CASE STUDY

Initiative

Assessing TMSS Health Interventions

TMSS Health Research Foundation (THRF)

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January, 2026

CASE STUDY

Eye Mitra Initiative

Assessing TMSS Health Intervention

A Publication of

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2026

Study Year
2025-26

Chief Parton
……
TMSS, Bangladesh

Ownership
TMSS, Bangladesh

Cover Page
Research Team, TGHS.

PUBLISHED BY (OFFLINE & ONLINE)

THRF, TMSS Grand Health Sector,
TMSS Medical College & *Rafatullah* Community Hospital,
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Year- 2026
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2026

Acknowledgement

This study owes its completion to the generous guidance, support, and collaboration of many distinguished individuals and institutions. I express my deepest respect and heartfelt gratitude to Prof. Dr. Hosne-Ara Begum**,** Ashoka Fellow, PHF, AKS, and Chairman, TMS**S**, whose visionary leadership, compassionate philosophy, and unwavering commitment to social development have continually inspired this work. Her encouragement and guidance created an enabling environment that made this research possible.

My sincere appreciation extends to Dr. Md. Matiur Rahman, MBBS, PhD.**,** DED-2 and Chief of Health Sector, whose constant support, intellectual insights, and dedicated supervision strengthened the quality and direction of this study. I am also profoundly grateful to the Coordinator, STRCP**,** Eye Mitro Initiative and to the Heads of the TMSS Physiotherapy & Rehabilitation Center and the TMSS Limb Center for their cooperation, valuable inputs, and facilitation throughout the research process. Their professional commitment to serving vulnerable population has been an invaluable foundation for this work.

I convey special thanks to the parents of all children and the honorable respondents, who generously shared their time, experiences, and perspectives. Their trust, openness, and lived realities form the heart of this research, and their contributions are acknowledged with deep respect.

My gratitude further goes to the Research Team Members of the TMSS Health Research Foundation (THRF), Md. Kaoser Bin Siddique and Binu Adhikary whose persistent efforts, teamwork and dedication ensured the smooth execution of field activities, interview conduction and analysis. I am equally thankful to all the Fellows of THRF, Mr. Shahriar Ali, Noman Khan and Rabeya Begum whose collaboration, intellectual discussions and moral support enriched the research journey in meaningful ways.

To all who have contributed directly or indirectly to this study, I extend my sincere thanks and appreciation. Your collective support has made this work not only possible but deeply fulfilling.

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ABBREVIATIONS

DAC – Development Assistance Committee
DED – Deputy Executive Director
EMO – Eye Mitro Optician
IDI – In-Depth Interview
LMICs – Low- and Middle-Income Countries
NGO – Non-Governmental Organization
OECD – Organization for Economic Co-operation and Development
PHF – Public Health Foundation
RCH – *Rafatullah* Community Hospital
SDGs – Sustainable Development Goals
TGHS – TMSS Grand Health Sector
THRF – TMSS Health Research Foundation
TMSS – Thengamara Mohila Sabuj Sangha
TMC – TMSS Medical College
UHC – Universal Health Coverage
WHO – World Health Organization

GLOSSARY

Case Study

An in-depth qualitative research approach that examines a phenomenon, program, or individual within its real-life context using multiple data sources.

Community-Based Health Services

Health services delivered at community level to improve accessibility, early detection, referral, and continuity of care, particularly for underserved population.

Eye Mitro Model

A community eye care approach that trains local opticians to provide basic eye screening, referral, and affordable vision services in rural areas.

Impact (OECD-DAC)

The long-term, significant positive or negative changes—intended or unintended—produced by an intervention.

Purposive Sampling

A non-probability sampling technique where participants are selected based on their relevance and experience related to the research objectives.

Relevance (OECD-DAC)

The extent to which an intervention addresses the priority needs of beneficiaries and aligns with national and global development goals.

Social Reintegration

The process through which individuals regain social acceptance, participation, and dignity following medical or rehabilitative intervention.

Sustainability (OECD-DAC)

The likelihood that the benefits of an intervention will continue after external funding or support has ended.

Universal Health Coverage (UHC)

A health system goal ensuring that all individuals receive needed health services without financial hardship.

EXECUTIVE SUMMARY

Introduction

TMSS, a leading non-governmental organization in Bangladesh, is recognized as one of the largest women's organizations in South Asia. As a women-driven institution, it prioritizes women's empowerment by placing women at the center of family and community development through the HEM model, addressing social exclusion, injustice, and unequal economic distribution. TMSS has established thousands of women's associations nationwide, providing support and opportunities for marginalized women facing multiple deprivations. Its multifaceted interventions have benefited millions of families by improving economic conditions, education, health awareness, and overall well-being. Moreover, TMSS has developed extensive capacity-building, educational, and health institutions and now functions as a social movement aligned with the Sustainable Development Goals under the principle of "no one left behind."

TMSS Grand Health Sector (TGHS) is one of the largest health programs in Bangladesh, operating since the 1980s with a vision to serve marginalized populations, particularly in northern regions. It delivers doorstep primary health care and expands access through secondary and tertiary health institutions, including hospitals and a medical college. TGHS has institutionalized health care delivery by producing over 7,000 health professionals, including doctors, nurses, and health technologists. This study examines selected cases across TGHS programs to assess their impact on the lives of service recipients and contributions toward achieving SDG 3.
Ensuring equitable access to quality healthcare remains a persistent challenge in low- and middle-income countries, particularly for population affected by poverty, disability, geographic marginalization, and social stigma. In Bangladesh, despite notable progress in health indicators, structural inequities continue to limit access to essential and specialized health services for vulnerable groups, especially in rural and peri-urban contexts. In response to these challenges, TMSS Medical College and *Rafatullah* Community Hospital (TMC & RCH), has been implementing a set of integrated health interventions aimed at addressing preventable disability, functional impairment, and avoidable social exclusion.

Methodology

This study adopts a qualitative multiple case study design to capture in-depth, contextualized evidence of intervention outcomes. Information and Data were collected through in-depth interviews with service beneficiaries and caregivers, direct observation of service delivery processes, physical visits to service-takers houses at rural areas, and review of institutional documents and service records. Purposive sampling was used to select beneficiaries from Naogaon and Bogura districts who took services from TMC & RCH, representing diverse age groups, genders, and health conditions.
Triangulation across data sources were enhanced the credibility and trustworthiness of findings. Thematic analysis focused on clinical outcomes, functional independence, psycho-social well-being, accessibility, continuity of care, and perceived dignity and social inclusion. Rather than relying solely on biomedical indicators, the methodology emphasized human-centered impact pathways, capturing how integrated health services reshape individual life trajectories within constrained health system contexts.

TMSS Eye Mitro Project

This is a community-based health initiative in Bangladesh designed to address the critical gap in primary eye care within rural and underserved regions. By training local youth and entrepreneurs as **Eye Mitro Opticians (EMOs)**, the program mitigates systemic barriers such as the shortage of trained personnel, high costs, and inadequate infrastructure. This summary synthesizes the professional transformations of four individuals Abu Talha Ronju, Md. Rezwanur Rahman, Md. Ashraful Alam, and Md. Nure Alam Siddiki highlighting the project's dual impact on public health and socio-economic empowerment.

Core Objectives and Model

The project operates on a "door-step" service model, decentralizing vision care from urban hubs to village intersections. The EMOs are equipped through:

- **Structured Training:** A two-month competency-based curriculum covering primary vision assessment, refraction, spectacle dispensing, and patient ethics.
- **Entrepreneurial Support:** Provision of diagnostic equipment (valued at approx. 60,000 BDT), initial optical stock (approx. 32,000 BDT), and shop branding.
- **Clinical Mentorship:** Weekly visits from specialized Ophthalmologists to ensure service quality and provide professional legitimacy.

Key Findings and Impact

1. **Socio-Economic Mobility:** The project has successfully transitioned individuals from positions of chronic unemployment or unstable informal labor into respected healthcare professionals. For instance, participants report average monthly earnings of 30,000 BDT ($250), providing household resilience.
2. **Public Health Accessibility:** By establishing local centers, the project removes the need for rural patients to travel 50+ kilometers to cities for basic vision tests. Some EMOs serve up to 8,000 patients annually, significantly improving the early detection of refractive errors.
3. **Inclusivity and Gender Equity:** The localized model particularly benefits women and children, who are often the most neglected regarding health expenditures in rural households. EMOs also engage in school screenings to address unmet vision needs in students.
4. **Resilience:** During the COVID-19 pandemic, the project provided emergency grants and stock replenishment, ensuring that essential health services remained available despite economic disruptions.

Alignment with SDGs and National and International Targets

The interventions that have been operated by TMC & RCH are closely aligned with the Bangladesh National Health Policy (2011), the 8th Five Year Plan (2020–2025), and the national commitment to Universal Health Coverage. Internationally, they support SDG targets on preventable disability, health equity, inclusive education, decent work, and disability rights, as well as WHO priorities on rehabilitation and healthy ageing. It also contributes TMC and RCH's Policies and operational modes that is highly linked with next strategic and business plan.

Recommendations and Policy Briefing

Policy Recommendations

1. **Formal Recognition of the EMO Cadre** The government should consider integrating the Eye Mitro Optician (EMO) model into the national primary healthcare framework. Formalizing this role would standardize care and provide the professional legitimacy needed to overcome initial community skepticism.
2. **Incentivizing Rural Health Entrepreneurship** To replicate the success of the Eye Mitro project, policy-makers should facilitate low-interest micro-loans or start-up grants for health-tech graduates. The case studies prove that providing initial capital (equipment and stock) is the primary hurdle for qualified rural youth.
3. **Mandatory Continuous Professional Development (CPD)** As technology evolves, EMOs require refresher training to maintain service quality. A policy mandating biennial certification updates in collaboration with institutions like TMSS Medical College would ensure long-term patient safety.
4. **Public-Private Partnership (PPP) Expansion** The collaboration between TMSS, Essilor, and the Business Partnerships Platform (BPP) serves as a successful blueprint. The Ministry of Health should encourage similar PPPs to scale the model across all northern districts and eventually nationwide.

Strategic Implementation Points

- **Countering Public Skepticism:** Initial resistance from local communities and competing businesses can be mitigated through government-endorsed awareness campaigns highlighting the referral-based nature of EMO services.
- **Targeting Vulnerable Demographics:** Future iterations should explicitly mandate school-based screenings and female-focused "Vision Days" to ensure no demographic is left behind.
- **Infrastructure Synergy:** Utilize existing community centers or local markets (Bazaars) as hubs for EMO shops to maximize accessibility.

Summary for Policy Makers

The Eye Mitro model is a scalable, cost-effective solution to the rural eye-care crisis. It shifts the burden from overstretched urban hospitals to trained local entrepreneurs, fostering a "wealthy and healthy" society through the empowerment of rural youth and families.

Conclusion

Eye Mitro Project demonstrates that health micro-entrepreneurship can simultaneously advance health equity and livelihood security. It transforms "invisible" youth into "visible" community health advocates, creating a sustainable ecosystem for primary eye care.

Introduction & Methodology

1.0. Introduction

TMSS: From NGO to a Social Mover

TMSS, a non-governmental organization operating in Bangladesh, has evolved into one of the largest women-led organizations in South Asia. Founded and driven by women, TMSS places women at the center of family and community development, recognizing their pivotal role in social transformation and sustainable progress. Through this gender-centered development philosophy, the organization has contributed significantly to advancing women's empowerment and social inclusion.

TMSS has consistently applied the HEM (Health, Education and Microfinance) development model to achieve integrated and sustainable outcomes. This model addresses structural social exclusion, social injustice, and unequal economic distribution by combining economic empowerment, social mobilization, education, and health interventions. Through the formation of thousands of women's associations across the country, TMSS has created inclusive platforms for marginalized and socioeconomically deprived women to access support, build collective strength, and actively participate in development processes. These grassroots institutions enable women to move beyond vulnerability toward agency, resilience, and leadership.

Over time, TMSS interventions have benefited millions of families nationwide. The cumulative impacts include improved household economic conditions, increased access to education for children, enhanced health awareness, and measurable improvements in overall well-being. Recognizing that sustainable development requires institutional capacity, TMSS has established a wide range of educational, training, and health institutions. These include Medical Colleges, Hospitals, Nursing Colleges, and allied health education centers, which collectively strengthen human capital and service delivery systems.

Through its scale, continuity, and people-centered approach, TMSS has transcended the conventional role of an NGO and emerged as a social movement advocating for equity, dignity, and social justice. Guided by the universal principle of "leaving no one behind," TMSS prioritizes population at the bottom of the socio-economic hierarchy and aligns its programs with the targets and goals of the Sustainable Development Goals (SDGs), particularly those related to poverty reduction, establish gender equality, promote education, and ensure healthcare.

TMSS Grand Health Sector

The TMSS Grand Health Sector (TGHS) represents one of the organization's most extensive and long-standing programmatic pillars, with implementation dating back to the 1980s. The sector was established with a clear vision of serving marginalized population, particularly those with limited or no access to essential healthcare services in northern Bangladesh. TGHS adopts a continuum-of-care approach by delivering doorstep primary healthcare services while simultaneously expanding access to secondary and tertiary healthcare through institutional development.

TGHS has played a critical role in institutionalizing healthcare delivery by establishing hospitals, a medical college, nursing colleges, and other specialized health training institutes. Through these initiatives, the sector has contributed to the production of more than 7,000 health professionals, including physicians, nurses, health technologists, and allied healthcare workers. This workforce development not only strengthens community-level service provision but also supports national health system capacity.

By expanding access to quality healthcare and human resources for health, the TMSS Grand Health Sector provides a complementary platform that supports government efforts to achieve Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages.

1.2. Study Context

The present study examines multiple cases across selected TMSS programs to assess the impact of these services on the lives of beneficiaries. Through an in-depth analysis of service delivery outcomes and lived experiences, the subsequent chapters present a comprehensive account of programmatic achievements and their contributions to individual, household, and community-level transformation.

1.3. Case Study Research

Case study research was employed to assess the impact of health programs implemented by TMSS and RCH, focusing on multiple interventions including Eye-Mitro project for community eye services. This approach enabled an in-depth exploration of how this program influenced patient outcomes and service accessibility in real-world settings. The study captured the experiences of diverse beneficiaries, particularly women and children, who were directly affected by this intervention. Data were collected through in-depth interviews, direct observations, physical site visits and program document reviews to ensure comprehensive understanding the issues.

The case study design facilitated the triangulation of qualitative data to enhance validity and reliability. It also allowed for contextualized insights into operational challenges and successes. Overall, this research provided evidence of the programs' effectiveness in improving health and functional outcomes in the targeted communities as well as the service provider organization.

2.0. Study Objectives and Research Questions

2.1 General Objective of the Study

To develop a comprehensive analytical framework that integrates theoretical, empirical, and contextual dimensions in order to critically examine the phenomenon under study, assess its multifaceted impacts across relevant population or systems, and generate evidence-based insights that can inform more effective strategies, interventions and policy directions.

2.2 Specific Objective of the Case Study

1. To evaluate the effectiveness and community-level impact of the Eye Mitro model for developing EMOs in improving access to primary eye care services, early detection of visual impairments, referral efficiency, and continuity of care within underserved rural and peri-urban population.

2.3. Research Questions

- How does the Eye Mitro model promotes the EMOs and influences early identification of visual problems, referral completion, and service uptake at the community level?

- How the local people have been benefitted through Eye Mitro project and how it ensures people's access to eye healthcare at rural Bangladesh?

2.4. Rationale of the Study

The rationale of this study lies in the critical need to generate empirical, practice-based evidence on the functioning and effectiveness of integrated health and rehabilitation services in resource-limited, rural settings. Observational methods are particularly suited for capturing complex, real-world processes that are often inaccessible through surveys or clinical records alone (Yin, 2018). By focusing on Naogaon and Bogura districts, the study aimed to assess the impact of the services of the service-takers. The findings are intended to inform health system strengthening, improve program design, and support evidence-based policy decisions related to community-oriented and hospital-linked health service models.

2.0. Methodology of the Study

This case study employed a qualitative research design to generate an in-depth understanding of the participants' experiences and service outcomes. Prior to field activities, relevant program documents were reviewed to contextualize the intervention and refine the data collection checklist. In-depth interviews were conducted with beneficiaries and service providers using semi-structured guidelines. Observations were carried out during service delivery sessions to capture behavioral cues, interactions, and environmental settings. Physical visits to project sites and community locations were undertaken to validate contextual factors and triangulate findings. All interviews were audio-recorded along with note-taking consent and later transcribed for thematic analysis. Field notes and observational records were systematically organized to support interpretation. Triangulation across methods strengthened the credibility and trustworthiness of the results. Besides, one consent form was completed by the respondents before starting the case study.

2.1. Qualitative Research

Qualitative research is a systematic, interpretive approach to inquiry that seeks to explore and understand meanings, experiences, perceptions, and social processes from the perspectives of individuals and groups (Creswell & Poth, 2018). Unlike quantitative research, which emphasizes numerical measurement and statistical analysis, qualitative research focuses on depth, context, and the complexity of human experiences through methods such as in-depth interviews, observations, and document analysis. It is grounded in constructivist and interpretivist paradigms, where reality is viewed as socially constructed and knowledge is co-produced through interaction between the researcher and the participants (Denzin & Lincoln, 2018).

Qualitative research is particularly important in case study designs because it allows for an intensive, holistic examination of a bounded system, such as an individual, organization, community, or program, within its real-life context (Yin, 2018). Case studies benefit from qualitative approaches because they enable the researcher to capture rich, descriptive data about processes, relationships, and contextual influences that cannot be adequately understood through numerical indicators alone (Stake, 1995). Through techniques such as thematic analysis, pattern matching,

and explanation building, qualitative methods help reveal how and why certain outcomes occur, rather than merely identifying whether they occur (Miles, Huberman, & Saldaña, 2014).

In the context of assessing health interventions among patients, qualitative research plays a critical role in understanding patient-centered outcomes, treatment experiences, and the social and psychological dimensions of health and illness. It enables researchers to explore how patients perceive the effectiveness, accessibility, and acceptability of healthcare interventions, including barriers to adherence and facilitators of recovery (Green & Thorogood, 2018). For example, in evaluating surgical, rehabilitative, and community-based health programs, qualitative methods allow for the exploration of changes in quality of life, self-esteem, social integration, and functional independence as experienced by the patients themselves (Pope & Mays, 2006).

2.2. Case Study Method in Present Health Research

Health research increasingly demands methodological approaches capable of capturing the ***complexity of human experiences, clinical processes, and contextual determinants of health systems***. Traditional quantitative designs, although valuable for measuring prevalence, associations, and causal effects, often fall short in explaining *why* and *how* certain health outcomes emerge in real-world settings. The *case study method* a qualitative, contextually grounded approach provides a robust framework for examining contemporary health phenomena within their natural environments (Yin, 2018). It enables researchers to understand lived experiences, organizational behavior, socio-cultural dynamics and the interplay of multiple factors influencing health decisions and outcomes.

Within public health, health services research like TMC&RCH services, clinical practice, and community-level interventions, case studies offer a lens for deep exploration rather than broad generalization. Their strength lies in the ability to examine a bounded system holistically, integrating empirical evidence from diverse sources. This paper provides an academic overview of the case study method, including its definition, importance in health research, rationale for use and scholarly significance.

2.3. Theoretical Perspective of Case Study Method

A *case study* is commonly defined as an intensive, in-depth analysis of a bounded system—such as an individual, group, organization, program, or event within its real-life context (Creswell & Poth, 2018). The term “bounded” indicates clearly identifiable parameters of time, place, or activity that delimit the scope of the inquiry. This methodological approach utilizes multiple data sources, including In-depth- interviews, observations, documents, clinical records and archival materials, to construct a comprehensive and triangulated account of the case.

Yin (2018) characterizes case study research as an empirical inquiry that investigates a contemporary phenomenon within its real-world context, especially when boundaries between the phenomenon and context are not clearly distinguishable. Stake (1995), adopting a more interpretivist orientation, emphasizes the subjective, meaning-making dimension of case study work, arguing that researchers aim to understand the intricacies and uniqueness of a case from the standpoint of participants.

Case studies can be categorized into **(a)** intrinsic case studies, which focus on understanding the case for its own value; **(b)** instrumental case studies, which use the case to illuminate a broader issue; and **(c)** collective or multiple case studies, which compare several cases to draw cross-case insights. This flexibility positions the case study as a highly adaptive design for health research.

Present case study employed a qualitative approach to assess the present impact of TMSS's health projects, including STRCP, Eye-Mitra, Physiotherapy and the Limb Center in the Naogaon and Bogura districts, Bangladesh. Data were generated through in-depth interviews, observations, and physical site visits to capture beneficiaries' lived experiences and service outcomes. Program documents were reviewed beforehand to understand operational structures and historical progress. The analysis focused on identifying changes in accessibility, quality of care, and functional improvement among diverse patient groups. Overall, the case study design enabled a comprehensive assessment of how these integrated health interventions contributed to improved well-being at the community level.

For present study, it used several qualitative techniques for in-depth explanation of the service outcomes. Implemented main techniques were 'In-Depth Interview (IDI), Direct Observation and literature analysis.

2.4. In-Depth Interview (IDI) Technique

The in-depth interview method is a qualitative data collection technique that involved intensive, one-to-one interactions between the researcher and participants to explore their experiences, perceptions, and meanings in a detailed and reflective manner. This method was particularly suited to the present case studies because it allowed for the generation of rich, contextualized data that could not be captured through structured questionnaires alone (Creswell, 2013). The interviews were semi-structured or unstructured, enabling the researchers to maintain a balance between consistency across interviews and flexibility to pursue emerging themes (Kvale & Brinkmann, 2009).

Considering the issues, present study adopted the IDIs as the main techniques for collecting information of the respondents. For STRCP, parents were taken respondents for exposed their experiences on their children. Besides, in other cases as like Eye Mitro, Physiotherapy and Limb rehabilitation; benefitted patients were given their interview directly.

2.4.1. Followed the steps of in-depth interview Process

The implementation of the in-depth interview method followed a systematic and iterative sequence to ensure methodological rigor**. First,** the researcher identified and purposively selected participants who had direct experience with the phenomenon. **Second, an** interview protocol was developed, guided by the study objectives and conceptual framework. **Third,** interviews were scheduled in advance, and informed consent was obtained to ensure ethical compliance**. Fourth,** the interviews were conducted in a neutral and comfortable setting, using open-ended questions to encourage participants to provide detailed narratives**. Fifth,** audio recordings were made, with permission, and supplemented by reflective field notes to capture non-verbal cues and contextual elements. **Finally,** the interviews were transcribed verbatim and analyzed thematically using inductive and deductive approaches to ensure analytical depth and consistency.

2.4.2. Followed a Pre-Arranged Checklist

A pre-arranged interview checklist is a critical tool in the in-depth interview method, particularly within case study research. The checklist functions as a semi-structured guide that ensures key thematic areas are consistently explored across participants while preserving the flexibility to probe unexpected insights (Patton, 2015).

The checklist typically included domains such as participant background, lived experiences, service utilization patterns, perceived outcomes, and recommendations. By adhering to this structured

guide, the researchers maintained methodological coherence, enhanced the comparability of responses, and reduced the risk of overlooking critical themes relevant to the research objectives.

2.4.3. Observation Technique

The observation method is a systematic qualitative research technique used to collect data through the direct viewing of behaviors, interactions, and processes in their natural settings. It is particularly valuable in health and social science research for capturing contextualized evidence of real-world practices that may not be fully revealed through self-reported data (Creswell, 2013). In methodological terms, observation allows the researcher to document both overt actions and subtle environmental or interactional dynamics, thereby contributing to a holistic understanding of the phenomenon under study (Yin, 2018).

This study used observation technique for explaining more than spoken information based on present living condition. Besides, it links between TMC&RCH provided services, outcomes and impact of their lives in a less advantage socio-economic settings.

2.4.4. Followed the Steps of Observation Technique

In this study, a structured participant observation approach was employed to minimize researcher interference while maintaining analytical focus. The method followed a sequential series of steps to ensure accuracy and consistency. **First,** the research objectives were translated into observable indicators, and an observation protocol was developed based on existing literature. **Second,** the observation tool was pilot-tested in a similar setting to refine categories and ensure clarity. **Third,** systematic field observations were conducted using time-based and event-based sampling techniques to capture recurring patterns of behavior and service delivery. **Fourth,** detailed field notes were recorded concurrently or immediately after each session to reduce recall bias and preserve contextual accuracy. **Finally,** the observational data were analyzed and reviewed to verify the reliability of the given information and confirm the literature.

2.4.5. Direct Participation Technique

The theoretical perspective of the case study approach was grounded in constructivist inquiry, which assumed that reality was shaped through participants' experiences and social interactions. Within this framework, knowledge was understood as context-dependent, requiring deep engagement with individuals' lived realities. The direct participation technique, defined as the researcher's active involvement in natural settings, enabled firsthand observation of behaviors, processes, and service dynamics. This technique strengthened contextual interpretation by linking participants' narratives with observable practices. Together, these perspectives enhanced the depth, authenticity, and credibility of the case study findings.

2.4.6. Followed steps of Direct Participation Technique

The direct participation technique followed a series of systematic steps in this study. **First,** the researcher entered the field settings and engaged with ongoing activities to gain a natural understanding of service delivery processes. **Second,** interactions with participants and staff were observed closely to capture behaviors, routines, and contextual dynamics. **Third,** detailed field notes were recorded to document observations and emerging insights. **Fourth,** these observational data were triangulated with interview transcripts to enhance analytical depth. **Finally,** the collected information was analyzed, allowing patterns and meanings to be interpreted within the broader case study framework.

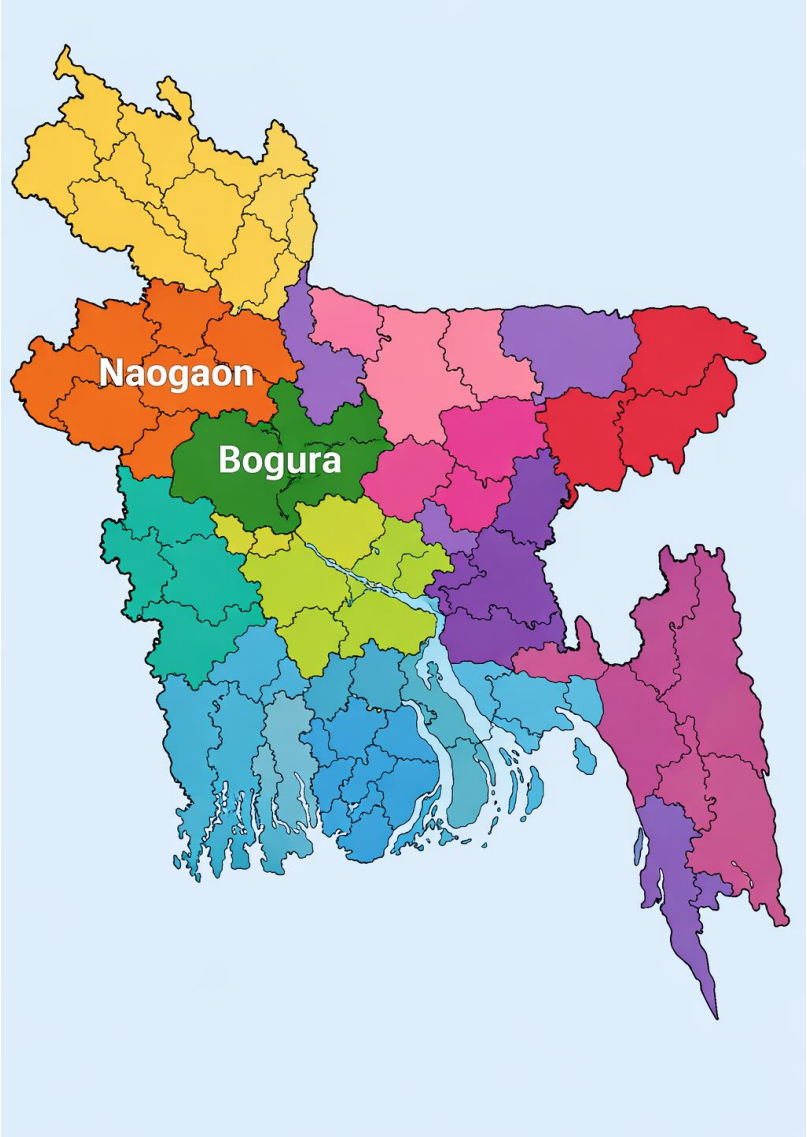
3.0. Scope of the Case Study

The scope of this Case study was confined to the assessment of service delivery processes, patient experiences, and operational dynamics related to cleft lip and palate management, community-based eye care services and physiotherapy and limb rehabilitation programs. The study focused on behavioral patterns, service responsiveness, patient flow mechanisms and inter-professional coordination within both hospital-based and outreach service platforms. The temporal scope covered a defined observation period that allowed for repetition of routines and verification of emerging patterns, while the thematic scope was limited to phenomena directly linked to clinical effectiveness, accessibility, and quality of care.

3.1. Study Area: Naogaon and Bogura Districts

The study was conducted in the districts of Naogaon and Bogura, located in the northwestern region of Bangladesh. These districts are characterized by a predominantly rural population, limited health infrastructure in remote areas, and a high demand for affordable specialized health services. Naogaon is known for its dispersed rural settlements and transportation constraints, which influence healthcare access and service utilization. Bogura, by contrast, serves as a regional hub for tertiary-level medical and rehabilitative services, including medical college hospitals and specialized community health programs. The selection of these areas was purposive, based on the presence of integrated service delivery models and the relevance of these locations to the study objectives.

4.0. Study Area: MAP of Bangladesh with Noagaon and Bogura Districts



4.1. Sampling procedure and numbers of Case Studies

4.2.1 Purposive Sampling

Purposive sampling is a non-probability sampling technique in which participants are deliberately selected based on their knowledge, experience, or relevance to the research objectives (Palinkas et al., 2015). This method enables researchers to focus on information-rich cases that provide in-depth insights into the phenomenon under study.

In the present case studies, participants were chosen for their direct involvement with TMSS and RCH health programs, ensuring that the information and evidence reflected relevant experiences and outcomes. Purposive sampling allowed for targeted data collection, enhancing the quality and depth of qualitative analysis.

Table: Number of Case Studies:

Sl.	Projects/Centers	Bogura	Naogaon	Male	Female	Total
01	Eye Mitro	4	---------	4	---	04

4.2. Limitations of the Study

Despite its methodological strengths, the study was subject to several limitations. The reliance on observational data may have introduced observer bias, as the presence of the researchers could influence participant behavior. The ***limited geographical focus*** on only two districts restricted the generalizability of the findings to other regions. ***Time constraints*** may have reduced the opportunity to observe long-term outcomes and seasonal variations in service utilization. And in some regards, their attendants also can be biased in collecting information of service outcome and impacts of treatment.

Eye Mitro Project: A Community-Based Primary Eye-Care Initiative

Introduction

Eye Mitro Project: An Overview

The Eye Mitro Project represents a structured, community-centered approach to strengthening primary eye-care services in underserved regions of Bangladesh. Grounded in principles of task-shifting and community health workforce development, the initiative aims to improve access to basic vision care by training and deploying Eye Mitro Opticians (EMOs). These practitioners serve as frontline eye-care providers who offer essential services visual assessment, optical dispensing, health education, and referral support thereby bridging rural population with formal ophthalmic facilities.

TMSS implemented this initiative through strategic collaboration with key development partners, including Eye-Mitra, Essilor France, and the MetLife Foundation, USA. Has been founded by Saugata Banerjee. Eye Mitro originated as a Singapore-based organization with a strong focus on social innovation in eye health. The project combined skills training, entrepreneurship, and market-based service delivery to ensure sustainability. By integrating optician training with livelihood creation, the Eye Mitro model addressed both visual health needs and employment generation. Overall, the project demonstrates how cross-sector partnerships can effectively advance inclusive eye health systems.

An Eye Mitro Optician (EMO) is defined as a trained primary eye-care practitioner equipped with competencies in conducting visual acuity assessments, identifying refractive errors, dispensing appropriate spectacles, and providing foundational eye health education. EMOs are positioned as critical actors in reducing the burden of avoidable visual impairment, particularly in areas characterized by limited access to ophthalmologists and specialized eye-care centres.

The overarching goal of the Eye Mitro Project is to certify and deploy a cadre of competent EMOs capable of mobilizing communities, identifying individuals with uncorrected refractive errors, and increasing the availability and use of spectacles at the local level. By fostering accessible and affordable primary eye-care services, the project not only enhances population-level vision outcomes but also creates livelihood opportunities for unemployed rural youth, thus contributing to broader socio-economic development.

Specific objectives

1. Developing a trained optician workforce sourced from rural and low-resource settings;
2. Enhancing community-level awareness of common visual problems and the importance of early screening;
3. Stimulating demand for spectacles as an effective intervention for refractive correction; and
4. Establishing a reliable, sustainable system for distributing spectacles at the village level.

Eye Mitro Opticians perform four essential functions within the community:

1. **Primary Vision Assessment:** Conducting basic visual acuity testing, preliminary examinations, and the identification of refractive errors.
2. **Optical Dispensing:** Assisting clients with lens and frame selection, taking precise measurements, adjusting spectacles, and performing minor repairs.
3. **Community Eye Health Support:** Providing counseling on preventive eye-care practices, delivering health education sessions, and raising awareness about refractive errors and other common eye conditions.
4. **Referral Services:** Identifying patients who require advanced clinical intervention and referring them to ophthalmologists or specialized eye-care facilities, while ensuring necessary follow-up.

Project Achievement

The Eye Mitro project represents a significant social enterprise initiative aimed at strengthening community-based eye care delivery through human resource development. Between 2018 and 2025, the project successfully created and deployed 1,122 trained Eye Mitro Opticians, contributing to improved access to affordable primary eye care services, particularly in underserved settings.

Table: Eye Mitro Project Achievement: At A Glance

Name of Phase	Year	Enrollment	Graduated	Shop Opened
1st Phase	June, 2018 to September, 2019	152	142	88
2nd Phase	October, 2019 to January, 2021	434	334	186
3rd Phase	February, 2021 to marc, 2025	1807	1161	848
Total	**----------**	**2393**	**1637**	**1122**

Impact

The TMSS Eye Mitro project has generated substantial positive impacts on rural communities by significantly expanding access to affordable primary eye care services for poor and marginalized population, particularly women in village areas. By decentralizing eye care through community-based Eye Mitro Shops, the project reduced geographic, financial, and social barriers that often prevent rural households from seeking eye care. Thousands of individuals across northern, eastern, and southern regions of Bangladesh received spectacles with corrective lenses, leading to improved visual functioning, productivity, and quality of life. The presence of locally trained Eye Mitro Opticians (EMOs) enhanced trust and continuity of care within communities. TMSS's development of 1,637 EMOs and establishment of 1,122 Eye Mitro Shops also strengthened the rural health workforce and local health infrastructure. Women, in particular, benefited from nearby services that minimized mobility constraints and opportunity costs. The project further contributed to economic empowerment by creating sustainable livelihoods for EMOs. Overall, the TMSS Eye Mitro project illustrates an effective pro-poor, gender-responsive model for expanding eye health access in rural Bangladesh.

Conclusion:

In **conclusion**, the Eye Mitro project has demonstrated a sustainable and inclusive model for expanding access to primary eye care in underserved communities. By combining community-based service delivery with skill development and entrepreneurship, the project improved visual health outcomes while generating livelihoods. Its strong pro-poor and gender-sensitive focus ensured meaningful benefits for rural population, particularly women. Overall, the project offers a scalable pathway for strengthening equitable eye health systems in Bangladesh.

Case Study:01

TMSS Eye Mitro Project: Abu Talha Ronju's Transformational Journey

Abstract

This case study explores the professional and socio-economic transformation of a 34-year-old rural entrepreneur from Sariakandi, Bangladesh, illustrating the role of localized human resource development in strengthening primary eye-care systems. The subject's early life was marked by poverty, limited education, and unstable informal employment, culminating in repeated economic setbacks and vulnerability. A decisive transition occurred through engagement with the TMSS Eye Mitro Project, which provided structured training, start-up support, and clinical mentorship aligned with global primary eye-care standards. The establishment of a community-based optician service significantly improved access to vision care in an underserved rural setting while fostering trust and professional legitimacy. The initiative generated sustainable income, local employment, and enhanced access to eye care for women and school-aged children. Overall, the case demonstrates how community-based eye-care models can simultaneously advance health equity, livelihood security, and social inclusion in low-resource contexts.

Key Words: Bangladesh, Eye Mitro, Primary eye care, Community-based health services, Rural entrepreneurship, Socio-economic empowerment.

Introduction

Visual impairment remains a major yet preventable public health burden in low- and middle-income countries, where millions lack access to timely diagnosis and optical correction (World Health Organization [WHO, 2021). In rural Bangladesh, barriers such as cost, inadequate health infrastructure, and shortage of trained eye care personnel continue to limit access to primary eye care services. To address these challenges, the Eye Mitro Project under the TMSS Grand Health Sector and supported by global partners, developed a community-based model for strengthening local eye health systems.

The Eye Mitro initiative trains local individuals as Eye Mitro Opticians (EMOs), enabling them to provide basic vision screening, dispense affordable spectacles, raise awareness, and establish referral pathways for patients requiring specialized care. While the program enhances rural eye care access, it also promotes socio-economic development by enabling participants to acquire a professional identity and meaningful livelihood.

This case study explores the professional transformation of Abu Talha Ronju, a 34-year-old entrepreneur from Sariakandi, whose journey demonstrates the intersection of Eye-health innovation, local entrepreneurship, and social mobility.

Background and Early Life

Socio-economic Context

Ronju was born in a financially disadvantaged household where educational expenses were difficult to carry. Despite his determination and motivation, his formal education concluded at the Secondary School Certificate (SSC) level due to financial limitations. Consistent with patterns observed in rural Bangladesh, early entry into informal labor markets became a necessity rather than a choice (Amin & Hossain, 2019). And in doing such, the little boy, *Ronju* impelled to start a street business.

Ronju: A Boy of Hardship and without a Silver Spoon

He is indeed an ill-fated boy with the least livelihood support, including well-housing, food, and education. He was not fed with a silver spoon; from boyhood,
He did not go to a reputed school and took healthy food though he passed second grade education, called Secondary School Certificate [SSC]. When it is seen the local education scenario is seen, it is known that according to the BBS latest report, the Age 7+ literacy rate is 99.9%[1]. From boyhood, for cash money, he managed tuition for earning and regularly taught junior grade students; Talha Ronju informed, from class-One to class Ten, he managed his own education expenses. His life is a story of struggle indeed as the proverb, 'fact is much stranger than fiction'.

Initial Livelihood Options: First Dreamed Business Wristwatches and Eyeglasses

When he was an Adolescent, his family was in poverty because they did not have any land or other valuable assets that supported them. To mitigate the crisis and face poverty, support his family financially, *Ronju* began selling Wristwatches and Eyeglasses at the local *bazar* in Sariakandi. This informal business allowed him to develop basic commercial skills such as customer communication, product handling, and service ethics. However, Ronju's personal aspirations extended beyond subsistence-level trading and he made a plan with determination that he shared with us;

[1] literacy rate of sariakandi bogura as latest BBS report - Search

"I always believed that life should not remain the same. I wanted to grow, not just in income, but in respect and responsibility."

Electricity Business Expansion and Collapsed Attempt at Business Growth

Driven by ambition, Ronju established a limited company specializing in electrical wiring for residential construction. His innovative service model included a subscription system, charging residents a monthly fee for continued maintenance support. For a period, the business flourished, increasing both profits and community recognition.

He was overwhelmed when he said that.

'I determined to start that electrical goods supplying business and made a dream to make them employees of my business, where I was once an employee. And primarily, I succeed.

Unexpected Downfall: From Peak of Hill to Ground

Ronju informed that, finally, his business led to a rapid business collapse due to external pressures, market instability, disputes with clients, and growing debt. The failure deeply affected his confidence and financial stability. He explained the situation to us with hopelessness about what he experienced that time.

"I lost everything. I had dreams and debts, but no business left."

He was forced to return to selling watches and eyeglasses. Ronju fell into a black-hole after emotional exhaustion and uncertainty.

Joining Eye Mitro Project: A New Pathway of Livelihood

Engagement with TMSS Eye Mitro Project

A turning point emerged when a TMSS Eye Mitro Project Staff member visited his shop and introduced the opportunity of the Eye Mitro Project. He was informed of eye-related professional training and entrepreneurship support that is offered by the TMSS EYE MITRO Project.

Ronju knows about TMSS and TMSS Health Sector (TGHS) that is highly recognized for its Medical College, called TMSS Medical College and *Rafatullah* Community Hospital; in short, TMC&RCH. The Eye Mitro project was operated by the TGHS in collaboration with the project Donor.

Initially, he was cautious due to his previous failed business; later, Ronju received direct encouragement from the project's focal person and given consent for enrollment.

"It felt Eye Mitro like a door I had been waiting for. I decided to take the chance."

Started Pathways with TMSS for New Service Horizon

After enrollment, he started to continue the class and training based on eye and vision-related syllabus. He joined a two-month training with many other boys and girls and received a certificate that enhanced their knowledge and capacitated them to deal with the knowledge of the very primary causes of eye-health. As trainers, many renowned Ophthalmologists taught classes and trained those who worked in TMC&RCH and Bogura City.

Training and Skill Development

Finally, Ronju completed the two-month Eye Mitro training, which provided workable competencies, including knowledge and capacity in many areas. These are basically focused on;

- Primary vision assessment
- Visual acuity measurement
- Spectacle dispensing and preparation
- Patient communication and service ethics
- Referral coordination
- Record management

These competencies align with recognized global standards for community-based primary vision care (International Agency for the Prevention of Blindness [IAPB], 2020).

Establishing the Eye Mitro Practice

Post-Training Support

After completing the training, the project provided much support to them. The basic support was provided as follows;

- Eye examination equipment buying money
- Initial spectacle purchasing money
- Shop redesign following Eye Mitro branding standards
- Weekly ophthalmologist visits for clinical mentorship

These inputs reduced the financial risks associated with new entrepreneurship and helped ensure service quality.

Ronju Optics' Location

In the middle of Sariakandi Upazilla Bazar, where four roads intersectional points, his shop is located. People have easy access to his shop, which is favorable for his services. His shop is rented and he managed it with one lac collateral money and 5 thousand monthly rent.

Facing Public Skepticism and Ill-politics

Rural people have less knowledge of the eye-mitra project. So when he started his business, locals raised questions of the business's legitimacy. Because he is not an Ophthalmologist. They raised questions;

- "How can someone who sells spectacles after examining eyes?"
- "Is this really a medical service? Or is he an eye doctor?

However, consistent service, accurate referrals, and professional conduct gradually changed perceptions. But once, an objection was submitted to the local government authority, UNO by a Spectacle Shop-owner, located opposite the side of just Ronju's shop. But after the investigation, the local authority was satisfied in observing the business and talking with Ronju. He laughingly informed us,

"Those who wanted to stop me actually helped strengthen my position."

Impact of Eye Mitro Project

Eye Mitro Project has a great positive impact in getting eye treatment of rural people. In getting eye-related services, they have no option and choices especially for women and children. Because, no ophthalmologists are serving in Sariakandi Bazar. If people need any eye-problem related treatment, they need to visit Bogura City or TMSS Medical College that is near about 50 kilometers away. TMSS Eye-Mitra project ensures door-step model for serving rural people. This project creates several types of impact for the multiple stakeholders.

At first, Employment creation; many less educated male and female taken the education and training and converted themselves as Eye Mitro Optician [EMO]. This is very significant in consideration to make the youths 'from invisible into visible' persons who serves all over the country specifically northern districts of Bangladesh.

Secondly; community engagement through optical services and business, both. EMO Ronju claims, he serves and examines 25–30 patients daily that means 900 patients in one month. If we calculate it annually that means 8000 [eight thousand] patients from rural areas who are living in a disadvantage situation in all aspects like income, education, entitlement and all the social indicators.

Thirdly, it generates income for EMOs; as Ronju, he earns 30,000 BDT that means $250 per month on an average. Besides, it has passive character also; when patients come of a distance with van or rickshaw; those pullers earn also good amount of money that is much helpful for their survival.

Finally, on Gender aspect; Eye-mitra Project is contributing is a lot that is uncountable. Women are most neglected inside family in this subcontinent and this is a traditional practice; sometimes children also. TMSS basic objective to facilitate women through family development; in detail, if women are healthy, whole family even society can be wealthy and healthy. Carrying this slogan, TMSS Eye-Mitra project serves the women through vision test and lens services; because if their eye vision is fine; it impacts enormously on their own lives and kids bringing-up also.

Out of this, he have engaged several Schools for **identifying** unmet needs in children's vision health. And meanwhile, Ronju initiated, free annual school eye screenings, affordable spectacles for students, referral pathways for serious conditions, partnerships with local Schools and *Madrasas* elevated his status as a community health advocate.

Conclusion

TMSS Eye Mitro Project has developed *Abu Talha Ronju as EMO; Ronju* have been serving rural people through optic care and business. And finally poor and marginalized people have opportunity to access in getting low-cost eye care and vision test. It impacts reflexively throughout community people's lives with peace and prosperity.

Finally, *Ronju* has been transitioned himself from a struggling shopkeeper to a respected frontline *Eye Mitro Optician*, contributing to improve public health outcomes, economic sustainability and social dignity. As Ronju's comment,

"Before, I was just a seller; now, I am someone who works as EMO and Eye Mitro empowers me as dignified Professional than any time before, I was".

Case Study-02

Community-Based Vision Care: Rezwanur Rahman's Story

Abstract

Visual impairment remains a major yet preventable public health challenge, particularly in low- and middle-income countries where access to eye care services is limited. This case study examines the experience of Md. Rezwanur Rahman, a young diploma-level healthcare graduate from rural Bangladesh, whose career trajectory was transformed through his participation in the Eye Mitro program a collaborative initiative supported by the Business Partnerships Platform (BPP), Essilor, and TMSS Grand Health Sector. The study illustrates how targeted training, entrepreneurial support, and community trust-building can enable sustainable eye care service delivery while improving local health outcomes.

Key words: TMSS Eye Mitro Project, TMSS, Vision Care, TMSS Grand Health Sector.

Introduction

Visual impairment affects approximately one-third of the global population, with the burden disproportionately concentrated in low-resource settings (World Health Organization [WHO], 2021). In Bangladesh, rural and semi-urban communities continue to face limited access to trained eye care professionals, affordable spectacles, and referral services. Conventional healthcare systems alone have been insufficient to meet this unmet need, necessitating innovative community-based approaches.

Supported by the Business Partnerships Platform (BPP), Essilor, and TMSS, the Eye Mitro model was designed to fill this gap by training local youth to deliver basic vision screening, spectacle dispensing, and referral services within underserved communities. This case study documents the professional journey of Md. Rezwanur Rahman, one of the early Eye Mitro participants, and explores how structured training and social entrepreneurship can address both livelihood and public health challenges.

Background

Md. Rezwanur Rahman, a 30-year-old rural youth, completed a Diploma in Medical Technology (Pharmacy), aspiring to join the formal healthcare workforce. Despite his qualifications, he encountered limited job opportunities, stringent competition, and systemic barriers requiring capital and social networks. Unable to establish his own pharmacy, he joined his father's small grocery shop.

His reflections capture the disillusionment felt by many educated but unemployed rural youth in Bangladesh;

"After years of studying, returning to my father's small store felt like the end of my dream."

Turning Point: Entry into the Eye Mitro Program

Rezwanur's situation shifted when his younger brother informed him about the Eye Mitro training offered by TMSS. Guided by the program focal person, Mr. Mohasinul Hoque, he learned that the model combined clinical training, business development, and organizational support. The program provided:

- Competency-based clinical skills training
- Entrepreneurship and retail management instruction
- Start-up equipment and initial product stock
- Structured supervision and mentoring by Ophthalmologists

For an individual without financial capital, Eye Mitro represented a viable, dignified pathway into the health sector. He completed the training and became equipped to conduct vision screenings, fit spectacles, counsel patients, and manage a small optical business.

Start-Up Phase: Establishing the Sonatola Eye Care Center

Upon graduation, Rezwanur received equipment valued at 60,000 BDT and initial optical stock worth 32,000 BDT. He also benefited from weekly specialist consultations, branding support, and community outreach assistance. In 2019, he established the Sonatola Eye Care Center, with the intention of providing accessible, low-cost eye care services.

The early months proved challenging. Community skepticism toward a young, newly trained provider resulted in low patient turnout. As he recalled:

"People didn't believe a young man like me could examine their eyes. Some even laughed."

Despite these barriers, he persevered, offering free screenings, engaging in local awareness-building, and ensuring professional referrals for complex cases. These actions gradually established credibility.

Building Trust and Community Acceptance

Trust grew organically through positive patient experiences, particularly among older adults, laborers, and students with uncorrected visual impairments. The social dynamics of rural Bangladesh where community word-of-mouth significantly shapes health-seeking behavior played a pivotal role in this shift. By the end of his second year, daily patient flow stabilized at 15–20 individuals, confirming demand for reliable, community-based eye care.

Resilience During the COVID-19 Pandemic

The COVID-19 crisis disrupted small businesses nationwide, and patient visits dropped sharply due to mobility restrictions. However, targeted project support ensured continuity of services. The Eye Mitro program provided:

- Free replenishment of optical stock
-Two emergency cash installment grants by the project
- Continued tele-supervision by ophthalmologists
-Continuous support for Capacity development

These interventions sustained both the business and essential eye care services during a critical period.

As Rezwanur reflected,

"When everything was uncertain, the project stood beside us."

Current Status: A Sustainable Social Enterprise

Today, the Sonatola Eye Care Center is a well-recognized local facility providing essential eye care. The center serves 15–20 patients per day and arranged a weekly ophthalmologist-led clinic. Besides, he offers affordable spectacles and screening services and maintains referral links with advanced eye hospitals

Rezwanur has achieved economic stability and regained professional identity. Community members now regard him as a trusted healthcare provider—a status he values deeply.

Participant-Level Impact

At the participant level, the intervention facilitated a profound transformation in professional identity and personal confidence, enabling the beneficiary to transition from economic insecurity to a stable and respected livelihood. Regular income generation not only strengthened household resilience but also restored a sense of purpose and long-term career orientation. As service quality and ethical practice became visible within the community, social recognition and trust increased, reinforcing the participant's standing as a reliable health service provider. This renewed confidence further stimulated aspirations for business expansion and service diversification, indicating sustainability beyond initial project support.

Community level impact:

At the community level, the initiative substantially reduced both financial and physical barriers to accessing essential eye-care services, particularly for underserved rural population. Improved awareness of visual health and early detection of eye problems contributed to more timely care-seeking behavior. These changes translated into enhanced productivity in schools and workplaces by addressing avoidable visual impairments. Moreover, the establishment of structured referral pathways strengthened continuity of care, linking community-based services with higher-level facilities and reinforcing the effectiveness of the local eye-care ecosystem.

Lessons from the Case

The main learning is TMSS Eye Mitro Project develops many EMOs for rural people's vision care and treatment. It is a door-step eye-care treatment model that is very important for Bangladesh where most of the people are in village. And women have access to eye-health care than any other place where no Eye Mitro Optician are existing. Through this project, social entrepreneurships are developed and poverty are eradicated by this project also. The Eye Mitro model created livelihood opportunities while delivering essential health services

Conclusion

The professional transformation of Md. Rezwanur Rahman demonstrates the potential of community-based training and entrepreneurship to address preventable visual impairment in underserved regions. Through coordinated support from BPP, TMSS, and Essilor, an unemployed youth became a key provider of primary eye care in his locality. The Eye Mitro model effectively reduces barriers related to training, capital and service accessibility, offering a scalable solution for strengthening rural eye health systems.

Rezwanur's reflection encapsulates the broader impact of the program:

"Every time someone says, 'I can see clearly now; I feel I am exactly where I am meant to be."

Case Study:03

Ashraful Alam and TMSS Eye Mitro Project: Reframing Opportunity and Building the Dignity

Abstract

Incorrected visual impairment remains a significant public health challenge, particularly in low- and middle-income countries where access to trained eye care personnel is limited. This case study explores the professional and personal transformation of Md. Ashraful Alam, a 39-year-old educated but unemployed man from Bogura, Bangladesh, whose life journey changed through the Eye Mitro initiative implemented by TMSS in collaboration with Essilor France, MetLife Foundation USA and the Business Partnerships Platform (BPP). The initiative empowered him to become an independent eye care provider, restoring economic stability, establish dignity, and community recognition.

Key Words: TMSS Eye Mitro Project, Vision care, Essilor, MetLife, Dignity, Eye care model

Introduction

Globally, one in three individuals lives with some form of visual impairment, with nearly 90% residing in developing regions (World Health Organization [WHO; 2023). Poor vision affects education, employment, social participation, and mental health. In Bangladesh, community-level access to primary eye care remains limited, especially in rural areas. To address these systemic gaps, the Eye Mitro initiative provides community-based, affordable eye care through trained local youth. This case study examines how participation in the Eye Mitro initiative transformed the personal and professional life of Md. Ashraful Alam.

Background and Professional Disappointment

Ashraful Alam displayed strong academic performance throughout his education, eventually completing a Master's degree from Govt. Azizul Haque College. Despite his high merit scores, he faced structural barriers in securing employment. Political influence in recruitment processes and systemic favoritism limited his opportunities, resulting in prolonged frustration and loss of confidence. As he described, "Politics mattered more than qualifications. I felt invisible in the system."

Turning Point: Entrepreneurship in Healthcare

Rather than surrendering to discouragement, Ashraful redirected his efforts toward professional training and community healthcare. He completed several credentials, including Rural Medical Practitioner (RMP) training, a one-year ophthalmology course, and a Diploma in Eye & Medicine. These qualifications helped him gain community trust as an emerging healthcare service provider, though he remained aware of the unmet need for quality primary eye care.

Discovery of the Eye Mitro Program

Ashraful learned about the Eye Mitro project during his community practice. The program's goals affordable eye care, community-rooted service delivery, and entrepreneurship aligned with his aspirations. The structured training, business model, and supervised service delivery encouraged him to join the initiative.

Training and Structured Support

The Eye Mitro program provided him with comprehensive training, covering:

- Primary eye examination
- Refraction and spectacle dispensing
- Patient assessment and documentation
- Referral linkage development

Additionally, he received:

- Diagnostic equipment purchasing support through cash grant
- Spectacle stock money
- Standardized branding and operational guidelines
- Weekly clinical supervision and mentorship.

This support enabled him to transition from general practice to specialized primary eye care.

Public Perceptions and Initial Resistance

At the outset, community members expressed skepticism regarding the credibility of non-MBBS eye care providers. Some questioned whether the service was genuine or merely a spectacle shop. Ashraful chose not to confront these doubts directly; instead, he allowed the quality of his work to build trust over time.

Gradual Acceptance and Growing Trust

Consistent quality service gradually changed public perceptions. Patients reported improvements in reading comfort, relief from headaches, and enhanced academic performance. As a result, Ashraful now receives 5–8 clients daily, including many from distant villages.

Professional Identity and Personal Transformation

The transformation in Ashraful's life extends beyond financial stability. His professional identity, dignity, and sense of purpose were renewed.
He commented that

"Before, I was a job seeker feeling rejected but
now people come to me showing respect and dignity,"

The Eye Mitro model enabled him to redefine his social status through competence-based recognition.

Contribution to Community Health Systems

Ashraful's service contributes to local health system strengthening through improved access to affordable eye care, increased community awareness of refractive errors, continuity of care through referrals and local capacity development in primary vision care
These contributions reflect the broader impact of the Eye Mitro initiative in underserved communities like Bangladesh.

Conclusion

Md. Ashraful Alam's journey exemplifies the transformative potential of community-based health entrepreneurship supported by structured training and partnerships. Through the Eye Mitro model, he transitioned from chronic unemployment to becoming a respected local eye care provider. His experience underscores the importance of accessible skill development programs in reshaping lives, strengthening health systems, and empowering rural communities.

Case Study-04

Journey of Nure Alam Siddiki: Rebuilding Professional Identity through Community Eye Care

Abstract:

This case study examines the professional transformation of Md. Nure Alam Siddiki through his participation in the Eye Mitro community-based eye-care program in rural Bangladesh. Despite holding a law degree and earlier employment as a Medical Representative, Siddiki faced instability and dissatisfaction that led him to seek a profession offering social respect, livelihood security, and proximity to family. The Eye Mitro initiative provided structured training in primary eye examination, optical dispensing, and referral practices, enabling him to establish a community-level eye-care service. Early challenges, including limited patient trust and financial constraints were gradually overcome through consistent service quality and support from supervising Ophthalmologists. Over time, Siddiki rebuilt his professional identity, achieving both economic sustainability and community recognition. His experience highlights the role of health micro-entrepreneurship in expanding rural eye-care access while fostering socio-economic empowerment.

Keywords: Eye Mitro Project, community eye care, rural health services, professional identity, micro-entrepreneurship, Bangladesh, primary vision care, capacity building.

Introduction

Primary eye care remains a critical yet under-resourced component of health systems in many low- and middle-income countries. The World Health Organization (2021) reports that approximately 90% of avoidable visual impairment occurs in developing regions, largely due to barriers in affordability, awareness, and access to trained personnel. In Bangladesh, rural communities face pronounced disparities in obtaining timely vision assessments and corrective services (Bashar et al., 2020).

In response to these challenges, the Eye Mitro Project was implemented under the TMSS Grand Health Sector in collaboration with international partners. It has emerged as an innovative community-based model for strengthening rural vision care. The initiative trains local individuals as Eye Mitro Opticians (EMOs), equipping them with competencies in basic vision screening, spectacle dispensing, and referral services. Beyond expanding access, such models create pathways for rural entrepreneurship, skill development, and socio-economic empowerment in underserved communities (Rahman & Ahmed, 2022).

This case study examines the professional reinvention and personal transformation of Nure Alam Siddiki, whose experience illustrates how community health entrepreneurship can serve simultaneously as a public health intervention and a livelihood enhancement strategy.

Background and Untold Story

Md. Nure Alam Siddiki, a 40-year-old resident of Nandigram, completed a Bachelor of Law degree and initially entered the legal profession a field widely regarded in Bangladesh as one of intellectual prestige. However, despite his early commitment, Siddiki found limited familial support for this career path and eventually reconsidered his long-term professional identity.

Seeking stability, he transitioned into the pharmaceutical sector as a Medical Representative (MR). While the role aligned with his communication and science literacy, it required prolonged stays away from home. The emotional strain associated with distance from his family prompted him to reconsider the type of work that could offer both dignity and proximity to home. His reflections echo findings from studies that highlight the importance of professional meaning, social respect, and work–family balance in sustaining occupational satisfaction (Haque & Farhana, 2019).

Discovery of the Eye Mitro Program

During this period of uncertainty, Siddiki learned about the Eye Mitro program through a local contact, Mr. Zobayer. The program's model independent practice within a community health framework appealed to his desire for a sustainable income, service to his community, professional identity, social respect, and a work setting close to family.

Such motivations align with the literature, which indicates that health-related micro-entrepreneurship offers both social legitimacy and economic opportunities in rural contexts (Kumar & Singh, 2021).

Training and Skill Development

Siddiki enrolled in the Eye Mitro training program, which provided comprehensive instruction on primary eye examination, visual acuity measurement, optical dispensing, patient record-keeping, and community health education. These competencies align with global task-shifting frameworks that emphasize equipping mid-level and community-based cadres to fill gaps in eye health services (WHO, 2020).

To support his practice, the project provided eye examination instruments valued at 60,000 BDT, initial optical products worth 32,000 BDT, and mentorship with weekly visits from an Ophthalmologist.

Navigating Early Challenges

Initial operations were difficult. Community members were unfamiliar with locally delivered eye care services and often perceived eye examinations as hospital-only procedures. Slow patient flow compromised his income stability, prompting him to supplement his earnings through agricultural work, land measurement services, and occasional labor.

Building Credibility and Community Trust

Gradually, consistent service delivery and respectful communication fostered patient trust. Weekly Ophthalmologist visits enhanced both technical confidence and community perception of service legitimacy. Over time, his patient volume increased to 6–8 clients per day across diverse demographic groups.

Sustainability and Professional Identity Reconstruction

After several years of perseverance, Siddiki's practice became financially sustainable. He regained a respected occupational identity, social recognition, and a strong sense of purpose.

Future Aspirations and Professional Development Needs

Siddiki emphasizes the importance of ongoing skill development:

"The technology is changing. We need refresher and follow-up training to stay updated and maintain quality."

His viewpoint aligns with global recommendations advocating continuous professional development to maintain competency and ensure high-quality community eye care (WHO, 2020).

Conclusion

The case of Nure Alam Siddiki illustrates the transformative potential of community-based eye care entrepreneurship. The Eye Mitro program not only addresses a critical gap in rural eye health services but also provides individuals with avenues for professional reinvention, socio-economic mobility, and restored dignity. Nure Alam Siddiki commented,

"Government should have responsibility to carry out such Eye Mitro Project for the benefit of rural people".

Synthesis of Studied Case Studies

Eye Mitro Project: A Community-Based Approach

Introduction

Visual impairment is a major yet largely preventable public health challenge in low- and middle-income countries, where access to primary eye care remains uneven and concentrated in urban centers. In Bangladesh, geographic isolation, poverty, shortage of trained eye-care professionals, and limited health infrastructure restrict timely vision screening, refractive correction, and early detection of eye diseases for millions of people. These barriers disproportionately affect rural and marginalized population, resulting in avoidable vision loss that undermines educational attainment, labor productivity, and overall quality of life

The Eye Mitro (Eye Mitro) Project, implemented by TMSS under its Grand Health Sector in partnership with Essilor and the Business Partnerships Platform (BPP), represents an innovative community-based approach to strengthening primary eye care delivery in rural Bangladesh. By training local youth as Eye Mitro Opticians (EMOs), the initiative decentralizes essential eye-care services and embeds them within communities that would otherwise remain underserved. This paper synthesizes evidence from four Eye Mitro case studies to examine how the model enhances access to eye care, generates livelihoods, and contributes to health system strengthening, while also identifying policy-relevant lessons for national scale-up.

Case-Specific Explanation

The Eye Mitro model is grounded in a task-shifting and community health workforce approach aligned with global recommendations for integrated primary eye care. Selected local youths receive structured training in vision screening, identification of refractive errors, spectacle dispensing, patient counseling, record-keeping, and referral mechanisms. Upon completion of training, each Eye Mitro is supported with essential diagnostic equipment, optical stock, standardized shop branding, and regular clinical supervision from ophthalmologists

The four documented cases Abu Talha Ronju, Md. Ashraful Alam, Md. Nure Alam Siddiki, and Md. Rezwanur Rahman illustrate diverse pathways into the program but reveal common structural constraints faced by rural youth, including unemployment, limited capital, and exclusion from formal job markets. Prior to their engagement as EMOs, the individuals were involved in informal or unstable livelihoods, despite varying levels of education and vocational training.

Through the Eye Mitro initiative, these individuals transitioned into recognized community-based eye-care providers. Initial challenges included community skepticism regarding their professional legitimacy and low patient turnout. Over time, credibility was established through accurate vision assessments, transparent referral practices, affordable services, and consistent supervision by qualified ophthalmologists. School-based screening activities and word-of-mouth referrals further accelerated acceptance, enabling the Eye Mitros to integrate successfully into local health-seeking networks

Impact of the Eye Mitro Model

On Public Health Impact, the Eye Mitro Project significantly improved access to primary eye care in rural settings by reducing travel distance, cost, and waiting time for services. Community members gained local access to vision screening, refractive correction, and early identification of eye conditions requiring specialist care. Increased awareness of eye health, particularly among schoolchildren and older adults, contributed to earlier care-seeking behavior and reduced the burden of uncorrected refractive errors

When Socio-economic Impact is seen, at the individual level, the program generated sustainable livelihoods for Eye Mitro Opticians. Patient volumes increased steadily across cases, with some EMOs serving between 15 and 30 clients per day. Monthly earnings improved, allowing financial independence and reducing reliance on informal labor. Beyond income generation, the EMOs experienced enhanced social status, transitioning from job seekers or informal workers to respected health service providers within their communities.

Health System Contributions are highly appreciated. At the system level, the Eye Mitro initiative strengthened the primary health-care ecosystem by creating a functional referral bridge between communities and secondary or tertiary eye-care facilities. Regular ophthalmologist supervision ensured service quality and clinical accountability. During the COVID-19 pandemic, Eye Mitro centers demonstrated resilience by continuing essential services under constrained conditions, highlighting the value of decentralized, community-embedded health delivery models

Policy Guidelines

Evidence from the Eye Mitro case studies suggests several policy directions for strengthening and scaling community-based eye care in Bangladesh:

First, Eye Mitro Opticians should be formally recognized and integrated into the national primary health-care framework, with standardized competency benchmarks and certification mechanisms.

Second, expansion of regional training centers and continuous professional development programs is essential to maintain service quality and adapt to evolving eye-care technologies.

Third, referral and supervision systems should be institutionalized through structured linkages with public health facilities and the use of teleophthalmology for remote oversight.

Additionally, Eye Mitros should be incorporated into national school vision screening and community awareness programs to enhance preventive eye health. Public–private partnerships can improve access to affordable optical products, while targeted microfinance or subsidy mechanisms can support EMO entrepreneurship. Finally, robust monitoring and evaluation systems, including digital record-keeping, are necessary to assess health outcomes, patient satisfaction, and long-term system impact

Conclusion

The Eye Mitro Project provides compelling evidence that community-based eye-care entrepreneurship can simultaneously address public health inequities and rural unemployment in Bangladesh. By training and supporting local youth as primary eye-care providers, the initiative expands access to essential services, strengthens referral networks, and enhances community trust in decentralized health delivery. The four case studies consistently demonstrate improvements in visual health access, livelihood security, and social recognition.

With appropriate policy support, institutional integration, and multi-sector collaboration, the Eye Mitro model offers a scalable and sustainable pathway toward universal eye health coverage. Embedding such community-based approaches within national health strategies can play a transformative role in reducing preventable visual impairment while advancing inclusive rural development in Bangladesh

Recommendations and Policy Briefing

Recommendations

- **Formal Recognition of the EMO Cadre** The government should consider integrating the Eye Mitro Optician (EMO) model into the national primary healthcare framework. Formalizing this role would standardize care and provide the professional legitimacy needed to overcome initial community skepticism.
- **Incentivizing Rural Health Entrepreneurship** To replicate the success of the Eye Mitro project, policy-makers should facilitate low-interest micro-loans or start-up grants for health-tech graduates. The case studies prove that providing initial capital (equipment and stock) is the primary hurdle for qualified rural youth.
- **Mandatory Continuous Professional Development (CPD)** As technology evolves, EMOs require refresher training to maintain service quality. A policy mandating biennial certification updates in collaboration with institutions like TMSS Medical College would ensure long-term patient safety.
- **Public-Private Partnership (PPP) Expansion** The collaboration between TMSS, Essilor, and the Business Partnerships Platform (BPP) serves as a successful blueprint. The Ministry of Health should encourage similar PPPs to scale the model across all northern districts and eventually nationwide.

Strategic Implementation Points

- **Countering Public Skepticism:** Initial resistance from local communities and competing businesses can be mitigated through government-endorsed awareness campaigns highlighting the referral-based nature of EMO services.
- **Targeting Vulnerable Demographics:** Future iterations should explicitly mandate school-based screenings and female-focused "Vision Days" to ensure no demographic is left behind.
- **Infrastructure Synergy:** Utilize existing community centers or local markets (Bazaars) as hubs for EMO shops to maximize accessibility.

Summary for Policy Makers

The Eye Mitro model is a scalable, cost-effective solution to the rural eye-care crisis. It shifts the burden from overstretched urban hospitals to trained local entrepreneurs, fostering a "wealthy and healthy" society through the empowerment of rural youth a

nd families.

Conclusion

Eye Mitro Project demonstrates that health micro-entrepreneurship can simultaneously advance health equity and livelihood security. It transforms "invisible" youth into "visible" community health advocates, creating a sustainable ecosystem for primary eye care and open a scope for the rural people that can ensure ‘access to primary eye health care’.

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Photograph: TMC& RC Hospital

A Publication of TMSS Health Research Foundation [THRF]

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