

**Report on Mwanza Paediatric Surgical Outreach:  
A MoH, CCBRT, KCMC, and KCCO Initiative  
June 13 - 25, 2011**

This is the 9<sup>th</sup> pediatric ophthalmology surgical outreach. It was a two-week outreach held at Sekou Toure Regional Hospital in Mwanza. The CCBRT and KCCO teams arrived a day before the outreach, and the KCMC team joined during the second week. Before starting the clinic, an introductory meeting was held with Dr.



*(Dr. Hughes examining a child)*

Onesmo Rwakendela who is the deputy Regional Medical Officer (RMO) and Sekou Toure Hospital Medical Officer in charge. The following were discussed during the meeting;

- There would be a generator available throughout our time in case of power outage
- All the children on the pre and post operation list, and their caretakers would be accommodated in the new psychiatric ward
- Food for the children and their caretakers would be provided by the hospital.

Another meeting with the RMO and the team at Sekou Toure was held at the end of the outreach to evaluate the outcome of the outreach for the two weeks.

**Table 1: Teams from CCBRT, KCMC and KCCO that attended the outreach:**

Name	Title	Affiliation
Dr David Hughes	Pediatric Ophthalmologist	CCBRT
Dr Chris Tinley	Pediatric Ophthalmology	CCBRT

Dr Godfrey Furahini	Pediatric Ophthalmologist	KCMC
Dr. Chantal Giramahoro	Mmed Ophthalmology	KCMC
Dr. John Katakweba	Anesthetist	CCBRT
Victoria Kirway	Nurse	CCBRT
Richard Eliamini	Nurse	CCBRT
Lidya Kiwelu	Optometrist/low vision specialist	CCBRT
Oscar Tendeje	Community outreach coordinator	CCBRT
Elizabeth Kishiki	Childhood blindness & Low vision coordinator	KCCO

Drs Hughes and Tinley from CCBRT covered the first week's work, and Dr Furahini and Dr. Giramahoro of KCMC covered the second week. This team of doctors was supported by the Sekou Toure staff including 1 anesthetist, 3 eye nurses, 2 optometrists and 2 office assistants. Lucas Kaji- the Regional Eye Coordinator (REC) for Mwanza and the coordinators from KCCO and CCBRT oversaw the logistics. Mr. Kaji also provided treatment to the adults in the outpatient clinic. There was as well, a group of students from the US brought by Paula Lofstrom that came to visit the clinic and observe surgery. Everyone worked well as a team to ensure that children with eye problems received good quality service.

Patients who showed up with referral letters were given first priority. A total of 441 children were screened, of whom 20% needed surgical interventions. A total of 55 children were diagnosed with operable cataract (19 bilateral congenital cataracts, 20 congenital unilateral cataracts and 16 traumatic unilateral cataracts) and boys accounted for 87% of all traumatic cataract cases. 65 children from a previous surgical outreach came for follow up services (refraction and low vision services).

A total of 63 surgeries were done at the site. 20 children with complicated conditions were sent to CCBRT, KCMC and Bugando Medical Centre for further management. Surgical work started on the second day of the outreach and continued until the last day of the outreach. Medical services, food, and transport were provided free of charge to the patients.

**Table2: Summary of patients attended the outreach clinic**

Bilateral cataract		Unilateral cataract		Follow up		Other cases		Total	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
9	10	23	13	43	22	188	133	263	178
Children with operable conditions		Surgeries (eyes) done at the site				Children referred			
Boys	Girls	Cataract		Others		KCMC	CCBRT	*BMC	
53	37	41		22		9	8	3	

\*B.M.C. Bugando Medical Centre.

A total of 59 children were prescribed glasses during the outreach. 58% of these went home with their prescribed spectacles while the remaining 42% were promised to receive them by the end of July.



(Lydia Kiwelu doing post op assessment)

**Table 3: Summary Regions where children came from.**

Region	Cataract		Other cases	
	Boys	Girls	Boys	Girls
Kagera	3	5	11	9
Kigoma	1	1	1	1
Mara	4	2	17	10
Mwanza	16	12	178	119
Shinyanga	3	2	21	8
Tabora	4	2	4	7
<b>TOTAL</b>	<b>31</b>	<b>24</b>	<b>232</b>	<b>154</b>

### Recommendations:

1. **Cell-phone announcement needs to be done earlier:** Many patients showed up during the second week of the outreach; the majority received a short message sent by Tigo (cell phone Company) at the end of the first week. Although this has proved to be very effective way for the message to reach many people, it would have been more effective if it was done earlier.
2. **Sterilization of instruments:** Over the two weeks surgical instruments were sterilized between cases in a makeshift boiler as no autoclave was available.

The available autoclave had been damaged during the previous outreach as a result of fluctuations in power supply. The need for a suitable sterilization method was raised with management and should be addressed.

3. **Voltage issue:** The fluctuation of electricity (due to unstable voltage) slowed the theatre work. This was discussed during the evaluation meeting; it was proposed that the hospital administration should try to negotiate with Tanzania Electrical, Mechanical & Electronics Services Agency (TAMESA) and TANESCO to change the transformer. A surge protector should be bought.
4. **Refresher course for (LAREC):** Eye care professionals (cataract surgeon, optometrists and ophthalmic nurses) around the Lake Zone have formed an organization called **Lake Region Eye Services (LAREC)**. This could be used as a forum for experience sharing and would improve relations and improve the referral system. Since children (after surgery) are sent back to their Regional Eye Coordinator (REC) for their 3 months follow up, a refresher course to LAREC members on follow up of children after surgery should be of a priority.
5. **Talk about results:** Since 2007, Mwanza pediatric outreach has been providing eye care services to many children living around Lake Zone. It is about time now to look into the outcome of the work and share the results.

## **Others**

**Goodbye RMO:** the team was informed that Dr. Meshack (Regional Medical Officer) will be retiring in September 2011. We were all grateful for his commitment to serving the community. We wish him a long, fun and relaxing retirement.

**And the REC:** Lucas Kaji (Regional Eye Care Coordinator) who has been instrumental in the planning for the Outreach announced that he too would be retiring early 2012.

**A note of thanks:** We are very grateful all the cooperation we obtained from the RMO's office in Mwanza Region, the administration office of Sekou Toure Regional Hospital and hospital staff. We appreciate the hospitality, cooperation and dedication they had shown us for the entire time of the outreach. We are also thankful to Tigo for their support to the CCBRT team and on promotional activities. Finally, many thanks to the Johnson Eye Foundation and Zaf optical through Seva Canada for supporting this important work.

The next outreach has been planned for 7<sup>th</sup> -20<sup>th</sup> November 2011.

*Report by Elizabeth Kishiki  
Childhood Blindness and Low Vision Coordinator, KCCO*