

ETHIOPIA October 2013

Dib Bahir

Dib Bahir is located in the lowlands of the Simeon Mountains, 18 km from Debarq. The elevation is 1950m, the climate is sub-tropical with an average October temperature of 20° and cold at night. The population is said to be approximately 5,000. Julie Tyers left Addis Ababa on September 27 with a team of seven volunteers from Australia and two from Ethiopia. While the supplies and three volunteers, Gary Holt, his wife Semera and Ophthalmic Nurse Mekonen Molle Gebrie travelled by road the rest of the volunteers flew from Addis Ababa to Gondor where they met with up with Gary and the others and travelled onto to Dib Bahir in the 22 seater Coaster EFA had hired.

Julie and our local Coordinator Adu Nigussie met with Ato Ayeligne Mulualem, Head of the Amhara Regional Health Bureau (ARHB), Technical Advisor ARHB Shegaw Alemu, and Ophthalmic Officer Birhan Guadie to discuss the clinic. After discussions EFA agreed to accept one local cataract surgeon to work with EFA for 15 days, and to conduct post-op care after EFA had left Ethiopia. EFA agreed to pay this cataract surgeon \$US29 per day.

EFA arrived at the Dib Bahir school grounds, where 800 children attend. Adu Nigussie had set up their tent accommodation and camping facilities. The Health Centre was located a 300m walk down an unmade road passing houses made from sticks and cowpats, passing lots of children, cows and goats.

They began by cleaning the Health Centre with 70% alcohol and bleach and unpacking the supplies. Local health authorities had erected a very large tarpaulin shelter for the local people to rest under whilst awaiting screening by EFA.

Cataract Surgeon Wondwosen Kebede arrived on Wednesday, 2 October, informing Julie he could only work eight days, not the twelve days as agreed with the RHB, as he had prior obligations at Debarq Hospital. However he did conduct the post-op follow up in Dib Bahir as planned..

Adu and his team kept the meals coming each day. All the volunteer paid \$US50 per day for the food and tent accommodation. EFA paid the \$50 for the Ethiopian staff.

Entertainment comprised dancing Ethiopian dances with the locals at night.

Adu and Gary set up a secluded area in the bushes to hang the solar shower bag. The

squat toilet was a challenge until Phyllis and Gary found a use for a broken metal chair found in the Health Centre - to place over the hole!

Volunteer Jan bought exercise books and pens for the school children, and EFA bought more and gave to the School Head, for distribution. Volunteers donated 800Birr and EFA made this up to 2300Birr to buy clothes for twenty three orphan pupils.

The team met English woman Kate Fereday Eshete who has lived in Ethiopia for nearly twenty years. In 2010, Kate and her husband Asenake Eshete Tefera established the Empress Mentewab School for disadvantaged children in Dib Bahir. You can learn more on Kate's website <http://www.kateferedayeshete.net/>

TEACHING

Dr Abu shared knowledge of patients' diagnoses with all team members.

Julie taught volunteer nurses Kelly and Brianna basic A-scan and Keratometer measurements for intraocular lense choice.

Anaesthetist Dr Lindy Cass demonstrated her regional anaesthetic technique to locals Ophthalmic Officer Banch, Ophthalmic Nurse Mekonen and Ophthalmologist Dr Abu, using her laminated photos she brought from Australia.

Nurse Phyllis encouraged and demonstrated safer sterile techniques to Banch and Mekonen, taught Brianna to scout in OR and demonstrated to Nurse Kelly how to instill ophthalmic Guttae.

Mekonen supervised Tarsal Plate Rotation (TT) surgery to local health care nurses.

Gary demonstrated to local nurses how to use a generator when electricity fails.

During our ½ day off, the volunteers visited Simeon Lodge in the Amhara Region to relax. The Manager, Tamurit, suggested that Julie meet with the owner Nick Crane who has been involved in local eye care in the past. Julie, Dr Abu and Adu Nigussie met with Nick and he has since emailed Julie to say he will support EFA in any way he can in the Amhara Region. Having built Simeon Lodge, Nick will assist EFA with local advice on Government and tribal issues wherever possible. The Park bus may also be available for us to use in future.

ISSUES

Electricity remained somewhat unreliable, even though a stabilizer was connected, so a generator was sourced to provide continuous power for microscopes.



Photography by Julie Tyers, Jan Marshall-Smith and Gary Holt

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EFA's sterilizer was not venting but the sterilizer tape, which indicates sterility, was changing colour. Julie decided to start using a pressure cooker for sterilizing, but the sterilizing process was slower, at 45 minutes cycles.

Ophthalmic Officer Banchamelak Zeraye from Gondar left 4 days earlier than her pre-agreed contract as she had a University obligation. EFA had prepaid Adu Nigussie \$US50 per night x 4 nights for her accommodation, which was not refundable to EFA.

EFA does not usually pay accommodation for local team members, except when relocating them to remote areas away from their home town. Julie and Dr Abu discussed the cost per night of accommodation for local team members who are living away from home and felt that all should stay in local accommodation at less cost to EFA. Dr Abu felt that he should also use local accommodation.

On Friday, 27 September 2013, Julie was notified that Banch Zeraye's colleague, Ophthalmic Officer Seble Tillahun was unable to attend camp due to a family emergency. Therefore, EFA was down one local ophthalmic trained staff member for patient screening, translating, etc.

OUTCOMES

Over eight operating days the results were:

Patients screened	600
Cataract surgeries	71
Tarsal Plate Rotation surgeries	20
Pterygiums, with conjunctival autograft	5
Reading glasses	84 pair

One post-op cataract infection on day one. Post-op infection usually occurs on day 3 or 4, not the day following surgery. A likely cause could be lifestyle, as patient was an elderly rural farmer. In order to prevent cross infection, the Health Centre Midwife was taught how to administer hourly Guttate Ciprofloxacin for 10 hours x 3 days, and the correct disposal of her contaminated gloves and gauze. The patient also administered oral Amoxil 250mg x three times a day and sub-conjunctival Gentamycin 80mg in 1 ml twice a day. He stayed at the Health Centre for three days to receive this post-op treatment. His eye settled after three days and patient was discharged and advised to be reviewed by Cataract Surgeon Wondwosen Kebede the following week at Debarq Hospital.

Seventeen patients returned the next week for post-op check. There were no post-op

complications.

Dib Bahir's midwife was given 3600birr to cover the cost of escorting the parents of a nine month old baby to Gondar Hospital for baby's bilateral cataract operation and for accommodation for herself and the family during their stay in Gondar. Dr Abu spoke to Dr Mullusew, Paediatric Ophthalmologist who agreed to review and perform the operation. Family returned home, and Dr Abu reported a good outcome for baby.

The money provided to the Midwife also covered the cost of her accompanying a female patient, with a large bony outgrowth on her forehead impacting her eye, to Gondar Hospital for an x-ray. The patient was instructed to go to Bahir Dar for a CT scan. Adu Nigussie reported via SMS that the CT scan revealed nerve involvement, so patient was sent home with no further treatment. Julie emailed Banch on 20 October 2013 asking what more can be done for this patient, and is still awaiting response.

Greg Defries of Defries Industries in Australia donated 200 plastic sterile trolley drapes and 200 head drapes which proved to be invaluable. Post trip photos have been emailed to Greg who has committed to donate again in the future. The trial of these drapes has been successful. EFA is considering replacing the pre-packed sterile cataracts packs, currently imported from India at \$US5.00 a pack, with these donations from Defries Industries. Matt Gilmour has added Defries Industries logo to EFA website.

CONCLUSION

At the conclusion of the clinic EFA donated three light globes for the Ophthalmic Microscope at Debarq Hospital and four disposable Simcoe instruments.

As a way of monitoring whether patients used their medication appropriately and determine the need for supplying further medication, EFA decided to ask patients to bring their post-op drops with them to their post-op appointment.

On the final day, local school boys made floral posies from local yellow Meskel daisies and purple Bougainvillea. These posies were stood up in a circle on the ground and hung from the trees in a cleared grassed area in the local school ground.

The Mayor gave a speech, via a translator, thanking the volunteers for our dedication to eye care in their remote village. He said he was so appreciative because EFA volunteers have been the only charitable health team

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ever to offer aid in their village.

Certificates of Appreciation from the villagers, written in Amharic, were presented to Julie and Adu.

At the closing ceremony the locals joined the volunteers for a night of dancing to the music performed by the local Lute player. Everyone joined in the celebrations, and drank fermented Barley wine together. The celebrations continued into the night, all dancing around the bonfire.

surgery accompanied by the local midwife as they had never left Dib Bahir.

The cost of the operation, lense, accomodation and food was only \$150. Compare that to Austalia where the \$150 would be just the fee for a first consultation with a specialist.

CHILDREN



One of our volunteers, Gary Holt bought clothes from Australia to give to the local children. This young boy's clothes were little more than rags so Gary gave him this football outfit. He was so pleased he brought his goat back later to show the volunteers. We nicknamed him 'Matey'.

BABIES

This mother turned up at the Dib Bahir clinic with her young baby boy hoping we could do something about her child's cataracts. It is not uncommon for a baby to be born with bi-lateral cataracts in Ethiopia. The main cause is hereditary but vitamin deficiencies in the mother can also be a cause. Contracting an illness like measles is also a risk factor.

In the case of this little boy EFA sent him and his parents to Gondar for bilateral cataract



This old lady was virtually blind and needed +10 reading glasses which are very strong and not often used. As the team didn't have a pair they purchased them when they returned to Gondar and Adu, our local Co-ordinator delivered them to the lady when he returned to Debarq.

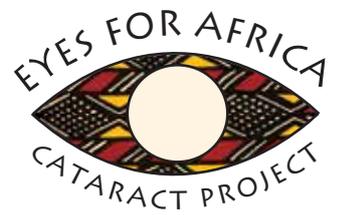


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Eyes For Africa Newsletter

December 2013

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



Jan Marshall-Smith, our admin support person bought many books and pens for the school children. EFA and the volunteers also purchased clothes for the orphans attending the school.

our next clinic in January 2014.

It is very inspiring to see someone as young as Tom with a humanitarian spirit and a concern for people in the 3rd world who are much less fortunate than we are here in Australia.



OUR YOUNGEST DONOR

Tom McCarthy is 10 years old and a student in Year 4 at Ballarat Grammar. He heard about Eyes For Africa from Nicola Stein and Dr Julian Sack who volunteered with EFA in October 2012.

Tom was very interested in the work EFA does in Ethiopia and wanted to add his support to our organisation. Through his busking he raised \$150 which he donated to



EFA TEAM - DIB BAHIR

Dr Abu Beyene Ophthalmologist Ethiopia
Dr Lindy Cass Anaesthetist
Vu Nguyen Optometrist SA
Phyllis Wright Ophthalmic Nurse
Brianna Schmidt Nurse
Kelly Marsh Nurse
Jan Marshall-Smith Admin Support

Semira Muhammed General Support Ethiopia
Gary Holt Manager, Photographer, Repairs
Julie Tyers Team Leader