

REPORT ON COMMUNITY EYE SCREENING FOR NIAMINA SAMBANG AND SURROUNDINGS VILLAGES. 25th December, 2020.

PURPOSE: The screening was conducted to identify cataract blind patients within these communities of Niamina West District. These identified patients will then hopefully benefit from free cataract surgery to be sponsored by **CATARACTS ARE CUREABLE**, a charitable organisation that have been sponsoring hundreds of cataract surgeries for the needy in The Gambia over the years.

The screening which was started by about 9AM on Friday 18th to 20th December, 2020. The exercise started in Sambang Mandinka then in the afternoon the team moved to Sambang Fula Kunda for the screening. Sambang is a big village but divided into two main sections; the Mandika ethnic section called **Sambang Mandinka** and the predominantly Fula ethnic area called **Sambang Fula**. The following day, Saturday, was used for the surrounding small villages, and finally the team moved to Katamina; this is another bigger village with satellite villages. It was found to be crowded with people waiting for the team at the village's health post. In that area of Niamina West, Katamina is the only village with a Health post built by a philanthropist several years ago, and now adopted by the Government and run by the Ministry of Health. The journey between Katamina and Sambang is between 4 -5 kilometres and often taken by foot as there is no means of transport between the villages. The two biggest villages in the area are **Sambang** and **Katamina** each has some smaller, satellite villages around it, predominantly **Fula** communities.

The screening plan was thus: Vision area, Consultation area; and Registration area

At the Vision area, patient's Bio-data are taken down on paper, and visual acuity measured and recorded; then they move to the consultation area where they are screened for cataract and other eye conditions and recommendations made. The patient finally move to the registration area where those identified as cataract blind are registered in the book and those with other conditions are given medication. The session ended in Katamina Village at 2.30pm, and then the team travelled back to Serekunda and arrived in the late evening of Sunday the 20th December, 2020.

At the beginning of each session, we explained that the exercise was sponsored by a UK based charitable organisation and that if we identified enough cataract blind people, we will appeal to them to sponsor a free cataract camp. The idea was applauded by the communities and they are awaiting the second opportunity.

LESSONS LEARNT AND RECOMMENDATIONS

The exercise availed me of the opportunity to offer my services to my own people who are in need of care services, I am indeed grateful to **CATARACTSARECURABLE** for their valuable assistance in providing the funds.

I personally made errors in estimating the budget for the exercise; I had estimated a box of Tetracycline eye ointment at GMD 500 not knowing that it has escalated to GMD 1000 per box. Also, for a box of Gentamicin I estimated at GMD 250 was actually 1000GMD. The explanation is that the Covid -19 pandemic has caused some challenges thus prices increased. As a result, we bought less than the quantity estimated, but the good news is that, we didn't have a shortage, instead, we have some left-over of drugs intended to be taken along during the eye-camp we may come across eye infections.

Most importantly, I had the opportunity to use in the field the hand-held portable slit lamp which was also donated by the charity.

RECOMMENDATIONS

I strongly recommend a camp to be held to operate on these people as soon as possible. Niamina West is far away from the nearest eye care centre at Bansang and there are no community eye health nurses in the whole District. As such, the level of cataracts and other eye infections are deplorable in the area. I have asked the indulgence of the Program Manager even if it means using the reserve consumables kept. I have also informed the cataract surgeon at Bansang Mr. Bakary Dibba about the development and he wasn't surprised about the outcome.

We both identified and agreed on Katamina health post as the venue for the camp. Katamina is 6-7kilometers away from Sambang but is the closest health post.

STATISTICS

1. Total NO. of cataracts seen= 123
2. Total NO of operable cataracts (cataract blind due for surgery)=71

During the screening, we were only registering cataract cases whether mature or not, other cases are given treatment and let go. The charity has a tradition of sponsoring 50 operations per camp. This is not a problem; we will have to do a final selection based on severity of vision that means we will choose the bilateral blind patients then the others can wait for another opportunity.

I will also launch a personal appeal to the charity to help with an additional fund of 30,000GMD for me to be able to transport the people from Sambang and environs to and from Katamina. This

is to ensure safe surgery outcome for our patients as the health facility does not have the capacity to host these people for a night. After surgery, they will sit and rest for observation for an hour then go home, if they have to walk that distance on a fresh surgery, the chance of re-bleeding is high and infections can also set in. I already discussed with a 'Gele Gele' driver at the area which can carry 30 people per trip to the site and bring them back home.

THE SCREENING TEAM:

1 Mr. Alasana Touray- Cataract Surgeon- SZRECC

2 Mr. Famara Ceesay – Senior Community Ophthalmic Nurse- SOMA Health Centre

3 Miss Mariama Touray- General Junior Nurse-SZRECC

4 Mr. Ousman Mballow –Driver SZRECC

I thank you all while awaiting your kind response.

Alasana Touray