



Test your knowledge and understanding

This page is designed to help you test your own understanding of the concepts covered in this issue, and to reflect on what you have learnt. We hope that you will also discuss the questions with your colleagues and other members of the eye care team, perhaps in a journal club. To complete the activities online – and get instant feedback – please visit www.cehjournal.org

1. A high national cataract surgical rate (CSR) of over 5,000 indicates that everyone over 60 has equal access to surgery.	Select one
a Yes, as it suggests people are aware of the services and are accessing it	<input type="checkbox"/>
b No, as CSR is not a good indicator to use to measure a surgical service	<input type="checkbox"/>
c You cannot know without more local information, disaggregated (recorded and presented separately) by age, sex etc.	<input type="checkbox"/>
d No, because it may include a second eye operation	<input type="checkbox"/>
2. Reliable and timely data for your team to plan equitable eye care services need to be disaggregated (recorded and represented separately) by:	Select one
a Age and gender alone	<input type="checkbox"/>
b Disease, ethnicity, disability and age	<input type="checkbox"/>
c Geographic location, age and income groups	<input type="checkbox"/>
d That which is important for your team to know and feasible for your health management information system (HMIS) to collect	<input type="checkbox"/>
3. Looking at data on page 57 Table 3, is the following statement true? 'Urban women receive cataract operations at an equitable level with urban men'.	Select one
a No	<input type="checkbox"/>
b Yes	<input type="checkbox"/>
c We don't know, as we do not know number of men and women with cataracts living in this urban area	<input type="checkbox"/>
d We don't know, as this was only 3 months of data	<input type="checkbox"/>
4. How can we improve eye care services for children with disabilities?	Select one
a Take services to regular schools	<input type="checkbox"/>
b Consider the barriers faced by children with different disabilities when they access eye care services, in consultation with the children and their families	<input type="checkbox"/>
c Focus on improving screening	<input type="checkbox"/>
d Improve accessibility for wheelchairs at the clinic	<input type="checkbox"/>
5. What does the term 'Nothing about us without us' suggest?	Select one
a Only local disabled persons organisations can deliver services	<input type="checkbox"/>
b It is important to work with people with disabilities and their families to find solutions together	<input type="checkbox"/>
c Every unit must have a disabled person working with them	<input type="checkbox"/>
d None of the above	<input type="checkbox"/>

ANSWERS

- Without knowing the demographics of this country, plus local disaggregated data (age, sex, income groups, regional, rural/urban issues) we cannot know if surgical needs are met for everyone equally.
- Do not collect data that your team has no time or interest to analyse. At a minimum, a reliable health management information system (HMIS) should collect age, sex, ethnicity, location, diagnosis and treatment, and generate monthly reports on time. You must analyse the data to quantify the results and then make a plan to remove inequities.
- We do not know the unmet need (potential demand for services, or the denominator) across the urban area. So although at present the number of men and women accessing services appears almost equal, there may be more (or fewer) older women compared to men living in this town, in which case access does not appear equitable. The data collected is therefore insufficient to determine whether access to cataract operations is equitable.
- Children with disabilities face many barriers in accessing various services (and may often not be in school). So all the barriers must be considered to both locate children with different disabilities, and then plan how to offer quality eye care services to them. Staff training is important, both to teach skills for service delivery, and to change attitudes. The attitudes of staff can be a major barrier too.
- The disability movement often uses the phrase to highlight the need for collaborative and consultative planning as the most desirable way to strengthen services for disabled persons.

Picture quiz



Allen Foster

A 65-year-old man presents with gradual loss of vision in both eyes. His visual acuity is light perception with accurate projection in both eyes.

Q1. What is the main cause of his loss of vision?

- a. Bilateral central corneal scars
- b. Corneal droplet (climatic) keratopathy
- c. Refractive error
- d. Bilateral cataract
- e. Anisocoria

Q2. Which of the following will make it more likely that someone will suffer from untreated age-related cataract blindness?

- a. Low family income
- b. Living in a rural area
- c. Female gender
- d. Lack of formal education
- e. Living in a low-income country

ANSWERS

1. Answer: d. The main finding and cause of his visual loss is bilateral mature cataracts. There is moderate bilateral corneal droplet (climatic) keratopathy, probably due to long-term exposure to ultra violet light, however this is unlikely to significantly affect his vision. The pupils are unequal in size. This is called anisocoria and can be due to a variety of causes; in this case the left pupil is larger because it has been dilated with drops. **2. All of the answers are correct,** as they all contribute to inequity in access to eye health, which means people are less likely to get the cataract operations they need.

REFLECTIVE LEARNING

Visit www.cehjournal.org to complete the online 'Time to reflect' section.