

Analysis of eye care services in South Africa's public sector



Karin Lecuona

Ward D4, Groote Schuur Hospital, Observatory, 7925 Cape Town, South Africa.

Email: karin.lecuona@uct.ac.za

This analysis of eye care services was conducted to support the development of appropriate objectives and strategies for South Africa's national VISION 2020 strategy, which is currently in preparation.

Questionnaires about human resources, facilities, and number of cataract operations and refractions performed were sent to hospitals with eye units and to provincial coordinators. Semi-structured interviews were held with VISION 2020 committee members to describe how services were implemented. The study was limited to the public sector, which serves 80% of the population.

The study found that cataract services had been established in 43 of the 53 districts in South Africa. There were 65 ophthalmic nurses, 5 managers, 78 optometrists, and 124 cataract surgeons. The ratio of eye surgeons to population was 1:305,721, whereas the recommended ratio is 1:250,000.

The cataract surgical rate (number of operations per year, per million population members) was 1,056; this is just over half the rate of 2,000 needed in South Africa. There were 62 hospitals with eye units, but most used the theatre facilities only once per week. Although refraction services had been implemented in most districts, standardised refraction figures were not available.

Human resources could not be deployed where they were needed. Ophthalmic nursing was seen by some planners as

specialised nursing and therefore not appropriate in primary care, a priority in South Africa. The appointment of ophthalmologists in district hospitals was also seen as contradictory to the principles of primary care.

District health committees had a limited effect on curative services because they lacked members with executive powers and functioned more as discussion groups. Committee members appeared to lack managerial and leadership skills.

It is therefore recommended that the national policy on the deployment of human resources in eye care services be reviewed. The effectiveness and structure of district committees should be improved and leadership and managerial training for committee members should be coordinated.

Evaluating the role of Anganwadi workers as key informants to identify blind children in Pune, India



Tasnim H Palkar

G18, Swapnashilp Society, near Gandhi Lawns, Kothrud, Pune, Maharashtra 411 038, India.

Email: drtasnim@hotmail.com

The key informant method has been found to be a cheap and reliable way of identifying blind children. This study aimed to evaluate the suitability of Anganwadi workers as key informants to identify blind and severely visually impaired children in Pune slums.

Anganwadi workers and helpers are engaged by the government to work in the state-operated Integrated Child Development Scheme (ICDS). This scheme caters to the health and pre-school education needs of children from birth to six years of age and also to the health and nutrition needs of pregnant women, nursing

mothers, and adolescent girls.

A total of 200 Anganwadi workers were selected from the ICDS services in the slums. They were trained as key informants to identify blind and severely visually impaired children. Each Anganwadi worker was responsible for an area that included 250–350 children up to 15 years old, thereby covering a total of 63,030 children. Children identified by the key informants as potentially blind or severely visually impaired were examined by an ophthalmologist according to the World Health Organization Prevention of Blindness survey methods. The major anatomical site and cause of visual loss was determined for each eye and each child.

A total of 39 blind or severely visually impaired children were identified by the key informants (56% boys and 41% girls). In total, 23 of these children (59%) were blind from avoidable causes.

The prevalence of blindness was estimated to be 0.06% (95% CI 0.04–0.08%), which compares well with the World Health Organization estimate for India of 0.08%.

In conclusion, Anganwadi workers can be used as key informants in Pune slums. This may be a useful way to estimate the magnitude and causes of childhood blindness in slums in India.

Causes of childhood blindness and available services in schools for the disabled in southern Viet Nam



Tran Huy Hoang

Poor People Clinic, Ho Chi Minh City Eye Hospital, 611 / 2 Dien Bien Phu Street, District 3, Ho Chi Minh City, Viet Nam.

Email: tranhuyhoang000@yahoo.com

No research is available about the causes of childhood blindness in Viet Nam, which makes it difficult to plan interventions. The aim of this study was to investigate the causes of childhood blindness in Viet Nam by examining children in schools for the disabled.

A total of 264 school children from nine schools in southern Viet Nam were enrolled in this study. Half of the participants were from Ho Chi Minh City, while the rest were from other provinces.

Data were collected using the World Health Organization Prevention of Blindness recording form and children were examined by an ophthalmologist. Data were also collected on educational and rehabilitation services available at those schools.

Retinopathy of prematurity (ROP) accounted for 83.9% of blindness among those aged five years or younger, for 37.7% among those aged 6–10, and for 8.5% in those aged 11–16. In children from Ho Chi Minh City, it was the most important single



Tran Huy Hoang (far left) and his research team at Ho Chi Minh Eye Hospital. VIET NAM