Eyes For Africa Newsletter 9

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Rotary Australia World Community Service - Project 45/11-12

ETHIOPIA February 2017

SHAMBU, OROMIA REGION

Our ten year anniversary campaign was full of emotional highs and lows. What should have been a successful four week campaign to Shambu and Ginnir in the Oromia Region turned into a battle again with the Ethiopian Government during the two months leading up to our planned departure date.

Our committed volunteers were not granted their working visas in time for their departure leaving no alternative but to cancel their flights and return to their workplaces. EFA asked all volunteers to forward all out of pocket expenses for possible reimbursement.

Michael van Ewijk, EFA's non-medical manager, Robert Campbell, our new CFO and Julie travelled to Ethiopia two weeks after our scheduled departure date.

Despite being advised our equipment was cleared through Customs 300 pairs of sunglasses were taken off us and held at Bole Airport. We are still seeking co-operation from the Government to release them.

As we stepped outside Bole airport Julie was told by a Ministry Of Health official that she needed an 'authenticated licence' or she could not work in Shambu. This was not mentioned in all the negotiations and correspondence leading up to this campaign.

Feeling very worn out and disillusioned by the repeated lack of sincerity and action over the past ten years by the Ethiopian Health Department Julie was ready to head home and close the EFA doors.

After speaking with our surgeon, Dr Abu Beyene, he encouraged us to continue on to Shambu as there were many people waiting for our free service. It was also the closer of the two locations we had planned to visit.

Ophthalmic nurse, Aster Degu, travelled two days from her home town, Dupti, to Addis to work in the operating theatre in Shambu.

Given the delay the Ethiopian Government had caused us we could only manage a short 10 day campaign.

Ginnir had not been notified we were only going to Shambu. There were hundreds waiting there for us also who had to be turned away.

We departed in a small minibus from Addis Ababa early on Friday 10 February travelling along a mainly sealed road for nearly eight hours, arriving at Haro International Hotel around 5.30. The last 60 km took nearly as long as the first 200 km as the road turned into a horrendous dirt 'goat' track.

On our way we visited a hospital for the blind that cares for and teaches blind children until they are old enough to be mentored by a chosen family.

Our tour guide from past trips, Adu, had stored our equipment and supplies from the previous trip at his compound in Debark. He travelled by road to Addis over 4 days being stopped frequently by police checkpoints. He then followed us to Shambu helping us unload our supplies at the hospital.

Haro International Hotel was only eight months old catering for local people, not tourists. The electricity was unreliable, the water supply ad hoc and the food was more suited to locals than westerners. The cuisine mainly being meat, eggs and injerra. Thankfully they had a good supply of Walia beer and delicious bread rolls.

At night the music was very loud in the restaurant/bar area. The locals loved to dance, we found ourselves joining in to the rhythm of the traditional music. We were told the Staff enjoyed our company.

Dr Zelalum Jamel from the Fred Hollows Foundation contacted us and asked if they could work with us in Shambu. Mobilising patients can be a very difficult task, so we agreed wholeheartedly. We would all benefit from this collaboration. Hailu Beyene, their TT Surgeon, was a very skilled operator performing TT surgeries on the local village people, in the adjoining room.

The Shambu Government Hospital provided us with an unused building that had been set aside for Chlamydia and TB patients in the future. We had one room as the operating theatre and one for storage.

The local staff from the hospital assigned to us were very keen to learn new roles.

Aklilu Tadesse is the optometrist working at Shambu hospital on a two year placement. We taught him the A-scan measurement and keratometer readings. He also learnt to use the new i-care probe to measure intraocular pressure. He shared the room Hailu was using for TT surgery to perform his biometry.

Tariku Feyisa is an ophthalmic nurse working at Shambu hospital. He was unfamiliar with the procedures of a cataract operating theatre. So we taught him the names of our surgical ophthalmic instruments and supplies, and the sterile techniques including paperwork and post operative patient care.

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Shambu


Shambu bridesmaids


Local go-cart


Hailu Beyene


Dr Abu teaching Aklilu A-scanning


Tariku in theatre

Birhanu Roro is a clinical nurse that was assigned as our interpreter. Aklilu taught him to diagnose a cataract.

We also had on our team two cleaners, Alganesh Girma, and Abernash Ayana , and a guard, Keba Jote. The cleaners were the best we've ever had. They looked for things to do after they finished the tasks we gave them. Keba chased the onlookers away and kept us supplied with local coffee.

Unfortunately Michael who was running the steriliser as well as other tasks fell ill with a virus. He didn't improve after two days so he called his GP in Australia who advised he fly home as soon as possible which he did.

OUTCOMES

Despite our many hurdles we screened around 300 people and our ophthalmologist performed 90 cataract operations and removed eight pterygiums. He also performed every Regional Eye Block in the absence of our volunteer anaesthetist.

The highlight was observing four bilateral blind people being able to see again. One patient was a man who had suffered a stroke and had been blind for 14 years. He walked independently into our clinic for his post-op checkup with a smile on his face. Another bilaterally blind lady had not had vision for six years .

A seven year old boy came in with a traumatic cataract from a stick being thrown at his eye two years ago. He jumped onto the table to receive the Regional Eye Block, then onto the operating table to have his cataract removed. In the past we've had to give a mild sedative to children this young. But not this boy.

Tariku supervised the use of the post-op cataract medications observing that the family member instilled the drops correctly.

We saw most of our cataract patients for a second visit. There appeared to be good drop compliance. They were still wearing their donated sunglasses and knitted beanies that had been made by volunteers in Australia.

Tariku was instructed to check post-op patients for three days after we left in case there were any problems.

Before we departed all local staff on our team were given an Eyes For Africa t-shirt, a certificate and small tip.

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Birhanu with Rob

SUMMARY

This campaign was financially a bit of a disaster. As well as our normal costs we had fees to change flights, cancellation fees and other unexpected expenses. Weighed against the number of operations we achieved this was one of our most unsuccessful campaigns.

The blame for this lies with the Ethiopian Government. They were provided with all our documentation two months before the scheduled start of our campaign but couldn't manage to approve our visas and customs clearances in time.

We could have easily performed another 300 cataract operations had the clinics gone ahead as planned. It's the poor rural blind people who have missed out.

CONCLUSION

Despite the difficulties of this year's campaign we are pleased to advise that EFA will be continuing it's valuable work volunteer work in Ethiopia.

Discussions were held with the Ethiopian Community leaders and advisors from Sikkoo-Mando in Melbourne who encouraged us to carry on.

With their support it was agreed we will continue this vital sight restoring project, streamlining the operational and administration process.

We are planning our next campaign to take place in March, 2018.