Experiences in rural Kenya: Addressing lack of knowledge

Helen Roberts
Coordinator, Kwale District Eye Care, PO Box 90142, Mombasa, Kenya.

Building an eye centre in an area where you know there is great need for eye services is not enough. We began our work in Kwale district eighteen years ago after a feasibility study estimated that there were ten thousand people who were blind, thirty thousand with low vision, and about the same number with significant eye disease in the district. We knew that none of them were accessing eye care, but on our first day we saw only one eye patient!

We wanted to know why no-one was coming, so we went into the community to find out. We spoke to chiefs, attended local meetings, visited dispensaries, and went from door to door to ask if anyone knew someone who was blind. When we found a person who was blind, we asked them why they had not come.

Here are some of the answers we received:

• “People may not be able to get to your eye centre.”
• “They have no idea that you can help them.”
• “They do not understand what you are doing and therefore they are afraid.”

We realised that we had to create better awareness of who we were and what we were doing. We had to talk to people about eye health and tell them that treatment and correction of eye problems were possible. We had to show people what we were doing and what we were trying to achieve.

To do this, we trained traditional healers, women’s groups, village leaders, teachers, prostitutes, whichever groups we found a person who was blind, we asked them why they had not come.

Here are some of the answers we received:

• “People may not be able to get to your eye centre.”
• “They have no idea that you can help them.”
• “They do not understand what you are doing and therefore they are afraid.”

We asked for feedback on an ongoing basis. When they requested a safe means of getting from the main road to the eye centre, we purchased a tuk-tuk (see picture) to provide a free shuttle service. Patients also asked where they could have their blood pressure checked or get help with diabetes control, so we gave a general doctor space to set up a clinic. This brings more people to the eye clinic and also helps our existing patients.

We found that the answer to lack of knowledge was to talk to all those interested and create awareness. We are still learning, but these are the most important first lessons from our project.

Experiences in a capital city: How we market our services

Boateng Wiafe MD MSc.
(Community Eye Health)
Regional Director for Africa, Operation Eyesight Universal

Lusaka Eye Hospital, in the capital city of Zambia, was established in 2001. We had to work hard to ensure that people knew about it and were coming forward for the eye care they needed. Here are the lessons we learnt.

• We defined our target customers. We serve mostly the west end of the city, so that is where we focus our promotion and education efforts.
• Every now and then, we are invited to speak on the radio and television about an eye condition. When we speak on the radio, we never ask patients to come to our eye hospital. The most important thing is that they seek eye care, so we advise them to go to their nearest eye clinic. Even so, many more patients usually come to us after each broadcast.
• We have a website and this also helps people to find out about our services.
• We regularly have outreach services targeted at all sections of the community. We visit institutions like the police, prisons, factories and other places of work, schools, churches, mosques, and market places. During these visits, we conduct health education and awareness creation, and screen and manage or refer those with eye conditions. We visit each community four times a year.
• Our experience shows that the majority of the patients we see were encouraged to come by people who have been to us before. This would not happen if the quality of service we offered were below standard.
• From time to time, we conduct a survey to find out about patient satisfaction. This has helped us to get better every year.
• We ask our patients if they know anyone in their neighborhood who has an eye problem. We ask them to invite these people to come along with them to our hospital. For example, we ask patients diagnosed with glaucoma to bring their relatives for free screening.