

(proportion of children with TF) showed that Kamwezi had the highest (20 per cent), followed by Mutanda (14 per cent) and Rubaya (8 per cent). Notable among the risk factors in these areas was the distance from water sources due to the very difficult terrain.

Conclusions: From the above findings, it can be concluded that blinding trachoma is present in some areas of Kabale district and there is evidence of active infection among the population. It is recommended that a wider population-based survey be done to get more information on the extent of the problem in other areas so that treatment and control measures, non-existent at the moment, can be put in place.

Evaluating retinopathy of prematurity services in South Africa



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Aims: To conduct a situation analysis of retinopathy of prematurity (ROP) in South Africa. The study aimed to establish the number of babies at risk of blindness and the need for ROP screening services. South Africa is a middle-income country with an expanding neonatal service. Similar countries are experiencing what has been termed the third epidemic of ROP. This has been characterised by blindness in larger, more mature babies than in high-income countries.

Methods: A sample of neonatal nurseries (private and public) were visited to study the infrastructure, staffing, policies and practices regarding ventilation and oxygen. Data was collected on ROP screening policies, practices, and results of screening. The survival of low birthweight babies was explored using data from individual nurseries and from government reports. Babies were classified as: low birthweight <2500 g; very low birthweight <1500 g; and extremely low birthweight <1000 g.

Results: Infrastructure in South Africa is adequate to provide care for babies above 1000 g and 90 per cent of them survive. Babies below 1000 g are not ventilated routinely in public hospitals but 50 per cent of babies reaching secondary care units do survive. Staffing is adequate, standards of neonatal care are high, but continuous monitoring of all babies on oxygen is not done universally because of a shortage of monitors. ROP screening is presently being done in a minority of public hospitals. In hospitals where the results of screening are available, sight-threatening ROP is low (0.6-2.9 per cent). Most babies needing treatment were below 1,200 g.

Conclusions: ROP may be a small proportion of the childhood blindness at present but it is likely to increase as neonatal care becomes available to the majority of the population. Screening programmes need to be instituted in all institutions with individualised screening guidelines. For this an increase in trained personnel is required.

Why people do not come for cataract surgery in Nakuru, Kenya



Galo Aquirre

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Aim: To describe the barriers to uptake of cataract services in Nakuru, Kenya and to make recommendations on how to overcome the barriers.

Methods: A population-based survey (rapid assessment for avoidable blindness) identified 229 patients needing cataract surgery. Of those, 91 had had cataract surgery but 138 had not accepted surgery despite being recommended to do so. All 138 non-acceptors were interviewed using Barriers to Surgery Questionnaire and each person gave four reasons for not taking up the surgery.

Results: There were no statistical significant differences between age, sex and place of residence as being risk factors for not accepting surgery. This was a surprise as often elderly women are seen to be at higher risk of being blind from cataract. The main barrier for not taking up surgery was lack of awareness followed by cost and being able to manage with one eye.

Conclusions: Health education campaigns are necessary to persuade people in Nakuru to take up surgery. Experiences from other countries show that this is possible and can prevent people in the community remaining blind from a treatable cause.

Courses and conferences

MSc Community Eye Health

September 2006-September 2007. **Venue:** London School of Hygiene and Tropical Medicine, London, UK. **Course aims and objectives:** to equip eye care professionals and planners with the knowledge and skills to reduce blindness and visual impairment. Training in community eye health extends the training in clinical ophthalmology applied to individual patients, to a consideration of the eye health of whole populations: how these can be assessed, resourced and evaluated. The course is run by the International Centre for Eye Health (ICEH). **Course duration:** one year (full time) or part-time over two years. **Information and admission procedures:** please visit the website www.lshtm.ac.uk/courses or www.iceh.org.uk or email MSC_CEH@Lshtm.ac.uk or registry@Lshtm.ac.uk

Diploma Course in Community Eye Health

20 February-26 May 2006. **Venue:** London School of Hygiene and Tropical Medicine, London, UK. **Course aims and objectives:** to enhance knowledge of the major blinding eye diseases and skills in planning a VISION 2020 programme. It is especially suitable for eye care professionals including ophthalmologists, optometrists, ophthalmic assistants, nurses, and project managers who want to receive training in community eye health but cannot be away from their place of work for one year. **Course duration:** three months. **Information and admission procedures:** please visit the website www.lshtm.ac.uk/courses or www.iceh.org.uk or email MSC_CEH@Lshtm.ac.uk or registry@Lshtm.ac.uk

How to work with a manager to get support to achieve VISION 2020 goals

April 17-21 2006. **Venue:** Kilimanjaro Centre for Community Ophthalmology, Moshi, Tanzania. **Course aims and objectives:** to provide a basic understanding of management principles to ophthalmologists so that they can work with managers to reach their VISION 2020 targets, improve the working environment, and improve service quality. The course will use case studies, group discussion, and didactic teaching to illustrate key principles in human resources, financial, and change management as well as principles of developing partnerships and creating more sustainable services. **Target audience:** ophthalmologists working in Africa as heads of clinical departments or eye hospitals. **Course duration:** five days. **Information and admission procedures:** email Dr Susan Lewallen at slewallen@kcco.net

21st Congress of the Asia-Pacific Academy of Ophthalmology 2006 (APAO 2006)

10 June-15 June 2006. **Venue:** Suntec Singapore International Convention and Exhibition Centre, Singapore. APAO 2006 is held in conjunction with the 19th Annual Meeting of the Asia-Pacific Association of Cataract and Refractive Surgeons (APACRS). **Information:** Joy Kang, 21st Congress of the Asia-Pacific Academy of Ophthalmology 2006, c/o Ace: Daytons Direct (International) Pte Ltd. 2 Leng Kee Road, #04-01, Thye Hong Centre, Singapore 159086, DID:(65) 6379 5300, Fax:(65) 6475 2077
Email: admin@acedaytons-direct.com

International Ophthalmic Nurses Association, Golden Jubilee Conference – 50 years of IONA

A Celebration of Ophthalmic Nursing. April 7 & 8, 2006. **Venue:** London, UK. **Call for papers:** Please submit an abstract of 500 words. Application forms for IONA membership and for the conference are available from: Carol Bullock, 3 Montgomery Close, Beeston, Nottingham, NG9 6NF, UK to whom abstracts should also be sent. Email: john.bullock@unisonfree.net

Resources

Book review



ABC of Eyes
Khaw P T, Shah P, Elkington A R. 4th Edition, BMJ Books, 2004
 Reviewed by Professor Gordon Johnson

The beginnings of this book were as a series of separate short articles published in the British Medical Journal nearly 20 years ago. These were evidently intended as a rapid update in eye disease for busy general practitioners and other doctors. The current 4th edition of the resulting book, extensively revised and updated, still admirably fulfils this purpose. It will also be valuable to medical students, nurses and ophthalmic medical assistants approaching eye disease for the first time or revising for examinations.

The 14 short chapters (none more than eight pages) are attractively laid out, with many illustrations, and each chapter can be read and mastered in a relatively short period of time. Some of the illustrations are rather small, but the CD-ROM, which is supplied with the book, is easily accessed and each picture can be enlarged for study of the details. The CD also has the entire text and a comprehensive Text Search for specific topics.

The book's origin as separate articles, to be read one at a time, is still reflected in the unequal treatment of topics and the conspicuous lack of cross-referencing. For example, in the first chapter, History and Examination, there is a photo of measurement of intraocular pressure by applanation, but no mention in the text. Why not have a cross-reference to the glaucoma chapter where the technique is considered in detail?

Despite this comment, this text can continue to be recommended as a useful and friendly introduction to the recognition and management of eye disease.

The *ABC of Eyes* is available from Teaching Aids at Low Cost (TALC), PO Box 49 St Albans, Hertfordshire, AL1 5TX, UK. Email: info@talcuk.org Website: www.talcuk.org Fax: +44 1727 846852. Price: £9.00



Video/DVD/VCD review

Ophthalmic instruments and equipment – their care and maintenance
Professor V Srinivisan and Dr RD Thulasiraj
 Lions Aravind Institute of Community Ophthalmology, 2005.
 Available as DVD and VHS video and VCD
 Reviewed by Ingrid Cox

Ophthalmic instruments and equipment – their care and maintenance, produced by the Instruments Maintenance Department of Aravind Eye Hospital in India, with funding from Sight Savers International, addresses a gap identified by the VISION 2020 agenda – development of technology. Currently, there is little practical visual information on the care and maintenance of ophthalmic equipment. This training resource provides the opportunity to see what can be done to ensure that commonly used ophthalmic equipment found at the district level is maintained to ensure a safe standard and prolonged use in the field. In a two-hour presentation, it combines short explanations, graphics, and video to create a comprehensive visual guidebook on the maintenance and repair of direct ophthalmoscope, streak retinoscope, indirect ophthalmoscope, slit lamp, operating microscope, keratometer, phaco machine, A Scan, Schiötz tonometer, optics cleaning, blood pressure apparatus and surgical instruments.

In addition, it provides clear illustrations on changing bulbs, battery maintenance and use of a multimeter when checking bulb and fuse life, cleaning of microscope optics, cleaning and rinsing the irrigation and aspiration tubes for a phacoemulsification machine, calibrating a Schiötz tonometer, and general care of the

slit lamp. The user can watch how the piece of equipment is taken apart, cleaned and put back together again.

There is a very good section on the 'do's and don'ts' of repairing and maintaining equipment and the importance of maintaining a supply of spare bulbs and other parts for equipment. This is often neglected and will prove to be a useful reminder to those involved in purchasing equipment.

It demonstrates the importance of having a clean working area with all necessary tools close at hand – an important aspect to remember when dealing with ophthalmic equipment. The sections are short and the disassembling and assembling of the equipment is rapidly and efficiently undertaken. It is perhaps a limitation that there are no slow action clips or repeats of more technically difficult areas, for example, lining up the mires in the keratometer or cleaning the monocular microscope piece. It is however quite easy to access the homepage in the DVD version to repeat sections. I therefore recommend using the DVD version, if possible. A limitation of the video version is that the user will need to use the counter to know where sections start and stop. It would be difficult to follow the steps while trying to carry out the procedure at the same time.

I would have liked a little more attention to sharpening and realigning instruments. Instrument repair takes time and is an art often involving the use of magnification to ensure that the instrument is repaired with detailed precision.

Ophthalmic instrument and equipment – their care and maintenance is an excellent learning tool to remind an already skilled person what tools are necessary before maintenance and repair work begins on any ophthalmic instrument. Projects should not assume that the DVD or video alone would solve their equipment problems. The visual guidebook is useful to staff who are already involved in equipment maintenance, have an interest and some pre-existing skills in this area, or who are undertaking an instrument technician course.

Users should be aware that the equipment being shown in the demonstrations is, at times, particular to that manufacturer or model. It would be advisable for the hospitals to understand that these are guidelines and that there may be manufacturing variations from those shown. It should be used in conjunction with the manufacturers recommendations on specific care and maintenance of equipment.

This resource will help to increase awareness of the need to create a system of regular planned preventive maintenance within eye units, particularly in hospitals without easy access to dedicated maintenance and repair facilities.

Ophthalmic instruments and equipment is available in various formats: DVD, VHS video and VCD. Those resident in India should apply to the Manager (Stores), Aravind Eye Hospital, Madurai 625020, Tel: +91 (0) 452 535 6100 Ext 192, Fax: +91 (0) 452 253 0984, Email: aravind@aravind.org Those residing outside India should contact ICEH (address on page 118). Email: Sue.Stevens@Lshtm.ac.uk

Price: Indian Rs500 or UK £7 plus postage and packaging.

New resources available

Practical ophthalmic procedures – volumes 1, 2, 3 and 4 Sue Stevens

These slide and text teaching sets, each volume containing six practical procedures, are now available from the ICEH web site as a PDF, Word document and Powerpoint presentation.

www.iceh.org.uk/inf_tlm.asp

Four posters

Sue Stevens/Ingrid Cox

Control of Infection in Ophthalmic Practice
 Care of Ophthalmic Surgical Instruments
 Sterilization and Disinfection
 Assisting the Blind and Visually Impaired

Available from ICEH. Distributed free by application.

Email: Sue.Stevens@Lshtm.ac.uk



Useful resources

Managing human resources

Human Resources: Managing and developing your most important asset

The Manager, Vol. 8, No. 1, 1998. Available at http://erc.msh.org/TheManager/English/V8_N1/V8_N1_En_Issue.pdf (last accessed on 7th October 2005).

Eade D. Capacity-building – an approach to people-centred development

Oxford, 1997. Available from: Intermediate Technology Development Group. See address below.

Russell-Jones N. Managing change pocket book

Management Pocketbooks, 1995. Available from: Intermediate Technology Development Group.

Management for development workers – a ten-stage training course

CORAT, Africa, 1987. Available from: Intermediate Technology Development Group.

Taylor G, Thornton C. Managing people

Directory for Social Change, 1995. Available from: Intermediate Technology Development Group.

Hardingham A. Working in teams

Institute of Personnel & Development, 1995. Available from: Intermediate Technology Development Group.

Estrella M et al, editors. Learning from change

Intermediate Technology Publications, 2000. Available from Waterstones.

Cassels A, Janovsky K. Strengthening health management in districts and provinces – a handbook for facilitators

WHO, 1991. Available from the World Health Organization.

Johnson P, Ranken J. Management support for primary health care – a practical guide to management for health centres and local projects

FSG Communications Ltd., 1994. Available from FSG Communications Ltd.

Pearson C. Medical administration for front-line doctors (2nd edition)

Aimed at the physician who has to combine wide clinical responsibilities with medical administration and support for local primary health services.

FSG Communications Ltd., 1995. Available from: FSG Communications Ltd.

Amonoo-Lartson R, Ebrahim G, Lovel H & Ranken J. District Health Care

Intended for those involved in the planning, administration and evaluation of health services at district level. Macmillan, 1996. Available from TALC.

Hope A & Timmel S. Training for Transformation (Books 1-4)

A series of four handbooks for community workers. Vol. 1-3 1995, Vol. 4 1999. The first three volumes (sold as a set) of this series are designed to assist workers in the field to encourage the development of self-reliant creative communities. ITDG Publishing, 1995. Available from Intermediate Technology Development Group and TALC.

Supplier addresses

Intermediate Technology Development Group, ITDG Publishing, The Schumacher Centre for Technology Development, Bourton on Dunsmore, Rugby, CV23 9QZ, UK. Email: itpubs@itpubs.org.uk

Teaching Aids at Low Cost (TALC)

PO Box 49, St Albans, Hertfordshire, AL1 5TX, UK.

Email: info@talcuk.org Website: www.talcuk.org

Fax: +44 1727 846852.

World Health Organization

Book orders, World Health Organization, Avenue Appia, 1211 Geneva 27, Switzerland. Email: bookorders@who.ch

FSG Communications Ltd.

Vine House, Fair Green, Reach, Cambridge, CB5 0JD, UK.

Email: info@fsg.co.uk

Waterstones

71-74 North Street, Brighton, East Sussex, BN1 1ZA, UK.

Email: manager@brighton.waterstones.co.uk

Community Eye Health

JOURNAL

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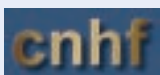


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Calling all authors!

Article writing competition for the Community Eye Health Journal

Readers are invited to submit original articles (not previously published) on a theme relevant to implementing VISION 2020. Articles should be innovative, based on VISION 2020 priorities, and of relevance to our readers. Our readers are mostly in developing countries and work in community eye care as general nurses, ophthalmic nurses/assistants, refractionists/optometrists, public health specialists and ophthalmologists.

Prize: Publication of the four winning articles in the *Community Eye Health Journal*. Winning articles will be selected by the Editorial Committee.

Length: 1,500 words maximum.

Deadline: Extended to 28th February 2006.

Photographs and graphics: They can be submitted to illustrate the article. If photographs of patients are included, they should be accompanied by evidence of the patient's (or guardian's) written consent to use the photograph for educational purposes.

Format: Articles can be handwritten, typed or in electronic format.

How to send articles

By post

Article Competition, The Editor, Community Eye Health Journal, ICEH, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK.

By email

Put 'Article Competition' as the subject and send to: Victoria.Francis@Lshstm.ac.uk and Anita.Shah@Lshstm.ac.uk

Next issue



The next issue of the *Community Eye Health Journal* will be on the theme **What's happening at the back of the eye?**