Mazharul Haque BNSB Eye Hospital Comilla Road, Chandpur-3600 Bangladesh.

Integrated Blindness Prevention Program in Bangladesh

Yearly Progress Report

For the period 1 July' 2018 – 30 June' 2019

1. Formal Details:

a) Project Title :Integrated Blindness Prevention Program in

Bangladesh

b) Project No. : BD-15-02/10

c) Name of the Organization: Mazharul Haque BNSB Eye Hospital

Comilla Road, Chandpur-3600. Bangladesh.

Phone: +88-0841-63559, Email: bnsbcdr@yahoo.com

d) Legal Holder : M. A. Masud Bhuiyan

Hony. General Secretary

Mazharul Haque BNSB Eye Hospital

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e) Reporting Period : 1 July' 2018 – 30 June' 2019

f) Location of the Project : Chandpur and its surrounding districts are-

Lakshmipur, Noakhali, Comilla, Brahmmanbaria, Narshingdi, Narayanganj, Chittagong and

Munshiganj.

g) Duration of the Project : One year (1 July' 2018 – 30 June' 2019)

h) Number of Project Staff : Full Time: 93, Part Time: Nil, Volunteers: Nil

2. Frame Conditions:

Political stability in the reporting period has positive impact on the project activities. Schedule of the project activities were not cancelled just have little interchange of venue of programs due to 11th parliament government election. Movements of the stakeholders were as usual. This year we implemented all of the programs within time frame without any major problems. At the end of Project year we change the location of Primary Eye Care Center from Jhalam to Narayanpur, Matlab (S), Chandpur. We also delivered our services properly to the poor and ultra poor people of our working areas.

3. Development within the project holder's organization:

Remarkable development took place during the project period. The organization itself experienced and learned several lessons; few of them are as follows-

- a) Project staffs acquired skill and capacity to work adequately.
- b) Community expectations to receive eye care services evaluated by the project staff.
- c) As per evaluations new sites are located to deliver eye care services.
- d) Developed cooperative activities and understanding among various NGOs and GOs.
- e) Experienced with decision making and problem solving capacity under frame condition.
- f) The organization as a whole inspired to do more humanity programs.
- g) Service delivery capacity of the organization developed rapidly to serve huge population.

4. Abstract of Project Goal/Aims/Targets:

Objectives:

- a) To reduce eye related problems, building awareness to the community people about eye care services.
- b) To lead a normal visionary life, providing general eye treatment to the underprivileged people.
- c) To restore eye vision, performing successful modern techniques cataract surgery.
- d) To lead lifelong happy moment, prevention of child age eye problem and giving curative measures at rural level.
- e) To make opportunity for eye treatment of very poor people.
- f) To ensure the accessibility of eye care facility in the rural remote areas.
- g) To develop a series of high and mid level medical team and administration for consistent services to this sector.

Targets:

- a) Screening Eye Camp (SEC)
 - i. 20 numbers of SEC will be organized.
 - ii. 24,000 nos out patients will be treated.
 - iii. 13,200 nos of Patients will be Clinically Treated/Diagnosed
 - iv. 2400 nos of Patients will be Provided Refraction Service
 - v. 12,000 nos of Patients will be provided Medicine
 - vi. 1,240 cataract patients will be operated with IOL by SICS system
 - vii. 80 nos of Patients will be operated (Other Operations)
- b) School Sight Testing Program (SSTP)
 - i. 30 numbers of SSTP will be organized in 30 Primary Schools.
 - ii. 11,100 students will be screened.
 - iii. 2220 nos. of Children Clinically Treated/ Diagnosed
 - iv. 560 students will be refracted.
 - v. 560 students will be received spectacles.
- c) Teachers Demonstration Program (TDP)
 - i. 01 no. of TDP will be organized to demonstrate on Primary Eye care.
 - ii. 30 Primary Schools will be selected to invite for attending in the TDP.
 - iii. 60 Teaches will be invited to attend TDP.
- d) Primary Eye Care Centre (PEC)
 - i. 01 PEC will be running.
 - ii. 6,000 out patients will be treated.
 - iii. 120 cataract patients will be operated with IOL by SICS system.
 - iv. 60 other patients will be operated for minor cases.
 - v. 900 patients will be refracted for vision improvement.
 - vi. 48 screening camp will be organized.
 - vii. 3840 patient will be screened in Screening Program under PEC
- e) Poor Patient Support Scheme (PPSS)
 - i. 1,560 out patients will be treated.
 - ii. 600 cataract patients will be operated with IOL by SICS system.
 - iii. 12 DCR operations will be operated.
 - iv. 6,828 patients will receive microsurgical test for treatment
 - v. 876 patients will receive free refraction service
 - vi. 8 Glaucoma and other patients will be operated
 - vii. 60 other patients will be operated for minor cases.
- f) Human Resource Development Program (HRDP)
 - i. 03 numbers of medical staff will be trained.

5. Summery

| SI | Measures/activities planned (quantity-wise) | Activities implemented (quantity-wise) | Expected Output | Output achieved |
|----|---|--|--|--|
| А | 20 nos. of Screening Eye Camps (SEC) | 20 nos. of SECs implemented | -20 numbers of SEC will be organized24,000 nos out patients will be treated13,200 nos of Patients will be Clinically Treated/Diagnosed -2400 nos of Patients will be Provided Refraction Service -12,000 nos of Patients will be provided Medicine -1,240 cataract patients will be operated with IOL by SICS system -80 nos of Patients will be operated (Other Operations) | -2,860 nos of Patients Provided Refraction Service -13,210 nos of Patients provided Medicine -1,306 cataract pats operated with IOL |
| В | 30 numbers of School Sight Testing Program (SSTP) | 30 numbers of SSTPs implemented | to visit 30 schools to Examine 11,100 students to Clinically Treat 2220 Children to do refraction for 560 students to give free spectacles for 560 students | - 30 schools visited - 11,169 students examined - 2233 Children Clinically Treated - Refraction done for 584 students - 584 students received free spectacles |
| С | Primary Eye Care Center | Primary Eye Care Center | to give treatment for 6,000 OPD pats. to do refraction for 900 out patients to give free medicine for 5,100 out pats. to do basic investigation for 1200 out pts. to operate for 120 cataract patients to operate for 60 minor operations | - 6,184 OPD patients treated - Refraction done for 1,307 OPD pts. - Free medicine given to 5320 OPD pts. - Basic investigation done for 5246 nos. - Cataract operation for 129 patients - Minor operation for 64 patients |

| | | | to follow up for 120 post operative cases to conduct 48 nos. screening camps to screen 3840 patients in Screening Program under PEC to conduct 12 staff meeting | Follow-up for 129 post operative 48 nos. screening camp organized 3912 nos. patients screened in Screening program under PEC 12 staff meeting conducted |
|---|--|---|---|---|
| D | Poor Patients Support Scheme for 20% of total OPD & IPD patients | Poor Patients Support for 20% of total OPD & IPD patients | to give treatment for 1560 OPD patients to operate 600 cataract patients with IOL to operate 12 other operations (DCR) to do microsurgical test for 6828 patients to do minor operations for 60 patients to do refraction for 876 patients | - 2,414 OPD patients received treatment - 2384 cataract patients operated - 13 DCR operations done - 7.482 patients microsurgical test performed - 129 minor operation done - 2,618 nos. refraction done |
| Е | Human Resource Development (HRD) | HRD for 01 Medical Staff | - to train 03 Medical Staff | - 02 MLOP and o1 Refractionist received training |

6. Detailed description of Implemented measures/activities: What was done (facts)? How (process)? What has been achieved (output)? What is the impact? Involvement of the target group? State for discrepancies between planning and implementation!

| Implemented Measures and Activities | What was done (facts) | Process | Output | Impact | Involvement of target group | Reasons for Discrep ancies | Unfor eseen chang es | Planned changes |
|-------------------------------------|---|---|--|---|--|-------------------------------------|-------------------------------|---|
| Screening Eye Camps | - 02 new site were selected for SEC - 20 SEC organized | through community supportUses BNSB operational support | - 24,016 nos of OPD patients treated -13,210 nos of Patients Clinically Treated/Diagnosed | Local people become aware about the eye care.Local people from different | - Target people were involved with the planning, community consultation and camp | None | None | - Many blind peoples are reduced from the society. - many families start |

| | | - meeting with local community - through the support of local governments | -2860 nos of Patients Provided Refraction Service -13,210 nos of Patients provided Medicine - 1,306 nos of cataract patients operated with IOL - 1,489 nos. of cataract patients advised for IOL operation - 1,681 nos. spectacle provided | take eye treatment Local People take preventive measures. | organization. - they were involved with publicity of the camp - they were involved with voluntary works for the camp | | thinking for income generation - Overcome burden of Visual Impairment |
|------------------------------------|---|---|--|--|---|------|--|
| School Sight Testing Program | - 30 new schools were selected for SSTP - 30 SSTP organized | - through community support - Uses BNSB operational support - meeting with local community - through the support of local govts through support from Govt. education department | - 30 schools visited - 11,169 students examined - 2,233 Children Clinically Treated - Refraction for 584 students - 584 students. received free spectacles | - School children and children from local community become aware about the eye care Children go to take eye treatment Teachers take preventive measuresCommunity Children go to take eye | - School teachers were involved with the planning, community consultation and SSTP organization they were involved with voluntary works for the screening of Children | None | - Many visually impaired children reduced from the society Many children start to continue their educationError free vision supports I socioeconomic development of the country pats get rid off from societal |

| | | | | treatment | | | | negligence |
|------------------------------------|---|--|--|--|--|--------------------------|------|---|
| Primary Eye Care Center | - 01 PEC center is running | - through community support - Uses BNSB operational support - meeting with local community - through the support of local governments -through the support of GO and NGO Health sector | - 6,184 OPD patients treated - Refraction done for 1,307 patients - Free medicine given to 5,320 patients - Basic investigation done for 5,246 patients - 129 Cataract operation done - 64 Minor operation - Follow up 129 patients - 48 nos. SC organized -3,912 patients screened in Screening Camp under PEC - 12 staff meeting conducted | they were involved with publicity of the PEC center Community peoples were assisted to bring patients from remotest area to the center. Community Peoples support to raise awareness about eye care services | - PEC Monitoring Committee was involved with the planning, community consultation and monitoring of PEC. - they were involved with voluntary works for the organizing of screening program - They were involved with the publicity of PEC Center and Screening Program | | None | - many blind peoples are reduced from the local community many families start thinking for income generation patients get rid off from societal negligencecommunity peoples get eye care service at their door steps. |
| Poor Patients Support Scheme | - No. of blind peoples reduced | Poor and ultra poor people visit hospital for OPD | - 2,414 patients received treatment in OPD | - Poor Patients received free treatment. | - they were involved with motivation to | - More than 20% of | None | - Many blind peoples are reduced from |

| (PPSS) | and aware through eye Care services. IOL Operations & operative parts have re-stored eye sight. | treatment and surgery Services | - 2,384 nos cataract operation and subsidized rate - 13 DCR operation - 7,482 Micro biological tests - 129 minor operation done - 2,618 nos. refraction done | - Poor Patients benefited with free operation Poor Patients are happy with new vision Poor Patients motivated other patients to receive eye care services | others - they were involved with raising awareness on eye care in the local community | total OPD and IPD patients are intende d to receive services | | the society many peoples received eye care services who were unable to bear treatment cost Many people start to continue their works to generate revenue |
|---|---|---|--|---|---|---|------|--|
| Human Resource Development (HRD) | 02 MLOP and 01 Refraction ist trained | Trained by Renowned Ophthalmic Training Institute (MBICO) | - 03 Medical Staff received training including MLOP and Refraction Course | Offer better treatment and services to the Patients in Eye care specially in base hospital and SEC, SSTP, PEC | They will deliver quality eye care services | None | None | -works to prevent needless blindness from the society |

7. Further development activities in the target area during the reporting period, which have their origin in this very project (either activities by the target group and/or the community as a whole)

By the Beneficiaries/patients:

- The patients benefited with cataract surgeries from this hospital get involved themselves with further economical activities in their personal and family fife.
- Few of them started reopening their tinny shop with micro credit loan from Bank or other organizations.
- Women are involved with their daily family works and homemade jobs.
- Children get admitted into the school again and motivate others to be care about eye diseases.
- Mostly patients overcome the burden of visual impairment

By the Community and other Institutes/Stakeholders

- The community peoples are interested to organize such programs in the region repeatedly to overcome eye diseases.
- They form few local volunteer groups like education awareness building, sanitary system implementation, sports program, and small deposit scheme association etc with the youth and intend to involve with some other social development programs.
- The local government's institutions take some initiative to motivate remote peoples for their social development, disease care management, establishment of new medical service provider organizations etc.

8. Local fund raising activities: if yes, please describe how and with what result. Please substantiate with case studies which could be shared with others for learning

In addition with the implementation of donor based project activities like Integrated Blindness prevention program, our management planned some activities like Motor Driver's eyesight testing program, Students awareness program, Fisherman Eyesight Testing Program with local support. Social philanthropist, Some small organizations and school management donate for this program.

| Measures/Activities | How | Result | Outcomes | Funding Org. |
|---------------------|----------------|-------------|--------------|---------------|
| | (Process) | | | |
| | -through local | -01 free | -motor | -Local elites |
| Drivers Eyesight | govt. | screening | drivers | |
| Testing Program | administration | program for | become | -Local NGO |
| (DETP) | support | motor | aware about | |
| | -through | driver's | the eye care | |

| | support from BRTA -meetings with road transport trade union leaders -meeting with local community | organized -182 nos. drivers treated and provide medicine -03 nos. cataract surgery performed - 25 nos. refractive error found and spectacle provided | -they were take preventive measures - they raise awareness in local community -they suggest patients about eye care service | |
|-------------------------------------|---|--|--|--|
| Students Awareness Program (SAP) | -through local govt. education dept. support -meetings with school management and guardians -meeting with community leaders | -02 nos. orientation program organized -300 nos. girl students were oriented on Primary eye care -orient on Vision Screening process | -students aware their family about eye care -suggest other students and family members for eye care -students take preventive measures | -Local Elite -Local NGO |
| Day Observation | -through local govt. health administration -through support of local companies -meeting with community leaders and social | -World Diabetes day observed - Intl. Women's Day Observed -World Disability Day observed | - increase community awareness on eye care -awareness on women's right and leadership -they were take preventive | -Medicine Company -Social Welfare Dept. -Local NGO -Local Philanthropist |

| representatives | -organize 03 | measures | on | |
|-----------------|---------------|----------|----|--|
| | nos. rally | | | |
| | and | 9 | | |
| | discussion | | | |
| | meeting | | | |
| | - organize 03 | | | |
| | eyesight and | | | |
| | diabetes | | | |
| | testing | | | |
| | program | | | |
| | -treated 339 | | | |
| | nos. | | | |
| | women's on | | | |
| | Intl | | | |
| | Women's | | | |
| | Day | | | |

9. Problems/Risks and ways/means of tackling the same.

During the project period there is not any political unrest. Rescheduled few program due to 11th national parliament government election, otherwise the external environment was supportive to the project activities.

10. Short description of the monitoring and evaluation system applied (flow of information and decision-taking-processes, involvement of target group and other stakeholders).

- Proper monitoring, identification and analysis of problems of the target population assessed by us using field visit, community participation, and local government suggestions.
- Problems are identified and possible solutions worked out.
- To implement the project components, we have justified the feasibility of the region to know the socio-economic condition, eye treatment facilities, community awareness and education related to their rights of treatment and facilities.
- Several meetings with the community peoples were conducted to implement the programs. The immediate results of the programs were also discussed with the community people and local government.
- Individual camp report; Register and documents, MIS, narrative progress reports;
 Field Visit & Reports, Camp Evaluation Reports and personal interviews are the indicators to assess project impact.

11. How and how often do you inform the target group about the project status including finances?

Status of the project activities and its financing maters would inform to the target group several times in different ways are as-

- a) Through discussion meetings with local organizers, local government officials and other stakeholders.
- b) Through public awareness program and mass publicity.
- c) Through workshop and face to face meeting.
- d) Through the progress reports including financial statements to the Deputy Commissioner's Office and Upazila Nirbahi Officer, Local Health Administration Office and NGOAB.
- e) Project status and its financing plans are discussed in the staff meeting for adequate uses of that.
- f) Executive Committee meetings are the vital place where the project status and financial matters discussed broadly for effective management of that.
- g) Through program oriented publicity, posters, festoon, community involvement, public addressing, and banner.

12. Case studies/stories of changes (if possible including photos in quality apt in printing, i.e. at least 300 dpi)

Case studies were sent to ANDHERI HILFE as per reference (BNSB/Chandpur/2019/259 Date: 08th July 2019).

13. Summarized appraisal and self-assessment (regarding the reporting period and the further project implementation).

Screening Eye Camp (SEC)

20 numbers of Rural Remote Screening IOL Eye Camp has been organized in the reporting period. It was expected to provide outdoor treatment services for 24,000 patients and surgery for 1,240 cataract patients from this program. With assistances of all departments to organize SEC, worked successfully for a fruitful outcome. Already we served 24,016 OPD patients and performed 1,419 surgeries including 1306 Cataract Surgeries in this period.

Indicators to identify normal vision of cataract surgical patients by this program found positive.

However patients carrying from the screening center to hospital were significant factors to maintain with smooth and uninterrupted services for the surgeries. Sometimes patients were not ready to travel but with a sincere motivation it was solved.

Two new site selected to provide eye care services and to reduce blind people in the prospective region. Further planning of the program may include more new sites.

School Sight Testing Program (SSTP)

30 numbers of School Sight Testing Program have been organized in the reporting period. It was expected to reach 30 Government Primary Schools and provide outdoor treatment services for 11,100 students and refraction for 560 students and spectacles for 560 students, where we have reached 30 schools, OPD treatments for 11,169 students, refraction for 584 students, clinically treated/diagnosed 2233 students and spectacles for 584 students. With assistances of all departments to organize SSTP, worked successfully for a fruitful outcome. Indicators to identify normal vision of refractive error students by this program found positive.

However smooth reaching to the remotest schools were significant factors to maintain with smooth and uninterrupted services for the community. Sometimes students were not ready to travel to the hospital for further treatment but with a sincere motivation it was solved.

Additionally 30 new primary schools were selected to provide eye care services and to reduce low vision students in the prospective region. Further planning of the program may include such more new schools and new area.

Primary Eye Care Center (PEC)

A Primary Eye Care Center (PEC) is running successfully since 2008. It was expected to provide a numbers of remote patients for OPD treatment, refraction, free medicine, basic investigation, minor operation, cataract surgery and public health workers demonstration program in the new PEC site and achieved its output as expected. During the period 6,184 numbers of patients treated at the outdoor and given free medicines to 5320 patients along with refraction service for 1307 patients, Basic investigations done for 5,246 patients and Cataract Surgery done for 129 patients along with 64 nos. minor operations. Also we organize 48 screening program under PEC and screen 3,912 nos. patients and given necessary treatment with medicine.

Poor Patient Support Scheme (PPSS)

Poor Patient support Services is a regular activities of this hospital. More than the expected number of poor patients to be provided eye care services, we have provided maximum. Many local people's lives under poverty level around this area and they intend for free treatment facilities. During the reporting period free outdoor treatment has provided for 2,414 patients, Minor operation done for 129 patients, Microbiological test done for 7,482 patients, subsidized cataract surgery done for 2,384 patients and 13 DCR operation done at free or subsidized of cost.

Human Resource Development Program (HRD)

Quality medical and non medical staffs are essential to provide quality services to the patients. In Bangladesh it is not available and we are to develop them by our efforts. During the reporting period it was expected to train for 3 medical staff for better performance. Accordingly we have implemented two ophthalmic Paramedic Certificate Course and One Ophthalmic Paramedic in Refraction training Course as per expectation.

14. Aims/goals/targets and measures planned for coming project year.

| SI | Activities | 01 Jul'19 to 31 Dec' 2019 | 01 Jan'20 to 30 Jun'20 | Total |
|----|--------------------------------------|------------------------------|---------------------------|-------|
| 1 | Screening Eye Camp (SEC) | 11 | 09 | 20 |
| 2 | School Sight Testing Program (SSTP) | 20 | 20 | 30 |
| 3 | Teachers Demonstration Program | | 1 | 1 |
| 4 | Poor Patient Support Scheme | going on | going on | 1 |
| 5 | Primary Eye Care Centre (PEC) | going on | going on | 1 |
| 6 | Human Resource Development (Medical) | 3 | | 1 |

15. Interim Statement of Accounts (un-audited) Please See Annexure.

Un-audited statement of accounts is enclosed and auditing activities of the project accounts are ongoing. After completion of audit activities, audited statement of accounts will be forwarded.

(M. A. Masud Bhuiyan)

Hony. General Secretary Mazharul Haque BNSB Eye Hospital, Chandpur.