

encouraged to add a CBR component to their outreach services.

- The facilities available for training of fieldworkers, project coordinators/managers, materials and literature available need to be enhanced by State funding. A proper syllabus, curriculum, faculty and authorised institutions need to be developed to standards appropriate to the countries concerned.

## Conclusion

This report gives a brief outline of SSI's programmes over the last nine years in enhancing services to remote areas in India. The concept of a comprehensive eye care programme also evolved out of these efforts. All these may need to be modified to suit local conditions, involving the clients, their families, the community and other agencies. Integrating rehabilitation into eye care

programmes would be a right step forward in enlarging and enhancing services to the visually impaired in rural areas.

## Acknowledgements

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## Review Article

# Community Based Case-Finding and Rehabilitation: Detection of Cataract Patients and Post-Operative Follow-up

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## Introduction

The following recommendations are important for all those concerned with restoring sight to cataract patients and thus with getting these patients to attend an eye hospital.

## Identifying Patients, Raising Awareness and Information

Remember that the patient may be blind!

### 1. Identifying Patients

Do not search for 'blind people' in order to find cataract patients but for those who are '**older with poor vision**'. Due to the usually slow process of becoming cataract blind, and adaptation to decreasing vision, cataract patients are often still quite active and so many do not consider them to be blind.

### 2. Raising Awareness

Most hospitals do not use enough ways of getting patients to the hospital. Patients and their families must be provided with the information required. This information can be passed on in different ways:

- Radio (which is often expensive).
- Through churches or other meeting places (ask for 10 minutes of the weekly sermon!).
- Through primary schools (there is virtually no primary school class without a pupil who has a cataract patient in his/her home. Collect names and addresses).

- Through local health units, projects, community activities, etc.

During all of these activities, use flyers, brochures and posters to get the required information across (see also 3 below).

### 3. Information

The information provided by any of your 'advertisements' (radio-messages, flyers, brochures, posters) should be comprehensive enough to answer the following questions:

- How much will the cataract operation **cost**?
- How many **days in hospital**?
- Is a **carer** required to accompany the patient?
- Is **food** provided/available at the hospital? What is the cost? Should food be brought to the hospital?
- What does a **cataract operation** involve? Is it a safe procedure?
- What is the expected **result**?
- Will the patient need to come back

## TRAINING COURSE IN PLANNING AND MANAGEMENT OF CBR PROGRAMMES

Dar es Salaam, Tanzania

**12-24 April 1999**

Once each year the CBR Programme, CCBRT, in Dar es Salaam, Tanzania organises a two-week workshop and training session for planners and managers of CBR. These CBR training sessions offer a practical and theoretical background for planning and management of comprehensive, cross-disability CBR programmes. This approach makes use of all the available human, material and infrastructure resources. The programme does not accept 'recipes' or 'formulae' for CBR, but requires creative managers with knowledge and vision concerning the real needs of 'disability' and of 'rehabilitation' in their own country or region.

These training sessions seek to promote this specific approach to CBR, which has very successfully been developed in several areas, and encourage discussion on those key issues that may determine the future of CBR services in the 21<sup>st</sup> century.

For more information:

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later for **follow-up?** Will there be **further costs?**

4. Try to find out about the **impact** of all your cataract detection and 'sensitization' methods by asking patients at the hospital how they received the information to come for surgery. This will help you to invest more in cost-effective methods of **promotion**.
5. **'Reluctant' cataract patients**, i.e., cataract patients who still fail to present for surgery after having been invited several times, and after having been provided with all the needed information. Try to convince them by introducing them to post-operative patients from their neighbourhood or area. Also, try to discover the (real) reason why he/she has not appeared.
6. Do not spend too much time and money in getting a patient to the hospital within a full year after the first contact/information. **'Money'** is commonly the reason for delays, but this is often available at certain periods of the year, for example, after harvesting. This is the time when a patient is encouraged to come for surgery.
7. For very poor families: offer **alternatives in payment** (or for reduced payment). There are good examples of family members searching for two other cataract patients ('people with the same problem in their eyes'). When these patients attend the hospital and they give their names to the local CBR or PHC worker, then their own family member gets free or cheap surgery.
8. Do not forget: it is often **the family** that needs to be convinced, not the patient! Without the family, the patient cannot get to the hospital (she/he is blind) and also may not have money available (the 'old person is taken care of').



*A blind patient is brought from her village to the outreach clinic*

*Photo: Sue Stevens*

**EDITORIAL COMMENT:** In the programme described by Mr Vanneste, in Tanzania, a particular team member has the designation **Survey-Detection-Referral Worker**. The training and skills of the SDRW and the CRW have some similarity, with community based responsibilities, and so reference to the activities of SDRWs is included in the context of our theme on CBR.

## Survey-Detection-Referral Workers (SDRWs)

### What is a SDRW?

In the context of detection of cataract patients, it is a person who is attached to an Eye Unit (or a CBR/PHC programme collaborating with an Eye Unit) whose work is to sensitize and inform the community in general, and cataract patients and their families in particular, about cataract, i.e., about the possibility of cure at the Eye Unit. The SDRWs's job is specifically to get as many patients as possible presenting themselves for surgery.

### 2. Good SDRWs are extremely cost-effective.

They will increase your budget by approximately 1–3%, but they may increase by 100–300% the number of cataract patients coming for surgery, which means that the Eye Unit becomes much more cost-effective.

### 3. Profile for selection of a SDRW: a 'social worker' type of person.

The communication skills of this person are more important than any academic degree. A trained social worker may not be comfortable in a 95% 'field job' with no obvious opportunity of promotion. Employ people who will be able to communicate well with community leaders and hospital staff, as well as with patients and their families.

### 4. Means of transport: motorbike (rural) or public transport (cities).

If possible, consider female workers. However, in rural areas, you might have to take on male SDRWs.

### 5. The training of SDRWs should include the following:

- (i) Recording of visual acuity.
- (ii) Identifying a normal, healthy eye.
- (iii) Identifying cataract. Differences compared with corneal scars, etc.
- (iv) Explanations about cataract. Provide information which might be useful when trying to encourage patients (and their families) to come for surgery.
- (v) Understanding and recording findings (e.g., using a Cataract Detection Monitoring Document).
- (vi) The activities and responsibilities of the Eye Unit and its staff.
- (vii) Communication skills. How to meet with a family, i.e., how to introduce him/herself, the Eye Unit, etc. How (not) to explain about cataract.
- (viii) During training, the SDRW should meet with at least 3 cataract patients before their surgery, should witness the operations, and take visual acuities after surgery.

### 6. Budget items to be considered:

- (i) Salary.
- (ii) Maintenance of a motorbike (petrol, oil, etc.).
- (iii) Insurance for the person + motorbike or money for public transport.
- (iv) Paper + access to a photocopier.

### 7. SDRWs need not have their own, personal office. They should be 95% of the time in the field.

8. His/her superior should be the 'manager' of the Eye Unit, preferably not the ophthalmologist, but the head nurse. The SDRWs should be recognised as members of the Eye Unit staff.

### 9. Weekends.

The most fruitful time for the SDRWs to achieve good results is to work during the weekend because that is when most social gatherings take place. These are ideal opportunities to reach many people. Churches, political and other social gatherings, etc. should be addressed.



Arriving at the outreach clinic

Photo: Murray McGavin

## Post-Operative Community Based Follow-Up of Cataract Patients

Train CRWs (or nurses, SDRWs) to explain the following to patients and family members:

- (i) How to use **post-operative medicines** and the length of treatment.
- (ii) How to attach **spectacles** (as appropriate) to the ears.
- (iii) How to clean spectacles.
- (iv) Where to put spectacles in order to keep them safe
  - a fixed place (otherwise they may be lost)
  - where to place them at night.
- (v) What to do if spectacles are broken and the cost of replacement.

## (vi) New vision exercises

- use the restored sight; expect to see and recognise people
- post-operative patients, without social care, may continue to live as a 'blind' person.

## (vii) Re-integration

- encourage other people to involve the ex-patient
- collect water
- attend the market
- attend meetings, social activities, e.g., women groups.

It is recommended that the CRWs make up to 6 post-operative visits: week 1, week 2, week 3, week 4; month 2 + 1 visit. □

## Global Initiative

### The Global Initiative: Launch of Vision 2020

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'Vision 2020: The Right To Sight' is designed to eliminate avoidable blindness by the year 2020. The programme will enable all parties and individuals involved in combating blindness to work in a focused and coordinated way to achieve the common goal of eliminating preventable and treatable blindness. Vision 2020, in conjunction with the World Health Organization, will take on the following responsibilities:

- **Increase awareness of blindness as a major public health issue**
- **Control the major causes of blindness**
- **Train ophthalmologists and other personnel to provide appropriate eye care**
- **Create an infrastructure to manage the problem**
- **Develop appropriate technology.**

Vision 2020 involves the active participation of UN agencies, governments, eye care organisations, health professionals, philanthropic institutions and individuals working together in global partnership to accomplish this goal by the year 2020.

In order to communicate effectively the key messages of Vision 2020 to the general public, the programme will be officially announced via an international launch press conference. This launch event is planned for Thursday, February 18, 1999,

from the Geneva Press Club in Switzerland, in conjunction with the meeting of the WHO Advisory Group for the Prevention of Blindness. It is envisaged that the WHO Director General, Dr Gro Harlem Brundtland, will lead this event together with staff from the World Health Organization and founding members of the Vision 2020 programme. An international gathering of spokespersons will jointly introduce Vision 2020 at this meeting. The different speakers will discuss the importance of making blindness a major public health initiative, past programmes designed to help manage the problem and how Vision 2020 programming can help to eliminate avoidable blindness in the world by the year 2020. Following the closure of the WHO meeting by Dr Brundtland, she will participate in a press conference which will be organised at the International Press Club in Geneva. On this occasion a message and proclamation of 'Vision 2020' will be announced. In view of this launch a promotional brochure (see illustration) has been produced which can be obtained from the International Agency for the Prevention of Blindness, IAPB Secretariat, Grosvenor Hall, Bolnore Road, Haywards Heath, West Sussex RH16 4BX, United Kingdom.

Media from other regions of the world will have the opportunity to listen to the press conference, including the following **World Health Organization regions**:

- **Harare, Zimbabwe**
- **Copenhagen, Denmark**
- **Washington DC, USA**

- **New Delhi, India**
- **Alexandria, Egypt**
- **Manila, Philippines**

Appropriate spokespersons from each of these regions will be identified by WHO and by founding members of the Vision 2020 programme. These spokespersons will respond to media inquiries generated from each particular region.



The press conference will also serve as a platform for the announcement of a declaration of support, acknowledging avoidable blindness as a major public health issue. During the months following the press conference, the Avoidable Blindness Declaration of Support will be circulated to every country greatly affected by the impact of blindness. This demonstrates evidence of and builds global support for blindness as a major public health problem. Other important events in support of the Launch of 'Vision 2020' will take place in Cairo (Egypt), Hyderabad (India), New York (USA) and particularly in Beijing (China), on the occasion of the Sixth General Assembly of the International Agency for the Prevention of Blindness in September 1999.