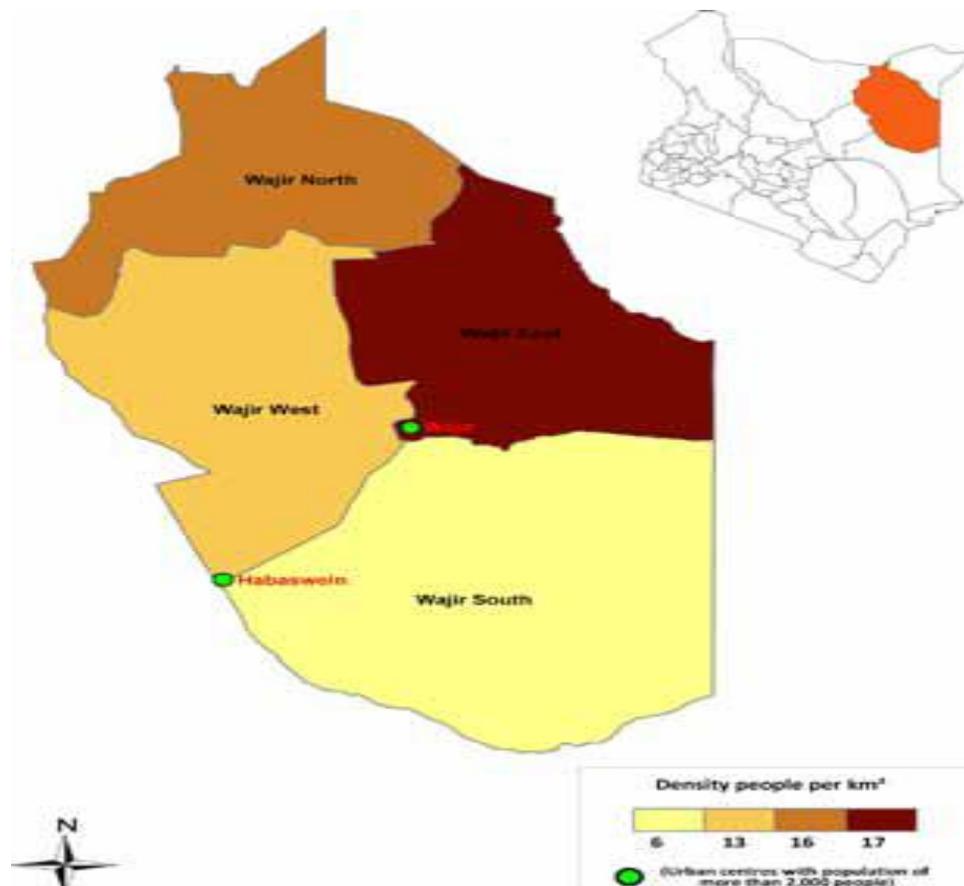


CHEpS 14th Eye Camp – Wajir, Northeastern Province, Kenya

Introduction

Wajir County is located North Eastern of Kenya. Most of the inhabitants are ethnic Somalis.

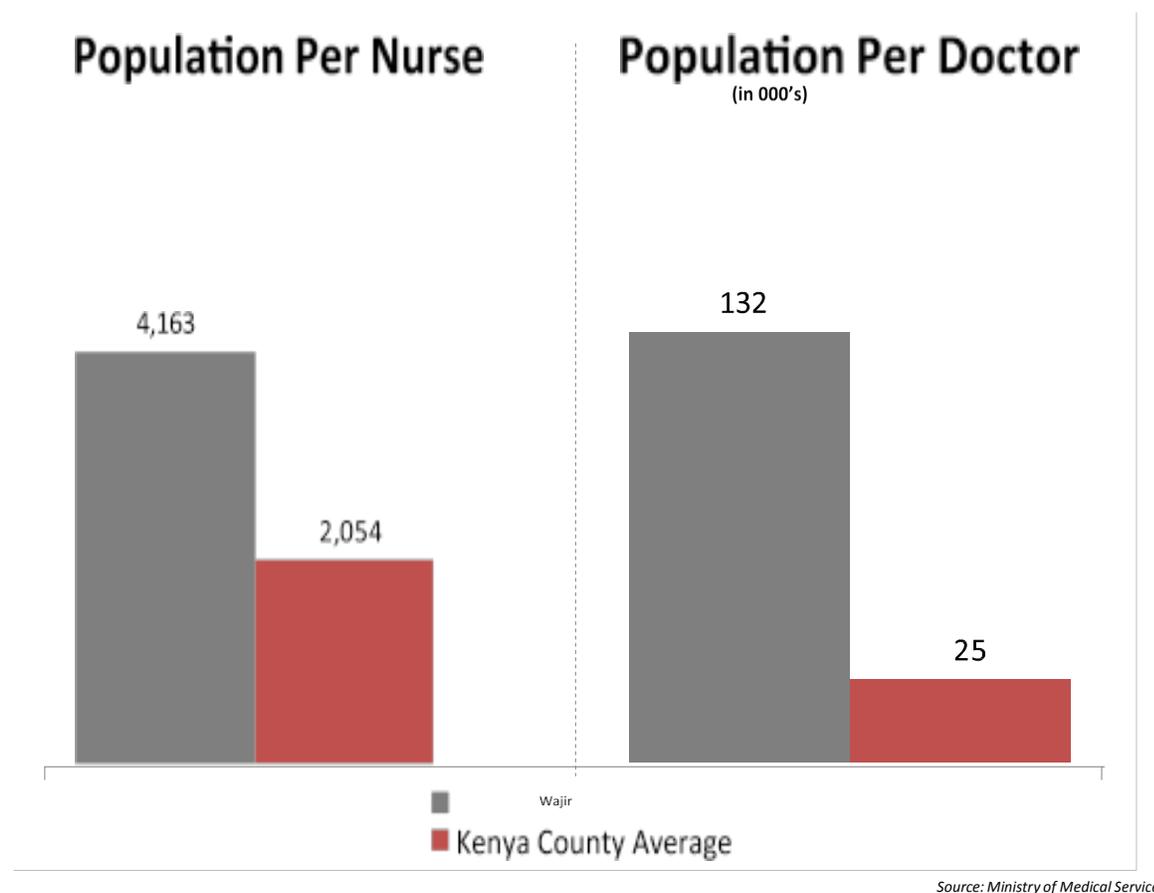
Wajir County is one of the largest counties in the country and is located in the North Eastern Province of Kenya. It covers an area of 55,501km² and is divided into fourteen administrative divisions. It has a population of 661,941 and population density of 12 per km² with most living in rural areas.



It is an arid area with acute shortage of water and perennial droughts. Other key issues facing the county include, high levels of poverty, insecurity, poor infrastructure and food shortages. The

poverty (84% according to the Kenya Integrated Household Baseline Survey) and illiteracy levels are considerably high.

Health services in the County are very poor.



Half the population is dependent on wells for water. Another quarter get water from ponds and streams. 63% have no access to latrines.

CHEpS is a registered Society in Kenya, striving to improve lives of under-served people and communities in Kenya through much needed public health and education projects . One of the public health care activities conducted by CHEpS is providing access to eye health services through organising eye camps. In the course of famine relief and water projects' implementation in Northeastern Province of Kenya, CHEpS members noticed many people suffering a variety of eye conditions including refractive errors, cataracts, corneal opacities, glaucoma, infections, congenital blindness. Hence the 14th CHEpS Eye Camp was organised at Wajir District Hospital. The local people were informed through daily local radio advertisements and mosque announcements over a week before the camp.

Summary of activities:

ACTIVITY	NUMBER OF PEOPLE
Cataract surgery (Patients previously screened)	63
Eye screening checkup	401
Spectacles dispensed	89
Eyedrops and other medicines given	244
Cataracts diagnosed and referred	58

Day 1: 31 May 2012

A team of 10-surgeons, nurse, optometrists, volunteers left Nairobi's Wilson airport in an 18 seater aircraft at 1 pm (after two and half hour delay) for an hour and half flight to Wajir International Airport. The hospital vehicle and CHEpS local project officer were at hand to take the team to a local hotel. Here the team prayed, had lunch and went to the hospital where many people were waiting to be seen. 'Many more people had been waiting since morning but left before you came. Perhaps they'll return tomorrow,' said the hospital Medical Superintendent.

The surgical team screened over 50 cataract patients and planned to operate on 44 of these. It was expected that more would be added to the list the next day through the screening camp running simultaneously with the surgeries. The optometry team also saw about 40 patients and referred the cataract cases to the surgical team, provided spectacles and medicines for those with visual problems, infections and allergic conditions. There were several patients with corneal opacities. It was surprising to see so many cornea conditions and cataracts in just three hours.

A young boy was brought with a very painful, swollen, shut left eye. While playing a few days ago, a twig penetrated his eye. A villager pulled it out with pliers! The CHEpS ophthalmologist admitted him and gave antibiotics. The next day the swelling and pain was less and the laceration on his eye was stitched. The following day the boy was much better and he went home. Unfortunately his sight could not be regained.

The team returned to the hotel at 7pm and agreed to an early 7am start the next day for surgeries and to see as many eye illnesses/visual problems as possible and provide treatment.



Energising before the work



Experience sharing and planning the next day



Optometry and dispensing room



Blind due to cataract



Cataracts both eyes causing blindness



Blindness in child



Cornea opacity. Common in Wajir



Omar Isaack . Untreatable blindness



Cataract surgery in progress



Boy lost sight by a twig penetrating his eye



Waiting for the eye injury to be stitched



Dr. Ahmed Parkar examining patient



Daughters happy father can now see



Team returns to Nairobi



Abdi, blind baby from remote village in Wajir admitted at eye hospital in Nairobi

Day 2: 1 June 2012

The team started early at 7am. There were many people already at the hospital esp those awaiting cataract surgery. It's amazing how cooperative and eager people here were unlike the Coast and Rift Valley regions where there were always dropouts. People queued up patiently. By 1pm 15 surgeries had been performed by Dr. Ahmed Parkar. Unfortunately he had to leave due to a family emergency in Nairobi. Geoffrey Likata ,the Ophthalmic Clinical Officer with the CHEpS team, took over and performed another 7 by evening. Due to some hospital disruptions, casualties from an accident needing staff help, the team could not do as many as were on the surgery list and some were shifted to the next day's list.

The optometry team had now screened and provided glasses and medication to over 145 people. Many were also referred for surgery.

Omar Isaack Maalim is the beneficiary of Well no. 9 sponsored by BCT. He is completely blind. He also traveled far to Wajir town in hope of being assisted and be able to see again. 'Can you operate on me so I can see again after 15 years and be able to till my land myself. It's not good to be dependent on others. Other people are currently helping on my farm.' Unfortunately he had complicated cornea opacities that could not be treated even with cornea transplant.

Day 3: 2 June 2012

The team was at the hospital again at 7am. So were the patients, eager to be operated and regain their sight. The team got to work and had a busy day. By 8.30pm the surgeons were very tired and had to stop. 53 cataract operations had been performed. 12 patients remained and were anxiously waiting outside the theatre. The local ophthalmic clinical officer, theatre staff and hospital Medical Superintendent agreed they will operate on them on Monday, after we leave, as part of the eye camp and thus not charge them. The people had to be convinced about this. Due to poverty most of them find it very difficult to pay the hospital charges and have to continue to suffer their blindness. So they were trying hard to be included in the free CHEpS eye camp. The area councilor, seeing we had really tried hard to serve all on the list, helped convince the remaining patients to come on Monday 5 June. 10 of these have now been operated. The screening team had examined a total of 401 people and provided spectacles and medications. People with mature cataracts were referred to the local ophthalmic clinical officer to add to his list for future eye surgery camps. One special patient was a 2 year old baby from distant Bulla Hagar village, accompanied by his mother. During the CHEpS team's monitoring visit to Wajir in April 2012 'a young refugee mother anxiously showed us her 2 year old baby boy. She said that he had poor vision and had got worse during the recent clashes when they had to run away and hide in the bush for 2 weeks. They had survived on very little food-mainly leaves in the bush, and water. The baby seemed to have cataracts. We took her particulars and told her we will contact her through the chief regarding treatment. ' (Reported in CHEpS monitoring visit report April 2012).



Abdi Mohamed Aftim, 2 year old blind baby, and mother Halima survived the Moyale clashes hungry and thirsty for 2 weeks in the bush. The CHEpS team discovered them during a visit to Bulla Hagar village, called them to the Wajir eye camp and transported them to Nairobi for specialized treatment.

Day 4: 3 June 2012

Those operated the previous day were examined, counseled on care of the operated eye and use of eye drops and told to return to the local clinical officer after a week for check up. The CHEpS team then returned to Nairobi. The baby from Bulla Hagar village in Wajir, and his mother were brought along and admitted to Lion's Eye Hospital in Nairobi. Dr. Fayaz Khan, the ophthalmologist examined him, diagnosed bilateral congenital cataracts, and planned to operate next Friday 8 June. The CHEpS team visited them the next day taking along gifts of blanket (it was cold here compared to the heat of Wajir), biscuits and water bottle. The mother seemed less anxious than before and was settling down in the new environment well. The baby was operated on both eyes. As we finalise this report five days after surgery, the baby's eyes are healing well according to the ophthalmologist. 'The baby can now see for the first time in his life,' said the mother, smiling for the first time since we met her in Bulla Hagar two months ago!



Evaluation:

Comments from patients:

- Allah u Akbar. I can now see after 5 years of darkness
- God bless you all for helping the poor
- There are many more who need your services. Please come back

Comments from hospital health workers and Wajir leaders:

- CHEpS is doing an excellent work in the region
- There are many cataract blind people in Wajir who can be cured by surgery.
- Other NGOs have come here and operated on cataracts. But CHEpS has given comprehensive services in this eye camp, achieved more in few days, and its free
- Your team showed dedication to the work and were kind to the patients
- We are all surprised your services are totally free of charge. This allows the poorest and neediest to access these services and get excellent treatment
- We pray Allah bless you more so you can do more

Comments from CHEpS team volunteers:

- Well organized
- Good team work
- The experience was inspiring
- Focus on Wajir as it is really needy for cataract surgery
- Organise frequent eye camps and surgeries in Wajir
- Need to hold meeting and rehearse roles with whole team beforehand to maximize on resources
- Buy own operating microscope and few surgery sets to more efficiency
- Take two surgeons always to improve speed and quality of operations