

## Vision Bangladesh's Experiences in Implementing Eye Health Services

by

Mr. Mohammad Mamdudur Rashid, BRAC Bank Limited

*Presented at the Public-Private Dialogue 2015 Workshop  
(Copenhagen, March 10-13, 2015)*

### 1- Background and Context

Bangladesh is one of the high disease burden countries in the world from ocular morbidity with tremendously low cataract surgery rates (CSR) per million population per year. It is estimated that the prevalence of blindness in Bangladesh is 1.53% among the population aged 30 years and older<sup>1</sup>. The prevalence of blindness is much more among population who are 50 years and above. Cataract is responsible for 80% of blindness, making it the leading causes of blindness. Every year 150,000 new cataract cases are added with the current backlog. The current cataract surgery coverage meet only one third of the total needs of the country.

The impact of blindness at individual level is extremely serious. If someone is unable to work, they may not be able to support themselves or contribute to their family for economic development.

As a signatory to the 'Vision 2020: Right to Sight' global campaign, Bangladesh is committed to eliminate avoidable blindness from the country by the year 2020. This makes the goal of the proposed program particularly relevant: to facilitate and lead a national level programme, in partnership with the Government of Bangladesh, international and national NGOs and other stakeholders in attainment of the Vision 2020 goal for Bangladesh.

Vision Bangladesh is a joint venture of National Eye Care (NEC), Ministry of Health and Family Welfare of the Government of Bangladesh; Sightsavers and BRAC. The design and implementation of the project is in accordance to the National Eye Care Plan for implementation and achievement of the Vision 2020 goal in Bangladesh. Through development of a sustainable public-private partnership, the programme integrates Eye Health Care with the existing health care facilities, creating easily accessible comprehensive eye care services for those who need it

---

<sup>1</sup> Bangladesh national blindness and low vision survey report (Br J Ophthalmol 2003;87:820-828 doi:10.1136/bjo.87.7.820)



The project is now in its 2<sup>nd</sup> phase. In the 1<sup>st</sup> phase, the project was implemented at Sylhet division from 2011-2013 with a target to perform 100,000 cataract surgeries. The second phase of the project is implementing at 11 City Corporations of the country from July 2013 – December 2015 where the target is to perform another 100,000 cataract surgeries. Besides, another phase named ‘Vision Bangladesh: District Eye Care Project’ has started from 2015 for a period of 5 years to perform 500,000 cataract surgeries from Khulna, Rajshahi and Rangpur divisions.

## 2- Partnership, Structure and Processes

In the project, the partnership has been grouped in two different categories – strategic and implementation. The partnership has been developed among NEC, Sightsavers and BRAC at strategic level. The strategic partners and private hospital partners jointly developed the implementation level partnership.

Roles of partners: In this initiative, NEC-DGHS is responsible for providing technical and policy level support whereas both Sightsavers and BRAC are responsible for resource mobilisation, programme management, monitoring support and community mobilisation. The responsibility of the hospital partners is to provide quality eye care services.

Operational procedures: The operation of the project starts after the signing of the agreement among the partners. Project activities were initiated through joint planning meeting with all the partners where action plan have been developed. At beginning, field staffs and the community health workforces were trained on primary eye care for skill development. A demand for eye care services has been created through systematic activities at community level like health forum, meeting, workshop etc. Because of those mobilization activities people became aware about eye problem and started coming to patient screening programme (PSP) for eye check up. After completion of the pre-operative investigations, the eligible cataract patients have been provided with cataract surgery. Necessary supports have also been provided to the hospital partners through quality monitoring and supervision to help them for ensuring better eye care services.

## 3- Results so far

In the 1<sup>st</sup> phase of the project, a total of 8,132 community health workers including 6,143 from BRAC and 1,989 from government’s community clinic were trained on primary eye care. A total of 25 eye corners were established. For delivering eye care services from the eye corners, a total of 17 SACMO (Sub Assistant Community Medical Officer) and 27 MO (Medical Officer) received Refraction and PEC training, respectively. 2,143 eye camps (PSP) were arranged and 985,684 patients were examined. A total of 109,771 cataract surgeries were performed.

In the second phase of Vision Bangladesh, a total of 6,318 community health workers have been trained on primary eye care up to December 2014. 1,554 eye camps (PSP) have been arranged



and 187, 774 patients have been examined. A total of 47,067 cataract surgeries have been performed during the project period.

#### 4- Expected Results

Through implementation of the project, the capacity of the community health workers (CHWs) has been developed in identification and referral of eye patients. As the CHWs are the local inhabitants of the community, so even after phasing out of the project, the referral mechanism would exist in the community. Besides, the Upazilla Health Complex (UHC) and District General Hospitals have become functional through this PPP initiative. On the other hand, capacity of the NGO/private hospitals has been improved through this partnership. So, the referred eye patients would receive eye care services from these facilities after the phasing out of the project. Through this initiative, it is expected that 550,000 more cataract surgeries would be performed during the next 5 years through 37 public and private hospitals. It is also expected that the cataract surgery rate (CSR) would be raised to >3,000 which currently is the major concern of the government to achieve the national eye care plan by 2020.

#### 5- Private Sector Growth Component

As the NGO/private hospitals are the direct implementing partners of this project, the capacity of the partners have been developed for ensuring the quality of services. The strategic partners of the project monitor the project activities on regular basis. Based on their recommendations, respective partners have taken initiatives for their improvements. The project has been providing the safety net support for the poor and ultra-poor people of the community. Around 75% poor and ultra-poor people have been provided direct supports from the project either at free or at subsidized rate.



## Biographies of Authors:

**Mr. Mohammad Mamdudur Rashid** joined BRAC Bank in December 2009. He has been in financial services for 19 years out of which 15 years have been in banking, a career that began in 1995 with Citibank-Bangladesh. In his banking career that covers multiple cultures across Bangladesh, India and Australia. M.M. Rashid managed a number of functional areas covering Finance, Operations, Credit Administration, prior to joining BRAC bank, M.M. Rashid was the Head of planning and Analysis for Citibank-Australia and New Zealand for its institutional banking business.

He held numerous other senior management positions of Citibank including that of Chief Operating Officer of Citibank-Bangladesh during 2001-2005. He completed his MBA from the institute of Business Administration (IBA) of Dhaka University as Vice Chancellor's Gold medalist and his MA in International Economics and Finance as a Fulbright Scholar from Brandeis University of Massachusetts, USA. In his multifaceted career, M.M. Rashid has been a Lecturer of Finance in IBA, a Merchant Mariner and has won the President's Gold Medal of Marine Academy in 1985.