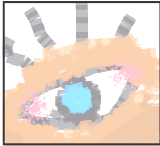


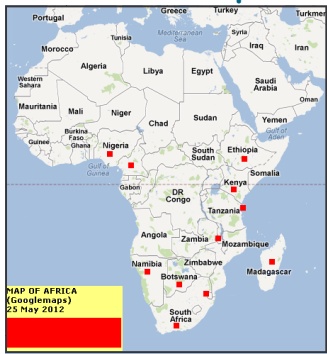
# CEH-iNews



Volume 1 Issue 3  
December 2012



### Contributor map



## Blindness awareness raising, Namibia

The Division of Disability Prevention and Rehabilitation in the Primary Health Care Directorate of the Ministry of Health in Namibia conducts a national awareness campaign during the first week of June every year. This year's theme was "Its high time to be noticed". As blindness is the second most prevalent cause of disability after physical disabilities it was decided to focus on blindness prevention, in the Oshikoto region in the north of the country.

The event took place at the Omuthiya District Hospital, over 600km north of Windhoek, the nation's capital, and involved members of the district coordination committee, the hospital manager, the local councilor, the district health workers, and the eye care team.

Local councilors and headmen, teachers and school children from schools in and around the town, as well as spiritual leaders and the general population participated in the activities. These included eye health education, eye screening and treatment of minor eye conditions. Information was given on the general types of disability, as well as the specific causes of and the prevention and treatment of blindness. The attendees were then asked questions related to the information given. To those who gave correct answers, sun hats were given as a way of teaching them to protect the eyes from the sun. Eye screening was conducted, which consisted of history taking, physical eye examination and visual acuity.

A total of 146 people attended the screening. People with minor eye problems were treated with eye drops and ointment, while others were referred to the district hospital at Tsumeb, 170 km away. Through this initiative, the eye care team realised that there was a great need for a campaign like this to be done more frequently.



Ophthalmic Clinical Officer, Mr Salomon giving health education on disability prevention at Omuthiya District Hospital.

Contributed by Mr Erastus Salomon, Postgraduate Diploma in Community Eye Health (PgDCEH), 2010.

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## Culture and blindness

As one of the assignments of the Postgraduate Diploma in Community Eye Health (PgDCEH) students were required to explore and report-back about the cultural perspectives of blindness and visual impairment in order to develop effective eye health interventions at local level.

It was reported that blindness goes by many names in the local vernacular, some of them very descriptive. In many rural and peri-urban communities, people believe that blindness is caused by bewitching, curses and magic. Older people seem to accept blindness as a natural effect of aging and see no need for sight restoration. People at all levels of society refuse to go for treatment and surgery due to commonly held beliefs that surgery carries higher risks of further injury, mutilation and even death. Various methods are being used in the communities to treat eye conditions, including spit, mother's milk and baby's urine. By one student's account, gouging is still practiced widely in some areas of West Africa.

Most students noted the fact that traditional healers played critical roles in the understanding of visual impairment and blindness's causes, effects and opportunities for treatment. It is likely that more people with eye problems go to traditional healers than conventional biomedical health staff, the latter frequently being the last resort. Students recommended that eye health education and promotion campaigns be increased and that traditional healers and similar practitioners be included in the planning and implementation of eye care services. This will ensure that more people make use of services at health care facilities, thereby helping to combat blindness.

### Apply now!

**Certificate Course in Community Eye Health Starting 28 January 2013**

This 10 week Certificate 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](mailto:zanele.magwa@uct.ac.za),  
 or telephone +27-21-4066215.

**Closing date: 31 December 2012**

## Awareness raising through media, Nigeria

A major reason for the poor uptake of eye services in developing countries is the lack of knowledge of the causes of blindness and visual impairment and of the ways in which some of the conditions can be treated.

In order to raise awareness about contemporary eye care issues in Nigeria, Dr Feyi Grace Adepoju designed several awareness and health information programs over the last few years, making use of popular media such as radio and television talk shows, printing of posters and pamphlets, and the production of play books about cataract, glaucoma and trauma. The play book dealing with cataract was made into a video production entitled **"You are my eye"**. This 35-minute long film was recorded in 2010, and helps to shed light on the myths, facts and fallacies of cataract and cataract surgery. Through discussion and interviews with community leaders, a number of issues related to cataract blindness are

addressed.

The first in the series of 13 planned health education films, **"You are my eye"** has enjoyed wide appeal and has been aired by several television stations in Nigeria. The film, which was mainly self-financed, premiered during the annual scientific conference of the Ophthalmological Society of Nigeria (OSN) in Abuja in 2010. All attending ophthalmologists received a free copy of the film.

In great part, the film contributed to Dr Adepoju and her team receiving the Award of Excellence for innovative contribution to prevention of blindness during the joint 36<sup>th</sup> OSN and inaugural African Ophthalmology Forum International Congress in Lagos in 2011. You may view the film on YouTube, by entering **"YOU ARE MY EYE1"** at the search prompt.

The team is currently working on the second film, which covers glaucoma, again with



Dr Adepoju with members of the Ophthalmology Department of the University of Ilorin Teaching Hospital on a community visit to Esie.

the unwavering support and assistance from the president of OSN, Dr Kunle Hassan and the casts and crew of Tel- a-Vision media, a non-governmental organisation responsible for the coordination of all the activities.

*Contributed by Dr Grace Adepoju, Certificate Course in Community Eye Health (CertCEH), 2006.*

## World Sight Day, Botswana

In recent years, the Botswana National Prevention of Blindness Programme (NPBP) has increasingly focused on the promotive and preventative aspects of eye care services in addition to strengthening the curative and rehabilitative aspects of such services.

Due to the shortage of ophthalmologists and optometrists, the NPBP is forced to employ innovative strategies to overcome these challenges. For example, in order to address blindness due to cataract, cataract surgery campaigns are organised in the districts, using private as well as public-sector ophthalmologists.

This year's World Sight Day commemoration focused on the improvement of refractive error service delivery, especially

amongst adults with presbyopia and children between 11 and 15 years of age, in partnership the Lions clubs, Standard Chartered Bank, the Botswana Optometrists Association, the Botswana Eye Care Providers Society and the Ministry of Education. Screening and refractions were conducted in Tsabong in the Kgalagadi district, about 550 km west of the capital, Gaborone. A total of 500 patients were screened and refractions were done. The eye care team included optometrists from both private and public sector, nurses and low vision therapists. A total of 282 patients were provided with free spectacles. Patients with other eye conditions were referred to Princess Marina Hospital in Gaborone for treatment.



The eye care team, with Mrs Motsilyane (Assistant Coordinator Prevention of Blindness) on the left.

The NPBP realises the importance of services being taken to the community, due to lack of access to the service in these areas. Planning and working with partners is essential to ensure the delivery of ophthalmic services to people in need.

*Contributed by Mrs Deborah Motsilyane, Certificate Course in Community Eye Health (CertCEH), 2005.*

## Cataract case-finding, South Africa

Matzikama sub-district comprises of a number of small towns along the West Coast of the Western Cape Province of South Africa. This rural district has an indigent population of 240 185 who are largely dependent on the neighbouring Cape Town Metropolitan District for eye care services. Cataract is a major problem in the Matzikama sub-district, both because of the lack of surgical facilities in the area and the challenge of seeking care up to 200km away in the city.

Since 2010, the Department of Health's Community Based Services (CSB) unit at Vredendal Hospital, partnered with the Bureau for the Prevention of Blindness, the local Lions club and various other donors, to screen 1232 patients for cataract. This

was organised by Ms Alice van Zyl, the CBS coordinator. This year, ophthalmic nursing students screened a further 394 patients, under the supervision of Sr Nazlee October, an ophthalmic nurse.



Patients and clinical staff after cataract surgery at Eerste Rivier Hospital

Two more eye clinics were held in the sub-district by Drs Junet van der Merwe and Helga Abrahamse-Pillay (ophthalmologists from Cape Town). Patients diagnosed with cataracts were transported to Eerste River Hospital in Cape Town for surgery. Thanks to this initiative, a total of 189 cataract operations were performed.

This did not happen without some serious marketing, health promotion and awareness raising (radio and local newspapers) and the dedicated group of home-based carers, who assisted the core clinical teams diligently. The hard work of the team responsible for planning and organising the initiative was amply rewarded by the exuberance and joy expressed by patients who could now see again and appreciate the beauty of their beloved West Coast.

*Contributed by Mrs Elvira Whittles, Community Eye Health Registrars' Workshop, 2012.*

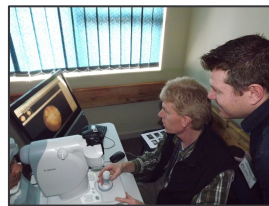
## Optometrist volunteering, South Africa

During Eye Care Awareness Week, celebrated in 2012 from 8 – 12 October, the South African Optometric Association launched a triage project to help with the diagnosis and treatment of 150 patients with diabetic retinopathy at Eerste River Hospital in Cape Town, South Africa.

Eerste River Hospital is a level one public facility in the Cape Town Metropolitan Health District, and is also the best performing cataract surgical facility in the country. In the 2011-12 financial year they performed more than 2500 cataract operations, with only 3 ophthalmic surgeons.

The district's diabetic retinopathy screening programme, using fundus photography, generates between 20 and 50 new patients per week. The available contingent of staff responsible for doing the laser treatment is inadequate, resulting in almost insurmountable backlogs.

The triage project, co-ordinated by Ms Susanna Coleman, used 21 volunteer optometrists who did the full pre-diagnostic work-up, including review of the referred patients' fundus photographs. This sped up the process of diagnosis by the attending ophthalmologist and initiation of treatment, freeing up much needed clinic time. In order to ensure that the majority of the patients received appropriate care, special after hours clinics were set up, where patients were seen quickly, and treatment commenced immediately. Some patients requiring urgent treatment were referred to Tyger-



Volunteer optometrists reviewing a fundus photograph of a patient with degenerative myopia

berg Hospital, the tertiary referral centre. Patients with other eye conditions were managed appropriately.

This project shows that triage clinics such as this, manned by volunteer optometrists could reduce the backlog at eye clinics significantly over time. It is also a win for private practice optometrists who can exercise the full range of their skills, while obtaining much needed clinical exposure.

The triage project would not have been a success without the dedication and hard work of Dr David Steven (lead ophthalmologist), Mr Andrew Cochran (volunteer optometrist), Mrs Cheryl Steyn (Nursing Services Manager) and her team who organised the smooth flow of the clinics as well as the sponsorships from General Optical, Nikon and Bausch & Lomb.

*Contributed by Ms Susanna Coleman, Community Eye Health Registrars' Workshop, 2011.*

## Lessons from Swaziland

The Good Shepherd Hospital (GSH) eye clinic based in Siteki, Swaziland is an excellent example of an eye care service that has found innovative solutions to address the specific challenges faced in delivering health care in a low resource setting.

While the GSH eye unit runs a comprehensive eye service, its main focus is on blindness prevention. Cataract is responsible for approximately 50% of blindness in Swaziland. To address the challenge of cataract screening and referral, the eye team has trained a cataract finder, a local community member, who travels into remote parts of the country to find operable cataract patients and bring them in for surgery.

The operating theatre has been renovated and is designed for high volume cataract

surgical output. There is a central swinging microscope with specially designed theatre beds which rotate around the surgeon and the microscope. This highly efficient system is co-ordinated by a dedicated ophthalmic nurse and allows up to 40 surgeries to be performed by one surgeon on any given operating day. Dr Pons has developed a unique surgical style, makes his own micro-surgical tools and has an exceptionally good technique making a fish-hook from an ordinary needle.

The clinic has designed its own computerised data collection system and has been recording patient data since the clinic was established. A custom made patient held card with a Snellen's chart on the back simultaneously addresses the problem of lost patient records, and monitors cataract surgical outcomes.

The GSH eye care team recognises the extreme financial difficulties that their patients face, and have found an innovative financing mechanism which allows patients to access eye care irrespective of their ability to pay. The cataract surgeries done in monthly private sector clinics subsidize surgeries done for the public sector patients.

The GSH eye clinic is a well-integrated eye care program which is aligned with the National Vision 2020 strategies. The GSH eye clinic is a Colleges of Medicine, South Africa (CMSA) registered training site for the Diploma of Ophthalmology and also offers a Fellowship in Rural Ophthalmology.

*Contributed by Dr Leanne Brady, who spent 6 month at GSH, and attended the Community Eye Health Workshop for Registrars, 2011.*

## Better Management Practices: Managing human resources

While everybody seem to be managing projects, results and resources like time and money, most of us really spend our work day... managing people!

To manage people (or human resources management—HRM) is an essential group of skills that drives all the other processes mentioned above. In health, human resources is a huge challenge, because of the shortage in numbers, as well as the lack of appropriate skills. As people are central to everything, it is critical to manage them effectively. For optimal utilization, everyone should do what is expected of them, at every level.

However, managing human resources is not always easy, because nobody really **wants** to be "managed". Everybody seems to be only interested in "what's in it for me?".

The key thing to remember is that, in a team, such as an eye care team, the staff (people) and their skills is actually a resource. People agree (through work contracts, job descriptions and role assumptions) to do certain tasks to further the aims of the organisation in exchange for a salary, benefits and job satisfaction. This means that people enter into "contracts" consciously and sub-consciously with every other team member, and their superiors, with appropriate expectations of "return" on "investment".

It is important to note that "management" is not reserved for those in "management" or with "Manager" in their job title. Everyone is involved in management somehow. And when it comes to managing human resources, even more so.

*(Extracted from the CEHI Better Management Practices workbook)*

### HOW TO MANAGE HUMAN RESOURCES?

1. Actively "manage" all work relationships, applying the "contracting" paradigm explained alongside. For this to be most effective, clear roles and responsibilities and line of function are essential (usually in job descriptions and contracts).
2. Make sure that you and everyone in the team know and comply with the laws and regulations that apply to human resources in your unit or team (usually in the country's labour, safety and health acts)
3. Make sure that you and everyone in your team adhere to the relevant staff policies and procedures (usually in the organisation's staff manual and disciplinary code)
4. Promote and facilitate the use of appropriate communication tools and protocols
5. Work tirelessly to build effective teams.



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](mailto:cehi@uct.ac.za).

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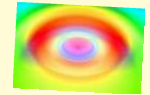
Do you have any eye care related resource (equipment, materials, facilities) that you want to sell, share or donate? Send us a brief description with email address and we will place it in the next issue of CEH-iNews. Ts &Cs apply.

### MAKING OPTIMAL USE OF EMAIL FACILITIES FOR COMMUNICATION

1. Follow accepted email etiquette, applicable within your network / organisation
2. Follow company policy with regards to internet use, email use and intellectual property
3. Do not using antagonistic and overly negative comments
4. Make sure all your readers can identify you as the sender
5. Limit the use of capitals only to beginnings of sentences and names of people / organisations
6. Send emails only to those who must receive them
7. Avoid attachments, and if you must, send only small sized ones
8. Be careful when forwarding others' emails
9. Use a meaningful subject line
10. Check your language, spelling and punctuation before sending off
11. If your email required a response, follow-up email with a phone call
12. Do not be tempted to participate in chainmail

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

## Short Courses in Community Eye Health 2013



The Community Eye Health Institute will offer the following short courses in 2013.

### 1. COMMUNITY EYE HEALTH FOR OPHTHALMOLOGY REGISTRARS

This 3-day course, which will be offered in May is aimed at providing an overview of the principles and techniques of blindness prevention, particularly from a developing country perspective. It is recommended for ophthalmology registrars, ophthalmologists, optometrists and other clinicians who want to gain insight into the issues of community eye health.

### 2. PROJECT MANAGEMENT FOR VISION 2020

This 5-day, practical workshop-type course, offered in March, is aimed at equipping participants with the knowledge and skills to conceive, plan, implement and manage projects as part of their prevention of blindness programmes. It is recommended for eye care professionals at national, regional or district level who are responsible for managing existing or new projects in eye care. The tools and resources are also useful for programme management functions.

### 3. MANAGEMENT ESSENTIALS FOR VISION 2020

This 5-day, out-put-driven workshop-type course, offered in November, is aimed at providing practical training in a set of key management skills, producing participant-specific outputs such as action plans, budgets, monitoring frameworks, etc. It is recommended for eye care professionals at national, regional or district level who are responsible for managing eye health programmes or Vision 2020 surgical units.

### WHERE WILL THE COURSES BE HELD?

The course venue is in the CEHI Training Centre, Eye OPD, Groote Schuur Hospital, Main Road, Observatory, Cape Town, South Africa.

### WHERE CAN MORE INFORMATION BE OBTAINED?

Visit the UCT-CEHI website ([www.cehi.uct.ac.za](http://www.cehi.uct.ac.za)) or email [Ntombizanele Magwa at Zanele.Magwa@uct.ac.za](mailto:Ntombizanele.Magwa@uct.ac.za) or [cehi@uct.ac.za](mailto:cehi@uct.ac.za).

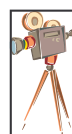
### TELL YOUR STORY IN CEH-iNEWS!

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](mailto:cehi@uct.ac.za) and we will take it further.

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



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



We are thankful for those of you who sent stories to CEH-iNEWS. Keep them coming! Those that have been published provided valuable information to our growing number of readers, for whom we are also extremely grateful.

Best wishes for joy and peace over the holiday period, and an exciting