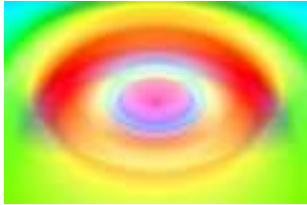




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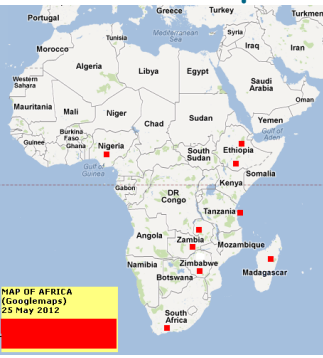
A product of the UCT Community Eye Health Institute Network



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Contributor map



Community eye health training at UCT

Cape Town's "Community Eye Health" training story began in 2005 when 20 delegates attended the first 8-week certificate course under the auspices of UCT-Groote Schuur Hospital's Department of Ophthalmology. This was part of a project of the International Centre for Eye Health, and was funded by Nuffield Foundation, a UK-based charity. The training was intended to improve the delivery of eye care and blindness prevention activities in African countries, by developing the capacity of national and district Vision 2020 managers to effectively plan and manage national and district Vision 2020 programmes.

In 2008, as the first project of the newly established UCT-Community Eye Health Institute, a Post-graduate Diploma in Community Eye Health (PgDCEH) was introduced to complement the already popular certificate course. This was the result of extensive consultation and planning to help address the need for an academic qualification, with a stronger focus on management training, coaching and mentoring. By 2011, 105 people were trained in community eye health at UCT. The candidates came from 20 different African countries and included ophthalmologists, optometrists, ophthalmic nurses and others working in community eye health. In 2011, the Masters in Public Health (Community Eye Health) was launched. Our first candidate is currently doing her course-work.

Students who have completed the course have since shown outstanding achievements in their eye health care programmes at facility, district and country levels.

Inside this issue:

- What is Community eye health? p2
- Childhood cataract surgery in Ethiopia p2
- Advocacy success in Zanzibar p2
- Cataract surgical outreach in South Africa p3
- Glaucoma awareness in Ethiopia p3
- Planning and completing successful outreach camp p3
- Important dates p4



Since the start of the PgDCEH, the demand for the course has been overwhelming. However, one of the key challenges is in securing scholarships for needy students for this training. It is hoped that this receives greater priority from employers and non-governmental organisations in the coming years.

Management is for everyone...

Cataract is the main cause of blindness and visual impairment globally. In order to prevent millions of people suffering needless blindness and visual impairment due to cataract, adequate disease control measures (i.e. cataract surgical services) should be in place. However, poor service planning, organisation, implementation and control result in poor service delivery. This means that blindness due to cataract remains untreated, causing the backlog of cataract cases to consistently increase. This unacceptable state of affairs is due to ineffective management.

Ineffective management is a common cause of low coverage and poor quality in public health programmes. In many developing countries, prevention of blindness programmes are allocated insufficient human and material resources. Furthermore, programme managers frequently do not have the knowledge and skills needed to utilize these limited resources optimally and efficiently.

Eye care programme performance can be much improved if resources are managed better, especially the scarce ones, e.g. adequately skilled staff, equipment and facilities. Contrary to popular belief, management is not for "managers" only: every individual in an eye care team can improve the performance of the programme through better management. Adequately trained managers are necessary to implement and supervise good management practice. The aim of the UCT-Community Eye Health Institute is to make effective management a core competency in sub-Saharan African eye care programmes by training more eye care programme staff in community eye health management.

Apply now!

**Certificate Course In
Community Eye Health Management**
25 September to 26 October 2012

This 5-week Certificate course in community eye health management is designed to provide training in the management of district Vision 2020 programmes. It is suitable for national Vision 2020 coordinators and district Vision 2020 programme managers.

Enquiries can be made to:
The CEHI Administrative Officer
zanele.magwa@uct.ac.za,
or telephone +27-21-4066215.
Closing date: 31 July 2012

What is Community eye health?

Community eye health is the application of health promotion and disease prevention, together with the delivery of curative services, at the primary, secondary, and tertiary level of health care, in order to reduce eye disease, visual loss and disability in a community. Community eye health extends the traditional clinical practice of ophthalmology applied to individual patients to a consideration of the eye health of whole populations, and how these can be assessed and provided for. This requires training in specific skills not usually included in conventional clinical skills training. With skills obtained from training in community eye health, a person should be able to do all or some of the following in eye care programmes:

- Assessment of community eye care needs,
- Planning and design of eye care programmes

- Implementation and management of such programmes
- Monitoring and evaluation of these programmes
- Development of human resources for eye care services.
- Advocacy for community eye health with politicians, policy makers, and other decision-makers.
- Research into the main eye diseases, including aetiology and risk factors, clinical trials, and health service research.

To illustrate the above, here are some extracts of comments people made who completed training in community eye health:

"The course (provided me with) ...improved advocacy skills and teaching (skills) and (helped) me do) more community outreaches."
Grace Adepoju (Nigeria 2006)

"After gaining that training there was a dramatic change from a total annual cataract operations of 300 to 800 within 2 years."
Angelina Khupe (Zimbabwe, 2005)

"This course (helped me) to (develop) a district Vision 2020 plan and National plan and implement them, to advocate (for) Vision 2020."
Marie Soloarisoa (Madagascar, 2009)

"With the knowledge and skills obtained through this course I have been able to train community eye care workers to help in caring for the eye patients and carry out mass refractions in the surrounding communities. The number of patients in our clinic has increased because we utilised some of the techniques used during our training."
Viola Sanene (Zambia, 2006)

"This training has "opened my eyes" and ... I now understand that there is a lot I can do to contribute positively towards the elimination of blindness."
Elijah Mutoloki (Zambia, 2011)

Childhood cataract surgery—Ethiopia

Childhood blindness is a big problem in Africa, especially congenital cataract. This is partly because it requires highly trained staff and expensive equipment, both of which are usually unavailable in developing countries, like Ethiopia. To detect cases of congenital cataract early, active case finding and awareness-raising is required.

The eye care team of the Yirgalem Hospital in southern Ethiopia regularly conducts outreach clinics in the rural catchment area of the hospital. The team usually treats many cataract-blind adults, but does not have facilities for paediatric surgeries. In one of these outreaches a family presented 5 children who were blind from congenital cataract. The father was also blind from cataract.

The team leader (Dr Abu Beyene) performed the surgeries with the assistance of a mentor from *Cybersight*, a free internet consultation service. Yirgalem Hospital provided transport, accommodation and meals for the children as well as their mother. Although the cases presented late, the sight of two of the children improved enough for them to be allowed to attend boarding school. The ultimate aim is to get all the children enrolled in school when they reach school-going age.

This case illustrates the importance of raising the priority of child eye services in developing countries. If more general ophthalmologists were

trained to do paediatric cataract surgeries, a child eye care service can be established, provided the necessary instruments and an anaesthetist can be made available at the general hospital. This will increase the access to tertiary eye services to children in areas too far from the tertiary paediatric eye centre, according to Beyene.

Photo: Dr. Abu Beyene (Certificate in Community Eye Health, 2007) with his team.



Advocacy success - Zanzibar

It is very important for a national eye care coordinator (NECC) to have good knowledge and skills of advocacy, planning and management of eye programmes. Ms Fatma Omar (Postgraduate Diploma in Community Eye Health, 2010), the NECC of Zanzibar, put her new skills and qualifications to good use by helping to organise the establishment of two Vision centres. The president officially opened the clinic in Unguja and Pemba. Earlier this year, the Eye care programme successfully implemented the Zanzibar CES phase II. CES II stands for the second phase of the *Comprehensive eye care services* programme, which was initiated by Sightsavers International in 2006. CES involves integrated services amongst the three sectors: health, education and rehabilitation. The CES phase II has donor



The Hon. President and his wife (front) with high ranking delegates from MOH Zanzibar and other countries, here with eye care staff during the launch of the Vision Centre on Pemba Island.

funding from Sightsavers International, DANIDA and the Chinese government as well as dedicated budget from the Zanzibar Ministry of Health.



In February, a highly successful outreach camp was held in by the Zanzibar eye care programme collaboration with the US embassy in Zanzibar. At this camp, more than 200 patients underwent cataract surgery and more than 3000 were given glasses. The photo (above) shows the Zanzibar eye care team and the American Air-force doctors who worked together during the eye camp.

Glaucoma awareness—Ethiopia



Dr Abeba Giorgis, a participant in the 2007 class, believes that the community eye health course inspired her to pursue specialization in glaucoma.

She is currently working as a glaucoma specialist in the Department of Ophthalmology at the University of Addis Abeba.

In 2008 she founded the Glaucoma group, to create awareness about glaucoma in the general public, glaucoma patients and their families. The group is comprised of glaucoma patients and eye specialists and distributes information and provides eye health education directly to communities, through national television and radio station broadcasts, as well as print media (newsletters, brochures and a glaucoma book) in association with the Ethiopian

Ophthalmological Society and the Department of Ophthalmology at Addis Abeba University.

Because of the glaucoma awareness campaign, more people have become aware of the eye disease called glaucoma, with more knowledge about the risk factors for the disease, symptoms of childhood glaucoma and acute angle closure glaucoma. People at risk have begun to come forward for examination and treatment.

Giorgis remarks that, as the demand for glaucoma service is increasing, eye care professionals will become more interested and involved in reducing blindness due to glaucoma. Her aim is to strengthen the glaucoma unit to improve the quality of service and training for residents and medi-

cal students. Ultimately, the unit can become a centre for fellowship training for East African colleagues interested in glaucoma.



Awareness raising event in Addis Abeba during the World Glaucoma week in March 2012

Cataract surgical outreach— South Africa

A cataract outreach campaign in the Southern Cape region of South Africa was a resounding success due to the excellent work of staff from the Western Cape Health department and private sector, good equipment and the support and assistance from the district health authorities according to the lead ophthalmologist of the project, Dr Niklaas Stempels. A total of 410 cataract surgeries (more than the initial target of 400) were performed in just 23 operation days with a team comprised of Stempels and a number of private ophthalmologists, who assisted on a sessional basis. Sisters Nazlee October (district ophthalmic nurse) and Makok were responsible for coordinating cataract case finding, selection and referral for surgery. The dedicated support and nursing staff from the seven hospitals



where the operations were done (Knysna, Plettenberg Bay, Riversdale, Mossel Bay, Beaufort West, Uniondale, George and Oudtshoorn) ensured that the patients referred in for surgery were properly prepared for theatre.

Stempels notes that it is important to train local floor nurses and theatre nurses to scrub for cataract surgery, as it can ensure more efficient use of theatre time. Also, the presence of a district based eye nurse is vital for success. Interestingly, 95% of the operations were performed using the phacoemulsion technology. The benefit of this was evident in the low number of complications (10 in total), despite the fact that the team and equipment covered almost 2000 kilometres over the period.

The outreach is likely to be repeated around World Sight Day 2012, provided the support received from the district health department, the private sector and service clubs (Lions and Rotary) can again be secured.

Better Management Practices: Outreach

Outreach is a service delivery mechanism used to improve access to services for people in communities who are far removed from such services due to economical, logistic or political barriers. If outreach is properly planned and executed, it can contribute substantially to increase the number of patients treated and presenting for service. This in turn will reduce the backlog of the condition targeted during the outreach.

How should the idea of an outreach camp be approached?

1. Determine the need for outreach: why must outreach happen, to do what and on what frequency? Discuss this beforehand with the host authorities.
2. Plan the outreach by defining specific aims, objectives and activities. It is

- wise to determine the resource needs exactly, not forgetting items like transport, accommodation and meals costs.
3. Communicate the plan to all involved, making sure that everyone knows and agrees with the plan.
4. Organise the logistics and make arrangements for staff, equipment and consumables to be available for the outreach. This may mean that some staff may need to be trained and that some equipment need to be checked, maintained or repaired.
5. Implement the plan and monitor closely, especially the progress of marketing, screening, case-finding and actual intervention quality and quantity.
6. Conduct an evaluation of the outreach and report to relevant stakeholders, noting challenges and achievements.

Successful outreach camps...

- Have a carefully worked out plan, including a resource provision summary
- Have records of meetings and other communication interactions between outreach staff and hosts
- Have achieved the results that were targeted for (e.g. number of patents screened or treated)
- Did not use more resources (staff time, materials and money) than planned
- Leave host authorities happy
- Leave service beneficiaries happy
- Involve host staff in planning and actual service delivery
- Utilize facilities made available for the outreach in an effective and efficient manner



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Important dates

1. Southern Africa Capacity Building Workshop, Dates: 16-18 July 2012, Johannesburg, RSA, www.iapb.org, email: neebha@icee.org.za
2. The Africa-Wide Regional Consultation, Dates: 19-20 July 2012, Johannesburg, RSA, www.iapb.org, email: neebha@icee.org.za
3. The IAPB 9th General Assembly, Dates: 17-20 September 2012, Hyderabad, IND, www.iapb.org, email: communications@iapb.org
4. Certificate in Community Eye Health Management, Dates: 25 September – 26 October, Cape Town, RSA, www.cehi.uct.ac.za, email: cehi@uct.ac.za

The Post Graduate Diploma in Community Eye Health January – November 2013

This one year post graduate diploma in community eye health is designed to provide training in the management of district Vision 2020 programmes.

Course outcomes:

The course work, assignments and assessments are designed to provide the knowledge and skills necessary to plan and manage a district Vision 2020 programme. It does not provide clinical training in ophthalmology. The course is in English, and would therefore be most suitable for people from Anglophone countries in developing countries.

Who this is aimed at:

It is aimed at Vision 2020 coordinators and programme managers at national, district and facility level. At successful completion, the candidate obtains a Postgraduate Diploma in Community Eye Health, awarded by the University of Cape Town.

Structure:

The course comprises an initial 10 week on campus component, followed by an intermediate 32 week off-campus component, before the student returns for a final week on campus in November.

Request further information and application forms from:

The CEHI Administrative Officer at zanele.magwa@uct.ac.za, or telephone +27-21-4066215.

Closing date: 30 September 2012

We wish to thank the following organizations and individuals for their support and assistance in the production of this newsletter.



GETTING IMPORTANT THINGS DONE

1. Draw up a things-to-do list on a weekly or monthly basis, specifying
 - (a) The exact tasks
 - (b) The expected duration of each task
 - (c) The perceived difficulty (high-medium-low)
 - (d) The importance (critical-high-medium-low)
2. Prioritise by sorting according to Importance, Duration. Note that if your boss wants it done, it is more important. Also, if the task is High difficulty, break down into smaller tasks
3.
 - (a) Shorten the To-do-list to a "Must-do" list by deleting tasks that are not Important.
 - (b) Communicate your Must-do list to relevant people
4. Do it or delegate it
 - (a) Set yourself up to minimize interruption and disturbance
 - (b) Start with the first "Must-do" task
 - (c) Complete the rest of the tasks as sequenced. Note that you can utilize idle time (travelling, waiting for meetings, etc.) to complete some tasks.
 - (d) Delegate wisely
5. Clear the Must-do-list and reward yourself!

- Adapted from "The Management Bible"

USEFUL WEBSITES

- www.cbm.org
- www.hki.org
- www.hollows.org
- www.iapb.org
- www.iceh.org.uk
- www.operationeyesight.com
- www.orbis.org
- www.righttosight.com
- www.sightsavers.com
- www.who.int

This newsletter was produced and published by the Community Eye Health Institute of the University of Cape Town, South Africa. All correspondence should be addressed to the Convenor of the Editorial Committee at cehi@uct.ac.za.

TELLING YOUR STORY IN INEWS!

1. Think of a good thing that happened in your eye department, facility, district or country recently.
2. Write a brief story about it, highlighting:
 - (a) the date and place of the event
 - (b) why the event should be interesting / useful to others working in CEH
 - (c) what you learned from the event
3. Send to us at cehi@uct.ac.za, along with photographs, if available.
4. Include in your email a statement indicating that:
 - (a) the story is your true and accurate account of the event
 - (b) You give permission for CEH-iNews to publish the story, and
 - (c) CEH-iNews is indemnified of any sequelae of the story being published
5. Wait for the CEH-iNews editorial team to send you a proof for authorization. Correct and confirm approval for publication.
6. Wait for the newsletter to be published and show your story to your friends and colleagues!