

## **AAA/ LFTW MAPUORDIT PRIMARY EYE CARE**

### **JANUARY – DECEMBER 2010 COMPREHENSIVE REPORT**

#### **Introduction**

We started the year 2010 with a great hope that it will be a peaceful year despite of the general presidential and parliamentary election from both Northern Sudan and southern Sudan.

Sudan is among the biggest countries of Africa second to Democratic Republic of Congo, thus its administration has been very difficult due to internal conflict.

In such situation it was not easy for the government to stabilize the social services for its people even if there was a will, instead International Non Government Organization (NGO's) have been trying hard to offer services like health, water, education and all other humanitarian aid like supply of food etc.

Next year in January the 9<sup>th</sup> another big occasion is going to take place whereby all the Southern Sudanese are going to vote either for unity or separation. We hope this exercise will end up peaceful and allow us to continue working as usual.

#### **PROJECT MISSION STATEMENT**

AAA/LFTW Believes that long term experience of interfacing between blindness prevention, work with disabled people, and development cooperation, means for us to act as advocates for people who are blind or disabled or at risk of becoming blind or disabled in the poorest regions of the world like Southern Sudan.

#### **PROJECT VISION STATEMENT.**

AAA/LFTW believes in Vision for all by the year 2020 through :-

- Staff development (Focused on local staff training)
- Eye disease control (Focused on the first five causes of blindness in Africa)
- Infrastructure improvement (Focused on providing quality eye care equipments)
- Transparency, quality, equity and human dignity.

#### **GENERAL OBJECTIVES**

1. Preventing avoidable blindness and restoring eyesight.
2. Rehabilitating people who are blind.
3. Preventing and treating disabling conditions.
4. Promoting the rights of persons with disability.
5. Train local skilled workers.

## SPECIFIC OBJECTIVES

1. Screen **3000** patients.
2. Operated **300** Cataract.
3. Operated Trachoma trichiasis **150**
4. Screen **1200** school children.

### 1. STAFF SITUATION

The eye clinic has been running with the following staff.

- i) Dr. Br. Rosario Iannette – Medical Director for Mapuordit Hospital
- ii) Jeremiah Mtwewe – OCO
- iii) Thomas Serino – Primary Eye Care Worker
- iv) Abraham Chol Puoc – Primary Eye Care Worker
- v) Priskila Ayor Maciek – Cleaner

At the beginning of the year we received new arrivals as narrated below

- Saraweki Mbelwa – OCO
- Rebeca Ayen Jacob – Primary Eye Care Worker
- John Rin Malou – Driver
- Tito Majak Matoc – Cataract Detector
- Isaac Dhuor – Cataract Detector

### OBITUARY

The Mapuordit Eye Project is regretting to report death of one of its field staff (Cataract Detector) Tito Majak Matoc who based in Yirol on 18th October 2010. May the Almighty rest his soul in peace. Amen

### 2. STATIC CLINIC.

We continued with static eye clinic at Mapuordit Hospital and a total number of patients attended as follows:-

- Male Adults **865**
- Female Adults **639**
- Male children **148**
- Female children **102**

Total patients attended from January to December 2010 is **1754** (*see attached statistics*)

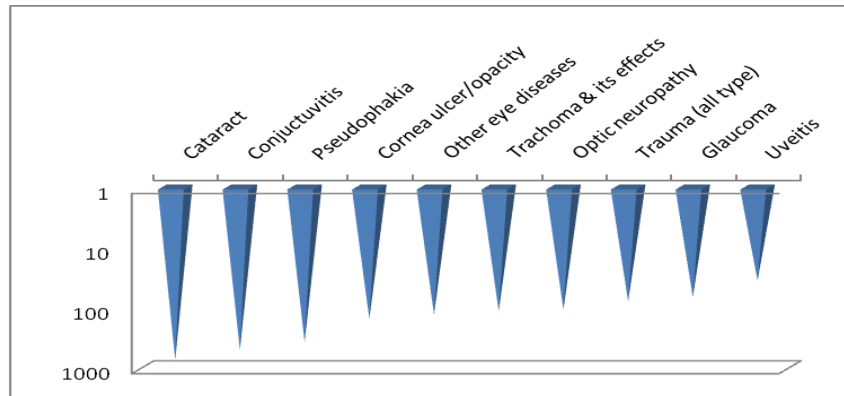
### 3. MOBILE CLINIC

We continued as well with our mobile clinics as it has been a custom that very few blind patients come to the hospital on their own. The following is the number of patients screened outstation for the whole year

- Male Adults **397**
- Female Adults **196**
- Male children **343**
- Female children **88**

Total patients screened at mobile clinics are **1024** (*see attached statistics*)

## THE TOP TEN EYE DISEASES 2010



If you look at the statistics you find that 346 people (Not included in the above graph) came for eye service had normal eyes as their diagnosis. This means people are coming for eye check up regularly which is good for primary eye care which its main objective is to deal with healthier people for the purpose of preventing them from becoming blind by giving them proper health education

#### 4. OPERATIONS

With the collaboration of CMA team we managed to organize three cataract camps as follows:

##### March 2010.

- Cataract operations **58**
- Tarsal Lid Rotations **11**
- Others **6**

Total eye operations **75** (see attached statistics)

**Target was to operate 100 cataract (Achieved 58%)**

##### May 2010

- Cataract operations **46**
- Others **6**

Total eye operations **52** (see attached statistics)

**Target was to operate 100 cataract (Achieved 46%)**

##### October 2010 – LID SURGERIES CAMPS

We did three Trachoma Trichiasis operation camps in three different locations as follows:

- a) Adior whereby we operated **16** patients
- b) Bunagok whereby we operated **44** patients
- c) Yirol town whereby we operated **18** patients

**Target was to operate 100 patients (Achieved 78%)**



Saraweki performing Lid surgeries at Yirol – October 2010

**November 2010**

- Cataract operation 57
- Trachoma Trichiasis 2
- Others 2

Total Eye Operations 61 (see attached statistics)

Target was to operate 100 cataract (Achieved 57%)

**2010 Operations Done Summary**

1. Cataract 161 (54 %)
2. Trachoma Trichiasis 97 (65%)
3. Others 19

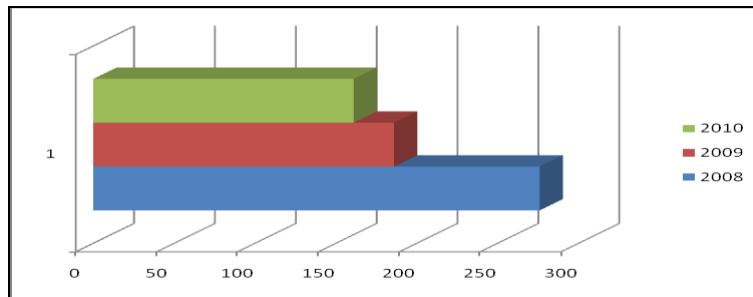


Operated patients waiting for their first dressing post operatively  
Mapuordit - November 2010



The microscope used for eye surgeries  
Mapuordit – November 2010

**COMPARISON OF CATARACT OPERATIONS IN THREE YEARS OF OPERATION IN SUDAN – LAKE STATE , YIROL COUNTY  
2008 - 2010**



If you look at the pie chart above you will find that the number of cataract operation is going down every year despite of improving staff situation, and yet cataract is still the leading course of blindness worldwide. The reason to why this is happening check some of the challenges at the bottom

**5. School Eye Health**

School eye health program was done only in one school due to transoport problems and 295 pupils were screened.



School program at Aguran Primary school - 2010

**6. Continuing Medical Education**

a) We continued with on job training whereby **Thomas Serino** was trained to do Trachoma surgeries



OCO Teaching Thomas Serino how to do Lid surgeries - Bunagok 2010

b) The following three Community Eye Workers i.e.

- i) **Thomas Serino**
- ii) **Abraham Chol Puoc**
- iii) **Rebecca Ayen**

were trained theatre management skills for 10 days and a practical part of it has to be continued in main theatre with the cooperation of Dr. Rosario and other theatre staff for sometime until they are competence



**OCO Demonstrating eye instruments to CEW**

c) We also participated in practical teaching of Student Nurses of Rumbek Nursing Training school currently operating at Mapuordit Hospital



**A Student Nurse doing external eye examination – Mapuordit 2010**

## 7. CE Worker Training

We managed to conduct the following trainings for the year 2010.

a)

- We managed to train **6** primary Eye Care Workers from Febr 15th to 26th 2010 but
- Only **1** was employed by the organization together with
- **2** Cataract Detectors.



CEW Trainees in class – Mapuordit 2010

b) We also conducted one day seminar for all the Village Health Committees for becoming Community Eye Care Mobilizers in almost all the villages we visited during the year as follows:

- Wouwou PHCU, **16** Village health committee members were trained
- Pandit PHCU, **24** Village health committee members were trained
- Atiriu PHCU, **13** Village health committee members were trained
- Adior PHCU **12**, Village health committee members were trained
- Barpakeny (Adol PHCU) **10** Village health committee members were trained



Training of the village health committee- Wouwou 2010

A total of 75 Village health committee were trained

## 8. Health Education

We continued with health education to all our customers and their co relatives whose accompanied them to the Hospital.



Health Education being given – Yiol 2010

A total of 5562 people benefited from health education. *(see attached statistics)*

## 9. EQUIPMENTS & DRUGS

We acknowledge receipt of all items as it was budgeted although some of these goods arrived late due to complex logistics in Sudan.

Please see attached inventory List



Preskila Ayor arranges drugs in the cupboard – 2010



## 10. EYE GLASSES

We received a donation of eye glasses via AAA – Sudan head office in Nairobi from its donor friends Italy. Many patient benefited as the picture below shows some leprosy patients from panamat village supported by AAA – Leprosy project who had eye surgery due to cataract enjoys improved sight after receiving a pair of glass each.



### Mapuordit 2010

Below is Thomas Serino (CEW) doing subjective refraction to one of our patient who had reading problem



### Mapuordit 2010

## 11. EYE CLINIC BUILDING

The eye clinic building is small to accommodate office, clinic and storage. We therefore request if funds will be available to build a small store adjacent to the eye clinic and some funds for regular repair of the existing building.

## 12. TRANSPORT

The eye clinic car has been grounded since May, thus made our mobile eye services stop since that time. Thanks to the administration in Nairobi for offering us a different car in October to go in the field to perform Lid Surgeries. Community Eye workers are provided with bicycles which allow them to move easily in the community for awareness creation and mobilization.

However we have also requested in the budget if funds will be available to buy for us a motorbicycle preferably **Suzuki** which has a wide carrier for our mobile alluminium box.

### **13. RELATIONSHIP**

Our relationship with other NGO working in the area is perfect as we have been collaborating with them very well despite of some negligible shortcoming.

### **14. ACHIEVEMENT**

1. We managed to train 4 Primary eye Care workers
2. We managed also to train 2 Cataract Detectors
3. We also managed to train 75 Village health Committees
4. We managed to operate 161 cataract out of 300
5. We have managed to operate 97 Trachoma Trichiasis out of 150
6. Strengthened cooperation with other NGO dealing with prevention of blindness in Lake State
7. Incidence and prevalence rate of cataract around Mapuordit is reduced

### **15. CHALLENGES**

We have achieved 52% of our targeted objectives, and this might be because of the following reasons.

1. Distance factor – Many patient could not manage to come because of the distance
2. Operation fees – Many patients can not afford to pay the operation fee even if it is reduced by 50%
3. Transport means – Many patients showed interest to come but means of transport was a stumbling block
4. Insecurity factor – Many patients from yirol East feared to come because of clan clashes between themselves.
5. No funds were allocated for Trachoma Trichiasis surgeries

### **16. SUGGESTIONS FOR IMPROVEMENT**

1. Cataract camps should be shifted to other locations to shorten the distance of travelling for the patients
2. We suggest the operation fees to be reduced to 25%
3. We suggest the GoSS to improve infrastructure especially roads
4. We also suggest to the GoSS to strengthen health education to the community about Peace and Reconciliation
5. We ask the donors to allocate funds for Trachoma surgeries in the next year budget as it is reflected in the budget application.
6. Intrasectoral & interdisciplinary collaboration.

### **17. FUTURE PLANS**

- a) We are planning to screen 3000 patients per year 2011
- b) We are planning to operate 300 cataract per year 2011
- c) We are planning to operate 200 trichiasis per year 2011
- d) We are planning to screen 1200 school children per year 2011
- e) We are planning to give health education to 7000 people per year 2011 (see attached work plan)

written by:

#### **1. Jeremiah Mtweve**

(OCO Mapuordit)

#### **2. Thomas Serino**

(Senior CEW)

