

September 24- 26, 2009, Madurai, India

## National Eye Care Plan, Bangladesh.

Presented by:

**Prof. Deen Mohd Noorul Huq**

Director Cum Professor,  
National Institute of Ophthalmology and Hospital,  
Dhaka

&

Line Director,

National Eye Care, Bangladesh

## Service Delivery: Disease Control (Annual)

Disease	Target set(2011)	Actual * 2008	Percent age
Cataract (CSR)	1500	1100	73
Refractive errors (Spectacles delivered )		200,000	
Diabetic Retinopathy (Patients identified & Treated)		Not Achieved	
Paediatric Eye Care (No of children treated )	2500/year	4000	160
Other			

## Service Delivery: Cataract

- Geographic Distribution:
  - All over the Country through secondary and tertiary service centers.
- Underserved areas:
  - Hilly terrains, Haors, areas with inadequate or no infrastructure.
  - Are dealt with GO-NGO collaboration organizing outreach camps for PSP and treating them at Secondary centers ( GO/NGO).

## Service Delivery: Cataract

- Reasons for low distribution:
  - Lack/ inadequate infrastructure and technology
  - Inadequate trained eye care providers.
  - Mismatch HR and Infrastructure
  - Difficult communication ( Geographical)
  - Lack of awareness among the potential beneficiaries;
  - Poor performance in government sector

## Service Delivery: Cataract

Challenges Faced:

- Lack of motivation and commitment of care providers.
- Retention of trained manpower at the Govt. setup.
- Under utilization of Existing Facilities.
- Poor Coordination Mechanism at national & local level
- Mismatch in infrastructure, human resources and limited training
- Lack of adequate Primary Eye Care
- Economical hardship

## Service Delivery: Refractive Errors

- Geographic Distribution:
  - All over the Country
- Underserved areas:
  - Hilly terrains, Haors, areas with inadequate or no infrastructure.
  - Are dealt with GO-NGO collaboration organizing School sight testing program, outreach camps and prescribing spectacles.

### Service Delivery: Refractive Errors

- Reasons for low distribution:
  - Lack/ inadequate infrastructure and technology
  - Inadequate trained care providers (optometrist/ophthalmic assistants/ophthalmic nurses.
  - Difficult communication ( Geographical)
  - Lack of awareness

### Service Delivery: Refractive Errors

#### Challenges Faced:

- Refraction is not a priority in NECP.
- Absence of qualified Optometrist.
- Inadequate Institutional facilities to produce optometrist.
- Inadequate Primary Eye Care.
- Lack of awareness.
- MLOP cadre not recognized by the government

### Service Delivery: Diabetic Retinopathy

- No organized Government program in existence.
- ORBIS has started piloting Diabetic Retinopathy screening and management in 3 Northern district of the country (Thakurgaon, Bogra, Dinajpur) in partnership with Diabetic association of BD.

### Service Delivery: Paediatric Eye Care

- Geographic Distribution:
  - All over the country through Tertiary centers.
- Underserved areas:
  - Hilly terrains, Haors, areas with inadequate and no infrastructures.
- Reasons for low distribution
  - Only Sightsavers and ORBIS are engaged in Paed. Eye care.
  - The district hospitals and the medical colleges yet to get ready for paed. eye care.

### Service Delivery: Paediatric Eye Care

- Challenges faced
  - Lack of awareness and poverty.
  - Case finding- difficult to find out cases in right time.
  - Gender discrimination.
  - Retention of manpower in Government sector.
  - Maximum drop outs in follow up period.

### Human Resources

(Ophthalmologists/MLEP\*/Manager)  
Target Year:

Category	Target	Current Status	Annual Capacity
Ophthalmologists	1440	700	30
MLOPs	2880	1000	?
Manager	?	?	?

\* MLOP includes ophthalmic assistants, optometrists, opticians

## Human Resources

(Ophthalmologists/MLOP\*/Manager)

- Distribution for HR:
  - Ophthalmologists are posted at tertiary, Secondary and very recently at some primary centers.
  - Policy decision under process for placement of MLOPs and managers.
  - Eighty percent (80%) patients live in rural areas and 80% ophthalmologists live in urban areas.

\* MLOP includes ophthalmic assistants, optometrists, opticians

## Human Resources

(Ophthalmologists/MLOP\*/Manager)

- Reasons for low distribution in specific area:
  - Inadequate training institution and facilities.
  - Lack of policy in human resource management.
  - Motivation and commitment of the care providers.
  - Absence of an ideal model for the district level eye care services.

\* MLOP includes ophthalmic assistants, optometrists, opticians

## Human Resources

(Ophthalmologists/MLEP\*/Manager)

- Training capacity (annual output)
  - 30 ophthalmologist- through training centers
  - 50 ophthalmic nurses- through training centers
  - On the job training
- Challenges:
  - No policy for HRM and HRD.
  - Lack/Inadequate infrastructure and facilities.
  - Retention of manpower in Govt. sector.
  - Inadequate support staff.

## Infrastructure Target Year:

Category	Target	Current Status
Primary		Achieved
Secondary		Achieved
Tertiary		Achieved

## Infrastructure

- Distribution:
  - Uniform distribution with exceptions of few difficult terrains.
- Not covered area & reasons:
  - Hilly terrains and Haor area due to difficult communications.
- Challenges:
  - Lack of policy regarding infrastructure (OPD, OT, In patient department etc.) development and management.

- Presence of National body/structure for Implementation- Govt. or Non Govt.

- BNCB and National Advisory committee of Vision 2020 in existence and functioning.

### INGO's active in eye care Program

- Sightsavers International,
- ORBIS International,
- Fred Hollows Foundation,
- CBM,
- Hellen Keller International

### Govt. Commitment (Budget allocation & HR support)

- Country Blindness prevention program undertaken by the Government .
- Six years(2005-2011) Budget allocation:
  - 2038.32 Lacs taka (US\$3 million)
- National Eye Care (Blindness Prevention Operational plan) incorporated in the HNPS in 2005.

### Govt. Commitment (Budget allocation & HR support)

- The ongoing Blindness prevention Program (National Eye Care) most likely to be extended after 2011.
- Human Resources in primary, secondary and tertiary service centers (Public) are being trained (mainly on the job) and engaged in the National Blindness program activities.

### Neglected areas in the Plan

- Safety net for the poor patients.
- Post for the eye care managers and counselors.
- Guideline for management of Refractive errors nation wide.

### Neglected areas in the Plan

- Central support unit at line Director's office.
- Private Public Partnership.
- Resource mobilization and utilization at service center level.
- Bio medical engineering sections.

### Key Challenges Faced during Implementation of PLAN

- Retention of trained manpower in position.
- Poor referral system.
- Poor reception and difficult access to service center.
- Complicated system of Fund release.
- Financial Authority – Fund raising and utilization at the service center level..
- Lack of awareness.