

CHAPTER V
Presentation

Thesis Title

**TRAINING AND EMPOWERMENT FOR
PSEUDOPHAKIC MOTIVATOR:
A STRATEGY TO INCREASE DEMAND FOR
CATARACT SURGERY.**

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The Problem

**High prevalence of
cataract blindness
in Lumbini - Nepal.**



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Fig.2.1 Causal web

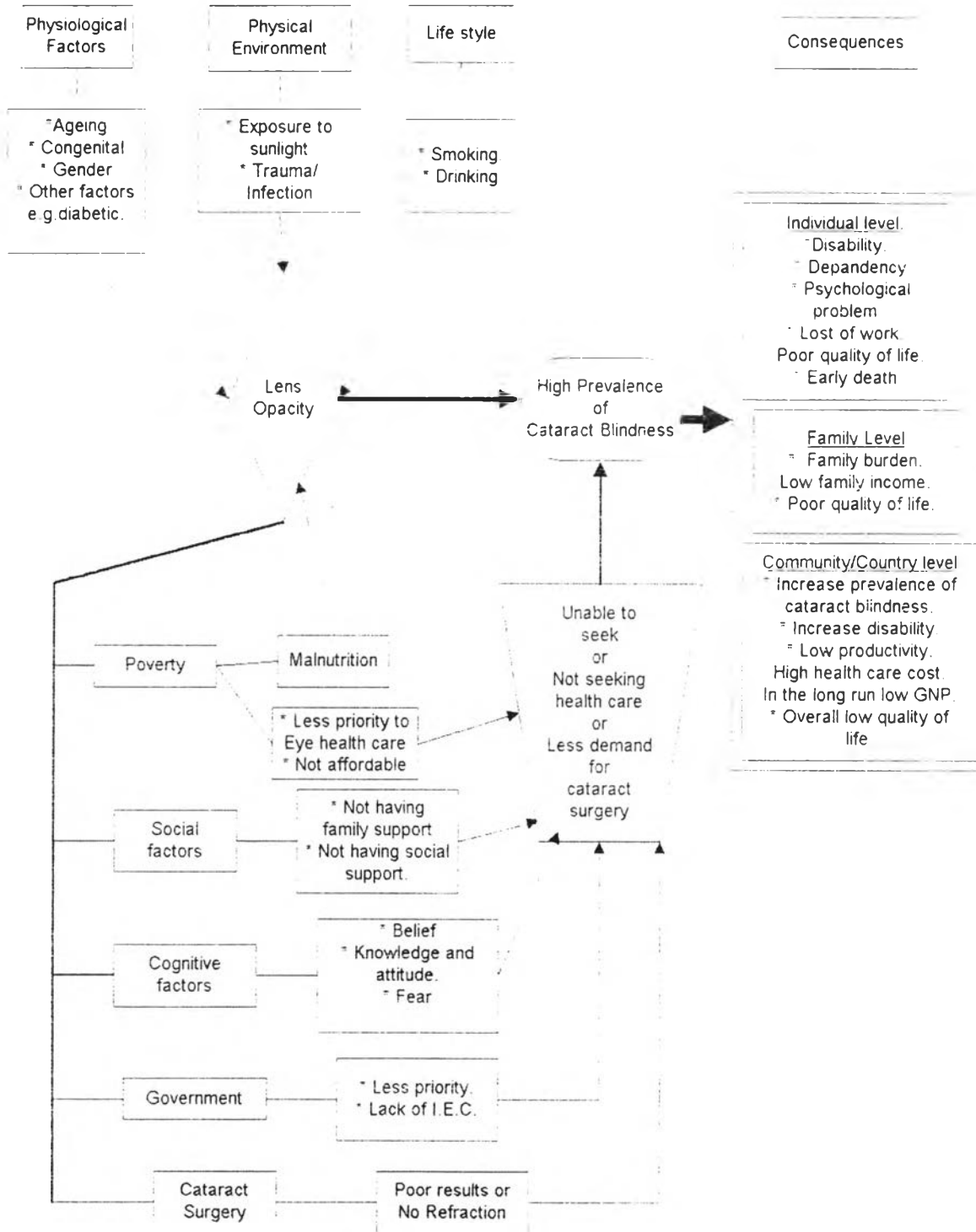
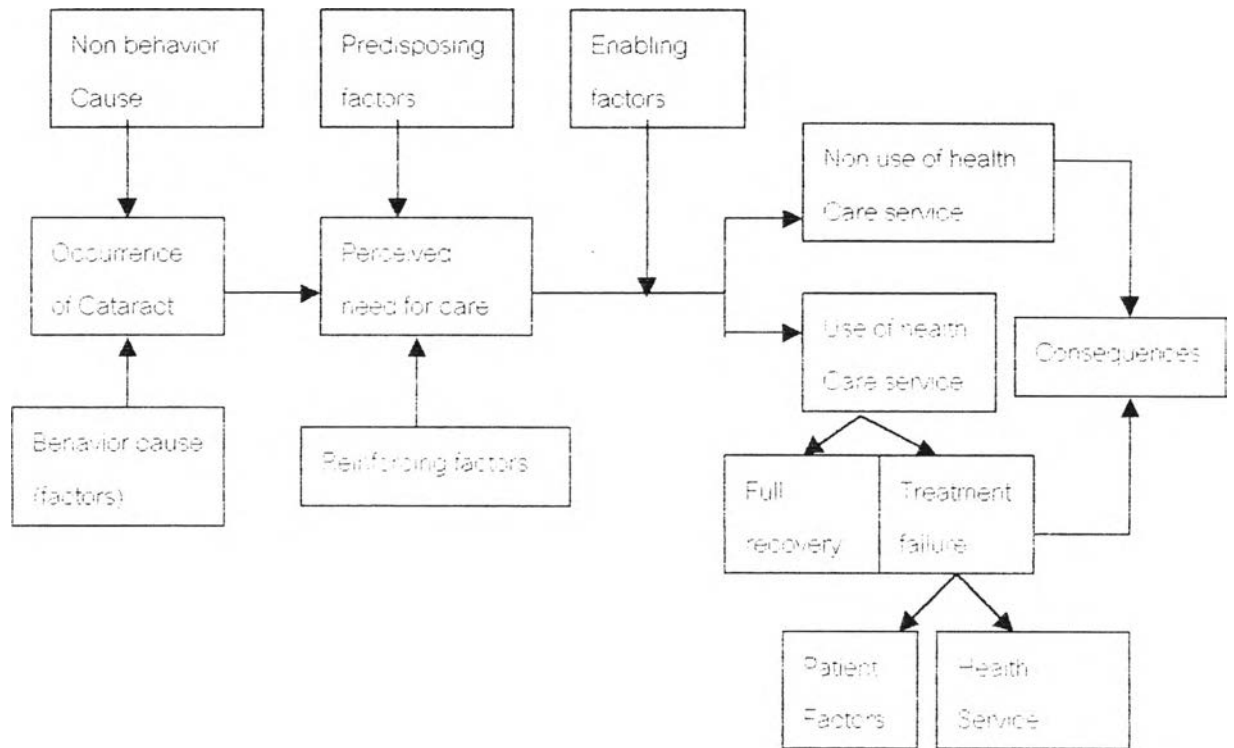


Fig. 2.2 Conceptual frame work of determinants of demand of cataract surgery.



Adapted From: Anderson and Newman (1973).

Definition of cataract

A cataract result from a change of transparency of the normal crystalline lens in the eye. When the lens become opaque, it impedes the light from entering the eye. This condition cause gradual loss of vision and blindness. Cataract may have different origins. Some children can born with it and some cataract develop after eye injury. However cataracts are largely related to the aging process.

(www.who.int/inf-fs/en/fact/)

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Operational definition of Pseudophakic motivator

A person who had cataract surgery with intra ocular lens insertion and who is satisfied with the visual outcome of the surgery. After preliminary primary eye care training, who works as a cataract motivator in her/his community with small incentive or without incentives.

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Why treatment for cataract?

- 👁️ Removal of cataract and replacement with IOL invariably improved all measurable QOL regardless of age, gender
(USA, Today magazine 1993)
- 👁️ A recent cost effectiveness study shows that, cataract surgery is highly cost effectiveness relative to other public health programs.
(E. Marselle 1996)
- 👁️ 85% men and 58 % women who had lost their jobs as a result of blindness, regained those jobs (A study in south India, Javitt 1996)
- 👁️ Regaining functional vision through cataract surgery could generate 1500% of the cost of surgery in increased economic productivity during first year following surgery (Javitt et.al 1996)

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Reasons

Cataract blindness is a problem because

- 👁️ Presently there are 1,25,000 cataract backlog in the country (SEAR WHO)
- 👁️ 16,000 New cataract cases adding each year in the country (MP Upadhyay 1997)
- 👁️ Ranks 10th in the list of global burden of disease
(World Bank 1993)
- 👁️ Limited sight caused by cataract has also been linked to increase in hip fraction, higher auto accidents, earlier admission to Nursing
- 👁️ Homes, premature retirement and even increased mortality rates among aged population (USA, today magazine 1993)

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Definition of blindness

Blindness is defined as visual acuity less than 3/60 or corresponding visual field loss in the better eye with best possible correction.

(WHO Factsheet, Feb 1997)

Evidence

Causes of blindness in Nepal

Rank	Cause	Percentage
1	Cataract	66.8
2	Cataract sequelae	5.3
3	Retinal disease	3.3
4	Glaucoma	3.2
5	Infection	2.8
6	Trachoma	2.4
7	Others (trauma, amblyopic nutritional etiology)	16.1

(Source: Nepal Blindness survey 1981) 8

Typology of cataract in Nepal

Etiology	Right eye		Left eye	
	Number	%	Number	%
Trauma	0	0	0	0
Congenital	11	1.3	12	1.3
Infection	1	0.1	4	0.5
Senile	709	82.5	737	82.9
Miscellaneous	2	0.2	2	0.2
Unknown	134	15.9	134	15.1
Total	860	100.0	889	100.0

(Source: Nepal Blindness Survey, 1981)

What could be done to improve the situation? (Possible solutions)

- ☺ Diagnostic, screening and treatment (DST) camp in the community Involving Female Community Health Volunteers (FCHV)
- ☺ Strengthening the health post system
- ☺ Involving Pseudophakic Motivator in Health education.

Why Pseudophakic motivators?

- (a) High effectiveness.
- (b) They are from the same community
- (c) To make community participation.
- (d) Health Education and Health promotion among community people.



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Aim of the project

To reduce cataract blindness in the Proposed project area of Lumbini

General Objective

To increase demand for cataract surgery, by involving Pseudophakic Motivators in Health Education and community empowerment.



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Specific objectives

1. To develop and implement training program for Pseudophakic motivator
2. To increase demand for cataract surgery in the project area, from 20 % to 60 % of cataract blindness (VA < 3/60) by providing sight restoration in the project area, by the end of the project period.
3. To develop a new cadre of health educator, Pseudophakic Motivator in link between the community and health care service.

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Specific objectives (continued)

4. To develop supervision and Monitoring system for the Pseudophakic Motivator.
5. To develop self Help group in managing the cataract problem in the community.

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Surgical awareness and acceptance by intervention and control

Intervention	Economic incentives	Surgical acceptance	Surgical awareness
		No (%)	No (%)
Aphakic Motivator	Partial	194 (14.4)	1849 (7.9)
	Full	147 (33.3)	1491 (5.7)
Basic eye worker	Partial	151 (20.5)	1862 (5.3)
	Full	194 (27.8)	1757 (9.3)
Screening camp	Partial	126 (18.3)	1421 (16.9)
	Full	182 (28.0)	1875 (21.4)
Mass media	Partial	147 (14.3)	2575 (11.7)
	Full	150 (13.6)	1765 (7.6)
Control	-	150 (13.6)	1765 (7.6)

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Is cataract surgery cost-effective?

According to a study done in India (WBP, 1988):

Cost of Maintenance of blind person = US\$ 0.50 / day.

Cost due to loss of production = US\$ 0.50 / day.

Therefore, total cost loss per day = US\$ 1.00 / day

Implies, total cost due to cataract = US\$ 365 per year

Cost of restoration of sight to cataract blind = US\$ 25

Implications for Nepal (assuming, same socio-economics)

Total no. of cataract blind case in Nepal = 1,25,000

Total cost due to cataract blind = US\$ 4,56,25,000.00 / year

Total surgical cost = US\$ 31,25,000.00 [25 X 1,25,000]

If we could provide surgery, we could **save \$ 4,25,00,000.00**, which could be used further public health intervention.

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Budget

S.No	Description	Amount in Rupees
1.	Trainer's allowance	18,000.00
2.	Trainee's allowance	18,900.00
3.	Training materials	4,150.00
4.	Support(Driver + fuels)	5,250.00
5.	Materials for the project	9,750.00
6.	Screening camp	8,100.00
7.	Refresher training	71,250.00
8.	Prize	12,000.00
9.	Supervision cost	36,000.00
10.	Contingency	10,000.00
11	Evaluation cost	17,500.00
Grand total (US\$ 3095)		2,10,500.000

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Program description to achieve the objectives

1. Training for Pseudophakic Motivator:
- 2 .Diagnostic screening and treatment camp.
3. K.A.P Survey
- 4.. Formation of Self Help group



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Evaluation

1. Concurrent evaluation

2 Post evaluation

Post evaluation will be done at the end of the project by independent body.

The teams will include:

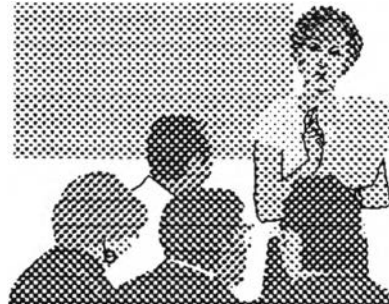
- (a) Evaluation team leader will be from the outside professional group
- (b) One member will be from the community (will be selected from among the VDC Chairpersons)
- (c) One team member will be from the Lumbini Eye hospital (service provider)

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Data Exercise

Objective of Data exercise

1. To develop the practical knowledge and skills of data collection techniques.
2. To test and refine the data collection instruments by interviewing non cataract cases.



Place: Phaurat, Indian community.

Target population: Cataract blind age 45 years and above.

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Lessons learned and Limitations

- ~ Focus Group Discussion is effective to explore the various issue involved in KAP.
- ~ Participants should be homogeneous.
- ~ There's always limited time.
- ~ Good Rapport gives good results.



Empowerment- Definition

A strategy designed to bring equal distribution of power and resources among the community through collective action. With the initiation of Pseudophakic Motivator, increase participation of people in identification of problem, setting objectives, implementation and evaluation in demand creation for cataract surgery.