Light for Bangladesh

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The World Health Organisation estimates the number of blind persons in Bangladesh at around one million (out of the total population of ninety million.) The annual increase in the number of the blind is probably around thirty thousand (some estimate fifty thousand). Of these, seventeen thousand are children.

Apart from Xerophthalmia — the result of malnutrition in children — the major cause is cataract, which in developed countries is caused almost exclusively by age, but which in Bangladesh often occurs in early years. Experts estimate that eighty percent of the cases of blindness are preventable or curable.

To cope with this multitude of blind people there are only forty-eight eye-doctors. The country's sixty-eight thousand villages are without a doctor or a chemist's store. Most of the villagers die without ever having consulted a doctor. Dire financial straits and the lack of facilities make a journey to the doctor impossible for most villagers. To be sure, this is a medical problem. But a blind person is, in this neediest of countries, also a social problem. He is excluded from any form of employment (special training is as good as unknown) and is an enormous burden on family, village and nation.

Since the country's independence in 1971, two local eye-doctors, Dr. Rabiul Husain and Dr. Das, have been trying to tackle this problem of blindness on a nationwide scale. The 'Bangladesh National Society for the Blind' was founded and was initially assisted by the Royal Commonwealth Society for the Blind in the United Kingdom. However, the great breakthrough for the blind in Bangladesh did not come until 1974. This is how it happened:

The two chairmen of Andheri-Hilfe e.V., Bonn, West Germany (Rosi Gollmann and Dr. Martin Bodewig) were, during a project visit, confronted with the widespread blindness in Bangladesh. They decided to tackle this heartrending problem regardless of the difficulties. This was no easy task for a small organisation which had as its aim assistance for needy children and support for underprivileged families and underdeveloped villages in India. There was absolutely no expertise, no project partner in Bangladesh and no money available. But, despite all misgivings, Andheri-Hilfe has brought 'Light to Bangladesh'.
Together with the Bangladeshi partners a comprehensive programme was drawn up:

1) Treatment of the curable blind
   a) through the setting up of base eye-hospitals
   b) through the holding of eye-camps

2) Preventive steps against the onset of blindness
   a) by means of eye tests in schools
   b) by informing the public.

1. Treatment of the curable blind

a) Base eye-hospitals

In order to make possible comprehensive eye-care, base hospitals had first to be established in urban centres. For this purpose the BNSB, supported by the local government, applied for buildings which could be used as hospitals with between twenty and twenty-five beds. Andheri-Hilfe bore the costs of equipping the hospitals, as well as the medicinal needs, and also paid the staff wages.

Chittagong, Dhaka, Khulna and Dinajpur were the first base hospitals. These gave eye treatment to indoor and outdoor patients in their respective urban areas, but aimed above all at giving treatment in the villages around.

b) Eye-camps

These mobile eye-camps are run for 10 days from the respective base hospital. At the time of year in which the extreme heat or torrential monsoon rains prevent the eye-camps from being held, the base hospitals' medical teams turn their attention to other activities, namely:

2. Preventive steps against the onset of blindness

a) Eye-tests in schools

- In the case of disease caused by malnutrition, vitamins are distributed;
- In the case of weak eyesight, spectacles are fitted;
- Where there are more serious complaints, treatment, either on an indoor or outdoor-patient basis, is given in the base hospitals.

b) Informing the public

Wherever possible this is carried out
- through teachers, as multipliers;
- in school-books and through posters;
- at the eye-camps;
- via mass media,

because in many cases it is ignorance and the lack of eye-care which cause eye damage and blindness.