**March 2012-March 2013**

**REPORT OF THE FIRST YEAR ACTIVITIES FOR THE EYE HEALTH PROGRAM**

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The programme timidly started off in March 2012 basic eye screening activities. These happened mostly at the base clinic. In August/September the first community based eye screening were carried out amidst serious bottlenecks created due to the confusing /overlapping communication channels.

So far about 2500 patients have been consulted, about one thousand of these at the base clinic and the rest in the communities. 13 community outreach sessions have been held, 8 school vision sessions and one session held in an industrial setup.

About 60 patients acknowledge using traditional eye medications, about 250 spectacles have been prescribed, glazed and dispensed and about 500 reading glasses tested, prescribed and dispensed.

About 100 major and minor surgical procedures have been detected and referred for appropriate intervention in the centres ( Mbingo, Acha) that for now have the capacity to do those procedures.

CHALLENGES FACED AND THE WAY FORWARD

Community based eye health is still been seen as a new concept. Most of the existing eye care facilities have been institutional based.

A lot of work needed to be done through presentations, seminars, discussions and radio programmes to come to the present level of understanding with the communities that for now are working with this programme.

A formal introduction of school vision programme activities into public schools met with a lot bottle necks.

Direct entry into private schools and direct discussions with the school authorities and professional teachers seem to produce rapid results. There is now an ongoing open discussion happening among teachers and school authorities as to how to justify and integrate the school vision programme into the school health. For those teachers who have participated in the seminars the concept of itinerant teachers is being considered seriously.

Considering the impact created by the several presentations on vision/blindness among young people in some pedagogic seminars, it is hoped that the level of contemplation and acceptance /uptake of the school vision programme will increase. This may eventually will enable us introduce this programme to about 100 schools in the upcoming academic year 2013/2014. This will imply reaching out to hundreds of thousands of students /pupils in the hundreds of public /private schools across the region.

The same pattern is being observed among teachers who need reading glasses or spectacles for sight. The authorities now are ready to invite/ accommodate eye care activities. They have expressed open readiness to subsequently allocate time for vision testing and dispensing of spectacles in some of their official activities to happen at the regional and district levels.

Knowing the impact of teachers/students in communities it is hoped that the level of information uptake /sharing will equally increase.

There are negotiations going on with the local community based NGOs to enhance/sustain and reinforce the community based eye health. Some of these NGOs include RECEWAPEC (organization for the welfare of aged people) and MBOSCUDA (organization for the welfare of Fulani people). These organizations have a wide network and representation in a lot of communities. Community eye health programme compliments and somehow fills a void that existed in the content of their health programmes for the members of the organization. These and many more will justifiably give a foothold to the eye health programme in the days ahead.

EYE HEALTH PROGRAM FOR UNDERSERVED COMMUNITIES IN CAMEROON

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