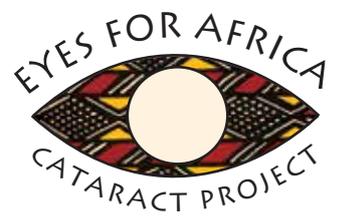


# Eyes For Africa Newsletter 7

## July 2015

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



### ETHIOPIA January 2015

#### AWASH, AFAR REGION

For several months prior to this campaign, Julie Tyers of EFA and volunteers liaised closely with The Embassy of the Federal Democratic Republic of Ethiopia (FDRE) in Canberra, Australia, and officials in Ethiopia.

The current money exchange rate in Ethiopia was \$US1 = 20 Birr / \$AUS1 = 16.5 Birr.

All volunteers arrived in Addis Ababa and were met inside Bole Airport by Ethiopian officials who also facilitated smooth clearance of our supplies through Airport Customs without any fuss.

As expected, all volunteers for the first campaign had arrived in Addis Ababa by Saturday, 17 January - Dr Margaret Watson, Robyn Johnston, Michael van Ewijk, Gary Holt, Koula Fotinos, Natalie Pitt, Julie Anstis, Christina af Wetterstedt (from Sweden) and Julie Tyers, together with Dr Abu Beyene and Semira Muhammed who both live in Ethiopia.

Sunday 18 January, saw the first Team on the way to Awash, 217 kms from Addis along the main road to Djibouti. Our hotel was approx 1 km walk to the Health Centre where we found that 250 people had already been registered hoping to receive surgery.

By early Monday morning our supplies had been unloaded, the required rooms set up, and 83 patients suitable for cataract surgery were screened.

It didn't take long for the crowd to build up. Many were desperate to get seen and so the situation became very noisy with people pushing each other to get in front. Local police had to be called in to calm the crowd.

For patients who had travelled long distances from outlying areas, EFA arranged and paid for meals to be supplied by the cafe owner in the grounds of the Health Centre. Shiro and Injera was provided at 11 Birr (less than \$AUS1.00) per patient, and they drank tap water.

To assist EFA with screening and post-op follow up appointments after EFA left Awash, EFA agreed to hire an Ophthalmic Nurse, Endris from Dubti. He stayed at the Awash Health Centre.

Prior to EFA's arrival, mobilization had been carried out by radio and mosque announcements, and the local bush telegraph known as 'Dagu'. However by the second week the number of new patients coming in was dropping off so Julie Tyers and Michael van Ewijk took Ephrem Addisu the Health Centre Manager into the back streets of Awash to look for more people with cataracts. The poverty they encountered was very confronting but they managed to find a small number of potential cataract patients.

Like on previous campaigns we had a number of young patients ranging from 13 down to two years of age. The Health Centre's anaesthetic machine had not been used for many years, but Dr Margaret Watson our volunteer Anaesthetist managed to get it operating and administered the general anaesthetic on a two year old boy with bilateral cataracts, and a four year old with a traumatic cataract. Both had to be given oral Phenergan one hour pre-op to calm them before surgery. Both post-op outcomes were excellent.

Electricity supply in Ethiopia is an ongoing problem and the Health Centre power failed on many occasions, so that Ophthalmologist Dr Abu Beyene performed approximately seven cataract surgeries under torch light. We had recently purchased our own generator. But our ophthalmic microscope wouldn't work with it because the voltage fluctuated too much. We took it back to Addis Ababa at the end of the Awash clinic and swapped for one that would run the microscope. This new generator worked but was a much larger diesel model that was very heavy.

Training involved Team Leader Julie Tyers teaching local Ophthalmic Nurse Endris how to use EFA's ophthalmic equipment such as the I-care, the A-Scanner and the Keratometer; and how to choose the correct diopetre intraocular lense for a patient.

The final outcome was 1,929 patients screened, 171 cataract surgeries, 5 Pterygiums and 3 TT surgeries.



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# Eyes For Africa Newsletter 7

## July 2015

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



### KELWAN, AFAR REGION

Where Awash was on the main highway from Addis Ababa to Djibouti, Kelwan was in a very remote area further north. We could not find it on any maps. So after a 9½ hour bus ride from Awash we arrived in Mille, a town on the highway, where we met a Government escort vehicle, previously organized by the Afar Regional Health Bureau, that lead us to Kelwan over 100 kms of rough dirt roads.

On arrival in the hospital grounds at Kelwan it was obvious from the reactions of the 200 plus people waiting to be screened that few westerners had been there before.

Despite Kelwan's location in the desert region of Afar there were lots of trees. Camels, dogs, monkeys and goats all roamed freely through the town and hospital.

There was no suitable accommodation in the town so the volunteers camped in the hospital grounds. Tourguide Adelalew (Adu) Nigussie and his team from Gondar were hired to supply and set up our tents and the large dining tent. We had used them on previous campaigns in Dib Bahir and Ambaras in the Simeon Mountains where we also had to camp. Adu had to bring in all our food and his two cooks provided all the meals.

The weather was very warm with temperatures reaching 30 degrees during the day. Sneaking off to your tent for a quick snooze wasn't an option unless you were into saunas.

Sanitation was an issue as none of the buildings we were allotted had running water. We managed to set up a small room which had a shower cubicle and a western toilet with a bucket for flushing and a barrel of water that had to be filled each day. Two portable solar shower bags provided something that vaguely resembled a hot shower.

A local lady agreed to charge 1000 Birr each (US\$6.00) to do the volunteers' laundry throughout the duration of the camp.

No WiFi, mobile phone or internet coverage was available, and electricity supply was at best spasmodic.

As in Awash, over a two week period, the surrounding population had been notified by mosque and radio announcements, and by

Dagu, of EFA's planned arrival.

On the first day, Dr Abu and Julie Tyers screened 150 people, identifying 80 cataracts suitable for surgery.

As far as we could ascertain this was the first time anyone had come to Kelwan to do cataract surgery. So for most of the villagers who turned up this was the first time they had access to eye care and for free.

Over 100 people returned in the second week for their post-op check. There were no infections, with 70% having used the prescribed eye drops.

In the second week Dr Abu spent time with Ophthalmic nurse Yimam Fentaw training him to do TT surgeries.

Melbourne donor Denise Kerrigan had given \$AUS50.00 to one of our volunteers to spend privately in assisting locals. School books and pencils were purchased for the 97 pupils in Grades 7-8 at the local school. The school's teacher was very grateful.

Being so remote there was little to do for entertainment other than wandering along the main street of Kelwan surrounded by hoards of inquisitive children who all wanted their photos taken. Some of the volunteers regularly walked up the hill just outside the hospital at sunset for wonderful 360° views of surrounding country. One slightly 'unhinged' volunteer who will remain anonymous manage to borrow a rather clapped out bicycle in Addis Ababa and rode out into the desert each morning before breakfast. It was suggested he might wind up being breakfast for the hyenas that inhabited the surrounding region.

By the end of the clinic EFA had screened over 728 patients and performed 200 cataract operations.

To avoid the risky 12 hour drive on the truck congested highway back to Addis it was decided to fly from Semera, the nearest Government administration centre that had an airport. This still involved a three and a half drive in 4WDs over rough desert roads to get to Semera.

In appreciation of EFA, Regional Health Bureau Vice Head, Ato Mohammed Ahmed, and his support team provided a thank you dinner to the volunteers and presented Julie Tyers with two traditional Afar Swords in a large picture frame.

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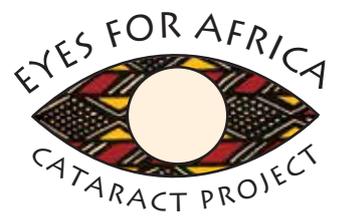


Photo by N Pitt

# Eyes For Africa Newsletter 7

July 2015

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



## THE AWASH TEAM

Dr Abu Beyene, Ophthalmologist  
Dr Margaret Watson, Anaesthetist  
Robyn Johnston, Ophthalmic Nurse  
Julie Anstis, Nurse  
Michael van Ewijk, Logistics  
Gary Holt, Field Maintenance  
Christina af Wetterstedt, General Support  
Semira Ahmed Muhammed, General Support  
Natalie Pitt, General Support  
Koula Fotinos, General Support  
Julie Tyers, Team Leader



## THE KELWAN TEAM

Dr Abu Beyene, Ophthalmologist  
Dr Anthony White, Anaesthetist  
Anna Huigen, Ophthalmic Nurse  
Julie Anstis, Nurse  
Michael van Ewijk, Logistics  
Gary Holt, Field Maintenance  
Christina af Wetterstedt, General Support  
Semira Ahmed Muhammed, General Support  
Natalie Pitt, General Support  
Koula Fotinos, General Support  
Julie Tyers, Team Leader



## GLAUCOMA IN ETHIOPIA

Each trip, EFA encounters patients, both children and adults, who suffer from glaucoma. Volunteer Anaesthetist, Dr Margaret Watson, and Dr Abu discussed whether EFA could do anything in the field for such patients.

On her return to Australia, Julie Tyers communicated with a Melbourne Ophthalmologist. Although this type of surgery needs follow up for a life time, and may not be practical for patients living in remote villages, EFA will continue to investigate it's practical viability in the field.

## THE POWER PROBLEM

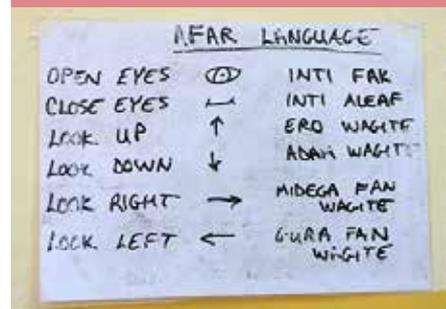
As mentioned before a reliable electricity supply has been a constant bugbear for EFA. The diesel generator we purchased on the 2015 campaign to run the ophthalmic microscope during power outages has one major drawback. It weighs approximately 200 kg. Transporting it and moving it around is a real problem. In Ethiopia it is against the law to carry loads inside a bus. Everything has to go on the roof. Hence getting heavy objects up and down is a logistical nightmare.

When the generator arrived in Kelwan on top of the Toyota Coaster bus getting the generator down took seven strong men and had to be done in stages. Firstly down onto the roof of a Toyota Landcruiser. Then down into the back of a utility and then onto the ground. It turned into a tricky and potentially risky exercise. Michael van Ewijk is looking into an alternative generator that will work with our microscope that is lighter and easier to move.

Many patients come in with a relative as support. However this woman had no children or relatives that could help. She was led into the Health Centre by a young man who lived nearby. She left by herself with a spring in her step.



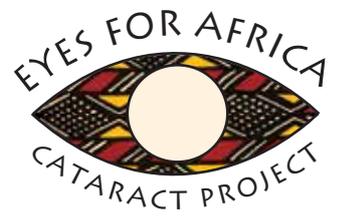
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# Eyes For Africa Newsletter 7

July 2015

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



## CHILDREN

Like on previous campaigns EFA treated some very young children. In Awash we treated a two and a half year old boy who was born with cataracts. His personality endeared him to the all the volunteers very quickly.



His cataracts were clearly visible. Both eyes were operated on at the same time. All the volunteers gathered to see his bandages come off the next day. It was one of the more rewarding moments of the whole campaign. This boy would have some light perception from birth as his optic nerves were functioning. But he would not have seen anything of his world before. His brain would have to start making sense of what before this he could only really feel. It was incredible how he adapted so quickly. The last image shows him walking around the room 20 minutes later opening doors to see what was behind.



This old woman was so poor she turned up with no top. One of the volunteers gave her their Eyes For Africa shirt.

