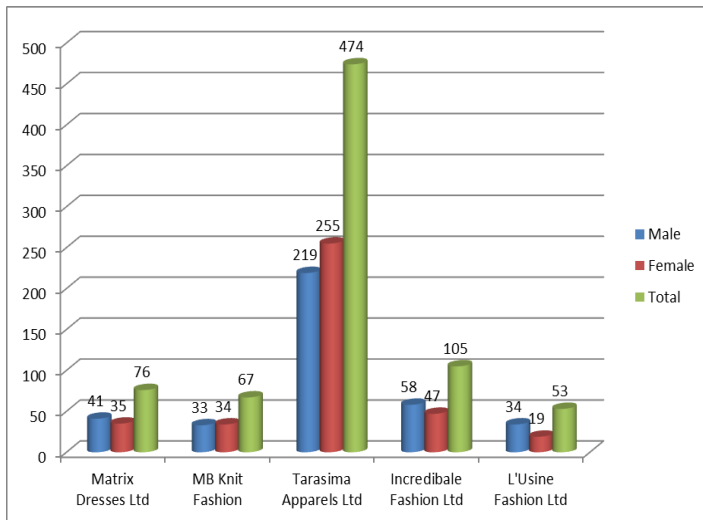
### Refraction Test

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.

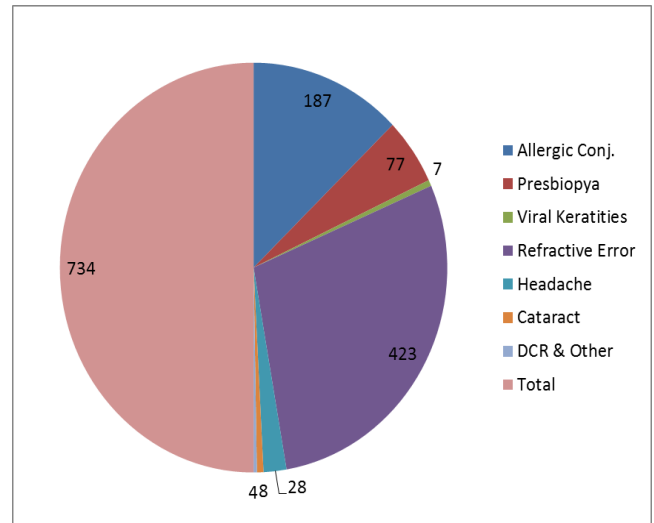


**Refraction test done for workers of Incredible Fashion Ltd.**





**Gender and Factory wise workers with Eye complications**



**Disease Profile of Garments Factory Workers**

### Lesson Learned:

- 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 came from rural communities and have no awareness on eye health and as well as other health orientation.

### 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.



Eye Sight and Refraction test during Screening Camp for School Students.

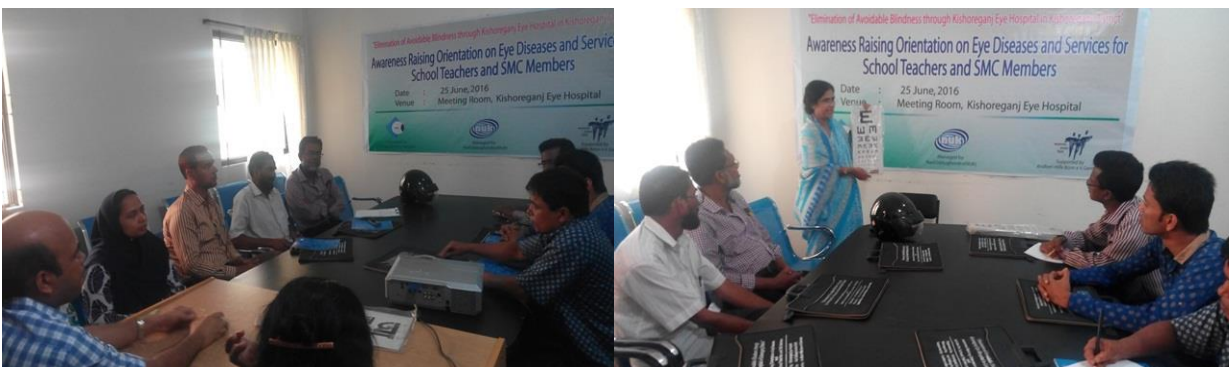
### 5.5. Awareness Rising Orientation Session with School Teachers & Vision Chart Distribution:

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 of Kishoreganj district. Upazila Executive Officer of 5 upazilas and other govt. officials were present in the program.



**Orientation session and Vision Chart Distribution in Karimganj Upazila**

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 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

### Executive Director of NUK given speech in the workshop

are 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



## 5.7. District level Workshop on Gender in Eye Care

As a major component of the project on “Elimination of Avoidable Blindness through 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. Representatives of Angheri Hilfe Bangladesh, Mr. Vincent Ashish Gomes (Coordinator Finance & Admin) were also present in the workshop and share the mission, vision and activities of Angheri Hilfe.

Executive director of NUK chaired and focal person in the workshop. The main points that addressed in the presentation by Executive Director of NUK, 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,



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

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.



**Principal of Gurudoyal College speech in district level workshop.**

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

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

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.