



CEH-iNews



Volume 1 Issue 2
September 2012



Contributor map



Inside this issue:

Madagascar	p2
Botswana	p2
Malawi	p2
Kenya	p3
South Africa	p3
Better management practices	p3
Management crossword (new)	p4

Apply now!

Postgraduate Diploma in Community Eye Health Starting 28 January 2013

This one-year Diploma course in community eye health is designed to provide training in the management of district Vision 2020 programmes. It is suitable for current or aspiring national eye care or blindness prevention programme 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: 30 September 2012

Cataract surgery blitz, South Africa

The Mpumalanga Provincial Eye Care Programme conducted 104 cataract operations to celebrate the 94th birthday of the former South African president, Mr Nelson Mandela. The screening and referral took place at taxi ranks in Mbombela, the provincial capital, from 16 – 18 July 2012. The provincial health minister congratulated the entire team on their achievement. The story was also featured in several local newspapers and on national television.



The clinical team was led by Dr Jakes Letsoela.

Like most other provinces in South Africa, Mpumalanga has been struggling to meet the cataract surgery target of 1500 per million population per year. Cataract “blitzes” like these help to reduce the backlog of cataract-blind people in the province. This initiative also helped to raise awareness of cataract surgery as an effective measure to treat cataract blindness, especially because it was associated with a nationally celebrated event.

The project was conducted in conjunction with long-standing partner of the Programme, the Lions Club of Nelspruit, who helped to have more than 500 people’s eyes tested and also provided free reading glasses to 382 individuals. People needing cataract surgery were identified at the Nelspruit Taxi Plaza and other sites and referred to the Rob Ferreira Hospital, where surgeries took place. At a Provincial Eye Care team workshop held in Ehlanzeni District at the end of July, the Provincial Eye Care Programme Manager, Dr Abraham Varghese expressed his gratitude towards his clinical team, the management and support staff at the hospital and the partners. He was happy that the project was successful, in particular because the initial target of 94 surgeries was exceeded. Mr Aaron Segodi, the Provincial Eye Care Coordinator was equally excited, saying: “We made good use of this opportunity to raise awareness of eye care issues. The people whose sight have been restored will inspire other people who are blind due to cataract to come forward for surgery.”

Contributed by Mr Aaron Segodi, who obtained the Postgraduate Diploma in Community Eye Health (PgDCEH) in 2011.

North West Region, Cameroon

During the celebration of the Golden Jubilee of the Reunification of Cameroon on 12 May 2012, Mr Yuh Simon Nantang (see photograph alongside) received the Medal of National Order of Merit by a representative of the President of Cameroon, Mr Paul Biya. The award was given in recognition of Mr Yuh’s meritorious services to the nation. Mr Yuh believes that this has to do with his work in the Directorate of Health Services of the Cameroon Baptist Convention, a Christian organisation which provides eye care services to people in the North-West Region of Cameroon.



Mr Yuh has been responsible for the Community Based Rehabilitation Programme since 1998, which is considered by many to be a model for success in the region. Mr Yuh oversees the activities at community eye clinics where patients with minor eye conditions are treated and those with secondary pathologies are referred to Mbingo and Bansa Baptist hospitals for further treatment and management. Mr Yuh is very excited about the award, dedicating it to everyone who supported and assisted him to achieve these milestones.

Contributed by Mr Yuh Simon Nantang, who obtained the PgDCEH in 2009 (the first year that it was offered).

Refractive error services, Madagascar

MASO (meaning “eye” in Malagasy language) stands for the Madagascar Sight Organization, a non-governmental organization that was founded by Dr Marie Soloarisoa Raveloson, the National Eye Care Coordinator of Madagascar. MASO’s aim is to help solve the problem of high burden of visual impairment due to refractive error in Madagascar. MASO improves access to refractive error services through the supply of good quality spectacles at affordable prices to poor communities.

MASO started their activities on World Sight Day 2010 when they team conducted promotion and sensitization events about refractive error and eye health. This was much appreciated by the Health Ministry.

MASO’s proposal for refraction services, was accepted by the Ministry of Health, and having obtained further financial assistance from a Malagasy bank, started with implementation of the programme.

This included the recruitment of unemployed youths to work as volunteers and the procurement of the equipment. Dr Soloarisoa also trained an optician and a refractionist, using the programme she developed.

The MASO team conducted screening in small villages and towns in the district, visiting more than 70 locations in the first few months, using buses and taxis to go around. After 3 months, MASO moved into a small house in the capital, Antananarivo, where the Minister of Health was among their patients! To date, 6489 people had their eyes tested for refractive error and 4363 pairs of spectacles were issued. Dr Soloarisoa attributes MASO’s success to good planning and advocacy. Other reasons are that the staff are well trained and all form part of a dynamic and motivated team.

With the profit made from spectacles, MASO has been able to buy equipment and



The Health Minister visiting the clinic

materials and pay for administration costs. They are currently in the process of expanding the service, and plan to move into their new premises on World Sight Day 2012.

Thanks to MASO, many poor people in rural and remote areas of Madagascar now have access to refraction services.

Contributed by Dr Marie Soloarisoa Raveloson, who obtained the PgDCEH in 2009.

“Save an Eye”, Botswana



A team comprised of ophthalmologists from India and ophthalmic nurses from Botswana conducted a total of 1423 cataract operations over an eight week period.

This was part of a cataract surgery campaign called “Save an Eye”. The project was sponsored by the India Botswana Chamber of Commerce Industry (IBCCI) in partnership with the Ministry of Health of Botswana. The aim of the campaign was to reduce the country’s cataract backlog. The

Ministry of Health was responsible for provision of eye consumables, manpower (ophthalmic nurses), medications and transportation of patients while IBCCI was responsible for providing ophthalmologists and paying their costs.

Patients with cataract were screened by ophthalmic nurses in a large catchment area (red dots on map) and referred to four hospitals where operations were performed. The National Eye Care Programme Manager, Ms Alice Lehasa, coordinated the project. She was involved in all the phases of the project and met with the managers of all four hospitals personally to ensure that it was implemented successfully. The project was advertised on television and on radio stations, and the public was kept up

to date with the progress of the project through the same media.

“From this exercise we learned how important is it to ensure that planning should be done on time, and that involvement of all the relevant stakeholders in the planning phase is vital,” says Ms Lehasa. “The project had a vital impact on the program because it reduced cataract backlog, making 1423 cataract-blind people see again, within a short period of time.”



Contributed by Ms Lehasa, who is currently doing the PgDCEH at UCT-CEHI.

Patient co-payments, Malawi

The Vision 2020 programme at Nkhoma Hospital has a long history of delivering high volume, high quality cataract services to the approximately 4.5 population it serves in Central Malawi. The majority of the people served by Nkhoma Hospital are of the poorest people in the world.

A patient co-payment system was introduced at the hospital in the beginning of 2012. This followed the completion of a survey and subsequent trial phase for patient fees between November and December 2011, which was done after consultation with staff, the community and village heads. For the survey, data was collected from patients seen at outreach clinics and by cataract case finders. Patients selected for cataract surgery were asked how much

they would be willing to contribute towards the cost of operation. The median response was MK500 (approximately US\$3). The team found that the majority of patients were able to pay, and that there seemed to be wide acceptance among the patients that services cannot be entirely free. After the initial four months of implementation, over 85% of all patients were not only willing, but seemed able to pay the amount for the cataract surgery. No patients who cannot afford treatment were ever refused treatment.

Dr William Dean, the lead ophthalmologist, and his team are encouraged by these findings, considering

the current global economic climate, which has already resulted in reduced funding from non-governmental organisations.



Dr Dean and his eye care team

“Charging patients a basic fee is essential in order to attain a higher degree of financial sustainability”, says Dr Dean. The implementation of the policy is closely monitored by the Nkhoma Vision 2020 programme management and other stakeholders.

Contributed by Dr William Dean, who completed the Certificate in Community Eye Health in 2005.

Ophthalmic skills training, Kenya

According to Sr Perpetua Nyakundi, a Program Officer in the Division of Ophthalmic Services, Ministry of Health, Kenya, there is a great need for improved access to eye health information by the general public. Using simple languages, she developed IEC (Information, Education and Communication) materials on the leading causes of avoidable blindness and made it available for distribution at community level.

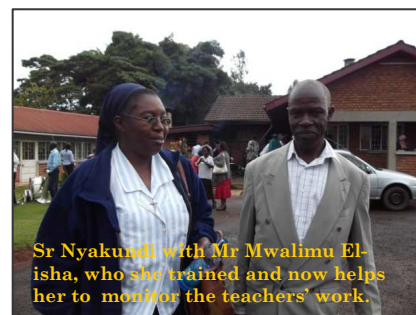


Anna Nyakundi with Daisy Eye Foundation, displaying posters and brochures produced by Sr Nyakundi.

In this way, she believes, the uptake of eye care services can be improved.

As part of her ideal to interest more health workers in doing eye work, she recruits health workers from rural areas to do a three-month ophthalmic skills course in Sabatia Eye Hospital in Western Kenya. She supervises their eye work, while giving them the necessary support. So far 25 rural health workers have trained as ophthalmic assistants, all of whom are now providing eye care services at community level.

Sr Nyakundi also trained 10 nursery school teachers in Kisumu District to identify children with eye problems and refer them to the Provincial General Hospital for further assessment and management. Sr Nyakundi is directly involved in monitoring their work and continues to support and mentor them.



Sr Nyakundi with Mr Mwalimu El-isha, who she trained and now helps her to monitor the teachers' work.

Sr Nyakundi is confident that the training of health workers and nursery school teachers in ophthalmic skills will facilitate early identification of some of childhood eye diseases. This in turn will ensure that children with visual impairment obtain access to eye care services before it is too late.

Contributed by Sr Perpetua Nyakundi, who obtained the PgDCEH in 2011.

School eye screening, South Africa

The Ke A Bona / Lou Theunissen Eye Clinic ("Ke A Bona clinic" in short) was founded by Dr Henny Stege, a retired Dutch development worker, to deliver eye care services to the poor communities of Ivory Park, north of Johannesburg, South Africa.

Ivory Park and the Greater Midrand area is a vast expanse of semi-formal and informal dwellings, occupied by more than a million people with inadequate access to eye care services.

Ke A Bona (which means "I can see") operates by conducting "whole" school screenings, providing primary eye care treatments and spectacles and referring children and adults with other eye problems to the secondary eye services of the Ekurhuleni District

of Gauteng province.

The Ke A Bona team is made up of Mr Ockie Kruger (Programme Manager), optometrist, Mr Lucas Mokoana and eye-trained nurse, Ms Letty Mphona. In 2011, this small but highly committed team screened the eyes of 6299 people (mostly school children), performed 968 refractions and prescribed 554 pairs of spectacles. In order to help as many people as possible, they keep the price of spectacles low, and also provide free spectacles to those who cannot pay.

In 2010 Mr Kruger implemented a fund-raising project to help ensure that this much needed service remains available to the people of Ivory Park. This has started to show some success, but greater involvement is



The Ke A Bona Programme Manager, Mr Kruger in conversation with a patient. In the presence of Mr Mokoana and Ms Mphona.

needed from government departments and local businesses in the area.

Contributed by Mr Kruger, who completed the Project Management for Vision 2020 course at UCT-CEHI in 2010.

Better Management Practices: Meetings

Meetings, meetings, meetings! Those inescapable events that punctuate our working weeks, must be useful for somebody, right? Indeed, all meetings have a purpose, and if properly constituted and run, can be used to make and communicate important decisions. You can make meetings work for you, especially if you are the convenor or chairperson, by following the steps below.

1. Determine your own objectives (expectations) for the meeting.
2. Make a list of all the activities that need to take place for the objectives of the meeting to be met.
3. Decide when and where the meeting is to be held, and who to invite.
4. Prepare the meeting minutes, agenda and background information.
5. Inform the prospective attendees, asking for confirmation of attendance, points to put on the agenda, etc., then set up the

venue for the meeting on the day

6. Convene the meeting, following appropriate procedures and protocol (these details are usually contained in constitutions).
7. Conduct the meeting, with minimal deviation from the agenda, constantly monitoring the participation of the attendees and the progress towards meeting your own objectives.
8. Conclude the meeting, summarising the key decisions made, as well as the arrangements for next meeting, targets for deliverables, etc.
9. Organise the distribution of minutes of the meeting.
10. Follow up on most important actions planned, monitor and evaluate.

(Extracted from the CEHI Better Management Practices workbook)

A SUCCESSFUL MEETING HAS...

- A simple, clear and complete agenda
- A set of documents that is aimed at providing background information about all the issues being discussed
- A timekeeper who will enforce time limits set for items at the beginning
- A chairperson who is informed and focuses on the issues being discussed
- A chairperson who is alert and responsive to critical personal dynamics
- Participants who remain attentive and deal with agenda items thoroughly but decisively
- Participants who are willing to dedicate the required amount of time needed for the meeting to take place

CEH-iNews

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.

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ADVERTISE YOUR EVENT HERE—FREE!

Important dates

1. Eye Care Awareness Week / Month September—October 2012 (South Africa)
2. World Sight Day 11 October 2012

CHECK HOW WELL YOU ARE GETTING ON WITH PEOPLE...

1. Do you consider yourself to be generally open and honest?
2. Do you empathise with other team members when they are in unfavourable situations?
3. Do you make every effort to show appreciation of others' roles in the achievements of the team?
4. Are you really listening to members of your team?
5. Are you careful not to imposing your view too strongly on others?
6. Are you genuinely supportive of the members of your team?
7. Do you project an image of positivity to inspire and encourage others in your team?
8. Do you know all the members of your team by name?
9. Do you give people a friendly greeting when you first see them every day?
10. Do you observe common courtesies such as saying "Thank you", "I am sorry" or "Excuse me" when appropriate?

- Adapted from "The Management Bible" (N Flanagan & J Finger)

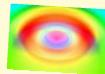
TELL YOUR STORY IN CEH-INEWS!

Just follow these simple steps to have your story published in the next issue of CEH-iNews. Tell us:

1. What happened in your eye care programme that you want everyone to know about?
2. Why was this activity necessary?
3. Where and when did it happen?
4. Who were the main beneficiaries?
5. What lessons have you learned which you think others may appreciate?
6. Who were the main role-players that you are thankful for?

Send us at cehi@uct.ac.za and we will take it further.

(Please do not forget to include a nice photograph!)



Certificate in Community Eye Health)

January – April 2013

The Certificate course in Community Eye Health 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.

The aim of the course is to equip the students with the skills to manage district Vision 2020 programmes. The course is made up of three broad content areas, namely community eye health (covering topics such as the principles of blindness prevention and Vision 2020), health promotion and human resources for Vision 2020, and management of Vision 2020 programmes (including modules on advocacy and strategic leadership, project management, programme development, implementation and administration).

The course had been offered annually since 2005 and more than 100 participants from more than 25 African countries have been trained since then. Many of those who completed the course have subsequently assumed senior positions in their district or national eye care programmes. The course is taught by a combination of international and local faculty.

PROVISIONAL DATES FOR 2013 course

The course will be run over 10 weeks from 28 January – 5 April 2013 (10 weeks). It is also possible to register for only some of the course modules. The dates of the course modules are as follows:

28 January – 22 February 2013: Community eye health
25 March – 8 March 2013: Human resource development and health promotion
11 March – 5 April 2013: Programme development and management

Prospective candidates can also enrol for any one or more of the week-long sub-modules. The aim of the course is to facilitate the implementation of Vision 2020 in countries in sub-Saharan Africa by offering appropriate training in community eye health to people working in blindness prevention.

WHERE IS THE COURSE HELD AND WHO IS RUNNING IT?

The course is held at Groote Schuur Hospital, University of Cape Town, South Africa. It is run by the Community Eye Health Institute in the Division of Ophthalmology of the Faculty of Health Sciences of the University of Cape Town.

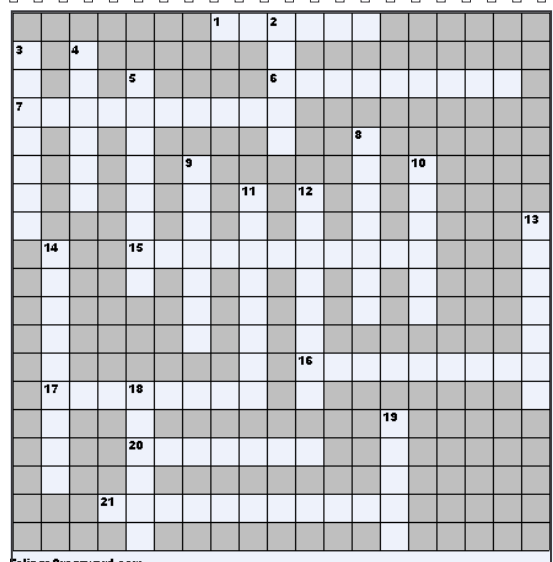
WHERE CAN MORE INFORMATION BE OBTAINED?

Visit the UCT-CEHI website (www.cehi.uct.ac.za) or email Zanele Magwa at Zanele.Magwa@uct.ac.za or cehi@uct.ac.za.

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



MANAGEMENT CROSSWORD NO 1202



EclipseCrossword.com

TRY THIS!

Find the words in the newsletter that have similar meanings to the phrases in the clues (right) to complete the crossword.

Across

1. look for
6. about money
7. organise activities
15. work together
16. oversee people
17. targeted up-skilling
20. to purchase
21. held answerable

Down

2. send on
3. meeting expectations
4. net excess
5. influencing change
8. first level
9. perceived value
10. ready availability
11. doing preparations
12. going forward
13. serious difficulty
14. free worker
18. resultant effect
19. typical example