Eye Health System in Tanzania Mainland

CBM Sustainability workshop
Mwanza
3rd - 4th December 2012

Dr. N. Mwakyusa

National Eye Care Program

Ministry of Health and Social Welfare

OUTLINE

- General Background
- Strategies and Policies
- Achievements
- Challenges
- Acknowledgement

Background

- 25 regions, 132 districts, 516 divisions
- 2012 Population projection: 44.3 Million
- 19/25 regional hospitals
- Health care provided through public, faith based and private facilities at 3 levels
  - Primary (District hospitals, FLHF-Disp & HC, & the community).
  - Secondary (Regional Referral hospitals).
  - Tertiary (National Hospital, Zonal Referral hospitals and Specialized hospitals).

Background contd.

- Eyes- among the top 10 diseases
- Actual National blindness prevalence unknown, WHO estimate = 0.7%
- Common causes: Cataract, Corneal opacities, Glaucoma, childhood blinding conditions, Uncorrected RE, Retinal conditions-DR, Optic Nerve Diseases, AMD
- Services provided at all levels, at varying ranges subject to a number of factors.

Strategies and Policies

- Coordination by the MoHSW – NECP
- Vision 2020 ratified in 2003, 1st SP 2004/8
- A 2nd 5 yr SP (2011-2016) being implemented
- Guiding policies & strategies: National Health policy, MKUKUTA, HSSP III, PHSDP, HRH SP, National Package of Essential Health Interventions
- Health sector reforms strengthen LGAs emphasizing on PPP

Achievements-HR

Cadre	Situation 10 years ago	Current situation
Ophthalmologists = 30	• Initially 1 training institution- Muhimbili: Govt support, 1998 KCMC started: CBM support • Average intake 1 to 2/yr	• Two institutions Muhimbili & KCMC • Average intake 2-3 /yr • Govt, CBM & EACO support • Sub- specialization- 2 paediatrics, 2 VR, 1 glaucoma-on training
AMO-O in Ophthalmology = 63	• Training focused on getting cataract surgeons, Govt SS support	• Producing CS as well as AMO-O general for implementation of non surgical eye health interventions • Govt SS support
Optometrists = 175	• KCMC the only school in EA. • LV not emphasized	• 4 LV therapists, 3 Orthoptists, 6 LV oriented • Curriculum including LV, BSC
Ophthalmic nurse = 139	• KCMC the only school, offering Adv Dipl. • SS support	• KCMC is still the only school • Advancing to awarding BSC
OA = 150	• Mvumi the only centre	• 2 more centres: St. Elizabeth, Kolandoto

Achievements-Infrastructur

Level of service	Situation 10 yrs ago	Current situation
Tertiary eye care centres	• Mainly KCMC and Muhimbili with CCBRT in its 6th yr of service	• Well equipped centres (KCMC, Muhimbili and CCBRT) e.g Phaco, Laser therapy, OCT • Ongoing Vision 2020 Links for technical as well as infrastructure support. • Child eye health units - dedicated space/rooms within hospital premises • Ongoing joint EA efforts to strengthen infrastructure through regional plans e.g SiB CEH initiative.
Secondary eye care centres	• Few regional hospitals had eye units	• Established eye units at regional hospitals (dedicated space, theatres, wards for eye patients)- SS, Lions, FHF, CBM • Well equipped 12 Vision centres providing an opportunity for generation of resources for self running of the units- ICEE
Primary eye care centres	• Few district hospitals had eye units	• Eye units being progressively established at district hospital level

Eye department at Kigoma Regional Hospital

Entrance to Eye Theatre at Iringa Regional Hospital

Achievements -Disease control

- Cataract surgical services provided at all 3˚ centres, some 2˚ and a few 1˚, SICS & Phaco
- Diabetic Retinopathy: - collaborations with Tanzania Diabetic Association and International Diabetic Foundation
- RE and LV: BHVI supports staff capacity building, infrastructure
- Childhood blindness: ongoing efforts by various partners supporting CEH- Muhimbili, CCBRT, KCMC, SCB-SiB CEH project

Achievements- coordination

- Policy guideline and SP in place
- NPBC advisory body –
  - 2011 revision: new chair and subcommittees,
  - new name-NEHC to be introduced
- Eye medicines and supplies included in the current NELM
- Efforts to establish a parallel MIS (district hospital to national hospital) are underway
- NECP placed under NCD section
- Plans to upgrade NECP to a section
- Resource mobilization: Coordination project, SiB CEH, Kigoma, Camps-Kibondo & Ukerewe…….

Challenges

Eye Health Human Resource

- Shortage (quantitative and qualitative)
- Low productivity
  - Low motivation (lack of recognition, support from district/regional authorities
  - Unavailability for eye care-often cover the general HRH crisis
- Shift from diploma/advanced diploma to degree (Optometrists and Ophthalmic Nurses)
- Introduction of Competence Based Education and Training Awarding system and phasing out of advanced diploma award – recommended by the National Council for Technical Education.

Eye Health Infrastructure

- Inadequate appropriate working space at Regional and District levels

- Inadequate/lack of equipment, medicines, supplies and consumables at all levels

Coordination

- Limited coordination capacity at all levels
- Focus on Mortality Vs Disability – ***competition with priority interventions***
- Some partners interests not aligning with government priorities, non-transparency causing duplication of resources
- HMIS does not capture eye care adequately

Acknowledgement

To all Our Eye Health partners we say

Asante sana

LARES

Eye Health System in Lake Region

CBM Sustainability workshop
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Dr. L Kaji
Board Chairperson, Lake Region Eye Services

L A R E S

L A R E S

L A R E S

L A R E S

MAKE A TRUE I . D

DO NOT MAKE A U-TURN

% % % % % % % % % % % % % % % % %

1: Back ground :1995

- By 8th May 1995 , few eye workers of Mwanz a and Shinyana regions brought forwardthe need to formulate or establish an association 0f eye workers in the Lake Zone.
- The proposed name was : Lake Zone Sight Link Association.
- Aims and prospectives included :
- The Mission Statement.
- The Relationship.
- Area of population – The Lake Zone.
- By 29th May 1995 was revised and presented to higher authorities and donars (CBM) . But the National Prevention of Blindness Committee (NPBC) did not agree . So the idea came to a halt.

2 : The LAKE REGION EYE SERVICES (LARES)

- From 8th May 1995 to 8th May 2008, was a silent period . In June 2008 the whole idea of formation of an association was reviewed and revised. So by August 2009, proposal of Lake Region Eye Services (LARES) was completed and be established by year 2010 .
- **OBJECTIVE:**
- LARES is to advocate and implement the elimination of avoidable and curable blindness in the Lake region of North West of Tanzania, in allignment with the World Health Organisation Vision 2020 Strategic Plan ,Right to Sight ,declararion and thhe Tanzania Cision 202 Strategic Plan .
- All eye care personnel working in the Lake Region under any circumstances / various constrains with a big population of about 10,564,567 people (projected population) on their bare shoulders , will be members of LARES , regardless of whether employed by the Government or in private sector.

2 : The LAKE REGION EYE SERVICES (LARES)

- **AIMS.**
- The chief aim of Lake Region Eye Services (LARES) is to render high quality services with high quality outcome, in the region in orderto reach the goals of WHO Vision 2020 Strategic Plan , The Right to Sight , and the Tanzania Vision 2020 Strategic Plan
- In order to reach high quqality services in the region need to establish strong amalgamated efforts, relationships , and co operations among all eyecare workres in the whole region , an d should work as one strong team .
- As a regionl team ,will be viewing and setting plans according to the needs . Also know each other , and share experiences .

3: THE NEED AND NECCESSITY OF LARES

The following factors were greatly concidered in establishing LARES .

The Lake Region Profile:

3.1.1. Location.

The Lake Region surrounds the Lake Victoria in the North West of Tanzania. Comprised of four regions , that is Mwanza ,Mara Kagera, and Shinyanga .

3.I .2. Surface Area .

Total Surface Area : 155406 Square Kilometres .

65 percent (%) or 101383 Square Kilometres : Dry land.

35 percent (%) or 53993 Square Kilometres : Water covered land.

Mwanza Region :

Total Surface Area: 35187 Square Kilometres.

57 percent (%) or 20095 Square Kilometres : Dry land.

43 percent ((%) or 15092 Square Kilometres : Water covered land.

Kagera Region :

Total Surface Area : 39258 Square Kilometres

75 percent (%) or 29241 Square Kilometres : Dry land

25 percent (%) or 10017 Square Kilometres : water covered .

Shinyanga Region :

Total Surface Area : 50781 Square Kilometres :

64 percent (%) 0r 3248 sequa re Kilometres : Dry land.

36 percent (%) 0r 18300 Squaere Kilometre : Water coverd.

3.1.3 . Population . According to the National Census 2002.

Grand Total: 9176036 : Projected : 10564567

Mwanza Region : 2942148 : Projected :3464567

Kagera Region : 2033888 : Projected : 2500000.

Mara Region : 1400000 : Prolected : 1600000 .

Shinyanga Region :2800000 : Projected : 3000000 .

3.1.4 Health Facilities.

There are 9 health facilities which render regular/constant eye care services.

1. Mwanza Region : Bugando Medical Centre , Sekou Toure Reginal Hospital , Sengerema Hospital , Hindu Union Hospital
2. Kagera Region : Bukoba Regional Hospital ; Ndolage Hospital.
3 . Mara Region : Mara Region al Hospital.
4 . Shinyanga Region : Shinyanga Regional Hospital, Kolandoto Hospital .

3.1.5 Health Facilities in the Lake Region and Western by year 2007.

Health facilities that provided eye care services in the Lake Zone and Western Zone were also identified , bein g government or non government.

See Annex : Of 30th July 2007.

4: Magnitude of Blindness (By year 2008)

Target group : Total Population : 10564567 (projected)

Total Blind People : 126776 .

Cataracts : 76066 .

Childhood Blindness : 4226 .

Glaucoma : 12678 .

Refractive Errors and Low Vision : 2112914 .

Others .: 21130.

5: Human Resource

2008

REGION	OPTHALMOLOGIST	CATARACT SURGEON	ONO	OPTOMETRIST	OPTHALM.ASSISTANT//IE	TOTAL
Mwanza	1	3	17	7	4	32
Kagera	0	4	5	3	0	12
Mara	0	1	6	2	3	12
Shinyanga	1	5	7	7	3	23
TOTAL	2	14	35	19	10	79

5: Human Resource

2012

REGION	OPTHALMOLOGIST	CATARACT SURGEON	A.MO.OPTH	ONO	OPTOMETRIST	OPTH.ASS./IEW	TOTAL
Mwanza	1(retired)	4(2retired)	0	16	9	9	39
Kagera	0	4	1	5	3	4	17
Mara	0	1	0	7	3	3	14
Shinyanga	1(retiered)	6	1	7	7	4	26
TOTAL	2(retired)	15(2retired)	2	35	22	20	96

6: Review of Focal Factors

6. 1. Human Resources.

The Lake Region has few eyecare workers .The state of human resources need more concideration and active solution. That is Capacity building.

6. 2. Financial Resources .

Some regions are supported by NGOs , and some are supported by government . But the funds are inadequate.

6.3 Supplies and equipments .

There is a great shortage of equipments and supplies . most of the equipments are old and wornout. Moer worse is that ther are not easly available.

6.4 Infrastructure .

Very few health facilities in the Lake Region have appropiate eye clinics , wards , eye operating theatres.

6.5 Transport.

Also very few health facilities have vehicles .to enable them to have ease accessibility to people.

6.6 Sustainability.

Need to maintain the services . But currently eye sercices are poorly sustained. So ways of sustainability be concideerd.

6.7 Management.

The present situation of eye care workres in connection with RHMT and CHMT is poor. The eyeworkers are coopted members.

All these factors make eyecare services delivery not in a position suffice and meet needs and implementation of Vision 2020 Strategic Plan .

6.8 Other Factors that neccessitated the establishment of LARES includes :

6.8.1 The Lake Region covers a big surface area and water covered area with many islands. And some of these ares are not easly reachable.

6.8.2 Geographical features are almost the same .

6.8.3 The disease parten is moreless the same.

6.8.4 Lake Region is densely populated with about 10,564,567 people which is more than 1/4 of the whole Tanzania.

6.8.5 Uneven distribution resources.

6.8.6 Few eyecare workers as compared to the population .

6.8.7 Inadequate equipments an supplies . The available ones are old and poor condition.

6.8.8 Poor relationship among the regions .Each region works alone ,in an isolated enviroment under difficult situations ,conditions , resulting into poor quality services and poor quality outcome .

6.8.9 Currently the ongoing Mwanza Paediatric Clinic forr the Lake Zone and Western Zone need support. Mwanza Paediatric Clinic is done in collaboration with CCBRT, KCCO, KCMC. And Sekou Toure Regional Hospital.

6.8.10 Rquire high quality services and improve eye care workers difficulties they encounter.

6.8.11 Require high quality outcome depending on the availabilty of high quality equipments.

6.8.12 REC s Annual Meeting have stopped . Poor contact /communiction with Ministry of Health for updates.

6.8.13 Unfortunately our referral centre , Bugando Medical Centre does not give much support.

So from this point of view , found a way to improve eye services through team work ,planning together , sharing experiences etc.

In Summary:

Reasons :

1. Large population and big area.

2 .Few eye Workers , especially eye doctors.

3 .Inadequate poor quality ,old equipments. Also inadequate Supplies.

Objectives :

1.To assist the present eyecare workers to reach the people.

2.To have better quality equipments.

3. To give better and high quality services.

All these factors resulted into the formation Lake Region Eye Services (LARES) .

7.0 Declaration and establishment of the LARES

- During the second LARES meeting on 19th April 2010 in Mwanza it was declared that LARES be established.

8.0 LARES Management

8.1 General meetings will be held on the regional headquarters on rotating bases as planned.

8.2 The Chairperson will be elected by the members.

8.3 The Chairperson will be in office for a period of two years.

8.4 The Secretaiet will be the hosting region.

8.5 LARES will be answerable to : Ministry of Health, RAS /RMO DED/DMO ,NGO.

8.6 Dr. Lucas Kaji was elected, the first Chairperson .

9.0 Activites :

Setting of goals, planning of activities,budgeting , will timely be done.

10.0 Surgeries

Regarding Cataract surgeries , it was decide that need to have high quality services and high quallity outcome. It was observed that the Cataract Surgical Rates are low be raised from the year 208 by 30% to year 2010 , and from2010 be raised by 10% yearly

2008

REGION	CATARACT OPS.	TRABECULECTOMY	CATARACT SURGICAL RATE
Mwanza	1467	51	489
Mara	643	3	165
Shinyanga	1092	35	364
Kagera	412	20	165
TOTAL	31614	109	3011

Planned Surgeries by year 2010 : Increase of 30%.

REGION	CATARACT OPS.	TRABECULECTOMY	CATARACT SURGICAL RATE
Mwanza	2000	70	572
Mara	850	5	532
Shinyanga	11o3	45	500
Kagera	536	26	215
TOTAL	4489	146	428

With provision of high quality equipments , planned to raise the cataract surgical rate (CSR) by 30% by year 2010 and there after raise by 10% yearly.

11.0 Donation of Eye Equipments

In order to raise the CRS LARES looked for assistance of high quality equipments. LARES got some equipments donated by CBM-Canada and Jericho Foundation of Canada as follows:

Sengerma /Sekou Toure Hospital : - Zeiss FRI-1 operating microscope = 1.

Haagstreit Slit Lamp with applination tonometre= 1.

Musoma Government Hospital : -Gauder Vitrectomy machine = 1

Cataract Set = 1.

Ndolage Hospital : -Zeiss FRI-1 Operating microscope : = 1.

Applination Tonometre for Zeiss slit lamp :=1

Cataract Set : = 4

Equipments Handing over.

4/2/2011: Received some of the equipments at Sekou Toure Hospital.

5/2/2011 : Handed over to RMO –Mwanza

17/3/2011 : Handedover to RMO/REC – Mara .

21/3/2011 : Handeedover to Ndolage Hospital .

30/3/2011 : Handedover to Ndolage Hospital.

12.O The Vision, Mission , Phlosophy , Statements, and the Child Protection Policy

12.1 The Vision Statement.

To offer quality health services which are effective,accessible, and affordable ,to all people, regardless of Gender ,Ideology , Socio-economic status , delivvered by well trained staff and available resources.

12.2 The Mission Statement.

To provide compassionate care to the sick , through health services which are timely , effective , sight restoration ,and sight saving to all people using the aavailable resources.

12.O The Vision, Mission , Phlosophy , Statements, and the Child Protection Policy

12.3 The Phylosophy .

“ HEALTH for ALL ,VISION for ALL “.

A Lake Region Eye Service believes that every client is unique , with different needs . Every individual has her / his own past experience so that individual react differently basing on their past experience . So every client needs special attention that is to be recognised and valued as a humanbeing . Every individual has the Right to Sight . Each individual has a need to access to knowledge , treatment and , right to obtain services to retainn or protect his / her vision regardless the socio-economic varrience .

12.4 Child Protection Policy . See annaex.

13.O Meetings

Meetings to be held thrice a year. But may be rearranged . At the end of theyear , regional reports are presented

1ST Meeting : 21 January 2010.

2ND Meeting : 19-22nd April 2010.

3RD Meeting : 21st -22nd March 2011

4TH Meeting : 17th -19th July 2011.

5TH Meeting : 18th -20th January 2012-12-02

6TH Meeting : 6th -8th June 2012 .

14.O Committees

14.1 Constitution Committee/ Task Force.

14.2 Five Year Strategic Plan Committee.

14.3 World Sight Day Commemoration.

14.4 Mwanza Paediatric Clinic Committee.

14.5 Technical Advisory Committee

15.O The Five Year Strategic Plan – LARES -2012 -2017

The Five Year Strategic Plan -LARES 2012 -2017 ,to be reviewed and be completed by next general meeting in January 2013

16.0 Difficult to Reach Areas

Ther are areas / locations which are hard to reach and yet underserved . LARES decided and planned to visit them and render services as planned. Areas identified inludes :

1. Mwanza region : Ukerewe District.
2. Shinyanga Region : Bariadi District = Makao.
   : Meatu District
3. Mara Region : Musoma Rural = Ruku .
4. Kagera Region : Muleba, Chato, Ngara Districts.

17.O LARES Constitution for an assossiation

Formation of LARES assossiation is on the process. Compilation of the document will also be in the next meeting. The aim is to form an association

18.O World Sight Day Commemoration

It was decided /planned that commemoration of World Sight Day be done to mark and honour LARES . WSD 2012 is planned to be commemorated in Ukerewe District being one of the difficult to reach areas. See attached butdget

19.O Challenges

19.1 Financial Resources .

LARES has no funds at all.

Litlle funds allocated to eye care services activities. RHMT ,CHMP do not allocate enough money for eye care activities.

19.2 Human Resources.

All health facilities have few eye health providers.

19.3 Supplies and equipments .There is great shortage of equipments and general supplies.

19.4 Infra structure . Very few hospital s/health facilities have standard eye clinics , eye wards ,eye theatres.

19.5 Sustainability . Many facilities are donar dependants.

19.6 Advocacy. Weak advocacy . Need to conduct sensitization at all leevels .

19.7 Weak relationship between Bugando Medical Centre and othe facilities.

20. Way forward / Recomendation

20.1 Objectives : Broad.

20.2 Purposes: Eye care services in Lake Region significantly be improved.

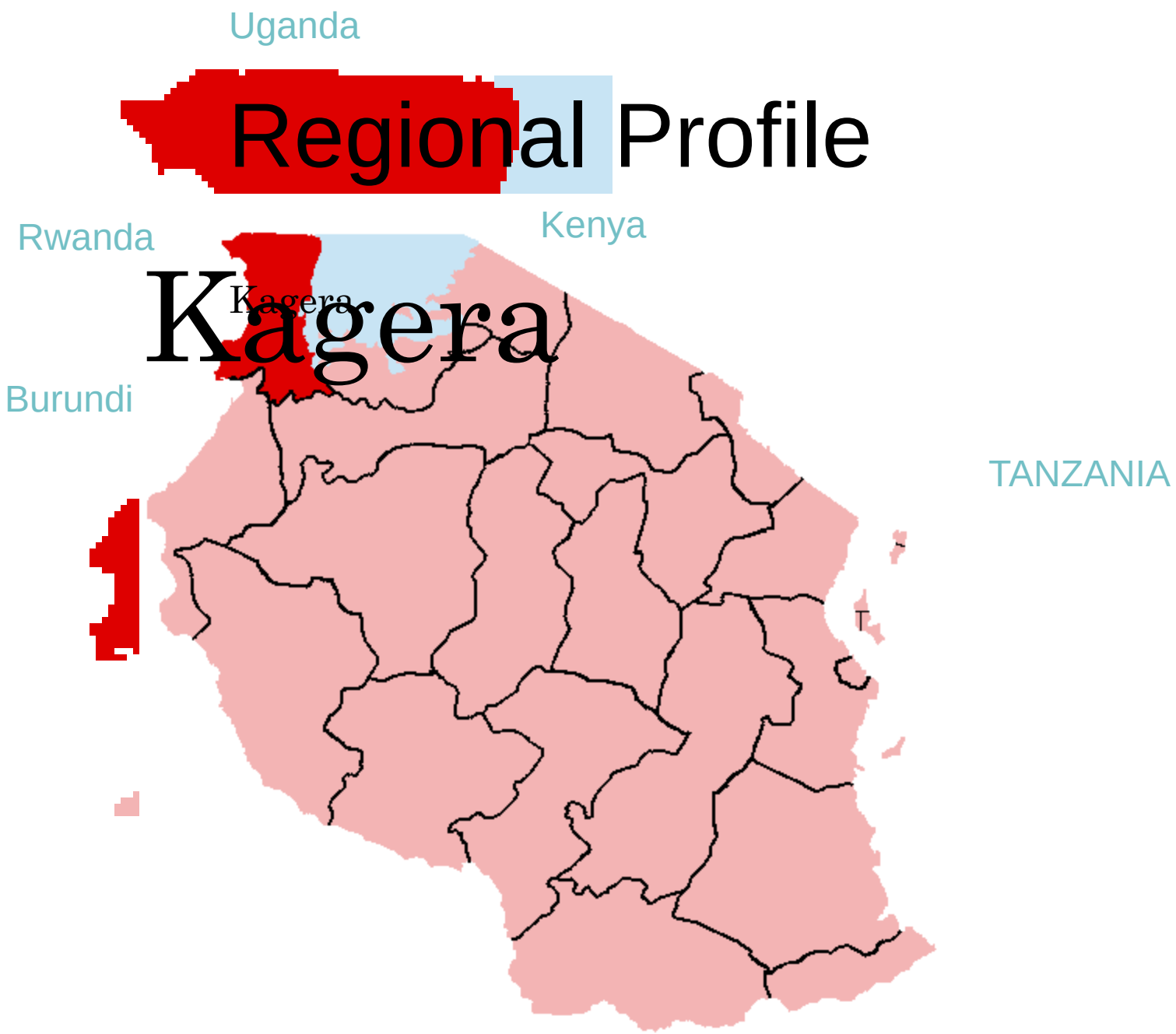
20.3 Specific Objectives.

1. Accessibility to suplies and consummables be improved.
2. To collaborate with MOH , Regional District Levels to make sure appropiate functional , infrastructures and equipments in place.
3. To have skills , human resources in eye care services available in Lake Region .
4. Empower available eye personnel for improvement.
5. To ensure high quality services.
6. Awareness in the community on eye diseases and control measures improved .
7. Coordinatiion of all eye care services at all levels.
8. Intergration of eye services with other sectors.
9. Formation of Strategic Plan.
10. Availability of funds.
11. Formation of an association .

KAGERA REGION EYE CARE SERVICES

By: Dr. Z.Semkuya

Regional Profile



PRESENTATION OUTLINE

- Introduction
- Main Eye diseases in the region
- Structure of Eye care service delivery(what services where)
- Eye care Human resources
- Cataract surgeries performed in 2010
- Main Strengths of eye care in the region
- Challenges for eye care in the region

INTRODUCTION

- Kagera region is located in the north west of Tanzania, along lake victoria.It has an area of 39,168 square km.There are seven districts and eight district councils. The district councils are Bukoba Municipality, Bukoba districts, Misenyi, Muleba, Karagwe, Ngara, Biharamulo and Kyerwa. Chato district which was formally in Kagera region has moved to newly formed Geita region.
- The estimated population is 2,739,492 (NBS. Vol.xii2006)

Introduction cont……..

- There are 315health facilities. Out of these
  - 268 are dispensaries
  - 32 are Health centres
  - 15 are hospitals

Introduction cont……..

- There are 315health facilities. Out of these
  - 268 are dispensaries
  - 32 are Health centres
  - 15 are hospitals

Main eye diseases in the region in 2010

- 1. Conjuctivitis(bacterial,Viral,Chemical) : 4629.
- 2. Refractive errors. 3357
- 3. Cataract: 1603
- 4. Low vision :905
- Blind eye: 415
- 5.Eye injuries: (perforating & non perforating : 384.
- Corneal Ulcer: 228

Structure of eye care services delivery

- Most of eye care services are delivered at regional and district hospitals. Few services are delivered at Health centre and dispensary level through out reach services.
- **Clinical ophthalmology services** are delivered at KRH, Ndolage Hospital & Nyakahanga Hospital.
- **Routine cataract surgeries** services are delivered at Ndolage and Nyakahanga.
- **Outreach services** (Clinical & Surgical)are delivered in all hospitals and few sellected dispensaries & H/Cs, once or twice per year.

EYE CARE PERSONNEL

District	Ophthal mologist	Amo-o	Amo-Cataract surgery	ONO	Optomet rist	Ophthal mic Asst
Bkb/Muni cipality	-	1	-	2	1	-
Bkb/Rura l	-	-	-	-	-	-
Missenyi	-	-	-	1	-	-
Karagwe	-	-	1	1	-	-
Muleba	-	-	1	2	1	1
Ngara	-	-	-	-	-	1
Biharamu lo	-	-	-	1	-	-

Eye care personnel cont……

- Seven (7) out of 12 Hospital in the region have eye care programme.
- Biharamulo hospital used to have AMO-Cataract Surgery , but is now a member of parliament.

Cataract surgeries performed in 2010

District	Cataract surgeries perfomed
Bukoba Municipality (KRH)	22
Muleba (Ndolage)	195
Karagwe (Nyakahanga Hospital)	21
Biharamulo(Biharamulo DDH)	20
Ngara	28
Chato	32
Total	**274**

Main strength of eye care in the region

- 1. The space for eye care services is available -there are infrastructures (Hospitals, Health Centres & Dispensaries) in the region which are available for immediate use for eye care programmes.
- 2. Very few health personnel available are ready to serve the people.
- 3.Regional and district leaders are ready to cooperate with anyone who is willing to offer eye care services.

Challenges for eye care in the region

1. Acute shortage of eye care personnel
2. Absence of reputable eye clinics and operating theatres.
3. Unavailability of eye care drugs from MSD

- **AHSANTENI KWA KUNISIKILIZA**

MARA REGION EYE CARE SERVICES

By: Dr. Gendo

REPORT ON EYE CARE SERVICES IN MARA REGION JAN – DECEMBER 2011

Mara Region has a total service area of 30,150 sq Kms composed of 10,584 Square kilometers water bodies and 19,566 kms land surface area.

Mara Region has a population of approximately 1.7 million people.

Administrative districts of Mara Region are 6:-

i. Musoma Rural district
ii. Musoma Urban district
iii. Tarime district
iv. Serengeti district
v. Rorya district
vi. Bunda district

MARA REGION MAP

EYE PROBLEMS

- There are approximately 17,000 peoples in the region who are blind according to WHO of 1%
- The common causes of blindness in the region:
  - **Cataract 50%**
  - **Corneal scar 20%**
  - **Glaucoma 10%**
  - **Other causes 20%**

OUR AIM

- Our aim is to eliminate avoidable blindness in Mara Region by the year 2020 through prevention and treatment and to ensure quality eye care services are provide to all people in the region

STRATEGIES

- To create public awareness on eye problems by the 2015 in the region
- T o facilitate integration of eye care services in to general health care services by the year 2015.
- To provide better access and quality eye care services in the region .

EYE STAFFING IN MARA REGION

FACILITY	CATARACT SURGION	OPHTHALMIC NURSE	OPTOMETRIST	OPHTHALMIC ASSISTANT	TOTAL
Musoma Region Hospital	1	1	1	1	4
Tarime District	0	2	1	0	3
Bunda District	0	1	0	0	1
Serengeti District	0	0	0	2	2
Musoma Urban	0	0	0	0	0
Musoma Rural	0	1	0	0	1
Rorya District	0	1	0	0	1
Total	1	6	2	3	12

STATISTICS JAN – DECEMBER 2011

- Total patients attended at station:-
  - –Male – 5297
  - –Female – 6586
  - –Total - 12883
- Total patients attended at outreach
  - – Male 1359
  - – Female 1693
  - – Total 3052
- Grand total - 15935

SURGERIES DONE JAN – JUNE 2011

TYPE OF SURGERY	MALE	FEMALE	TOTAL
ALL CATARACT	283	302	585
TRABECULECTOMY	2	0	2
EVISCERATION	4	5	9
CORNEAL REPAIR	5	6	11
CHALAZION EXCISION	12	9	21
LID REPAIR	3	2	5
FOREIGN BODY REMOVAL	10	11	21
LID ROTATION	2	3	5
EXCISION OF CONJUCTIVAL TUMOUR	23	17	40
TOTAL	**344**	**355**	**699**

Number of patient with refractive Error

Male - 884

Female – 784

TOTAL 1668 patients

Number of patient who require low vision correction under 15 years

male 24

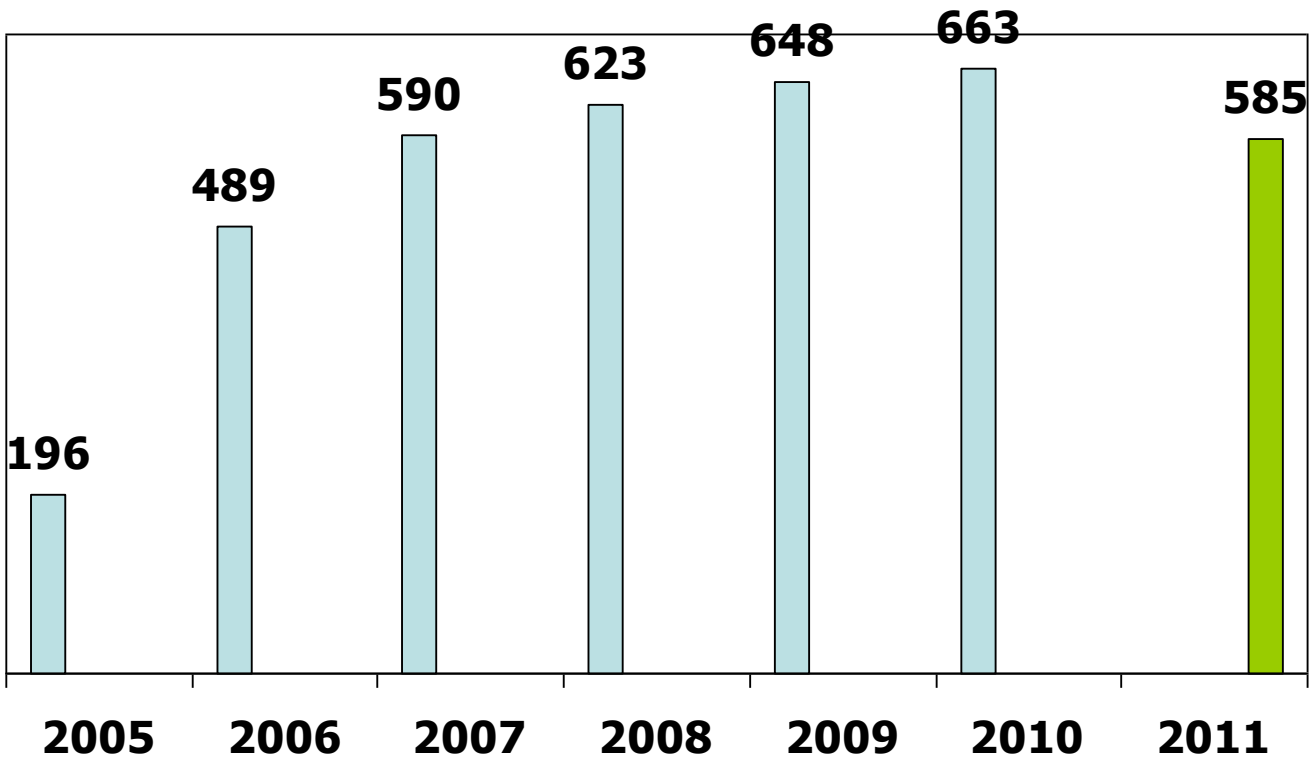
female 23

PROBLEMS

- Ignorance of most patients about cataract as a common cause of blindness.
- Inadequate number of qualified staff in all districts and regional hospital.
- Inadequate infrastructure that is eye theatre and eye ward
- Misallocation and mal distribution of eye care personnel.
- Some councils does not show interest in in co-operating eye care services in their plans.
- The contradicting government policy of free service in old people (>60years)
- Eye medicines not available at MSD.

ACHIEVEMENTS

- Increase of Cataract Surgery from 2006 – 2010



Financial activities

- Eye care services in our region for the year 2011 are funded by the MOH and KCCO International. Tshs 18,518,000/= from KCCO
- Consumables at Musoma Government Hospital for the year 2011 is approximately Tshs 8,625,000/=.
- Staff salaries is approximately Tshs120,000,000/= 2011.

Financial activities

- Donation from CBM Canada
  - Vitrectomy machine worth 5756 Euro = Tshs.12,375,400/=
  - One cataract set worth 1598 Euro = Tshs.3,435,700/=

Thank you very much for listening

RECC MARA

DR. S. GENDO

MWANZA REGION EYE CARE SERVICES

By: Dr. Seleli

INTRODUCTION

Mwanza region is approximated to have a population of >4millions people .Majority of these people are employed workers, peasants, cattle keepers, fishermen, gold miners, etc.

Mwanza region comprises of 7 districts namely NYAMAGANA, ILEMELA, SENGEREMA,MISUNGWI, KWIMBA , UKEREWE, and MAGU but in the past GEITA also was included.

SURFACE AREA. Total surface area of Mwanza is 35,187sq km on which 57% is dry land and the remained 43% is water covered land.

EYE CARE SERVICE DELIVERY

- Region and district based clinics and surgical services.
- District mobile clinic progamme.
- Mobile clinic to special areas like Mitindo primary school, Butimba prison, Bukumbi Leprosarium camp.
- Pediatrics clinic for Lake zone and west zone,, done twice a year at Sekou toure regional hospital in collaboration with CCBRT, KCMC,SENGEREMA and SEKOU TOURE hospital .
- Provision of low vision services at Sekou toure region hospital

DISTRICT	HOSPITAL	EYE CARE STAFF
NYAMAGANA	**1. BUTIMBA** 2.**BUGANDO Referal hospital** **MWANANCHI[Private]**	• 1 Ophthalmic nursing officer. • 1 Ophthalmic assistant. • 1 cataract surgeon [retired]. • 1 ophthalmologist[retired] • 4 ophthalmic nursing officer. • 2 Optometrists. • _+Occasionally
ILEMELA	**1. SEKOU TOURE HOSP** **2.HINDU[private]**	• 1 Cataract surgeon [on training] • 3 Ophthalmic nursing officers. • 2 Optometrist . • +_Ophthalmologist [visiting]
SENGEREMA	**SENGEREMA DDH**	• 2 Cataract surgeon [1retired] • 2 ONO [1on high educ training] • 3 Ophthalimic assistants
UKEREWE	**NANSIO**	• 2 ONO [1sick admitted at Muhimbili]
KWIMBA	**NGUDU [Government hosp** **SUMVE[DDH]**	• 1cataract surgeon[no equipments] • 1 ONOs • 2 ONOs
MAGU	**MAGU HOSPITAL**	• 2 ONOs • 1 Optometrist
MISUNGWI	**MISUNGWI HOSPITAL**	• 1 ONO • 1 Ophthalmic assistant
GEITA	**GEITA HOSPITAL**	• 1 ONO • 1 Optometrist[changed to C/0

STATISTICS. TOP TEN DISEASES

Conjuctivitis.
Cataracts.
Refractive error.
Corneal scars.
Glaucoma
Uveitis.
Orbital tumour.
Retinopathies[Diabetic/Hypertensive]
Trauma
Others

Prevalence of blinding condition is 1% whereby cataracts accounts 50%.

In 2011 we managed to attend about 49,474 case.

Cataract surgeries performed in

2010 = 2000.

2011 = 2331

INFRASTRUCTURE

BUILDINGS/EYE CLINIC/THEATER.

In most health facilities eye unit infrastructure are inadequate, in some areas eye services are rendered in a small and congested room , other have no even a single room to practice [Misungwi].

Many hospitals do not have specific eye ward or eye operating theater.

Sengerema and Bugando has both separate eye ward and theater respectively.

Sekou toure has only separate operating theater but no separate eye ward.

TRANSPORT.The region has only one vehicle which is used for outreach work donated by cbm

FINANCIAL ARRANGEMENTS 2011

SOURCE OF FUND.[CBM,DISTRICT COUNCIL,MOH, COST SHARING.]

CBM . Brought forward 14,974,000/-

District council **6,000,000/-**[Training iew].

MOH **S**alaries for eye care workers.

COST SHARING [Sustainability Funds] 14,758,000/=

STRENGTHS

- Implemented mobile and surgical outreaches.
- Raised cataract surgical rate to 777[2331]
- Maintained base station activities.
- Conducted Mwanza pediatrics clinic twice a year
- At least each district there is an eye care provider.
- 1 cataract surgeon completed his course, 3 are in training[2cataract surgeon and 1 ophthalmologist

CHALLENGES

- Few eye workers
- Old and out equipments.
- Inadequate and delayed donor funds.
- Inadequate medical supply.
- Un availability of eye equipments.
- Poor follow up of patients.
- Unreliable electricity supply.
- Insufficient rooms for eye clinic, ward and operating theater.
- Inadequate means of transport.
- Hard to reach areas not visited

Lake Zone Eye Health Sustainability Workshop

Teachers Union Hall, Kirumba Mwanza
3 December 2012

Jane Sembuche Mselle
CBM Country Coordinator
Tanzania

Presentation overview

- What is CBM
- 3rd December
- CBM Eye care work in Tanzania
- Successes and challenges
- Way forward for CBM

Christian Blind Mission

- CBM is an international Christian development organisation whose primary purpose is to improve the quality of life of the world's poorest persons with disabilities and those at risk if disabilities.
- CBM strives to build the capacity of partner organisations.
- More than 100 years of experience in the field of disability.

Core Values

- These values influence the way CBM works and establishes its working culture.

- **Christianity** – CBM aspires to follow the teaching of Jesus
- **Internationalism** – CBM is an international organisation
- **Professionalism** – CBM aims for quality in all it does
- **Integrity** – CBM are good stewards of their resources
- **Communication** – we communicate honestly and respectively
- I**nclusion** – CBM promotes and practice inclusion

CBM - Tanzania

- CBM has been working in Tanzania for over 50 years

- Has developed from a charity organisation into a development organisation.

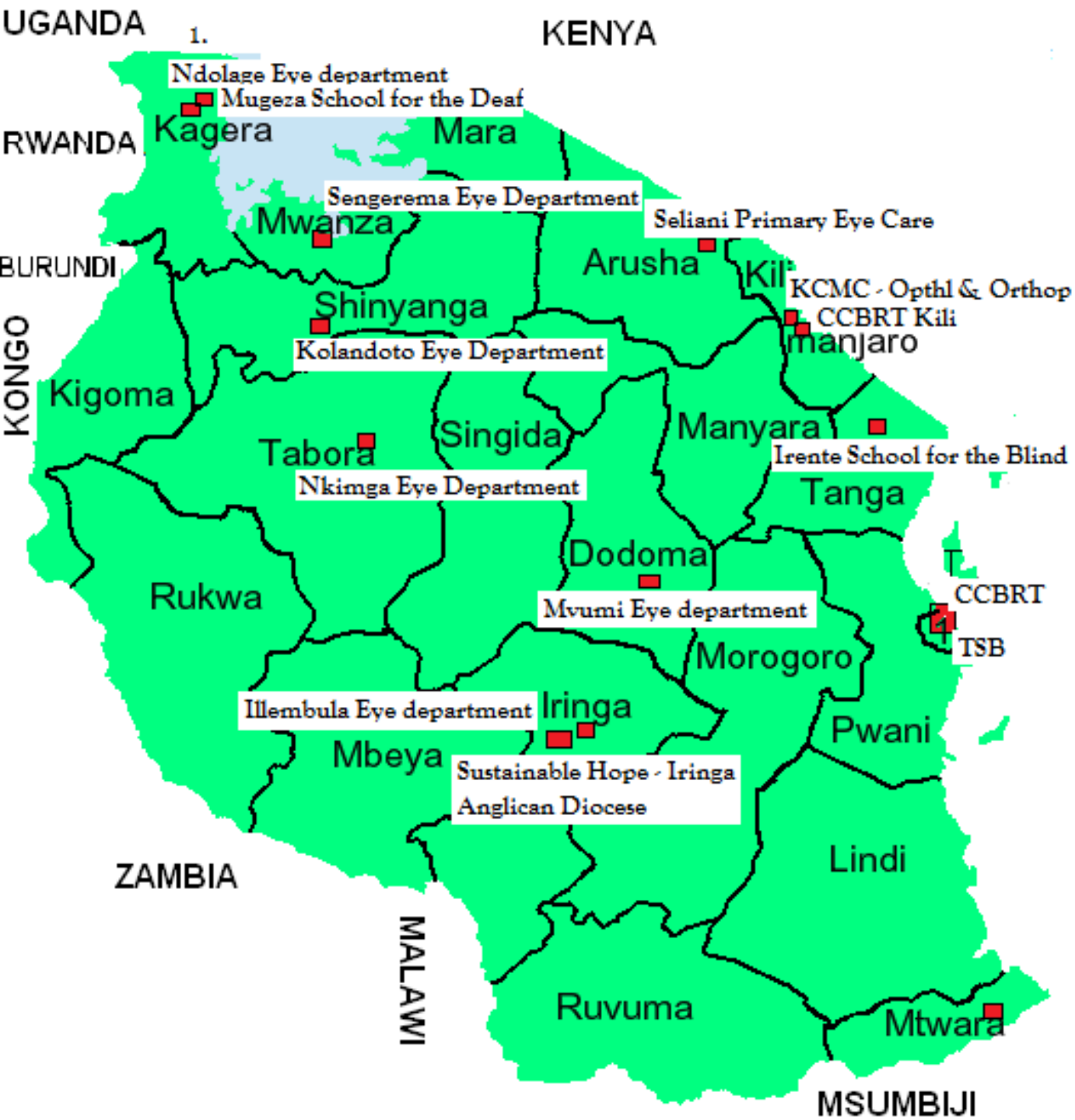
Partners in Tanzania

Strategic Partners	
1	CCBRT - 1996
2	KCMC - Department of Ophthalmology -1971
3	KCMC Ortho department - 1981
4	Tanzania Society for the Blind (TSB) - 1994

Deaf Schools	
1	Mugeza School for the Deaf - 1967
2	Diocese of Ruaha Sustainable hope/Iringa School for the Deaf - 1991

Blind Schools	
1	Irente school for the Blind - 1967

Eye Departments	
1	Kolandoto Hospital Eye Department - 1970
2	Mvumi Hospital Eye Department - 1971
3	Ndolage Hospital Eye Department - 1974
4	Nkinga Hospital Eye Department - 1979
5	ELCT Seliani Arusha
6	Ndanda Mission Hospital Eye Department - 1988
7	Ilembula Iringa Eye Department - 1989
8	Sengerema Hospital eye Department- 1989



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together we can do more

3rd December???

International Day of Persons with Disabilities

- Celebrated every year!
- People with disabilities face many barriers.
- One such barrier is peoples' attitude and behaviour.
- We have preconceptions and stereotypes about people with disabilities
- Building an inclusive society means being aware of our preconceptions and trying to overcome our prejudice.
- **Lets start "inclusion" by considering the barriers we ourselves can cause!**

International Day of Persons with Disabilities

"Removing barriers to create an inclusive and accessible society for all".

cbm
together we can do more

CBM Eye care support in Tanzania and the Lake Zone

CBM Eye Care support in Tanzania and the Lake Zone

- CBM's work in Tanzania has been heavily centered on eye care support in the prevention of blindness and to provide support to visually impaired children.
  - Hospital Eye departments
  - Training Institutions
  - Schools for the Blind
  - Community identification organisations
  - Advocacy and lobbying partners

Types of support given to partners

- Capacity development –
  - training of eye care cadres (nurses, AMOs, Mmeds and continued professional training and mentorship).
  - Strengthening financial and administrative management skills of partners .
  - Development and Disability and Inclusiveness
  - Lobbying and Advocacy skills
- Infrastructural development –
  - Buildings
  - Vehicles
  - Equipment
- Running costs and consumables

Observed Success within Partners

- Each eye project has permanent and knowledgeable eye staff.
- Availability of essential eye care equipment
- Well functioning eye departments within partner hospitals.
- Community participation and involvement leading to community awareness of eye problems.
- Increase cataract surgery rate and other eye surgeries .
- Success with outreach services.

FACTORS CONTRIBUTING TO SUCCESS

- MoHSW and CBM training support
- Availability of infrastructure
- Planned activities and available budget to implement eye services.
- Awareness and some increase in the number of staff in the field at partner level
- Education offered on eye care services, establishment of eye institutions and CPE (continuous professional education)
- Awareness of Eye problems, donors/links and administration.
- Community awareness

Challenges

- Shift from Charity to Development by CBM
- Governance and project ownership among partners.
- Uneven distribution of eye carders.
- Difficulty in obtaining eye consumables
- Difficulty of partner identifying interested persons to pursue training in eye care professional.
- Use of eye care professionals in non eye work.
- Funds delay to partners.
- How to get districts and regions to budget more towards eye care.
- To enhancing better surgical outcome
- To enhance better monitoring and evaluation framework

Way Forward for CBM in addressing some of challenges

- Through the Country Implementation plan 2011-2013 - six objectives:

Objective 1 - To strengthen the organizational capacity of partners

Strategies:

- Development of Multi Year Plan/strategic plans by partners
- Enhance partners' skills in self advocacy at District, Regional and National level.
- Develop Cluster group/s amoung partners.
- Enhance partner's capacity in developing funding proposals.
- Strengthen the administration and finance reporting capacity of partners
-

Objective 2: To make better use of human resources.

Strategies:

- Support partners with technical advisors
- Address governance and project ownership challenges among partners.
- Strengthen the Country Coordination Office in Tanzania.
- Roll out Disability and Inclusive Development concept to partners.
- Strengthen Child protection practices within three CBM partners.
-

Objective 3: To improve quality and strengthen the work in existing mandated areas within the CBR matrix.

Strategies:

- Support the training of staff in eye care, low vision, hearing impairment and community rehabilitation.
- Facilitate sharing and learning through partner workshops
- Participation in CBR networks in Tanzania.
- Address challenges in the procurement system for eye consumbales.
- Effectively monitor and evaluate partner programs.

Objective 4: To promote networking and collaborative initiatives as a means to mainstream disability and multiply support to persons with disabilities.

Strategies:

- Strengthen the collaboration at national level with the Ministry of Health and Social Welfare, Ministry of Education and Vocational Training, and Ministry of Local government (TAMISEMI).
- Development of strategic alliances with Haki Elimu.
- Integrate CBM into strategic disability forums in Tanzania
- Strengthen strategic partnerships in the area of eye care.
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Objective 5: To leverage strategic partnerships for a win-win result.

- Centered around CCBRT

Objective 6: To increase visibility of CBM as a leading disability and inclusive development organisation in the region, and improve internal communication with members of CBM family for attracting additional resources.

Focusing and increasing CBM's visibility and funding.