

BASSE DISTRICT HOSPITAL UPPER RIVER REGION FREE COMMUNITY  
SCREENING FOR CATARACT CAMP REPORT SPONSORED BY CATARACTS  
ARE CURABLE GAMBIAN PROJECT MAY - JUNE,2022



**Mr Haruna Jallow community ophthalmic nurse giving health education before the start of the screening exercise**

## ACKNOWLEDGEMENT

I wish to express my sincere thanks and gratitude to **Cataracts Are Curable Gambian Project** for sponsoring community screening to be followed by 50 free cataracts surgeries at Basse District Hospital in the Upper River Region.

Special thanks to the National Eye Health Programme Manager for his continuous support, guidance and encouragement.

I would not do justice if I didn't acknowledge the wonderful initiation and co-ordination of Mr. Alasana Touray of Sheikh Zayed Regional Eye Care Centre for his foresight in trying to establish partnership in the control of avoidable blindness especial cataracts.

Finally I wish to thank the staff Diabuguba Tapa, Baja Kunda health centres, Mr Ansumana Drammeh and Mr Haruna Jallow respectively and Basse District Hospital Eye Unit staff for their support and the good teamwork displayed during the community screening exercise.

**Community health nurse standing far left and, in the middle, the cataract surgeon**



## Introduction

A cataract is generally defined as opacification of the crystalline lens of the eye, is a major cause of visual impairment and blindness worldwide.

Cataracts account for nearly half of all blindness, and is particularly common in developing countries. The grim fact is that there already exists a formidable total of some 15.8 million people needlessly blind from cataracts. With the rapid aging of the population, the problem of blindness from cataracts will assume even more staggering proportions in future.

In the present state of knowledge, there is no proven means of preventing a cataract or its progressing to blindness but the condition is amenable to surgical treatment.

In developed countries, the availability of care service to those blind from cataracts ensures that the large majority have their sight restored. In the contrast; in the developing countries, in which the majority of cataract blind are found, there has been, over the years, an accumulation of unattended persons blind from cataract, resulting in what is commonly referred to as the cataract backlog.

It has therefore become imperative that a programme for the control of blindness should include, as an important component, intervention for surgical restoration of vision in persons blind from cataract. These should be an integral part of the primary health care system, so that most of the people who now make up the cataract backlog will have better access to surgical services.

This was why the National Eye Health Programme created secondary eye units that take care of the eye health needs of the rural population. The basic aim is to deliver cataract surgical services through the primary health care approach. Such an approach would satisfy the essential requirement of acceptability, accessibility, affordability and scientific soundness.

The primary objective of a cataract service is to restore vision to largest number of people blind from cataracts in the shortest possible time, making the best use of potential available resources.

## ACTIVITIES BEFORE THE CAMP

Basse District Hospital Secondary Eye Unit has an activity plan of action to reach out the underserved people of the rural areas. The aim of this plan is to operate on all patients that are blind due to cataracts in those especially hard to reach communities using the radio for sensitization and doing community screening of patients, booking those with mature cataracts for the cataract camp.

Fortunately for us Cataracts Are Curable Gambian Project responded to this appeal by sponsoring community screening, cataract patients booked during the exercise are able to undergo free cataract surgery which includes surgery fees, and medication.

The sensitization started earnestly, firstly we started from Basse District Hospital staff, radio adverts at Radio Gambia Basse branch and we used the local structures that is, the CHNs, village health workers targeting the following communities: Sareh Alpha, Diabugubatapa, Bireff, Keneba and Miseraba Mariama. During screening, patients with other eye conditions were treated and mature cataract cases booked for free cataract surgery.

## CLINICAL REPORT OF THE COMMUNITY SCREENING EXERCISE

<i>Dates of general screening exercise</i>	<i>10<sup>th</sup> MAY-5<sup>th</sup> JUNE, 2022</i>		
<i>Surgeon</i>	<i>Mr. Ebrima Dukureh</i>		
<i>Manager</i>	<i>Mr. Ebrima Dukureh</i>		
<i>Sponsor</i>	<i>Cataracts Are Curable Gambian Project</i>		
<i>Main co-ordinating Body</i>	<i>National Eye Health Programme (NEHP)</i>		
<i>Statistics</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>Total no. of patients screened</i>	460	715	1175
<i>Disease conditions</i>			
<i>Cataract</i>	110	185	295
<i>Conjunctivitis</i>	200	314	514
<i>Glaucoma</i>	30	60	90
<i>Pterygium</i>	60	120	180
<i>Refractive error</i>	100	70	170
<i>OTHERS</i>	130	220	350
<i>Referrals to the SZRECC</i>	2	1	3



The total number of eye conditions seen may be more than the number patients seen simply because one patient can have two or three eye diseases at the same time.

The three patients referred are patients that cannot be managed at Basse District Hospital that is why we referred them to Sheikh Zayed Regional Eye Care Centre Kanifing.

Other conditions are disease conditions not captured above, for example ptosis, blepharitis etc. They are not tabulated separately as this would make the data confusing.



## ACHIEVEMENTS

- ❖ The sensitisation was good as the turnout was very impressive, as we are able to identify more than eighty patients who have mature cataracts.
- ❖ There was a very good team-work, everybody was focussed and ready to sacrifice time.
- ❖ Almost all the patients seen got free medication although some were sent to a private pharmacy as some of the medication was not available from us.
- ❖ All the patients seen got free consultations.
- ❖ All mature cataracts cases are assured of free cataracts surgery when the time comes.



Portable Ophthalmoscope donated by CATARACTS ARE CURABLE being used for screening



Free medication given to patients during screening





MEDICINES BROUGHT FOR FREE DISTRIBUTION TO NEEDY PATIENTS



	NAMES	ADDRESS	SEX	AGE	DIAGNOSIS	VISION PRE-OP	
						RE	LE
1	Wuday Camara	Alluhareh	F	50	RE Mat-Cat	HM	6/18
2	Isatou Baldeh	Kebbeh kunda	F	56	LE Mat-Cat	6/12	HM
3	Ebou Gai	Samba Tacko	m	70	RE Mat-Cat	HM	6/9
4	Konnyagi Susso	Basse	M	60	RE Mat-Cat	HM	6/24
5	Samuyaye Ceessay	Dampha Kunda	F	70	RE Mat-Cat	HM	6/36
6	Mariama Trawally	Baja Kunda	F	80	RE Mat-Cat	HM	6/24
7	Demba njie	Nafugan	m	70	RE Mat-Cat	HM	6/36
8	Hujere Camara	Sabi	M	60	LE Mat-Cat	6/60	HM
9	Amadu Kanteh	Kularie	M	75	RE Mat-Cat	HM	6/24
10	Fatoumata Bah	Sareh Golly	F	75	RE Mat-Cat	HM	6/24
11	Buya Sowe	Sinuchu Alhage	m	72	LE Mat-Cat	6/24	HM
12	Mariama Jallow	Baniko Kekoro	F	45	LE Mat-Cat	6/12	HM
13	Arfang Baldeh	Mansajang Kunda	M	70	RE Mat-Cat	CF	6/60
14	Aljuma Jawo	Sareh Jarje	M	60	RE Mat-Cat	HM	6/60
15	Kaddijatu Camara	Mansajang Kunda	F	70	RE Mat-Cat	HM	6/12
16	Marie Juwara	Baja Kunda	F	75	RE Mat-Cat	hm	6/36
17	Gundo Sakiliba	NJien	F	60	LE Mat-Cat	6/60	HM
18	Hawa Sanyang	Madina Fulla	F	60	LE Mat-Cat	6/24	HM
19	Sarjo Camara	Garawol	M	65	LE Mat-Cat	6/12	HM
20	Mariama Mballow	SambaTacko	f	70	RE Mat-Cat	6/24	HM
21	Maria Jawo	Kulinto	F	70	RE Mat-Cat	HM	6/36
22	Fatoumata Jallow	Basse	F	50	RE Mat- Cat	HM	6/24
23	Aminata Sakiliba	Lamoi	F	75	RE Mat-Cat	PL	6/24
24	Isatou jawo	Kanjambu	F	65	RE Mat-Cat	HM	6/12
25	Musa Jawo	Wandeh	M	70	LE Mat-Cat	6/24	HM
26	Alh Sankung Dansoho	Diabuguba tapa	M	67	LE Mat-Cat	6/36	PL
27	Demba Bah	Sankabareh	M	60	RE Mat-Cat	HM	6/36
28	Balla Conteh	Diabuguba tapa	M	70	RE Mat-Cat	PL	6/24
29	Gamballa Drammeh	Diabuguba tapa	M	70	RE Mat-Cat	CF	6/36
30	Koi Wally	Kambelleh	M	70	LE Mat-Cat	6/60	HM
31	Musa Cham	Diabuguba tapa	M	60	LE Mat-Cat	6/60	HM
32	Metta Wally	Vellingara	F	75	RE Mat-Cat	HM	6/6

34	Papa Dampha	Demba Kunda	M	60	LE MAT CAT	6/24	HM
35	Juma Jallow	Giroba kunda	F	50	RE MAT CAT	HM	6/60
36	Sheriff Fofana	Kanucbeh	M	60	RE MAT CAT	HM	5/60
37	Musa Koteh	Tambasangsang	M	70	LE MAT CAT	6/24	PL
38	Muhamed Diko	Gambisara	M	65	LE MAT CAT	6/18	HM
39	Saineh Dahaba	Sutukonding	M	68	LE MAT CAT	5/60	HM
40	Manchita Juwara	Koina	M	60	RE MAT CAT	PL	5/60
41	Wally Kanteh	Mureh Kunda	M	67	LE MAT CAT	6/60	HM
42	Saibo Jawara	Dampha Kunda	M	70	LE MAT CAT	6/36	HM
43	Mafanta Ceesay	Dampha kunda	F	60	RE MAT CAT	HM	6/9
44	Bucheh Tawru	Kularie	M	74	LE MAT CAT	6/36	HM
45	Sajuma Jallow	Ceesay Kunda	M	75	LE MAT CAT	6/24	HM
46	Sunkary Conteh	Kerewan Badala	M	60	MAT CAT LE	5/60	HM
47	Mahamadou Krubally	Baja Kunda	M	75	RE MAT CAT	HM	6/18
48	Mawdo Camara	Sareh Alpha	M	60	RE MAT CAT	1/60	2/60
49	Kaddijatou Damba	Sareh Alpha	F	67	RE MAT CAT	HM	6/36
50	Aja Jainaba Damba	Sareh Alpha	F	76	LE MAT CAT	6/60	PL
51	Alh Lamin Jabbi	Sutukonding	M	60	RE MAT CAT	HM	6/6
52	Mansata Sankareh	Bireff	F	58	LE MAT CAT	6/18	HM
53	Sulay Conateh	Macca masireh	M	80	RE MAT CAT	HM	HM
54	Bintou Fofana	Bireff	F	50	RE MAT CAT	HM	6/9
55	Sira Camara	Macca masireh	F	64	LE MAT CAT	6/36	HM
56	Alh Musa Jagne	Foday kunda	M	67	RE MAT CAT	PL	6/24
57	Lamin Camara	Bantuding	M	70	RE MAT CAT	HM	6/18
58	Mansata fatty	Sutukoba	F	62	RE MAT CAT	HM	6/24
59	Fanta touray	Foday kunda	F	68	RE MAT CAT	HM	6/18
60	Kumba Darbo	Bireff	F	58	LE MAT CAT	6/6	HM
61	Alh karang sillah	Limbambulu bambo	M	76	RE MAT CAT	HM	3/60
62	Mamadou wally kambelleh	Kanapeh	M	70	RE MAT CAT	HM	6/18
63	Foly jagne	Madina nyatabu	F	78	BIL MAT CAT	HM	PL
64	Suwaro jaiteh	Sutukoba	F	60	LE MAT CAT	6/12	HM
65	Kumba camara	Macca masieh	F	60	RE MAT CAT	HM	6/36
66	Mariama jawneh	Sutukoba	F	67	BIL MAT CAT	HM	HM
67	Kumbayel sanneh	Sinuchu Alhagie	F	60	RE MAT CAT	HM	6/60
68	Fily jambang	Mansajang	F	78	RE MAT CAT	HM	6/60
68	Foday jallow	Nafugan	F	60	RE MAT CAT	HM	6/24
69	Abdoulie jallow	Basse	M	60	RE MAT CAT	HM	6/13
70	Saidou jallow	lamoi	M	70	RE MAT CAT	HM	6/24
71	Fatoumata hydara	Misera	F	76	LE MAT CAT	6/24	HM
72	Fatou fatty	Nyakoi madina	F	74	LE MAT CAT	6/18	PL
73	Lamin jawneh	Taibatou	m	50	RE MAT CAT	6/6	HM
74	Lamin bohum	Miseraba mariam	F	60	RE MAT CAT	HM	6/24

75	Omar dramme	Miseraba mariam	M	70	LE MAT CAT	6/24	HM
76	Tahiru sesoho	Sareh Alpha	M	50	BIL MAT CAT	CF	2/60
77	Isatou damba	Sareh Alpha	M	55	RE MAT CAT	CF	HM
78	Fatou gumaneh	koina	F	60	RE MAT CAT	HM	6/36
79	Isatou sakiliba	keneba	F	60	RE MAT CAT	HM	6/24
80	Wuday conteh	keneba	F	70	RE MAT CAT	HM	5/60



## CONSTRAINTS

- Some of the communities do not have electricity; hiring a generator, fuelling it and paying for services is not cost effective



- Lack of biometry machine (A scan) is a great concern because you can do a very excellent surgery for a patient but not implanting the right intra ocular lens can give a bad visual outcome.

With patients with bilateral mature cataracts, you can see the posterior segment of eye only with a bscan that enables you detect retinal problems like detachment.

- Availability of transport is also a problem at the regional health as they also use the cars for trek so you have to schedule your activities the day transport will be available not the day you wish to conduct the activity

## **Recommendation**

I wish to recommend Cataracts Are Curable - The Gambia Project to sponsor more community screening in the Upper River Region particularly remote areas in the Wulis and Sandus areas where some patients even go to the traditional healers to gouge their eyes. Eventually this leads to blindness due to the two factors - poverty and ignorance.

Buying biometry machines and operating microscope are key in getting good surgical outcome. An iCare tonometry machines for measuring intra ocular pressure is key.

A good car that can be used for community screening and outreach surgery is crucial in reducing the cataract backlog.