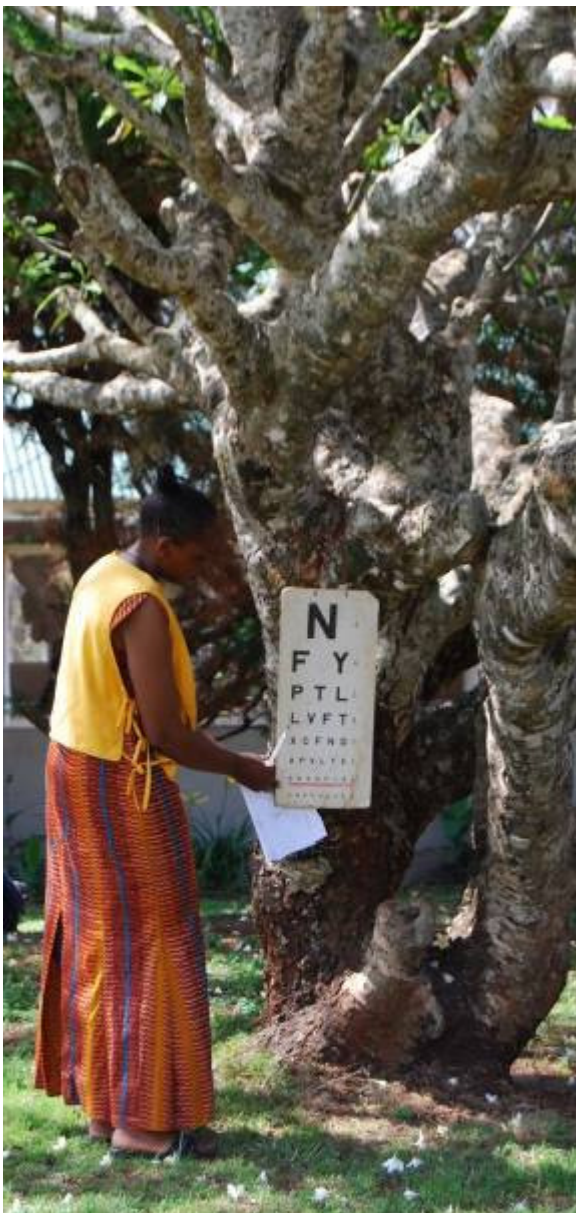




Reaching the Unreached

THE NEED FOR COMMUNITY OPHTHALMOLOGY PROGRAMS IN TANZANIA

Seva Canada Society was founded in 1982 to eliminate preventable blindness and restore sight. Seva provides funding and expertise to community partners in Nepal, Tibet, India and Tanzania to deliver community and clinical eye care programs that reach the most vulnerable populations – women and children, the very poor and those living in rural areas.



THE NEED: The number of cataract blind in poor countries is increasing at an alarming rate as populations increase and age, and hospital growth fails to keep up. In order to deal with this situation, significant changes are needed in the way eye care is delivered. Community ophthalmology programs are key to this change.

BACKGROUND: Prior to the establishment of the Kilimanjaro Centre for Community Ophthalmology (KCCO) in Tanzania in 2001, existing high-quality, hospital eye care services remained virtually unused. A KCCO study found that only about 6% of the cataract blind within 50 km of Kilimanjaro's hospital had received care.

The majority of poor cataract patients did not come to hospital for cataract surgery, despite free service. The reasons for this include:

- patients' lack of awareness or understanding of services
- lack of access to services (e.g. due to lack of transport or high price), and unwillingness to use services for cultural, social or personal reasons.

The challenge is how to reach the unreached – to find the patients and help them get to the hospital for surgery.

WHAT IS KCCO?: The Kilimanjaro Centre for Community Ophthalmology (KCCO) was co-founded by Dr. Susan Lewallen and Dr. Paul Courtright in 2001 and is dedicated to blindness prevention throughout eastern Africa. Seva is a charter founder of the Center. Dr. Lewallen and Dr. Courtright have been awarded the 2008 International Blindness Prevention Award of the American Academy of Ophthalmology. Their 30 years in international eye care have included development of some of the most important program service models in Africa, as well as a wide range of clinical and community ophthalmology research and training. Dr. Courtright is a world leader on the issue of gender equity and blindness.

THE GOAL: To optimize use of available African eye hospitals. KCCO recognized that it was necessary to develop outreach programs to create a “bridge” between urban and rural communities and hospital services. With support from Seva, KCCO created the Direct Referral Site Programme (DRS) designed to reach out to those in need.

HOW DOES A DIRECT REFERRAL SITE (DRS) WORK?

DRS sites are selected in cooperation with the Ministry of Health and other partners. A team composed of an organizer, doctor, nurse refractionist, and counselor visits the selected sites on a regular schedule, diagnosing, counseling and treating patients. People identified as in need of cataract surgery receive counseling and are offered immediate transport to the hospital for surgery the next day. People are asked to pay a flat fee that includes transportation, accommodation and food, medicine and surgery and post-operative follow-up at the DRS site two weeks after surgery. Services are provided for free for those too poor to pay.

In the 2 million population catchment area of the hospital, this model has led to a three-fold increase in use of many different sight-restoring surgeries (cataract in adults as well as in children), in use of spectacles, and in preventing future blindness. Three other regions in Tanzania have now adopted the model, significantly increasing all aspects of prevention and treatment of blindness.

SUPPORT A DIRECT REFERRAL SITE

Currently, KCCO conducts over 84 DRS every year or 7 a month, but in order to adequately serve the needs of the poorest and most vulnerable, they need to expand this service. ***The cost of a typical DRS is \$400 including transportation, staffing, and supplies. Support 10 Direct Referral Sites for \$4,000.***

