

Thank you to all our patient's for their support and donating used spectacles. Here is a diary about my project.

Teams Members Diary

Ethiopia: Direct Service February 2006

It was not only my first VAO project, but my first time to Africa too. The 6 hour journey from Addis down to Sodo, although rather long, was already such an experience into real African life.

Arriving in Sodo was a relief to all of us. Our accommodation was basic but comfortable and the staff very friendly and helpful, (as helpful as possible without being able to understand a word of English!)

Our first clinic was to be in Boditti about 30mins drive from Sodo. We set up in the health centre which was very spacious and had a wonderful seating area for the crowds. We realised on the first day that we were working without any of the usual nurses, (they were in Butijara training with the other team!). At the same time we realised that any Amharic phrases we'd learnt were also useless as here they spoke Walaiti. All being said we were soon organised and seeing patients efficiently, with a steady flow. The patients varied from students and government workers to peasant farmers. The second day there was many teachers due to a meeting being held in the town that day. Pathology varied, but was mainly corneal scarring and cataracts. Refractions also varied from those only requiring reading glasses, to very high myopes, up to -32.00DS!

My most enjoyable moment was meeting Matusal. A 32yr old student in Boditti who had been brought to the clinic by his friends. He appeared to have little problems with clear corneas until I started retinoscopy! I found him to be R -24.00 and L- retinal detachment. When I removed the working distance lenses from the trial frame, he swore in perfect English, (the first we'd heard all day!). He read more than half way down the chart and was so pleased he wouldn't let me refine the prescription any further, he said he just wanted those. I found him some -22.00DS R+L which I fitted closely. As we sat outside the dispensing room, his friends were waving at him, until they realised that he did not recognise them until they got closer and he heard their voices, as he had not seen their faces properly before. In his pocket he had his name and address written on a piece of paper, which he now screwed up into a ball. My guess was it was for others to help him get home, and he no longer needed it.



Matusal and I after fitting his new spectacles

The second clinic was in a much smaller rural town so many more of the patients were farmers. In this area there was a lot more active conjunctivitis infections and trachoma. We gave out as much antibiotics as we had but ran out before lunch. The clinic here was smaller but still very comfortable. It was the first day here that the pathology really started to upset me, especially as we saw many children with perfectly healthy eyes but little vision. It took us a while to realise that they had nutritional amblyopia, due to malnutrition in the area. I had to accept what we were capable of helping, and to move on from cases that were beyond our help. With really sad cases I felt the best compensation was to rush in the next patient and hope that maybe they could be helped.

Our weekend was a well deserved break, and after working flat out since day 1, we all needed a bit of time off and relaxation. By Monday we were all ready to go again.

Our third clinic was in Areka, a larger town but further south than Sodo. There was a new road being built which made travelling there rather difficult, but I imagine that will be greatly improved. The town was large and there were many patients left at the end of 3 days that we couldn't see, and on questioning locals, even simple reading glasses were not available in this area, so the need for our clinic was very strong.

By our final clinic our stock was extremely low, and many government workers would not accept the larger frames which were all we had left, so it was getting tricky. We'd also ran out of high minus and it was only due to the extra stocks we'd all taken, that we had coped this long. I was very sick on the last day and wasn't able to work, but the team carried on without me and even saw over 150 patients before lunch!

That totalled over 1600 patients and around 1500 dispenses. We had achieved so much considering the conditions, lack of helpers, language problems and the distance we travelled every day.

My experiences will remain with me forever, seeing Ethiopia for its true beauty and the kindness of the people. I felt like I had a second family that was the team. We all worked and played hard and supported each other through any tough times. Michele was a fantastic leader who was faced with making tough decisions about the project on a daily basis. Every decision she made we all trusted and accepted, and looking

back now, they were all the right ones. She showed us and helped us to understand Ethiopia and make the project work as well as we could, but also made it fun.

I will definitely go again!

Chloe Robson