

Singida Region VISION 2020

Annual report 2006

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION & LOCAL GOVERNMENT

SINGIDA REGION

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Background:

In Tanzania, blindness is a major public health problem, with cataract responsible for over 50% of the blind. In 2002, the cataract surgical rate was 323 per million, among the lowest in the world. The eye care program in the country is characterized by a large backlog of cataract cases, unequal distribution of ophthalmologists and cataract surgeons between urban and rural areas, inadequate performance of surgeons, poor coordination between prevention of blindness organizations (governmental and non-governmental), inadequate program management, and an inability to reach out and mobilize communities where eye care services are most needed.

In 2004, Helen Keller International Tanzania (HKI) received funding from Alcon to support the expansion and enhancement of VISION 2020 cataract surgical services for the Singida region of Tanzania, and to assist in the development and implementation of a VISION 2020 Plan for the region. During the past two years, a regional VISION 2020 plan for Singida has been developed and awareness within the Ministry of Health and the broader health care community of the importance of eye health has been raised. In addition, the need to dedicate public resources to the prevention of blindness has been strengthened. Technical assistance for the program has been provided by the Kilimanjaro Centre for Community Ophthalmology (KCCO) and Helen Keller International.

The regional VISION 2020 program uses a 3-pronged approach to eliminate preventable blindness. The three components are: developing appropriate programs at the community level for prevention and control of diseases causing blindness, developing the human resources to deliver eye care services, and putting in place the appropriate technology and infrastructure required to eliminate avoidable blindness.

Singida Region Characteristics and Profile:

Singida region is situated in the centre of the country and is described as one of the "drought-prone" areas in Tanzania. Food crises and water shortages are common among the 1.1 million population living in Singida region. The region is divided into four districts: Singida rural, Singida urban, Iramba and Manyoni. The region is sub-divided into 21 divisions and 266 villages. The total surface area of Singida Region is 49,438 sq. kms. Manyoni district has the largest share of the land area (58%) while accounting for only 19% of Singida's population.

The average per capita income of Singida Region is US\$245. Agriculture is the main activity of more than 90% of Singida people who cultivate a wide variety of cereals and legumes.

Population Distribution by District – Singida Region (2002 census)

District	Population	Total households	Average household size
Iramba	368,131	71,677	5.1
Singida Rural	401,850	78,494	5.1
Manyoni	205,423	42,889	4.8
Singida Urban	115,354	24,512	4.7
Total	1,090,758	217,572	5.0

Eye care in Singida

Prior to the set up of the VISION 2020 program in Singida, eye care activities were erratic, carried out by the Singida Regional Hospital with help from two mission hospitals from outside of Singida: Mvumi Hospital in neighboring Dodoma region and St. Elizabeth Hospital in Arusha region. Many areas of the Singida region were not covered by any service providers. There was very poor community mobilization by eye health personnel and there were no bridging strategies to reach the communities. There was one cataract surgeon in the region, however, he was underutilized because of poor coordination, no programme management, and inadequate support and supervision. Prior to the start of the program, an average of 150-200 cataract surgeries were performed in the region each year.

VISION 2020 Goal and Objectives in Singida Region

Goal of the program:

To reduce blindness in Singida region by developing a VISION 2020 program in all four districts.

Objectives of the program:

1. To develop a VISION 2020 plan for Singida region in partnership with governmental and non-governmental partners working on eye health in the region and country.
2. To create a region-wide outreach program to increase utilization of eye care services with a special focus on cataract surgery.
3. To increase the cataract surgical rate by 50% over the next three years.
4. To develop a sustainability plan to institutionalize eye care services and make it an integral part of district comprehensive health plans in the region.

Program implementation:

In April 2004, a regional planning workshop was held in Moshi to assist three regions in Tanzania (Tanga, Singida and Mara) develop their VISION 2020 programs. Kilimanjaro Centre for Community Ophthalmology (KCCO), with financial support from IAPB, facilitated the meeting. Participants included regional eye care coordinators, regional planning officers, district planning officers, medical officers and eye care staff from the three regions. During the meeting, a large number of issues were addressed, including the goals of the VISION 2020 program, barriers to eye care services, the marketing of eye care services, developing eye care teams, and strategies to create a VISION 2020 program at the regional and district level.

In the months following the meeting, HKI worked with regional and district MoH planning and eye care staff in Singida region to develop a regional VISION 2020 program. HKI worked with the districts to develop objectives based on the priorities of eye care problems in the region. A situational analysis was carried out in conjunction with the eye care staff in each of the districts to analyze the current eye health situation. The analysis took into consideration the three components of VISION 2020's approach, namely appropriate programs for prevention and control of diseases causing blindness, developing the human resources needed, and ensuring adequate technology and infrastructure. It was clear that one of the biggest challenges to eye care staff was the lack of patients self-presenting to the hospital for surgery. The situation analysis revealed that the regional eye hospital was not doing enough surgery due to the absence of community-based outreach programs and the high price of surgery. Though there were well-trained ophthalmic personnel present at the hospital, they were conducting less than 200 surgeries a year.

Based on the situational analysis, HKI and KCCO worked with the eye care staff and the district planning and medical officers to develop three- and one- year plans based on the guidelines prepared by the National Eye Care Program in the Ministry of Health.

To increase the uptake of cataract and trichiasis surgery and utilization of eye care services at the community level outreach services for communities was developed. This program was initiated from the experiences of outreach program used by KCCO in Kilimanjaro region. Based on research done by KCCO in Kilimanjaro, various barriers were identified which hinder people from using eye care services. They include high price (and access to financial resources in the household) of eye care services, distance to services (ability to travel and need for assistance), knowledge of service (awareness and literacy), perceived "value" (social support) and fear of a poor outcome (IOL implantation). The Singida outreach program addressed each of these barriers. Regional and district eye teams were trained by KCCO in two of the four districts in Singida region on how to plan and conduct outreach activities.

During an outreach a team of trained eye care staff visit the designated site (usually a health center or a school) and offers a range of services, including eye examinations, (testing for and) providing reading glasses to people with presbyopia, eye medicines for simple eye care morbidities, as well as offering trichiasis surgery at the site. Also, a counselor is available to talk to the patient and family members and provide them with additional information as needed. This has greatly helped to increase the uptake of surgery among women. All patients with cataract were offered surgery at a subsidized (packaged) price (15,000 Tsh) and transported to hospital for surgery.

Services provided to Singida patients during outreach (n=33) in 2006

	Males	Females	TOTAL
1: Eye patients screened and receiving treatment during DRS visits	1552	1332	2,884
2: Cataract patients referred for surgery	215	99	314
4: Cataract surgeries performed with IOLs	170	144	314
5: Cataract surgeries performed without IOLs	0	0	0
6: Number of refractions done	247	199	446
7: Spectacles dispensed (all types)	68	41	109
8: Patients who did not afford to buy spectacles	0	0	0
9: Trichiasis patients identified	7	17	24
10: BTRP surgeries performed during DRS visits	6	11	17

Through the outreach, there has been a dramatic increase in the number of patients accessing eye care services. A total of 4600 patients were seen in Singida region since the start of the DRS program in February 2005. A total of 704 cataract operations were conducted during the period from February 2005 to April 2006. 80% of these patients were identified during the DRS program and the rest of the patients were walk-ins. The latter is

also a positive sign as it indicates that the people in the surrounding communities are aware that surgery is available in the regional hospitals and are actively accessing these services more often rather than waiting for a DRS program.

The number of cataract surgeries represents an increase of greater than 100% compared to the 250-300 surgeries performed in each of the three years prior to the implementation of the program. The number of cataract surgeries exceeds the annual target of 500 surgeries per surgeon set by the Tanzania Ministry of Health, and is limited at this point only by the lack of a dedicated ophthalmic operating room, so that cataract surgeries can only be performed two days per week.

In addition to cataract surgeries, 66 trichiasis surgeries were also conducted during the reporting period, 402 eye glasses were dispensed, and 1500 eye drops sold during the DRS visits.

Service delivery in 2006

Eye condition	Singida Regional Hospital (self-presentation)*	Manyoni	Iramba	Outreach patients	TOTAL:
Cataract detected	560	350	480	314	1,704
Cataract surgeries	150	18	86	314	568
Trachomatous trichiasis detected	66	115	102	24	307
Trichiasis surgeries	15	65	45	17	142
Conjunctivitis	892	635	790	NA	2,317
Injury	257	70	62	NA	389
Childhood cataract detected	10	6	2	NA	18
Childhood cataract surgeries	4	3	0	NA	7

* Includes Singida Urban and Singida Rural

Partners:

"Singida YetuYetu" organization (a newly formed organization under SGD Urban MP) has started working in the region. They are willing to support eye care services in Singida Municipality. At present there is an agreement to share the running cost in implementing eye services in the Municipality. This partnership to implement eye care services in Singida region will begin in January 2007.

The Lions Club's Sight First program is also supporting the cataract program in Singida region. Last year they supported the purchase of consumables for approximately 300 cataract cases in the region. In addition the hospital is also collaborating with the National Health Insurance Fund (NHIF) Scheme. Through this scheme eyeglasses are purchased for various government officials, teachers and other paid personnel and sold to them at a slight profit. The most important thing is that the profits from the sales for these glasses are channeled to Singida hospital eye account.

Sustainability issues:

HKI has been working closely with KCCO to develop a sustainability plan to institutionalize eye care services and make them an integral part of the districts' comprehensive health plans in the region. HKI has negotiated with the regional authorities so that a separate revolving loan fund for eye care can be established at the regional hospital. This account is operated by the Regional Medical Officer/ Regional Eye Coordinator and is monitored by HKI and the VISION 2020 Task Force.

Currently, eyeglasses in the DRS program are sold at US\$4 -6 to community members. Eye drops and medicines are sold for US\$0.50. In addition, \$15 is collected from patients who can contribute for the cataract surgery. Patients who are too poor to pay for surgery are asked to get a letter from their village leader to qualify for free surgery, which is then provided to them. Money from the 33 DRS sites that were conducted this year and 25 DRS sites last year has created a revolving loan fund of \$4500 for the Singida regional hospital. This fund is operated by the Regional Medical Officer and Eye Coordinator and contains all the monies that are accumulated from the sale of eyeglasses and medicines and cataract surgeries.

Part of the money from each cataract surgery (\$3) is given to the regional hospital for hospital for operations and administrative costs. It is hoped that the monies collected in the revolving loan fund will eventually pay for the costs of running the DRS and other community-based programs so that people living in the periphery areas who have little access to services or transportation can better access eye care services. It could also be used to subsidize cataract surgeries for the poorest of the poor at the community level.

Based on the current trends of decentralizing health systems and services to the district level, HKI and KCCO are also playing a strong role in advocacy and awareness raising among the district decision-makers to allocate resources for eye care services. Some funding for eye care was allocated by the regional secretariat in Singida hospital to support the eye care program. This is a significant accomplishment in that area which is challenged by the competing priorities posed by HIV/AIDS, malaria and other infectious diseases that afflict the population.