Cataract Outcome, Volume, Empowerment of personnel and Reach-out program

VISION SHIELD FOUNDATION

COVER

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WHO WE ARE

VisionShield (RC: 120496) is incorporated under Part C (673-696) of the Company and Allied Matters Act (CAMA) of the Federal Republic of Nigeria, as a non-religious, non-ethnic, non-political, non-governmental, nonprofit, tax exempt organization. Inaugurated in November 2018, the VisionShield Foundation is passionate about reducing the burden of preventable blindness notably cataract and refractive errors in adults and children respectively by strict adherence to our creed.

WHAT WE DO

We provide quality eye care for indigent members of the community at little or no cost to them, carry out diagnostic, corrective and therapeutic (medical, surgical and assistive) eye care in the reduction of the burden of preventable blindness notably cataract and refractive error in adults and children respectively on an outreach or collaborative basis.

We Empower and improve capacity of local eye personnel, eye clinics/hospitals in the reduction of the burden of preventable eye blindness by collaboration, capacity building and training. We are open to collaborate with other organizations which share the objectives of the foundation-local and international- in capacity building, empowerment and improving eye care practice in the reduction of the burden of preventable blindness notably cataract and refractive errors.

WHAT IS COVER?

"Cataract was the commonest cause severe visual impairment and blindness responsible for 45.0% and 43.0% respectively. The prevalence of blindness due to cataract was 1.8%"- The Nigerian national blindness and visual impairment survey 2005-2007.

Cataract or clouding of the crystalline lens of the eye is a natural ageing process of the human eye. It results from the natural denaturing of lens protein leading to loss of transparence- and important quality of the lens needed for good vision. Cataract may also occur from some pathological processes from systemic illnesses like Diabetes or external factors like trauma or drug use. In all cases the lens loses is transparency and becomes opaque.

Globally cataract accounts for 47% of the world's cause of preventable blindness with sub Saharan Africa contributing over 30 % of this burden. This is due to the high cataract surgical rates in the developing and developed worlds. Cataract surgical rates need to be increased to meet the demand of growing cataract burden. Cataract outcome must match the growing cataract surgical rates to ensure continuous utilization of cataract surgery.

"Cataract is by far the main cause of readily curable blindness. As there are no known effective means of preventing the commonest forms of cataract, surgery should be provided to all those in need. Cataract surgery can be one of the most cost-effective of all health interventions, with a cost per DALY saved in the order of US$ 20–40. Good-quality, high-volume cataract surgery can be provided at less than US$ 10 per DALY in some settings. Cataract interventions are thus as cost-effective as immunization and can significantly and rapidly reduce avoidable blindness" -Avoidable visual impairment, a human, social and developmental issue, VISION 2020 GLOBAL INITIATIVE FOR THE ELIMINATION OF AVOIDABLE BLINDNESS: ACTION PLAN 2006–2011.

This has been proven so in countries and areas which have developed and maintained an efficient mode of delivering quality cataract surgeries at these costs and has translated to an increase in cataract surgical rates and a reduction in cataract burden. In Nigeria however, these costs may be a little higher, but cataract surgeries have been offered for as low as 30USD. We believe that as we develop and strengthen processes we can get to the point where we can offer cataract surgery at 10USD or less.

Cataract Outcome, Volume, Empowerment of personnel, and Reach-out program-**COVER**, is designed to cater to the growing demand of inadequate cataract surgical rates prevalent in the teaching hospitals in Nigeria, by increasing the cataract surgical volume, fostering surgical outcome monitoring to improve outcome hence enhancing uptake, training and retraining ophthalmology residents with a view to propagate continuous surgical expertise.

AIM

TO IMPROVE THE CATARACT SURGICAL RATES, OUTCOME AND SURGICAL TRAINING OF EYE CARE PERSONNEL IN NIGERIAN TEACHING HOSPITALS OFEERING RESIDENCY TRAINING IN OPHTHALMOLOGY.

OBJECTIVES

a. Develop and implement a uniform and sustainable plan for the designation of 6 Teaching Hospitals in 6 Geo-Political Zones as High-Volume Centers in 5 years-**OUTLAY**

b. Improve Cataract Output in 6 Teaching Hospitals designating these hospitals as High-Volume centers in 5years by encouraging Reach-Out programs with the 6 Teaching Hospitals as ground Zero for the provision of cataract services for these programs **-OUTPUT**

c. Monitor and improve cataract outcome in these centers-**OUTPUT**

d. Encourage the improvement and acquisition of the requisite skills in MSICS among residents in these Geo-Political Zones-**OUTPUT**

STRATEGY

OUTLAY- Develop and implement a uniform and sustainable plan for the designation of 6 Teaching Hospitals in 6 Geo-Political Zones as High-Volume Centers in 5 years

- COVER is designed to cater for the indigent members of the community who cannot afford to provide the financial means needed to have cataract surgery
- Designated THs must commit to implementing all agreements before commencing the program
- Designated THs must show a commitment to continuing the program after 5years
- Designated THs may decide to waive in entirety the cost of surgery or may elect to waive a percentage of the surgical fees.
- Fees set by the designated THs must be such that payment does not serve as a barrier to uptake of cataract surgical services.
- VisionShield will commit to the provision of surgical consumables for three (3) years and will share the cost with collaborating THs for two (2) on a 60-40 basis years before hand-over.
- Designated THs must have ophthalmology residency programs in place before commencement of COVER
- Ophthalmology centers in designated THs must commit to providing a focal contact person to act as coordinator of the program, an outreach coordinator, a residency surgical training coordinator, and a data, monitoring and evaluation coordinator. These coordinators must work in close relationship to the focal contact designate. Communication is in a two-way format namely feed in and feedback

modes. These coordinators may be contacted at any time by the VisionShield Project coordinator.

- Ophthalmology centers must commit to rigorous and accurate data entry.

OUTPUT- Improve Cataract Output in 6 Teaching Hospitals designating these hospitals as High-Volume centers in 5years by encouraging Reach-Out programs with the 6 Teaching Hospitals as ground Zero for the provision of cataract services for these programs

- The designated Ophthalmic centers must commit to carrying out at the minimum weekly reach-out programs for the identification and proper documentation of people needing cataract surgery from the community. The pattern/ mode of execution of these reach out programs is at the discretion of the department.
- Such identified members of the community can then be offered surgery at the TH only.

OUTPUT- Monitor and improve cataract outcome in these centers

- Designated Ophthalmology departments must commit to the monitoring of cataract outcome by use of the IAPB MCSO software for the monitoring of cataract outcome.
- Designated Ophthalmology departments must commit to the reduction of complications rates as outlined by the WHO/IAPB specifically
    - **a.** Posterior capsular rents without vitreous loss <5%
    - **b.** Posterior capsule rent wit vitreous loss <5%
    - **c.** Total complication rates <5%
- For the purpose of COVER the following are definitions used as detailed by the WHO/IAPB-

a. Presenting vision: Visual acuity in examined eye with the available correction, if any

b. 'Best' vision: Visual acuity in examined eye with best possible correction or pinhole

c. Categories of visual acuity:

i. Good outcome: ≥ 6/18 or VA≥20/60; VA≥0.33; VA≤0.5 (>80% of cases with available correction, >90% with best correction)

ii. Borderline outcome: < 6/18, but can see 6/60; or VA<20/60 – 20/200; VA<0.33 – 0.10; VA>0.5 – 1.0 (<15% of cases with available correction, <5% with best correction)

iii. Poor outcome: <6/60 or VA<20/200; VA<0.1; VA>1.0 (<5% of cases with available correction. <5% with best correction)

d. Types of cataract surgery: for the purpose of COVER, the desired surgical intervention is the Manual Small Incision Cataract Surgery. However, THs may decide to employ Phacoemulsification for cataract surgeries. All surgeries must employ the use of IOL.

e. Designated THs should attempt to carry out biometry for all patients using a Biometer, or A scan and keratometry. Where these are not available PCIOL powers of 19, 20, 21, 22 D (A constant 118) will give a postop range of -2 to 0.00 in 80% of Nigerian Eyes- Nigerian Blindness and Visual Impairment Survey

OUTPUT- Encourage the improvement and acquisition of the requisite skills in MSICS among residents in these Geo-Political Zones

- There must be a demonstrable commitment to residency training
- Residents must be exposed to a minimum of 100 cases a year
- Residents must keep a detailed look book and record of their cataract surgical outcome
- Residents surgeries must undergo an audit twice a year.

APPENDIX 1 ORGANISATIONAL STRUCTURE