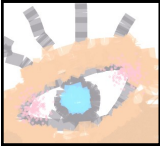




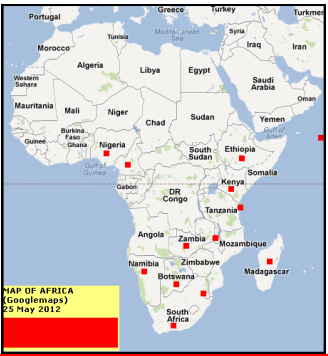
CEH-iNews



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Contributor map



Information management in Madagascar

The SALFA Eye Clinic in Fianarantsoa is the biggest and busiest eye clinic in the southern part of Madagascar, serving a population of 5.8 million people. Fianarantsoa is situated about 400 km from the capital Antananarivo. Since its establishment in 1993, SALFA has provided comprehensive eye care services, including cataract surgeries (approximately 1000 per year), refractive error services (in 2013 SALFA dispensed 3271 spectacles) and training. To date 9 ophthalmic medical officers have been trained.

The Eye Clinic Manager of SALFA, Dr Samoela Rajoana, designed an information management system called "EyeClinic Soft" which is used in the clinic to manage the data involved in clinical activities of SALFA. The programme comprises of six integrated modules, namely the Outpatient, Surgical, Business, Cash, Stock and Purchasing modules. The clinical modules allows for the capture of patient registration, consultation and treatment data, and relate them to relevant financial management functions. The version in use at SALFA is in French, but can easily be adapted for use in other languages, like English for example. The programme is easy to use and is fully compatible with other office equipment and programmes. The "EyeClinic Soft" programme also works over networks, which makes it possible for multiple users to update patient records simultaneously.

Using "EyeClinic Soft" helps with the smooth running of clinic activities as well as access to information which in turn improves patient care.

SALFA is grateful for the support of general synod the Malagasy Lutheran Church, under whose auspices the project functions, the Health Department of the Madagascar government and CBM International, who has provided funding for over 10 years now.

Dr Samoela Rajoana completed the Certificate Course in Community Eye Health (CertCEH) in 2011. He also teaches Management at ISSEG, a university in Madagascar. His email address is fanomezana5@yahoo.fr



Inside this issue:

- Refractive error outreach, Zambia p2
- Teambuilding, South Africa p2
- Advocacy and awareness raising, Cameroon p2
- Health promotion and case finding, Afghanistan p3
- Mobile eye hospitals, Zambia p3
- Better Management Practices: Teamwork p3
- Soft skills: How to listen p4

Apply now!

MANAGEMENT ESSENTIALS FOR SUCCESS IN VISION 2020
Starting 28 October 2013

This 5-day, output-driven workshop-type course, offered end October, 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.

Enquiries can be made to:
The CEHI Administrative Officer
at nik.jansenvanvuuren@uct.ac.za
or telephone +27-21-4066216.

The importance of follow-up

Good functional vision is a critical skill for people who rely on their near vision for daily activities such as hand work, cooking and reading. Most health care workers only assess distance vision to determine the outcome of cataract surgery.

The eye care team at Nkhoma Hospital in Lilongwe, Malawi perform more than 3000 cataract surgeries per year. While all patients are tested for visual acuity the day after surgery, very few patients come back for visual acuities 4-8 weeks later, according to the WHO's recommendation. Dr Will Dean (CertCEH, 2005) and his colleagues did patient follow-ups at 4 – 8 weeks after cataract surgery to determine how the vision function of the patient improved. Using a standard questionnaire, they asked patients about the difficulties they experienced with their vision and about their satisfaction with their recent surgery. In addition to the visual acuity test, they also performed an objective and subjective refraction. They encountered vast differences in how some patients judged their own vision function. One patient, who had a post operative VA of 6/60 was satisfied with his surgery, because he could perform many of his daily tasks. This was evidenced by his near-vision reading of 6/7.5 and 6/38. Another patient had good post-operative VAs (6/7.5 and 6/9), but was dissatisfied – because his near acuity was 6/24 in both eyes!

It is the responsibility of the eye care worker to work towards the best possible outcome of their clinical interventions. This often means that patient follow-up should include an assessment of vision-related quality of life and near vision assessment where possible.

Refractive error outreach in Zambia

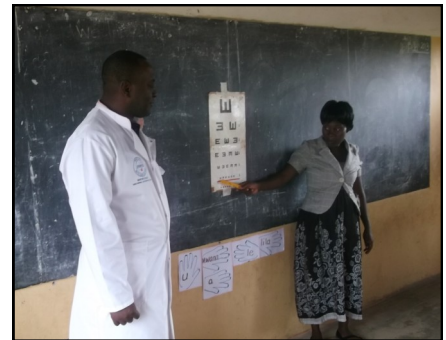
The Kasama General Hospital Eye Department in Northern Province, Zambia, conducted six non-surgical outreaches so far this year. Dr Elijah Mutoloki, the only ophthalmologist in the province, set up a Vision Centre for refractive error services in partnership with Vision Aid Overseas at the hospital, making it possible to offer full refractive services and provide it as part of non-surgical outreaches in the province. In March, the team conducted a school screening outreach in three schools in the district.

A total of 564 school children, teachers and the nearby villagers benefited from the school screening outreach. 26 children who were diagnosed with refractive errors received spectacles. Many teachers were also trained to conduct visual acuity testing.

Says Dr Mutoloki, "Through this exercise we learned that screening outreaches can be conducted even when there is no specific budget or outside sponsorship for them,

simply by incorporating the school screening activities in the normal activities conducted by the districts, thereby working towards integrated district health services.

During the school screening exercises, we realised that we should be prepared to extend the services to the adults as well. Many elderly people also came to make use of the refractive error services offered during the outreach. It seems now more possible that screening outreaches can become part of the package of care offered in the districts at minimal additional cost. This also ensures that improved access to eye care services can be achieved through optimal use of scarce health care resources." Thanks to the assistance and support from the Kasama General Hospital, the Kasama District Health Management, the school authorities, and Vision Aid Overseas for supplying the spectacles, this project was a huge success.



Dr Mutoloki, the Medical Superintendent of the Kasama General Hospital, who completed the Postgraduate Diploma in Community Eye Health (PgDCEH) in 2011 observing a teacher doing visual acuity testing. His email address is emutolokim@yahoo.com

Teambuilding in Mpumalanga

Every year, Mpumalanga Provincial Department of Health in South Africa holds a year-end eye care capacity building workshop, organised by the Provincial Eye Care Manager. In 2012, the event was held in Nelspruit, the provincial capital. More than 60 eye care staff attended this, which ran over 2.5 days, involving all staff involved in eye care services: ophthalmologists, optometrists, ophthalmic nurses, other eye trained nurses and district eye care coordinators from various health facilities. A key highlight of the workshop, as previously, was the teambuilding session, which was scheduled after the main training objectives have been met. The teambuilding is a carefully planned event which usually pits the three districts against each other. The teams engaged in games that showcased skill (tug

of war), problem solving in teams (hide and seek), and role plays to demonstrate life lessons or creativity. All the activities were accompanied by melodious singing, thunderous cheering and boisterous dancing. Needless to say, the activities required serious teamwork! The teambuilding sessions were thoroughly enjoyed by all, and the competition was fierce! From the teambuilding activities we learned that we need to pull together as eye care professionals to eliminate avoidable blindness. Creativity and innovation (as illustrated in the role play) is needed for improving our services. We also need to commit ourselves to give patients the services they need. This teambuilding helps to strengthen our commitment to work together for better eye health of the people of Mpumalanga.



Contributed by Ms Thugwane, participating in tug-of-war here, who completed the PgDCEH in 2012. Her email address is dthugwane@yahoo.com.

Advocacy and awareness raising in Cameroon

The Cameroon Baptist Convention Health Services (BCHS) is a faith-based non-governmental organization which provides comprehensive health services in 7 out of the 10 regions that make up the Republic of Cameroon. Mr Simon Yuh Nantang, the Eye Manager, in collaboration with the Government National Eye Coordinator in the Ministry of Public Health, works towards the attainment of VISION 2020, operating from the Mbingo Baptist Hospital in Bamenda, in the North West region.

Over the last several years, BCHS has successfully utilized a "Strategic Eye care Empowerment Initiative (SECEI)", using advocacy and health promotion to attain eye health, thereby empowering communities. The SECEI approach convinces prominent

and influential personalities in communities with eye problems of the benefits of having their eye problems solved. After their sight had been restored, their low vision had been rehabilitated and their refractive error had been corrected, they are used as promoters in their communities to encourage others to come for treatment.

For example, a certain Chief V.Y.A, a traditional ruler over 170 000 people, was blind due to bilateral cataract and underwent cataract surgery, which restored his sight. This made him very happy, and he undertook to tell his subjects to attend eye clinics and have their eyes checked regularly. This will help to improve uptake of eye care services provided by BCHS and ultimately contribute to the aims of the Vision 2020 strategy in Cameroon.



Mr Nantang, who completed the PgDCEH in 2009, along with one of his team mates, after having been decorated by the Chief as a reward for his good work in eye care. His email address is nanjusim@yahoo.com

Health promotion and case finding in Afghanistan

SERVE Afghanistan is UK-registered charity with a mission is to bring hope to the people of Afghanistan. SERVE is currently working in the four regions of Afghanistan: Jalalabad, East, Kabul (Central), Kandahar (South) and sometimes in the north, focusing on two major groups, namely individuals and communities at risk for poor eye health in underserved rural areas, and school teachers and local BPHS workers (health promoters) who serve as point of first contact for people with eye problems.

The SERVE Prevention of Blindness (PBL) project was started in May 2000 mainly as a preventive eye project. The project purpose is to provide comprehensive eye care services and give primary eye care training to medical and auxiliary staff members, community members and school teachers. There are presently three mobile screening teams

(MST), a training team and mobile operation team (MOT). In 2012, the SERVE teams performed 837 cataract surgeries, corrected 6270 refractive errors and conducted 5 outreach camps in remote areas. In addition, two MSTs conducted daily screening camps in more than 70 nearby villages. The success of the SERVE Afghanistan PBL project can be attributed to the fact that the project is adequately equipped with the appropriate human resources, including a dedicated project manager (Dr Naseer Durrani, who completed his PgDCEH in 2012).

Together with the clinical staff and other support staff, the project team travels throughout the country, screening and treating people with eye problems in villages, community health clinics and schools and providing educational workshops to health professionals in those areas.



A SERVE ophthalmologist examines a patient who came for treatment after hearing about the services SERVE provide from a health promoter in Parwan province.

Contributed by Dr Durrani, whose email address is pblklb@serveafghanistan.org

Mobile eye hospitals in Zambia

In 2011, the Zambian Department of Health launched the Mobile Hospital Project, an initiative of the late President Mwansa's, to enhance the rural population's access to specialist medical services.

Each mobile hospital is made up of 7 huge trucks that carry medical staff, equipment and supplies to remote areas. The medical staff includes physicians, surgeons, gynaecologists, ophthalmologists and others. Each truck has a specific purpose, for instance one truck is a state of the art theatre, another is a pharmacy, another is a laboratory and yet another is a radiology unit. The mobile hospitals are managed by the Ministry of Health and supported by other government departments like the police that provides security services. People who mostly benefit from the mobile hospital services are poor rural communities.

Mr Metela Lukavu, Cataract Surgeon and Ndola Eye Programme Coordinator says that the mobile hospitals are very popular and people with various eye conditions have come to the fore in great numbers, especially patients with mature senile cataracts. In the Copperbelt Province, over 3000 surgeries have been conducted in the mobile hospitals so far, including more than 300 cataract surgeries.

"Interestingly the mobile hospitals even attract patients from Kitwe and Ndola, both centres with well established and fully equipped eye units. On the other hand, we have also seen an increase in patients needing cataract surgery and ready made spectacles. I hope the attraction of the mobile hospitals does not wane as the novelty wears off over time", say Lukavu. "This is a good lesson in marketing our products and services."



People seeking eye health services waiting for their turn at the mobile hospital. Contributed by Mr Lukavu, who completed the PgDCEH in 2011. His email address is metelalukavu@yahoo.com

Better management practices: Teamwork

A team is the smallest group of people that act together to apply their complimentary skills and attributes for a common purpose. Teams can be as small as only two people! Teamwork usually starts with a single person with one aim and purpose, who then assembles more members who will help to develop and meet the objectives. Several teams working together for a higher purpose forms another team, and so on.

Members of the same team usually share common goals and have similar values. Well-functioning teams utilize their time together effectively and efficiently and have an established communication system. They also know how decisions are made and conflicts are resolved.

Teams' actions can involve work (where the aim is to produce), play (where the aim is to enjoy) and grow (with an aim to develop).

Examples of teams in eye care are: outreach teams, surgical teams, eye clinic teams and management teams.

Teamwork is important so that skills and resources can be shared, to plan systematically, to organise activities and to function on multiple levels. Teamwork facilitates social integration, participation and interaction as well as work-related skills development. It is essential for personal growth and development and creates opportunities for achievement and reward.

Successful teams are committed and productive. Committed and productive teams are comprised of committed and productive individuals because team members influence each other positively.

Successful teams enjoy the respect and appreciation from the clients that they serve as

well as the trust and confidence of senior management, resulting in more favourable decisions about their plans and proposals.

Motivation levels are high in successful teams, making it possible to achieve even more, resulting in even greater reward! (Extracted from the CEHI Better Management Practices workbook)

HOW CAN COMMITTED AND PRODUCTIVE TEAMS BE DEVELOPED?

1. Realise that teamwork starts with you!
2. Know your (place in your) team
3. Commit to the team's objectives
4. Participate in team development and maintenance strategies
5. Perform to meet your team's objectives
6. Monitor, evaluate and celebrate!

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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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.

HOW TO LISTEN

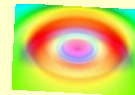
Success in almost anything starts with effective communication, and listening is a critical element without which communication is extremely difficult.

The first step to Listening is to commit yourself to Active listening. This involves conscious efforts to do the following:

1. Concentrate on what is being said. This is not always so easy! The main thing is to look at the person who is speaking and neutralise your biases.
2. Encourage the speaker, asking questions when unclear about something. However, do not interrupt! Delay your responses until prompted.
3. Ignore distractions, and if necessary shut out sights and sounds or persons who may disrupt the conversation.
4. Focus on the main ideas being transferred and test your understanding by making a few statements like, "So, you say / think / propose that..."
5. Do not change the subject in the middle of the conversation, instead make sure that the topic of discussion has been dealt with satisfactorily according to the speaker.
6. Empathise if necessary, but adhere to appropriate protocol where required.

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

Training Programmes in Community Eye Health 2014



1. POSTGRADUATE DIPLOMA IN COMMUNITY EYE HEALTH

This one year post graduate diploma in community eye health provides training in the management of district Vision 2020 programmes. 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. It is aimed at Vision 2020 coordinators and programme managers at national, district and facility level.

2. CERTIFICATE COURSE IN COMMUNITY EYE HEALTH

This 10 week certificate course in community eye health provides training in the management of district Vision 2020 programmes. The course is offered in a practical, hands-on format with exercises and assignments designed to develop competencies necessary for planning and managing a district Vision 2020 programme. It does not provide clinical training in ophthalmology. It is aimed at Vision 2020 coordinators and programme managers at national, district and facility level.

3. MASTER OF PUBLIC HEALTH (COMMUNITY EYE HEALTH Track)

This 1-2 year residential public health masters degree in community eye health is designed to provide training in research and management of Vision 2020 programmes. Two community eye health courses, offered by the Community Eye Health Institute, prepare the candidate for research in community eye health, together with 8 other courses, including research methodology and epidemiology. It is aimed at eye care professionals interested to pursue an academic career in community eye health.

WHERE WILL THE COURSES BE HELD?

The 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) or email the secretary Nik.JansenvanVuuren@uct.ac.za or 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 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.