

M VISION 2020 in Mara Region, Tanzania

Annual Report 2008

**The United Republic of Tanzania
Prime Ministers Office
Regional Administration & Local Government**



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Introduction

In Tanzania, like many other sub Saharan African countries , blindness is a the public health problem, with cataract responsible for over 50% of the blindness. In 2002, the country's annual cataract surgical rate was 323 per million, one-sixth the recommended rate. Before the inauguration of the Mara Regional VISION 2020 Programme, eye care services were only available erratically, through visiting surgeons supported by service clubs from Shinyanga and Mwanza. Cataract surgery was provided free-of-charge and no efforts as cost recovery or sustainability were in place. The number of cataracts being done was very low. In late 2005 the Mara Regional VISION 2020 programme was inaugurated. The programme uses a 3-pronged approach to eliminate preventable blindness. The three components are: developing appropriate programmes at the community level for diagnosing and referring conditions leading to blindness, developing the team approach to human resources to deliver eye care services, and putting in place the appropriate management and infrastructure required to provide services. Financial support for programme activities was obtained from the Ministry of Health of the United Republic of Tanzania (national, regional and district level), Lions Club of Musoma, ORBIS International and the Kilimanjaro Centre for Community Ophthalmology as well as from patient fees.

All of these organizations assisted in the development and implementation of a comprehensive VISION 2020 programme, run by the Ministry of Health, for the region. The VISION 2020 team worked with local stakeholders to raise awareness within the Ministry of Health and the broader health care community regarding the importance of eye health and the need to dedicate public resources to prevention of blindness. Technical assistance has been provided by faculty from the Kilimanjaro Centre for Community Ophthalmology (KCCO).

Administrative Districts of Mara Region

DISTRICT	Population (2002 census)	VILLAGES
Musoma Rural	330,953	106
Tarime	492,798	157
Rorya	New district, formerly part of Tarime	-
Bunda	260,000	93
Serengeti	176,609	75
Musoma Urban	108,242	-
TOTAL	1,368,602	431

Mara Regional VISION 2020 Programme

The programme is a collaborative effort initiated in 2005 between the Mara Regional and District MoH, ORBIS International, the KCCO and other international organizations.

Staffing as of the year 2008

	Man ager	Cataract Surgeon	Ophthalmic Nursing Officers	Ophthalmic Nursing assistants	General Nurses	Opto metri st	Total
Region al Hospital	1	1	-	1	1	1	5
Tarime D Hospital	-	-	2			1	3
Rorya			1				1
Bunda D Hospital	-	-	1			-	1
Sereng eti	-	-	-		1	-	1
Musom a Rural	-	-	1			-	1
Musom a Urban	-	-	-	1		-	1
TOTAL	1	1	5	2	2	2	13

Patients services

A total of 7,864 patients were examined and treated by the programme in the year 2008. Cataract surgical services are provided at Mara Regional Hospital. Patients either self-present at the hospital or are brought in through the outreach programme. During the calendar year 2008 there were 464 operations, giving a cataract surgical rate of 339. 94% of the cataract surgeries were with an IOL. Compared to the year 2007(575 surgeries), there was a drop of output due to grounding of the VISION 2020 vehicle after an accident while on main hospital duties (non VISION 2020 activities) this lead fewer irregular outreach visits.

Patients received cataract surgery at the Mara Regional Hospital

Month	Males	Females	Total
January	20	18	38
February	21	14	35
March	22	19	41
April	31	22	53
May	23	18	41
June	23	22	43
July	19	21	40
August	30	15	45
September	24	21	45
October	25	16	41
November	19	23	42
December	0	0	0
Total	257	217	464

Other surgeries

Type of Surgery	Male	Female	Total
Trabeculectomy	0	0	0
Trichiasis	0	0	0
Foreign bodies	20	15	35
Evisceration	9	11	20
Corneal repair	13	14	27
Chalazion excision	29	25	54
Lid repair	12	7	19
Conj mass	23	28	51
Enucleation	1	2	3
Total	107	102	209

Refractive errors

Refractive errors services are offered both at Musoma Regional Hospital and on outreach. During the calendar year 2008 there were 701 people tested for distance correction and 723 tested for Presbyopic correction. A total of 400 Spectacles were provided in correction of refractive error.

	Males	Females	Total
Spectacles for distance correction	14	6	20
Spectacles for Presbyopic correction	200	180	380
Total	214	186	400

Childhood eye conditions

Diagnosis	Male	Female	Total
Children recognised with cataract and referred to KCMC & CCBRT	18	13	30
Vitamin A deficiency	-	-	

Human resources development

One nurse from the main hospital has been enrolled for advanced diploma in ophthalmic nursing at KCMC hospital. Upon finishing in mid 2010, he will join the VISION 2020 team at the Mara regional hospital eye department.

Programme achievements in 2008

- The programme continued to offer eye care services to thousands of needy people in the region being one of the few regions in the country with a working VISION 2020 Programme.
- Following frequent advocacy visits by the cataract surgeon and programme manager Musoma Rural District included eye care services in their Council Comprehensive Health Plans; a big improvement on programme sustainability. More advocacy efforts are needed in the remaining three districts.

Programme constraints in 2008

- The “hangover” from free medical services (especially cataract surgery & free provision of spectacles) is still a problem.
- The problem of services clubs bypassing the Regional Eye Care Coordinator (REC) office and offering free services in the VISION2020 programme has not been resolved. The REC meet the DMOs to discuss how the service clubs should operate in their respective districts.
- The district eye coordinators in other districts, except for Musoma Rural, did not fully participate in eye care for two reasons; either the money budgeted by the districts is not released on time or no money was budgeted for eye care. Secondly, it is not uncommon for the DEC to be given non eye care duties in the district hospitals leaving them with very limited time to work in eye care.
- The programme vehicle was grounded for almost six months following an accident. This slowed down the number of outreach visits as the programme had to depend on a hospital vehicle rarely made available for eye work.

Plans for 2009

- Continue advocating for inclusion of eye care work in the district health plans so that eye care can get a portion of district health budget.
- Visiting all the district medical officers to discuss on how service clubs offering 'free' in their respective districts can be incorporated in the regional eye care plan and work according to the programme systems.