

REPORT ON Post-Training Follow Up

Training on
Integrated Primary Eye Care Approach
for Rural Medical Practitioners

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Background

Eye care services are virtually absent in rural communities and upazila levels as primary eye care is yet to be developed in the country. There are 141 secondary hospitals (50% in the government, 40% in the NGOs and 10% in the private sector) that provide eye care in the country. The ophthalmic education training facilities have been developed so far to cater to the needs of the doctors mainly; not much for the mid level eye care professionals, such as nurses, optometrists, opticians, paramedics, program managers, etc. Given the first line of contact, the informal care providers especially the traditional healers, village doctors and community health care providers can play pivotal role in healthcare services including eye-care support to village people.



In the above context, icddr,b, Orbis International and faith Bangladesh joined in a collaborative effort on a pilot basis to train Rural Medical Practitioners and help improve primary eye-care services to the community. This joint initiative was known as "Training on Integrated Primary Eye Care Approach for Rural Medical Practitioners". The daylong training program was

initiated on November 18, 2015 and completed on February 1, 2016. In total, 207 RMPs (204 males and 3 females) were trained in 7 batches.

As a part of training evaluation, 10% of the trained RMPs were followed up after 6 months of training completion. The purpose of this report is to document and share the experiences of post training follow up of the joint initiative and provide recommendations for the future.



Post-Training Follow Up

What was offered during training?

The training was started with registration of participants followed by inauguration, digging out expectations, pre-test, session conduction, post-test, course evaluation including feedbacks from the participants; and was ended by giving a certificate of participation and training module. The contents delivered through interactive sessions were blindness situation, basic anatomy and physiology of human eye, common eye diseases, primary examination of eye, primary management, referral and prevention of eye problems.



How the training follow up was conducted?

To accomplish follow up activity, 21 RMPs were randomly selected from the training data base for conducting interview over telephone. Informed consents were taken from the selected participants before interviewing and recording of conversations. The questions/topics covered in follow up interview include, among others, how long they were practicing as RMP, their daily patient load (including the adult and under five children), and if there was any change in their approach during patient management and referral, and what did they do when they need any help relating to patient management.

What was found in the follow up?

Of the selected participants, 20 RMPs participated and one did not answer the phone call. After analyzing data using Microsoft Office Excel 2007, we found that the average length of practice of RMPs was 13 years, and in total, 377 patients were seen by RMPs in a day. The average patient load per day was found to be 19. The patients with eye diseases were 47(12%of the total patients). Of them, under 5 children were around 21% (Figure-1).

In terms of change in their approach to patient management, all RMPs claimed to be confident in providing primary eye care and timely referral. Also, it was found that about 80% of those interviewed, maintain communication with registered physicians whenever they felt any knowledge gap in their practice.



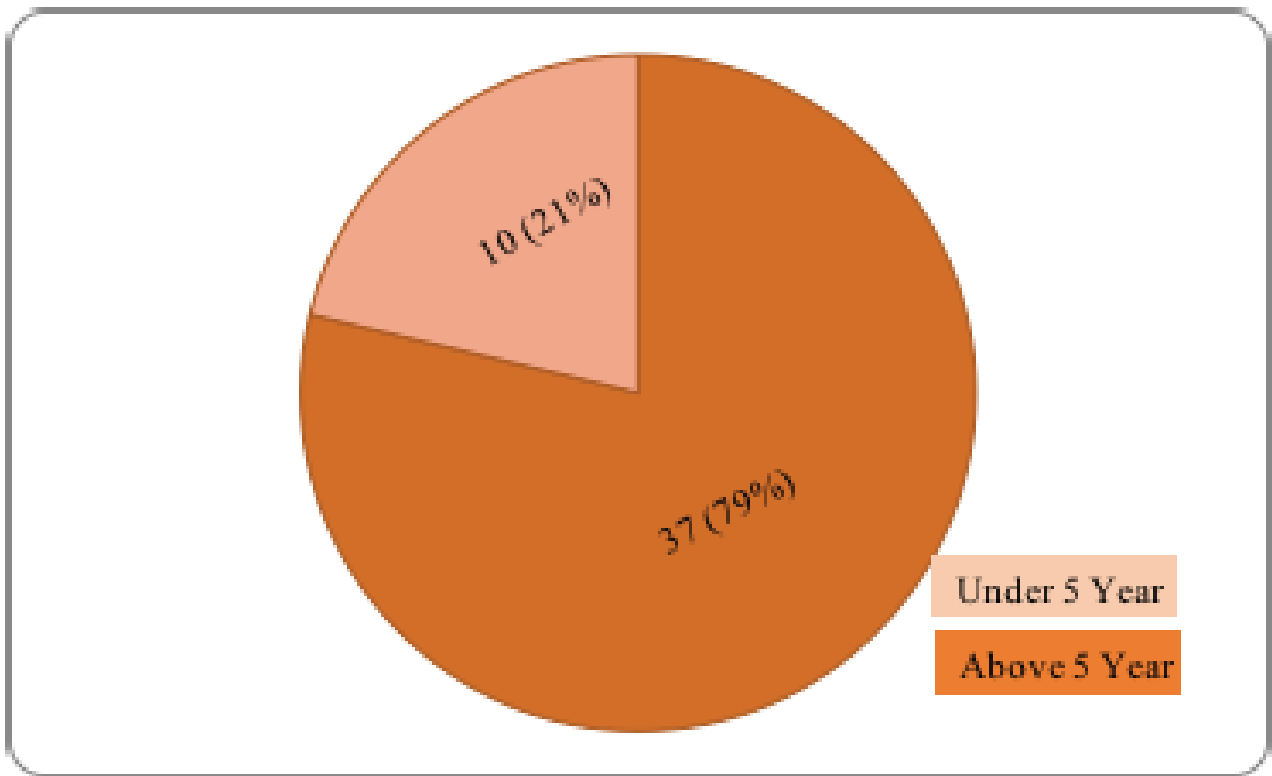


Figure-1: Percentage of patients with eye problems according to age

Few Translated Verbatim Quotes of Participants during Follow Up

"Now we can diagnose eye problems properly and refer patients in time before it is too late. We would be very much thankful to the organizers if they could arrange training program in future with longer duration"

"The training was very beneficial for me. Now I understand which eye diseases are complicated and need immediate treatment, and thus can take steps in time."

"This training helped us a lot. We came to know about the rational use of drugs. I sometimes read the module provided at the training and try to keep myself updated. My humble request is that; please continue such training for all village doctors for the benefit of poor people"



“We were in absolute darkness in some aspects of eye diseases before this training. We had training in other places as well. But they always skipped the eye part and told us that it is not for us, and we do not need to know about it. But the training at icddr,b taught us in details about eye problems and gave us a module. It was really very helpful”

Conclusion and Recommendations

Based on the follow up findings, especially their verbatim feedbacks, it was clear that RMPs were benefited from this training. As evident from their verbatim responses, following recommendations may be made:

- The “Training on Integrated Primary Eye Care Approach for Rural Medical Practitioners” should be continued to cover all RMPs in the country in order to deliver primary eye care services in the rural Bangladesh where formal primary eye care is not available.
- The trained RMPs should be utilized to create a referral linkage between eye care hospitals and the rural community.