

## Volunteering with Unite for Sight in Rural Ghana

From July 1<sup>st</sup> to August 20<sup>th</sup> of 2009, I volunteered in Ghana with Save the Nation's Sight Clinic. Founded by Dr. Thomas Tontie Baah in January 2009, Save the Nation's Sight has since partnered with Unite for Sight, an American non-governmental organization, to provide eye care access to those in rural villages. Unite for Sight subsidizes the surgeries that Dr. Baah does for patients who have no insurance.

In July, I was based in Agona Swedru, a village in the Central Region. In August, we were first stationed in the capital, Accra, before we moved to Keta, a village in the Volta Region. From Mondays to Saturdays, we went on outreaches to rural villages that were about one to two hours away from the area in which we lived.

Dr. Baah had six outreach teams, and each team consisted of one ophthalmic nurse or optometrist; one to two Unite for Sight volunteers; and one to two Ghanaian workers. His team also had people who worked as cooks, drivers, and publicists. Unite for Sight volunteers usually only come during the summer months, but Dr. Baah has his own team of about 30 people so that he can do outreaches year-round; this effort is thus locally-led and sustainable.

I did one of three things on outreaches: (1) register patients and fill out insurance forms; (2) perform visual acuity tests; and (3) dispense the medications and spectacles that had been prescribed by the ophthalmic nurse or optometrist. Outreaches are the primary method through which patients get referred to the local government hospital for surgery, where Dr. Baah performs surgeries throughout the day. Unite for Sight pays Save the Nation's Sight Clinic \$70 for surgeries and medicines for cataracts. For those who do not have money, Dr. Baah will give them medicine that can last up to a month, which is usually sufficient.

Save the Nation's Sight Clinic picks up patients from their villages to bring to the government hospital, so that lack of access to transportation is not a hindrance to patients receiving surgeries.

In July, we screened 5798 patients on our outreach trips; by the time I left Ghana on August 19<sup>th</sup>, we had screened 3500 patients in that month alone. In July, Dr. Baah performed 333 operations – 258 of them were cataracts, 70 were pterygiums, and 5 fell into the “other” category. In August (as of August 19<sup>th</sup>), Dr. Baah performed 297 surgeries.

Dr. Baah has explained that one of the most important things that student volunteers add to Save the Nation's Sight Clinic's work is that volunteers attract patients, thus increasing patient attendance. Dr. Baah said that the average Ghanaian assumes that a white person has a “magical wand” that will solve problems, so Ghanaians tend to trust the volunteers. Educated Ghanaians, too, he said, tend to think that white people are smarter and have more ability to change conditions than Ghanaians themselves.

Personally, this immersive global health experience was an illuminating experience that confirmed my desire to work on international health issues and in developing countries. Exploring another culture – whether it was getting to know the locals or learning the language – was a challenging but rewarding experience. I enjoyed learning more about the different pathologies that exist in the developing world, as well as being able to observe the surgical procedures. Through interacting with the patients and medical professionals, I was able to learn more about patients' concerns, as well as what challenges doctors in Ghana face. For example, getting patients to adhere to medicine regimens is particularly difficult for those with glaucoma because patients have a hard time understanding why taking eye drops is important if it won't cure them. When optometrists made a special effort to do patient education, however, patients

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were much more likely to express an understanding of the importance of using the eye drops regularly.



(Left) I am doing a visual acuity test using the “tumbling E” chart. Most of the patients did not speak English, so we asked them to indicate which way the legs of the “E” were pointing, and they would use hand gestures to indicate which way.

(Right) A patient covers one eye to do the visual acuity test.



(Left) For patients who could not see the chart, I would do the counting fingers test to see from how many meters they could correctly count the number of fingers I was holding up. For those who could not correctly count the number of fingers I held up, I would ask if they could see my hand moving directly in front of their faces. If they couldn't see hand movement, I would then assess whether they could perceive light.

(right) I also registered patients and kept patient records. These records were used to account for the medicines sold, the money received, pathologies observed, and which patients were referred for surgeries.





(above) Local optometrists and ophthalmic nurses performed free eye screenings for villagers.



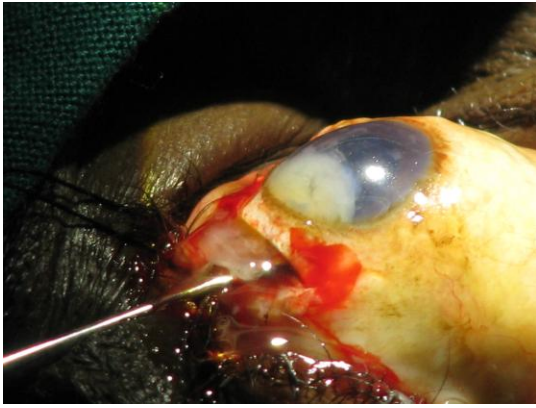
(left) A 13-yr old boy with a cataract, as evidenced by the white, opaque lens.

Cataract, which accounts for about half of all blindness, is the most common cause of blindness in the world. Cataract surgery is simple and ranks among one of the most cost-effective operations in the world. Many patients can regain their vision after cataract surgery, which would help them become productive workers. However, due to the lack of access that many in rural villages

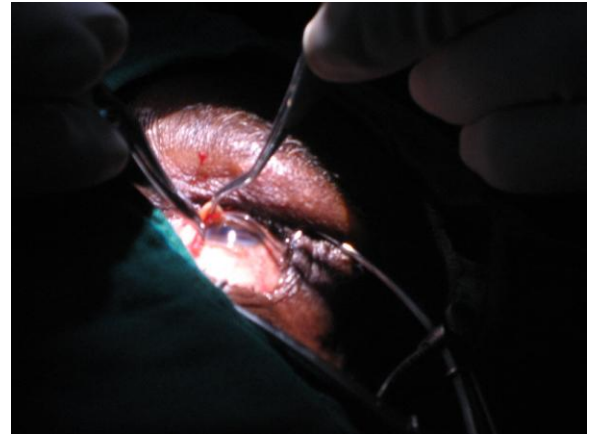
have to surgical services, as well as the limited number of ophthalmologists (there are about 60 ophthalmologists in Ghana), many remain blind from cataracts. Dr. Baah's strategy of traveling to rural villages for months at a time is thus aimed at reducing the number of those who suffer needlessly.



(left) I visited the clinic three times to observe Dr. Baah doing cataract and pterygium surgeries. I was also given the opportunity to help with post-op by bandaging patients' eyes after their surgeries.



At left, a close-up of Dr. Baah performing a cataract surgery. At right, a pterygium surgery.



(Right): Dr. Baah in the operating room.  
(Left): With Dr. Baah and his wife, Charity, at a party he gave for all the volunteers at the end of the month.

