

# **Burundi Pediatric Outreach Report**

**October 2013**

In October 2013, Dr. Levi Kandeke and his team conducted outreach in Bujumbura. The outreach was mainly for adults but brought to the team's attention 64 children who were then scheduled for surgery. The organizers put out a reminder for each of these children on record so that they could show up for planned surgeries two weeks following outreach.

The team was made up of 20 people which included medical staff (nurses, anesthetists, aides, etc.), logistical personnel (e.g. drivers for transport), and administrative coordinators. Also joining the team was Dr. Lee Woodward, a pediatric ophthalmologist from Texas, USA, who arrived for his third visit to the area in continuation of the efforts to help establish the Burundi programme. With surgical capacity still quite limited in the country, Dr. Kandeke was glad to work with Dr. Woodward to perform various necessary operations.

The two ophthalmologists were able to conduct cataract surgery on 51 children. Dr. Kandeke was happy to report that he performed half of them with Dr. Woodward supervising the procedure, and that he now felt quite comfortable with performing cataract and glaucoma surgery on children. Seven of the children who were seen during outreach did not need surgery, while another 6 were told to return in August 2014 because they required other competencies such as oculoplastic surgery.

In addition to bolstering manpower, Dr. Woodward also brought intraocular lenses (IOL) from Alcon, though Seva Canada support, to be utilized in cataract surgery. The Alcon IOLs produced a significant difference in outcome in comparison to the Indian products Dr. Kandeke had been using up to now. The team also noticed that the outreach cost less than previous ones as a result of raised awareness among parents in the past two years; many of them were able to prepare their own transportation and some even paid a small sum to help cover surgery costs.

While the outreach was successful overall in providing screening and surgery for patients, it remains an unfortunate reality in Burundi that limited resources means difficulties in maintaining a good follow-up system for patients and in establishing the sustainability of the programme. Dr. Kandeke pointed out that blind children are often born to poor parents, and that outreach and surgery only address part of the problem. For example, he saw that some of the children were about to be sent back home without proper eye care follow-up as low vision devices had not been factored into the outreach budget. The team had frames donated by Seva but did not have sufficient funds for lenses. Dr. Kandeke wound up paying out of his own pocket for some glasses, and in some cases the parents were persuaded to purchase proper low vision devices for their children. Burundi is still waiting for the development of a national child eye health programme to help generate public awareness, demonstrate the magnitude of the country's eye health problem, and develop a systemized approach to combating child blindness.