

Annual Progress Report

On

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

Period: July 2016 to June 2017

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

**Report Submitted by
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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 2016 to June 2017

Reporting Period: July 2016 to June 2017

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
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.

70 Years Old Ages Korimunnasa Get Return Her Eye Sight

Korimunnasa wife of late Abdul Hossain, had performed cataract surgery from Kishoreganj Eye Hospital under the project of **“Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District” project supported by Andheri Hilfe Germany.** Korimunnasa suffering with cataract for 3 years but did not perform surgery due to financial crisis. She did not share the problem with her daughter or other people as because she always thinks that her daughter can't bear the treatment cost. Korimunnasa's husband had died since 25 years ago. Korimunnasa went back to her brother's house after death of her husband but family member of her brother did not take it positively.



Korimunnasa before surgery

After some days, Korimunnasa come back to her house and took a work as servant in one officer's mas in Kishoregan town to live. During this situation Korimunnasa feel that she can't see properly by her eyes. Gradually decrease her eye sight and she can't continue her work in officer's mas and go back to her daughter's house in Sholakia village of Kishoreganj sadar upazila (Sub district) of Kishoreganj district. Socio-economic condition of her daughter's husband also not so good as because husband of Korimunnasa is a electrician only. He live with hand to mouth. In this situation, daughter of Korimunnasa took her in Kishoreganj Eye Hospital to see a doctor. Doctor advises Korimunnasa to perform cataract surgery. Her daughter share the overall situation of Korimunnasa with counselor of Kishoreganj Eye Hospital and counselor also share the case with Consultant, Hospital Administrator and Project Coordinator. Considering overall situation of Korimunnasa, management of Kishoreganj Eye Hospital decided to perform her surgery under the support of “Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District” project. Due to perform surgery all necessary procedures were done by technical team of KEH and performed Korimunnasa's cataract surgery at 22 September, 2016. She gets return better vision of left eye from 3m to 6/12. She can see properly and very glad to team of Kishoreganj Eye Hospital who gave her this opportunity.



Korimunnasa after surgery

Case Study of Amena Khatun

Amena Khatun wife of late Joyed Ali, Village- Nansri of Karimganj Upazila under Kishoreganj district. Her husband had died 8 years ago. She has five sons and one daughter but nobody take care to Mrs. Amena Khatun. She has no own land and house. She lives in her neighbors Mr. Hazi Jomir Uddin's house and earn by working in this house. Her sons are day labor. They did not take any initiatives for treatment of Amena Khatun even not paid transport cost to come to the hospital. After day long her neighbor Mrs. Bilkis Akter supports her to come to the Kishoreganj Eye Hospital to see her eyes. She has suffering from cataract blindness in both eye. She supported for both eye cataract surgery under the project of EABKEH supported by ANDHERI HILFE. She operated her first eye at 29 May 2017 and second eye at 26 July 2017. Now her both eye is fine and restore her vision well.



Amena Khatun before Surgery



After Surgery

Rabeya Khatun Realized from Begging after Cataract surgery

Under the project on “Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District”

Rabiya Khatun, 60 years old female having no children and house hold. She stays in other people’s house day to day. She lost her husband about 10 years ago. Her husband was a day labor and he has no land. After death of her husband Rabeya lives on hand to mouth by door to door daily work. Near about 3/4 years ago her eye sights started to get reduced. But she did not consults with any eye doctor. Gradually it’s become as less as she can’t frequently move as before for earning money. She can’t move easily due to poor vision and she does not work anything. She does not know where she will get eye service and she has thought that it’s not a diseases it’s happened due to old usually



Though she is eligible to get the Govt. subsidies, VGF cards and other facilities but she never still she did not get anything. For her poor eye sight lasted she get the information by publicity that one free eye camp will organize at 22 November, 2016 in Kuliarchar upazila (sub district) of Kishoreganj district. It is about 50 Kms. distances from Kishoreganj Eye Hospital. She asked her neighbors “**kothai chokkar doctor aibo abong ki hoibo**” means where eye doctor will come and what happen here. Her neighbor tells her details about free eye camp and treatment. Rabeya came to the camp and screened her eye in the camp site and doctor find out her sight is very poor and she has been suffering by matured cataract from last two years. Camp counselor describe her details about the cataract surgery and its benefits then she ready to come in the Kishoreganj Eye Hospital for surgery under “**Elimination of Avoidable Blindness through Kishoreganj Eye Hospital in Kishoreganj District**” project supported by **Andheri Hilfe Bonn e V, Germany**. After surgery Rabeay Khatun get 6/12 visions in her one eye she is very pleased to see every thing. She was very grateful to all of Kishoreganj Eye Hospital and said that “ami elakar shobike amar upokarer kotha bolbo abong choccar rogi pathiam” (he will inform other people about her benefits and aware the people of her community about the eye service of Kishoreganj Eye Hospital). She also said that now she can do the work again and avoid the begging.



Rabeya Khatun after surgery

