

### ETHIOPIA

#### JINKA AND TURMI OCT/NOV 2012

##### JINKA

The Eyes For Africa Team for Jinka and Turmi had all arrived in Addis Ababa by Oct 13. Team Leader Julie Tyers, Finance Manager Michael van Ewijk and Photographer Kerry Prior arrived two days earlier to collect our stored equipment and supplies and purchase what was still needed for the three planned clinics. A bus and driver from Ethiopian Quadrants in Addis had been arranged beforehand from Australia.

The Team spent two long days on the road with our medical equipment and supplies to reach Jinka at 6pm on Monday, 15 October 2012.

Prior to arrival in Ethiopia, a joint Letter of Agreement was signed by Abdela Alte, (Head, Health Department, South Omo Zone, SNNPR) and Julie Tyers, President, Eyes for Africa Charitable Foundation. Despite this agreement, and many follow-up emails to encourage mobilisation, the Zonal Health Department was unsuccessful in mobilising the blind community to come to EFA's clinic at Jinka Hospital. This had a serious impact on the success of the clinic here and in Turmi. We were unable to achieve the 100 cataract operations per week that EFA has achieved in the past.

This a serious issue for the charity as volunteers make considerable sacrifices to come on our trips. Apart from paying \$2500 for their airfare they give up two weeks of their time, usually their annual vacation. Volunteer Surgeons often have to close their practices. All our logistical costs such as transport accommodation and wages for local staff are the same regardless of how many procedures we perform. Because of the lack of commitment from the local health authorities in Jinka and Turmi we were much less efficient. This is not good from the point of view of our donors who want the best possible outcome for their generous donations. We are developing strategies to avoid this problem in future clinics.

Other less serious problems cropped up such as the Zonal Health Department supplying faulty generators. This was

overcome by hiring working ones from the town.

EFA's steriliser broke down again and was not able to be fixed and so we had to rely on the hospital one which was slow to use.

The mobile coverage and internet would drop out for days at a time making it difficult to contact the health departments in the other areas we were going to.

We also had to negotiate with the Manager of Jinka Hospital to provide a room for our cataract patients to sleep in. We discovered they were left to sleep outside on the concrete floor of the covered area of the Outpatients Department. Despite all these problems EFA still managed to perform 26 cataract operations, 1 Pterygium Excision and 34 TT (trachomatous trichiasis) surgeries.

Ophthalmologist Dr Julian Sack spent a free afternoon conducting a Training Session with Ethiopian Ophthalmologist Dr Abu Beyene, and Surgeon Dr Emil Kurniawan from Australia, teaching ophthalmic conditions and surgical techniques in Australia.

Dr Abu supervised Ophthalmic Nurse Seble Habte in some areas of cataract surgery. Sebele is currently studying at Jimma University to become a Cataract Surgeon.

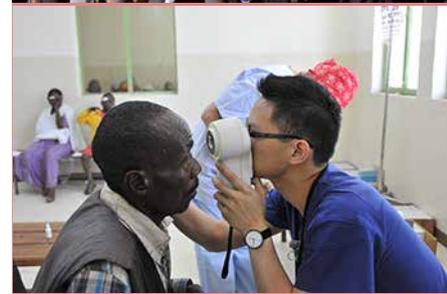
Cataract Surgeon Seid Idris Fedlu demonstrated Tarsal Plate Rotation surgery to Dr Emil Kurniawan and Dr Emil was then able to perform these competently for the remainder of our clinic.

Australian volunteer nurses Candace Cooper and Shirley Ranger taught the local nurses to use the separate rubbish bins and sharps containers appropriately.

Cataract Surgeon Seid Idris Fedlu who graduated in October from Jimma University, operated on four cataract patients at Jinka Zonal Hospital using the Small Incision technique under supervision from Dr Abu Beyene.

##### TURMI

Leaving Jinka on Saturday 20th October, we travelled south for four hours by bus to the remote town of Turmi, setting up three rooms at the new Health Centre buildings. One room for stores and biometry; one room for TT surgery; and one for the OR in which we set up two microscopes and a Cont.



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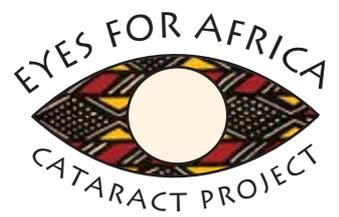


table for administering regional anaesthetics.

Turmi is covered by the same Zonal Health Department as Jinka and so we had the same problem of poor mobilisation of the blind community prior to our arrival at the Health Centre. As a consequence, the EFA Team was required to spend time travelling to outlying areas searching for possible cataract patients. But here we were hampered by another problem - the weather. Southern Ethiopia was experiencing unseasonal rain. Flash floods made it impossible for our bus to cross the two rivers on either side of Turmi to get to the surrounding villages.

We did manage to get to the Health Clinic in the nearby town of Demeke to urge the Manager to try and mobilise patients for us. We even erected the EFA banner in a tree at the busy local market in Turmi to advertise we were in the health centre.

In the end we completed 13 cataract operations, 2 chalazions (cyst in the eyelid) and 39 TT surgeries. However the last time EFA came to Turmi in 2009 200 cataract surgeries were completed in two weeks. This is the difference committed health officials can make.

Our future involvement with the Southern Omo region will now depend on the Zonal Health Department. They will need to invite us back and demonstrate their willingness to mobilise as many patients as possible. Seid Idris Fedlu, the Cataract Surgeon we sponsored, lives in Jinka and can go out to the outlying areas of Jinka and Turmi and screen for cataracts prior to our arrival if the Zonal Health authorities allow him to.

Another factor that will determine whether we go back is the announcement from ORBIS that they have plans to establish eye care services in Jinka and Turmi in January 2013. EFA will await an update before deciding whether or not to return to this Region in the future.

### AMBARAS, SIMIEN MOUNTAINS

Ambaras is a long four day drive north from Turmi. We overnighed in Arbaminch, Addis Ababa and Bahir Dar on the way. In Addis we dropped off four volunteers, Julian and Nicola Sack, Candice Cooper

and Shirley Ranger, who were returning to Australia. We picked Felicity Wingfield and Kerry Pryor, who joined the team for Ambaras.

With all our supplies and equipment on the roof of the bus we encountered a massive downpour before Bahir Dar. Some of the cardboard boxes disintegrated when they were unloaded at Ambaras.

Turmi and Jinka are about 1000 metres above sea level. The weather was very hot and humid making working there unpleasant. Ambaras on the other hand is at 3520 metres. It was at the other extreme, bitterly cold and windy when we arrived. To compound the situation the village was 300 metres down a steep hill which the bus couldn't negotiate. Everything had to be carried downhill.

Ambaras is a tiny very remote village. The Health Centre has no mains electricity and no running water with local health nurses administering only first aid and some medications such as antibiotics and indigestion pills. The volunteers had to sleep in tents for the week and the bathroom facilities comprised a warm bowl of water outside your tent in the morning. The communal toilets? Best not to describe them!

The plus side to all this was the 200 patients waiting for us when we arrived. This promising start to EFA's inaugural trip to the Simien Mountains was due mainly to the dedication of Adu Nigussi, a private tour guide Julie and Michael met 18 months ago when trekking in these beautiful rugged mountains.

Realising the importance of our coming to Ambaras, Adu mobilised over 400 patients by personally visiting seventeen villages during the previous six months and negotiating with each Village Chairman. He also arranged for the Debarq Hospital Trachoma Program to take advantage of this mass mobilisation to visit Ambaras during EFA's campaign to administer the antibiotic Azithromycin to everyone attending EFA's clinic.

Adu also had organised two working generators and fuel to run the A-Scanner and portable Microscope, National Park camping permits, tents, food, cooks, and

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guards for the whole Team.

At the end of the five days we had screened 376 people, performed 56 cataract operations, 1 chalazion and 21 TT surgeries.

We were also able to do some teaching with Ophthalmic Officer Banchamelak Zeraye from Gondar learning how to use the disposable cataract packs and how to apply the plastic head drape with a pouch to collect the irrigation fluid. The local nurses were instructed in how to care for delicate ophthalmic instruments during washing and sterilising.

Working in an area as remote as Ambaras threw up some unexpected problems. The altitude made it very uncomfortable for a few of the volunteers and the unseasonal cold made the conditions very harsh for the patients many of whom had no shoes and nothing more than a thin torn blanket to keep warm. It rained and sleeted nearly everyday and the temperature dropped below zero at night. We were able secure a room for them to sleep in at night at least and Adu organised a village woman to cook food for them which EFA paid for.

The other problem we encountered was potentially very serious. One of our volunteers Felicity Wingfield woke up on the second day in severe discomfort. After much discussion between Dr Abu and Dr Emil the decision was made to send her back to Gondor with the other volunteer Bryan Crowe who couldn't shake a stomach bug he picked up in Turmi. Because Gondor, which has a large hospital and airport, was five hours away by road the decision was made to evacuate just in case. Our bus driver Mesfin took them back and stayed with them to make sure they got a flight back to Addis Ababa the next day.

As a result of this incident EFA is reconsidering working in areas as remote as this. Our next clinic in the Simiens will more likely be lower down towards the low lands and closer to Gondor.

### JINKA-TURMI TEAM

Dr Abu Beyene Ophthalmologist (ETH)  
Dr Julian Sack Ophthalmologist  
Dr Emil Kurniawan Surgeon  
Seid Idris Fedlu Cataract Surgeon (ETH)  
Michael van Ewijk Finance Manager and  
Photographer

Candace Cooper Nurse  
Shirley Ranger Autoclave Manager  
Bryan Crowe Admin Support  
Nicola Stein Dilating and pre-op prep  
Semira Mohammed Ahmed General  
Support (ETH)

Julie Tyers Team Leader

### ETHIOPIAN STAFF - JINKA

Seble Habte Ophthalmic Nurse  
Nigatwua Demksie Ophthalmic Nurse  
Hawulet Ebrahlm Ophthalmic Nurse  
Habiba Shemisue Ophthalmic Nurse  
Mamuye Tsadek Nurse  
Getacheu Gudellsle OPD Manager  
Dereese Dagme Autoclave Manager  
Gizawu Mulate Guard  
Wubishet Worku Guard  
Soloman Degma Translator  
Alemltu Tadesse Cleaner  
Buzunesh Clubecho Cleaner

### ETHIOPIAN STAFF - TURMI

Nigatwua Demksie Ophthalmic Nurse  
Habiba Shemisue Ophthalmic Nurse  
Fatima Mohammed Autoclave Manager  
Mamuye Tsadek OPD Manager  
Mashresha Desalegn General Nurse  
Etalem Bekele Cleaner  
Yemsirach Bekele Cleaner  
Kamburo Kumbi Guard  
Zenka Zeude Guard  
Zenabwa Duka Translator

### AMBARAS TEAM

Dr Abu Beyene Ophthalmologist (ETH)  
Dr Emil Kurniawan General Surgeon  
Felicity Wingfield Nurse  
Kerry Pryor Photographer  
Michael van Ewijk Finance Manger and  
Photographer  
Bryan Crowe Admin Support  
Semira Mohammed Ahmed General  
Support (ETH)

Julie Tyers Team Leader

### ETHIOPIAN STAFF - AMBARAS

Adu Nigussie Operations Manager  
Banchamelak Zeraye Ophthalmic Officer  
Melkamu Alene Outpatients Manager  
Mulugeta Adane Ophthalmic Nurse  
Girmaw Birari Ophthalmic Nurse  
Asmaru Shumye Cleaner / Guard  
Alembanch Tesfu Cleaner



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### Baby Tehun

There are always people with eye problems that EFA cannot solve. This eight month old baby girl was brought in by her very young mother into the clinic at Jinka Hospital. She had been born with congenital cataracts in both eyes, clearly visible in the above photo. There was little sight from birth as she had no control over her head. With no sight to orientate her world she hadn't developed any strength in her neck muscles. There was little EFA could do for her because operating on infants and young children requires a general anaesthetic. With Baby Tehun it is especially difficult because of her young age.

One of our volunteers could not see this baby turned away and offered to pay for her treatment. The mother, Tseganesh, and Tehun were transported to Arbaminch (four hours away) to be assessed by an

Ophthalmologist experienced in working with young children. The Cataract Surgeon we trained, Seid Idres, oversaw the logistics of it all as EFA had moved onto Ambaras.

Tehun had her cataracts removed successfully on November 27, 2012.

You can see in the second photo that she is holding her head up while she is focussing on a torch that Seid is moving around.

However this is only the beginning. Dr Abu

spoke with the surgeon who operated on Tehun and she speculates that Tehun might develop secondary cataracts and require further surgery. She also thought Tehun might have further vision problems from the multiple congenital defects that she was born with.

Tehun will have to be evaluated in Addis again by Dr Abu or the operating physician herself or another expert. A paediatric patient is not like an adult that can

have their sight restored with one procedure. Tehun will have to be followed up for many years if she is to have some reasonable level of vision. Our volunteer is prepared to fund this.

### Other treatments

Where the EFA team couldn't help some unfortunate people we paid for their treatment at local hospitals. We paid for two people, a young man at Jinka and an old woman at Ambaras, who both had horrendous leg infections. Another woman at Ambaras had fallen and broken her arm on the way to the clinic. EFA paid for her to have her arm reset and put in plaster.

### OUR NEXT CLINIC - JAN 2013

Eyes For Africa will return to Ethiopia to conduct clinics in Harar where we have been twice before and in Afar for the first time to work with Australian nurse Valerie Browning.



Kerry Pryor is donating school supplies to the Ambaras school.



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Julie and Michael were trekking in the Simiens in January, 2011. While treating people with Trachoma they came across five villagers with cataracts. Being unable to help them in that situation, Julie organised for them to be taken to Gondor to be treated.

This old woman was one of the patients

who had her sight restored. When she heard we were back in the Simiens she travelled down with her son from her village two hours walk away to thank us for giving back her sight.

Volunteering with Eyes For Africa doesn't get much better than this.

### UPDATE ON EFA BURNS PATIENT AYNE BASA

During EFA's January 2012 trip, Dr Abu Beyene arranged for Ayne to consult with Dr Eriksen at the Children's Burns Care Foundation (CBCF) based at the Myungsung Christian Medical Center (Korean Hospital) in Addis Ababa. Dr Eriksen has since performed several operations on Ayne's face to build new eyelids to protect what little sight she has left in her left eye, and to lessen the visual impact of her sightless right eye.

Australian Oculist, Dr Patrick Loyer, had kindly donated a prosthesis that he designed and built in Australia for Ayne's right eye after seeing her photo. Dr Loyer instructed Julie Tyers in how to fit the prosthesis but unfortunately Ayne's lower lid will require

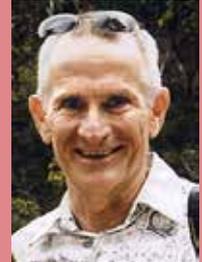
further surgery to enable the prosthesis to be fitted. The prosthesis was left with Dr Eriksen until January 2013 and plans are now under way for the UK 'Face of Africa' Team to review Ayne for further surgery when they visit CBCF in January 2013. If further surgery is appropriate, a private Australian donor will provide the necessary finance.

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### EFA COMMITTEE FOR 2013



Julie Tyers - President



Michael van Ewijk - Manager



Michael Bishop - Secretary



Ron Hoopenbrouwer - Treasurer



Cameron Tyers - Social Media Manager



Matt Gilmour - Website Manager

### SUB COMMITTEE

Brianna Schmidt and Michael Davey  
Fundraising