Situation analysis of ophthalmic services in displaced persons camps surrounding Khartoum, Sudan

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Following decades of civil war, approximately two million internally displaced persons (IDPs) are living in and around Khartoum, the capital city of Sudan; 400,000 have settled in the four official camps, and the rest live in 30 ‘squatter areas’ scattered around the city. These communities are poor, vulnerable, and at greater risk of avoidable or preventable blinding eye disease.

Our study aimed to evaluate the distribution, availability, and accessibility of eye care services in the camps for displaced persons. This descriptive situation analysis of human resources and infrastructure is a necessary first step towards providing adequate and sustainable services.

All four official IDP camps surrounding Khartoum were included in our situational analysis. Quantitative data on human resources and infrastructure was collected, using a checklist, from the ministry of health and from the available services in the visited camps. Qualitative data aimed to explore the behaviour of IDPs in seeking eye care; they included focus-group discussions with mothers of school-aged children, semi-structured interviews with functionally blind IDPs, and semi-structured interviews with health care staff working in the camps.

Virtually no eye care services were found in the camps. The only permanent service found in all the visited camps was a single eye clinic in a camp housing around 150,000 people, which was integrated within a primary health care unit. When assessing the IDPs’ barriers to accessing medical eye care, we found that the main ones were: poverty, the absence of services, the lack of an accompanying individual, the fear of surgery, and customs and beliefs. Given the absence of services and appropriate health care cadres, as well as the inability of IDPs to afford even subsidised basic eye drops, existing health care staff felt inadequate because they could provide very little help.

In conclusion, future service planning in the area should be directed towards affordable eye care services for the IDPs. Health service planners also need to look into the reasons behind the absence of service provision: lack of commitment, funding, or personnel.
in Cape Town, with patients presenting with advanced disease and frequently requiring acute surgical intervention. The spectrum of organisms isolated was very similar to that in other temperate regions. In this study, microscopy (bacterial and fungal) had a very low sensitivity, which is concerning.

**Vitamin A deficiency in Thatta District, Sindh Province, Pakistan**

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Corneal blindness due to vitamin A deficiency (VAD) is a leading cause of preventable blindness in children in developing countries. This study aimed to evaluate whether VAD is a public health problem in children aged 6–72 months in the rural and underprivileged Thatta District, in Sindh Province, Pakistan. Another aim was to identify risk factors for VAD, and to determine the coverage of distribution of high-dose vitamin A.

Purposive sampling was used to identify high-risk areas. The caregivers of children were interviewed to collect information about demographics and risk factors of VAD. Both eyes of children were examined using torch and magnifying loupe. Height, weight, and mid upper-arm circumference were measured. A blood sample was obtained from every tenth child and clinical case in order to measure serum retinol levels, using high performance liquid chromatography.

Out of the 619 children examined, 18 (2.9%, 95% CI 1.58–4.22) were xerophthalmic. Mean serum retinol was 27.56 μg/dl (n=49, SD +9.57) and the median was 25.64 μg/dl (range=10.16–53.19 μg/dl). Eight children (16.32%) had serum retinol <0.7μmol/L (20 μg/dl) showing moderate subclinical VAD.

Five hundred and ninety-eight (96.6%) children had received vitamin A supplementation and 504 (81.4%) were immunised against measles.

Two hundred and twenty-seven (36.7%) mothers had night blindness (a symptom of VAD) during a recent or last pregnancy. In many locations, women thought this was a normal phenomenon of pregnancy.

Univariate analysis for individual risk factors was performed, but only age group was statistically significant (χ²=11.97, p=0.0001), as xerophthalmia rates increased with age.

Despite high vitamin A coverage, VAD is a public health problem in preschool children and pregnant women in selected underprivileged rural areas of Pakistan. Malnutrition is widespread and levels of illiteracy among mothers were extremely high.

More studies are required with adequate sample size to identify associated risk factors. Health education and promotion activities should be run in rural areas of Pakistan to increase awareness regarding night blindness.

**Childhood blindness: piloting the key informant method in Lorestan Province, Iran**

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There are very few data on childhood blindness in Iran, a lower-middle-income country with a population of around 70.5 million people. There is currently no national programme for the prevention of childhood blindness.

Our research team undertook to pilot the key informant method in three out of the nine counties in the province of Lorestan. The aims of our study were, firstly, to establish the feasibility of a key informant survey in Iran and, secondly, to provide estimates of the prevalence and causes of childhood blindness in the area.

Around 120 community health workers were trained by the author to act as key informants, to identify and refer blind children from their own communities. Two ophthalmologists then examined the children to verify that they were blind and to diagnose the cause of blindness.

Our study confirmed the feasibility of a key informant survey in Iran: the method was time- and cost-efficient, it was well received by local health authorities, and it produced credible estimates of blindness.
Assessing the use of traditional eye medicines in Bukavu ophthalmic district, Democratic Republic of Congo

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This study aimed to describe the extent of the use of traditional eye medicines (TEM) in the Bukavu ophthalmic district in the Democratic Republic of Congo, with a view to collaborating with traditional healers in eye care promotion at community level. A descriptive cross-sectional study of 470 consecutive patients who attended eye health services was carried out. This was combined with a qualitative study. Non-probabilistic convenience sampling was used to collect quantitative data, through a questionnaire and a clinical examination of patients. Qualitative information was gathered through in-depth interviews with six traditional healers.

Eighty-four (17.90%) patients reported using TEM for the current disease episode before attending eye care services. There was no significant association for age, gender, or place of residence. However, the level of education (primary school and below) was significant for association with usage of TEM. The provider of TEM was in 72.6% of cases a relative, friend, or acquaintance (‘non-professional healer’) and in 27.4% of cases a professional traditional healer (affiliated with the Congolese Association of Healers).

Among the 84 subjects who reported using TEM, 46.4% stated preference as the reason for this choice, 33.3% reported proximity as the reason, and 15.50% reported cost. No patient declared a lack of awareness of the existence of eye care services in the district.

Amongst users, TEM was used for the following conditions: 34.5% used it for acute conditions (conjunctivitis, corneal ulcers), 22.7% for chronic loss of vision (cataract and glaucoma), and 42.8% for trauma and posterior segment disease. People who chose to use TEM presented late at the hospital. 19% of those who had used TEM were blind (visual acuity <3/60) compared to 8.8% of non-users.

In conclusion, the health education of the population and the integration of traditional healers into primary eye care programmes are critical for reducing the harmful effects of traditional eye medicine. The healers interviewed expressed the willingness to collaborate with the existing eye care programme. However, much of the use of traditional eye medicine is not due to healers, but to the home practices in the region. If we are to solve this problem, the cost of services remains a key barrier to address.