ORGANIZING
THE OUTREACH ACTIVITIES

CASE PRESENTATION: FHF VIETNAM PROGRAM

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Presentation Overview

- Background
- Needs
- Solutions
- Lessons learned
**Background**

- Blindness is a public health issue in Vietnam. 0.63% of the population are blind.
- The population is approx. 84 millions; The FHF project areas is in Central region of Vietnam; covers of 16 million, of which 1.23% are blind.
- Provincial hospital has mobile team. District hospital can not conduct cataract surgery yet.
- Community eye care services and referral systems were not adequately developed to address the rate of avoidable blindness.
- Province: pop. # 1-1.5 M
- District: pop. # 200,000-300,000
Eye care system

• Eye care system based on public health system:
  • MOH
  • Provincial department of Health (DOH)
  • District Health Center (DHC)
  • Commune Health Station (CHS)
  • Network of Village Health Volunteer (VHV)
Health Care System
Establish community network of eye care providers

Community health workers training in Quang Tri

Community health workers screening cataract patients in the villages
Needs

Need to reduce avoidable blindness in Vietnam by:

- Upgrading a tertiary level hospital with appropriate infrastructure and equipment.

- Increasing the number of fully qualified eye care personnel

- Enhancing the quality and quantity of sight-restoring surgeries and other treatments

- Improving access, affordability and awareness of eye care services.
Solutions

To increase number of cataract surgery at commune level

1. Fully equip mobile team
2. Provide training for local eye care personnel
3. Organizing outreach programs

More people can access cataract surgery service at a good quality
CATARACT SURGERY

- Cataract surgery each year 100,000 cases
- In big city there are modern techniques/equipment
- Most of cataract surgery in the remote areas is free by charity/NGOs support
- The organizing way of OMEC is very much relied on the existing public health system.
Assign one coordinator who familiar with the OMEC

Team has been trained and discussed on the OMEC

Equipment/ consumables have been prepared and arranged: Box/ metal box for microscope; mini-autoclave; instruments boxes;

Transport means prepared: vehicles/ motobike
Community eye surgeries

Cataract patients and families waiting for surgery

Patients after surgery
Before one outreach campaign

- **Inform to CHS and VHV:**
  - Door to door announcement
  - On radio and commune broadcasting
  - CHS staff and VHV inform villagers

- **District doctor have screening**
  - Go to each commune
  - Eye check for villagers
  - Have patient list and invite patient to DHC
In the outreach campaign

- **Mobile team prepared**
  - Depend on estimation of number of patients, the team prepared: surgeons, consumable, equipments

- **Mobile team travel to district**
  - Set up operation theatre
  - Re-Eye check for patients
  - Give health education session to all patients
In the outreach campaign

- **Operation**
  - Provincial surgeons operate
  - District doctor assist and learn
  - Other assistant to help with the operation and medical consultation to patients

- **Health education**
  - Consider important
  - Patient and relatives receive pamphlet, booklet, watching video
Community eye health education

Villagers attending evening eye care education sessions

Refractive error messages in schools
Community eye health education

Delivering health messages to community

Community eye care drama show
In the outreach campaign

- Each surgery campaign occurs in 2 days, each day operates # 40-50 patients
  - Patients stay 2-3 days at the clinic
After the outreach campaign

- District doctor take care of post operation care
- CHS and VHV will have the list of patients and remind them for the next eye check up
- Provincial doctor may come back in the next follow-up: 1 week, 1 month, 3 months
This model works for school screening as well.

- Train CHS staff, VHV on basic VA test, on PEC
- Train teacher on VA test, RE
- Mobile team to the school for screening and give prescription
- Followed by health education for children, parents, teachers
Lesson learned and applied

- Fix one date (or 2 dates) of the month for each district; for ex. District A OMEC on 25th
- Mobilize network of VHV to work on these surgery days: to provide health message to patients and relatives
- One week before the surgery day, launch the news and health message on local television, radio
- Try to re-visit, phone to patients, keep stay in touch, give the list of patient to VHV
Lessons learned and applied (cont)

- Organizing a session of giving post op instruction for all patients before discharge
Thank you