

Report on Mwanza Paediatric Surgical Outreach:

A MoH, CCBRT, KCMC, and KCCO Childhood Cataract Surgery Initiative

A paediatric ophthalmology surgical outreach was held at Sekou Toure Regional Hospital in Mwanza Region from June 7-19, 2010. The team from CCBRT, KCCO, and KCMC arrived on Sunday, June 6 and was received at the airport by the Region Eye Care Coordinator (REC). On arrival, the team learned that Sekou Toure Hospital was very congested due to an influx of patients, making it difficult for the kids coming for paediatric eye surgical outreach to be accommodated within the hospital premises.



The influx was due to ongoing inspections of private hospitals by the Ministry of Health; this led to closure of many of the private dispensaries and hospitals.

The problem of Sekou Toure overcrowding was discussed with hospital management before our arrival and contact was made with Hindu Union Hospital. Although the team was satisfied with the Hindu Union Hospital it was decided that surgeries would best be done at Sekou Toure Hospital. On Monday morning, the team visited the Regional Medical Officer (RMO) who agreed to have the outreach carried out at Sekou Toure. Temporary wards for the kids needed to be organized.

Mr. Shirit, a member of the Mwanza Lions Club provided 36 mattresses together with blankets and bed sheets for the patients to use in the temporary wards. He also contributed 20 kilograms of rice, 50 kilograms of rice to feed children and parents.

The team from CCBRT, KCCO and KCMC who joined the local staff at Sekou Toure Hospital were as follows:

S/N	Name	Title	Affiliation
1	Dr Richard Bowman	Pediatric Ophthalmologist	CCBRT
2	Dr Mussa Kareem	Fellow in paediatric Ophthalmology	CCBRT

3	Dr Lee Woodward	Pediatric Ophthalmologist	KCMC
4	Ally Makunganya	Anesthetist	CCBRT
5	Ester	Nurse	CCBRT
6	Lidya Mhoja	Nurse	CCBRT
7	Lidya Kiwelu	Optometrist/low vision specialist	CCBRT
8	Yohana Kasawala	Community outreach coordinator	CCBRT
9	Elizabeth Kishiki	Childhood blindness & Low vision coordinator	KCCO

Dr Bowman was only available for the first week and Dr Woodward covered the second week while Dr Mussa Kareem was available throughout the outreach. The team was supported by the MoH Sekou Toure staff that included 2 anesthetists, 3 eye nurses, 1 optometrist and 2 office assistants. The REC (Lucas Kaji) led the coordinators from KCCO and CCBRT to oversee the logistics and attended adults in the outpatient's clinic. We worked as a team in making sure that children with eye problems received good quality service.

This was the seventh paediatric ophthalmology outreach to Mwanza; it was also the busiest outreach. The clinic was busy during the first two days and then after re-advertisement on radio and television more children and parents showed up in the clinic the first two days of the second week. A total of 288 children were screened, 37% needed surgical interventions, and 52 from previous surgical outreach came for follow up services (refraction, low vision services). Seventy eyes received surgery while 18 were send to CCBRT and KCMC for further management. Theatre work started on the second day of the outreach and continued until 18 June. Like previous outreach programmes, medical services, food, and transport were provided free of charge to the patients.



Post operative cases waiting to be seen by an ophthalmologist

Total patients attended the outreach clinic

Paediatric cataract				Other paediatric cases		Total Screened		
Bilateral	Unilateral	Boys	Girls	Follow up	Others	Boys	Girls	Total
25	30	41	14	52	181	157	131	288
Total children who needed surgical intervention		Surgeries done (eyes)			Referrals (children)			
Boys	Girls	Cataract	Others	Total	CCBRT	KCMC	B.M.C *	
61	43	59	11	70	12	6	1	

*B.M.C. Bugando Medical Centre.

This time all children prescribed with glasses during the previous outreach had their fitting and received spectacles. It was decided that spectacles can be given to a child with the same prescription and with the help of Mr Kalisa (the optometrist at Sekou Toure) some lenses were purchased in Mwanza and he did the fitting. By the end of the outreach 50 children were prescribed with glasses, 18 went home with glasses, and 15 glasses were ready to be picked up from Mr. Kalisa. The remaining 17 prescriptions were for high power lenses or baby frames; these were sent to CCBRT. It was agreed that the optometrist in CCBRT should do a close follow up to make sure that they are ready and be sent to Mwanza as soon as possible.



Regions where children came from.

Region	Cataract		Other cases	
	Boys	Girls	Boys	Girls
Kagera	7	3	8	5
Kigoma	0	0	1	0
Mara	6	1	16	6
Mwanza	21	5	85	87
Shinyanga	5	2	7	13
Tabora	3	2	5	0
TOTAL	42	13	122	111

Challenges encountered during the outreach

1. Due to time constraints some children were referred to CCBRT, KCMC and some were told to wait until November.
2. The vitrector broke down on Thursday of the second week and could not be fixed in time which made the theatre work to stop for the whole day. All of the cataract cases planned for that day were referred to CCBRT and KCMC and some were advised to wait until November.
3. One child aspirated after surgery and died (The parents admitted to have fed the child before surgery)
4. Some of the consumables and food for patients which were partly covered by Sekou Toure Hospital during a previous outreach had to be covered by CCBRT and KCCO.
5. The mattresses which were provided for the temporary wards were not enough; parents agreed to squeeze themselves in the available space/ mattress. No mosquito nets were available and mosquito spray had to be used.

Recommendations:

While thinking of the possibility of building a Child Eye Health Tertiary Facility in Mwanza as a long term plan, partners should also consider building and equipping an eye ward at Sekou Toure Regional Hospital.

November is more convenient for many parents and it is recommended that the November Mwanza pediatric outreach be planned for three weeks instead of two to allow more kids to access services in Mwanza.

Although the outreach has been in place for three years now, partners from nearby regions have shown little interest in joining the outreach as a learning opportunity. It was advised by the RMO that those who are interested and committed be involved and invited to join the team.

There is a possibility of fixing the spectacles with low power lenses in Mwanza, CCBRT could think of organizing and providing baby frames and lenses to the optometrist joining the Mwanza team so that children prescribed with low power lenses could go home with their glasses.

Other

Friday night (11 June) we had a farewell dinner for Dr. Richard Bowman at the hotel where we were accommodated. Dr Bowman has finished his contract in Tanzania so he is going back to UK. We will have to explore continued collaboration with CCBRT for the outreach.



We are grateful to the RMO's office in Mwanza Region, the administration office of Sekou Toure Regional Hospital and hospital staff for their hospitality, cooperation and dedication to the work. We are also thankful to Mr. Shirit for his support during the outreach. Finally, many thanks to the Johnson Foundation for supporting this important work.

Next outreach has been planned for 8th -19th November.

***Report by Elizabeth Kishiki
Childhood Blindness and low vision Coordinator.
KCCO.***