



INSIGHT

Southern
Africa Project

Update April – July 2021

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So much has happened in the past few months it is difficult to know where to begin! The third wave has rolled in and with it much civil unrest in Southern Africa. Despite these challenges, we have endeavored to keep our eye care service open and accessible to the people who need it most.

I have been privileged to ‘shadow’ **Dr Pons** in many clinic-staff discussions and negotiations during the various challenges of the past few months which has been a good exposure to leadership and governance; essential skills in running a community eye care service! We have set up regular Continuous Medical Education (CME) sessions which provide an opportunity for staff training and refreshing.

The **Eswatini Diabetic Eye and Foot Screening** (EDEFS) Project has continued as best it can under rather austere circumstances (Covid and national civil unrest). We are starting to see more patients with earlier, more treatable diabetic retinopathy as a result of the screening which has been really encouraging. We successfully trained an additional 4 nurses and 1 technician in diabetic screening and are in the process of opening up another permanent site which will help more patients access this wonderful service.



Operating using the DFL portable microscope.

Another two **Sight Flight** outreaches with **Mercy Air** enabled us to find and assist more people with disabling blindness. We sent some of these patients home after their surgeries just yesterday, a 3 hour journey over rough roads back to their homes. Some of these people are disabled and most are very elderly. Many of them would never have made the journey without our help. I was reminded of the privilege it is to be able to do this work.

In June I was awarded the **Diploma in Ophthalmology** after writing the last exam, which is a great relief! I now wait to write Part 1a Exam of the **Fellowship of Ophthalmology**, which was unfortunately delayed by the unrest in South Africa.

The surgical training has been really invaluable over the past few months. I so appreciate the technology that makes training possible, like the monitors connected to the microscopes allowing both trainee and trainer to watch the progress of surgery. I have started assisting my colleague in her **MSICS** (Manual Small Incision Cataract Surgery) training which has been really growing for me. In addition, Dr Pons has been encouraging me to learn new techniques and operations to broaden my skills. Being able to observe his surgeries is an indispensable part of the learning process. Just this last week,

I reached my goal of 100 MSICS and operated my first phaco-emulsification case! I am grateful for the skills I have learnt in MSICS that facilitate ease of learning in other ocular surgeries.

In May, my husband and I participated in a running challenge, **Lubombo Runability** (organized by local NGO Libumba), to raise awareness for children living with disabilities in our local community. The run took us through the Mapungwane Community. It was a real privilege to be hosted by some of these families, often single parent households. It gave me real insight into the living conditions of many of our patients and what a challenge it is for them to come see us at the hospital!



The theatre block at Inhambane Hospital, Maputo

My absolute highlight though, was participating in the **Doctor's For Life** (DFL) outreach to **Inhambane, Mozambique**.

At short notice, the DFL team lost their ophthalmic nurse who would have coordinated the set-up of the theatre, so this became my task for the week. Travel in Mozambique is slow and can be hampered by

officials, poor roads and navigational challenges. By God's grace, we had one of the smoothest trips to the coastal town of Inhambane. I had the privilege to work alongside some amazing people. Most of whom were not medical professionals, but were willing hands eager to serve, truly inspiring. Working under a senior ophthalmologist from **Grey's Hospital** (South Africa) was extremely beneficial. It afforded me an opportunity to broaden my abilities in working with different instruments and techniques, I was even able to do some of the surgeries. Operating on an outreach is a growing experience. A combination of factors such as language barriers, different instruments (or shortage thereof) and unfamiliar equipment make the routine suddenly far more challenging. I enjoyed learning a bit of Portuguese and local surgical terms which spurred on the comradery between us and the local ophthalmic staff. I am so grateful for this experience and look forward eagerly to the next outreach!