

Creating Eye Care Services for Rural People in Bangladesh

Ispahani Islamia Eye Institute and Hospital



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Ispahani Islamia Eye Institute and Hospital - otherwise known as Islamia - was established in 1958 by the late M.A. Ispahani, an industrialist and philanthropist. It began as a charitable dispensary that in 1960 developed into an eye hospital, the first of its kind in Bangladesh. Apart from its basic ophthalmic services, it also pioneered various tertiary ophthalmic sub-specialties.

Over the years, Islamia has established itself as a leading ophthalmic organization in Bangladesh for providing specialized services and offering training courses. Over the last two decades this hospital has educated hundreds of doctors to do specialized surgery and investigative techniques that can help save or restore sight.

Our Mission, as a non-profit institution, is to provide the finest services in eye-care to all sections of society, especially who cannot afford to pay. Over the years, most patients treated at Islamia came from economically – deprived segments of the society.



- Total population: 160 million
- Densely populated
- 20% live on <1\$/day
- 700,000 -750,000 blind people

Islamia is determined in restoring sight to the poor as well as help others throughout Bangladesh. This is accomplished in two ways—one, by educating and developing ophthalmic specialists so that they can take their expertise to other centres and to the rural areas, and, two, by establishing branch hospitals in towns away from Dhaka where there is a great need for ophthalmic care. Three of these branch hospitals are now in operation (Jamalpur, Barisal, and Naogaon).



IAPB Council of Members 2014

Project entitled “Creating Eye Care Services for Rural People” is the first rural eye care project of Ispahani Islamia Eye Institute & Hospital with the support of ORBIS in Bangladesh. The goal of the project was to contribute in the reduction of avoidable blindness in Bangladesh by creating access of rural population to quality and sustainable eye care services in three underserved districts. Islamia has been succeeded to expand its service to the underserved districts like Jamalpur, Barisal and Naogaon from Dhaka, the capital of this country.

Islamia established a branch hospital in Barisal Division which has been providing eye care services since July 2009 aiming to address the problems of cataract and refractive errors of the region, the major causes of blindness. The hospital is located in the southern part of the country. The areas are very difficult to reach as they are surrounded by rivers and canals. Besides, the transportation system especially during the rainy season is so bad that people in the area avoid commuting. The demand for eye care services is very high in these areas as there are very few eye care service providers. Poverty accounts for one of the major constraints in utilization of the available eye care services. Lack of awareness about the cataract surgery, high cost of the surgery, fear of operation, lack of accompanying persons especially in case of old patients, lack of transport and the distance are some of the factors that prevent people in utilizing the available services. Besides, utilization of services also varies with seasons and others.



Islamia entered for a collaborative effort with The Fred Hollows Foundation to provide general eye care and perform small incision cataract surgeries in 5 districts of Barisal Sadar, Bhola, Patuakhali, Barguna and Pirojpur from January 2013 till December 2015.

The collaboration agreement is supporting successful implementation in reaching the ultra poor for eye care services in 5 districts in the southern part of the country, “Hard to Reach” areas. During 2013, Barisal branch of Islamia performed 6,000 plus surgeries and helped in restoring sight to the blind people.

Manpura, is a small island, sub-district of Bhola district located in the Bay of Bengal. Area of Manpura is 373 square kilometers and has a population of 76,582 (Census 2011). It takes 2 hours by Sea Truck from Tajumuddin and One and half hour from Charfassion, the nearest places from where limited water transports are available. But, this transport is not available during the rainy season and most of the time when the sea is rough. Manpura is 140 kilometers from Barisal and it takes five hours to travel from Barisal to Charfassion sea point (Betua) by bus. From Betua it takes one hour and a half to reach Manpura by water transport. Directly it takes 10 hours plus from Manpura to Barisal by Trawler.

One 19 bedded Upazila Health Complex Hospital is providing services to the people of the island. There are only 2 medical officers and one nurse in the hospital. There is an OT room but without any autoclave, OT table and air-Conditioner. Having electricity is a nightmare. The power supply is only available from 6pm to 1am in the mid night. There is a small old generator in the hospital but goes frequent disorders.

According to blindness survey 2001, there are estimated 383 (0.5% of population) cataract cases in Manpura. It was a challenge for Islamia team to organize eye screening camps in Manpura. A team of 2 persons visited Manpura on February 9, 2014 to organize the screening camp and do promotional activities. They met local officers from the Government, NGO staff and leaders and shared that Islamia is planning to organize screening camps there.



It was decided through discussion to hold 2 screening camps in 2 locations on 2 successive days to cover entire area. It was decided to hold the camps on February 13 and 14, 2014. Promotional activities were undertaken with the help of local NGO staff.

Our medical screening team consisting of 2 doctors, project coordinator, one organizer, 5 support staff started from Barisal on February 12 at 5 am from Barisal and arrived at Manpura at 4 pm.

Screening camps

The medical team conducted 2 screening camps one on February 13 and the second one on February 14, 2014. On February 13, 2014 a total of patients 351 patients were examined out of which 92 were identified as cataract cases and 373 patients were screened of which 82 were identified as cataract on February 14, 2014.



Counseling was given using flip chart to each of the identified cases on the treatment of cataract and mentioned that simple surgery will give them their sight back. Following counseling a total 92 identified cataract cases agreed to come to Barisal for surgeries. Many of the identified cases refused to come for surgeries as they have very negative experiences of surgeries done previously by some organization in the past.

Transportation of identified cataract cases to Barisal

Considering the travel on sea truck, road and ferry services our team decided to hire Trawler (sea going boat) to transport the identified cases directly to Barisal for the surgeries. It took eleven hours plus from Manpura to Barisal.



Surgeries

Following arrival of the cases into the base hospital Barisal, routine investigations were done and the cases were examined by the ophthalmologists. Pre-operative vision test was done for all cases and recorded. The cases were prepared for surgeries on next day. A total of 94 cases received cataract surgeries on February 15 and 16, 2014. Visual Acuity on discharge was measured and recorded. A total of 75 (80%) cases had their vision between 6/6 to 6/18 after 24 hours of surgeries.

Post surgical Follow up

Post surgical follow up was organized at Charfassion between 7-10 days of surgeries. Our medical team was sent to Charfassion for post-surgical follow up to ensure maximum return of the cases for follow up. A total of 83 cases reported for follow up at Charfassion. A total of 72 (76%) cases had their vision between 6/6 to 6/18.

Successive follow ups (between 4-6 weeks after surgeries) were organized for the same cases at Charfassion March 17, 2014 and at Manpura on March 26, 2014. A total of 79 (84%) cases had their vision between 6/6 to 6/18.

Challenges

Organizing screening camp at Manpura from Barisal was difficult for its long distance and mode of transport. Houses were scattered. Motivation of identified cases for surgeries was another challenge for the medical team as the patients were afraid of surgeries. The biggest challenge was to arrange and ensure post surgical follow ups.

Learnings

- Involvement of local NGOs and other clubs were very much helpful in organizing the screening camps.
- Inclusion of contact number (cell phone) during admission resulted to increased attendance in successive follow ups.
- Effective counselling by hospital team members and coordination with local NGOs/clubs is important in ensuring return for follow up as per schedule.

Future Plan

Islamia is committed to provide services to the people of Manpura. From our first effort we succeeded to provide services to almost 25% cases of the island. Another 75% of the potential cataract cases need surgical intervention. We are planning to conduct 2 more such camps in Manpura during November and December 2014 in identifying the potential cataract cases and provide free surgeries to them in restoring their sight and thus removing the cataract backlog from the island sub-district.

