

PROJECT COMPLETION REPORT

Project Title: Grenada Blindness Prevention and Treatment
 Project Number: 538-01120
 Funding Period: June 30, 1984 - December 31, 1987
 LOP Funding: \$400,000 (Fiscal Support Grant, 6/30/84)
 Implementing Agency: International Eye Foundation
 7801 Norfolk Avenue
 Bethesda, Maryland 20814
 Project Assistance
 Completion Date: December 31, 1987

I. Purpose

A fiscal support grant was provided to the International Eye Foundation to provide support for a program in preventive and curative eye care services in Grenada. Specifically, nurses, doctors, and primary health care workers were to be trained in eye care and blindness prevention.

II. Background

Following the American intervention in Grenada in the fall of 1983, Grenada was without eye care services. The Cuban ophthalmologist who had been working at the Eye Unit at the General Hospital in St. George's, the capital, had left, leaving a "vacuum" in terms of eye care services available to the general population. At that time, the IEF was involved in an inter-agency effort to provide training for physicians and nurses in the Eastern Caribbean in the delivery of preventive and curative eye health services. This program, which received partial funding from AID under OPG #538-0111 as the Caribbean Eye Care Project, was centered in Barbados.

The Caribbean Eye Care Project ((538-0111)) was transferred as an Operational Program Grant (OPG) to the International Eye Foundation (IEF) on July 1, 1983 in the amount of \$250,000 over a period of three years. Its purpose was to improve the level of eye health care services to selected Caribbean countries by training physicians and nurses in intermediate-level eye care service delivery. The project followed on a 33-month (September 1980 to June 1983) OPG with IEF for the provision of preventive and curative eye care services in St. Lucia through which a physician and several nurses were trained in intermediate ophthalmic services.

It was under this earlier project that the Pan American Health Organization, the Inter-Island Eye Care Services (IECS), and the IEF first conducted studies which found that over 70 percent of the blindness in the Eastern Caribbean was either preventable or curable; the major causes of preventable blindness being glaucoma, untreated or improperly treated eye infections, and eye injuries, and the major curable causes being cataracts and errors in refraction. The ophthalmologist/patient ratio in the Eastern Caribbean was found to be 1:325,000. These few physicians were

engaged almost exclusively in private practice, thus reducing the opportunities for proper eye care services to the majority of the public. Although historically Jamaica and Barbados served as the principal referral centers for eye care patients from the less developed Eastern Caribbean islands, by the time referred patients sought treatment, their eye diseases and conditions were so advanced that treatment was often ineffective.

In view of their on-going activities in the Eastern Caribbean, IEF requested USAID support for a Grenada program.

III. Summary of Inputs and Accomplishments

Over the life of the project, the International Eye Foundation provided assistance to the Ministry of Health in developing preventive and curative eye health services. The IEF Project Director, an American ophthalmologist, seconded to the Ministry of Health played a central role in providing ophthalmological services to the public, training health care workers, and promoting blindness prevention as a community concern and focus for action.

As a result of the project, Grenada now has an eye care infrastructure which includes not only tertiary level care at the Eye Unit of the General Hospital in St. George's (also referred to as the St. George's Eye Unit) but also primary and secondary level care in the districts. Several resources have been integrated into the project's blindness prevention activities: notably the schools, the district health centers, the media, and local community groups.

Through the project, the nurses at the Eye Unit obtained specialized training in ophthalmology. They now form a core group of secondary level eye care providers with responsibility for handling the bulk of cases, as well as for training and supervising district health workers, who serve as primary eye care providers. The nurses, together with a Grenada ophthalmologist partially trained under IEF auspices, who will return to Grenada on completion of advanced training in ophthalmology (and whose position will be covered by an IEF ophthalmologist until that time), comprise a team of eye care workers able to provide adequate eye care services to the people of Grenada.

The project has had an impact on two levels: service delivery and health care policy.

Service Delivery:

The range of eye care services has been expanded and the quality of care improved through the establishment of an island-wide referral system. Through the project, a team of dedicated ophthalmic nurses has been formed.

Health Care Policy:

The Ministry of Health and hospital administration at the General Hospital in St. George's have agreed to retain the ophthalmic nurses in the eye unit rather than assign them elsewhere. The value of retaining nurses in the service for which they are trained represents a commitment to utilizing nursing staff in the most appropriate manner. This decision has policy ramifications that extend beyond the eye care services.

Because of the highly visible and valued services provided at the Eye Unit, the hospital administration and Ministry of Health are also committed to instituting a fee-for-service schedule at the eye unit to generate the additional income that will be necessary to continue to deliver high quality eye care services. This too has implications that extend beyond the delivery of eye care alone. If this schedule proves to be an effective means of generating income for the hospital, it should serve to promote the acceptability of fee-for-service throughout the hospital and other clinical service facilities.

V. Recommendations for Continuing Monitoring

The UEF has continued to provide the services of an ophthalmologist at the Eye Unit of the General in St. George's. At present, Dr. Baxter McLendon continues to provide clinical and surgical services, training and community education.

WHO/C Health staff should periodically review activities with Dr. McLendon and Ministry of Health staff, primarily to see whether trainees are being used efficiently. In addition, the Ministry of Health's intention to institute fee-for-services for eye care should be reviewed and coordinated with the work of the Project. WHO/C health economist who is reviewing health financing in general.

VI. Lessons Learned

These are drawn from the UEF's Final Report. The need for highly qualified experts and the importance of frequent communications between field and headquarter staff were cited. The most important factor cited was the need to plan for post-project requirements at the time of project design. Sustainability of activities started by the project was jeopardized by the short-time frame of grant and lack of pre-planning on source of funds following the grant.

Drafted by: AID/Rep/Gre: HJohnson

Clearances:

A/C/HPE: CRBecker
SMA: CAMGoodridge
PDO: JWooten
A/C/PRM: RGrohs



Date 7/7/89
Date 7/6/89
Date 7/13/89
Date 7/14/89

INTERNATIONAL EYE FOUNDATION

GRENADA BLINDNESS PREVENTION AND TRAINING PROGRAM



Final Report

Around 1960, Sir John Wilson representing the Royal Commonwealth Society for the Blind (RCSB) visited Grenada and employed Mrs. Stella Neckles to work in the Society of the Friends of the Blind's workshop as a full-time teacher. The Society of the Friends of the Blind, which was established in 1960, is the local affiliate of the Caribbean Council for the Blind.

Mrs. Neckles, in 1979, was instrumental in having Barclays Bank donate the funds to build the eye ward and operating theatre. She actually supervised the construction of the building. The opening ceremony was attended by Prime Minister Maurice Bishop. Drs. Frank and Elizabeth Constantine, FACS, donated supplies, equipment, and time to the eye department over a number of years. Dr. Frank Constantine performed the first eye operation, cataract extraction, in the newly constructed eye theatre on December 10, 1979.

The eye clinic was still being held in a small congested room in a separate building. So in 1980, Mrs. Neckles with the help of RCSB was successful in securing financial aid from the local European Economic Community representative to construct the eye clinic. The eye clinic was built in 1980 directly under the eye ward.

From 1980-1983, the eye department was served by Cuban ophthalmologists. Since 1981, the IEF has recruited both long term and temporary volunteer ophthalmologists. Two IEF ophthalmologists have been stationed in Grenada for lengthy periods. Miss A.M.S. Connell, FRCS, over the years has also helped recruit volunteer ophthalmologists for Grenada. Three Grenadian physicians have studied for a D.O. degree under Ms. Connell in Barbados. Sister Joan Duncan who has worked in the eye department for many years has supplied continuity to the department. She has trained numerous student nurses in eye care.

Below are a list of major accomplishments by the IEF, January, 1988-June, 1989.

Primary Eye Care Seminars. Four two-day primary eye care seminars were held in April, 1989. A total of 37 nurses, public health, district, and community health nurses received didactic

Baxter F. McLendon, MD., FACS
Eye Depart., General Hospital
St. George's, Grenada, W. Indies
Telephone: ((809)) 440-2051 ext. 229
((809)) 444-4249 Home

INTERNATIONAL EYE FOUNDATION

GRENADA BLINDNESS PREVENTION AND TRAINING PROGRAM



and practical training in eye care. Mrs. Tammy Oberbeck, ophthalmic nurse facilitator with the IEF, helped coordinate the seminars. The seminars were run by Sister J. Duncan and Ms. C. Gibbs. Various planning meetings were held with Mrs. Parrott, Ms. R. Bofaň and other MOH officials.

School Screening Program. The Society of the Friends of the Blind has organized with the encouragement and back up of the eye department, a program of visiting the primary schools to screen for impaired vision and other ophthalmic problems. These school visits have been carried out by Ms. R. George, Dr. Ellison, Ms. N. Brown, and Ms. C. Skov.

Eye Clinic and Operating Theatre. The number of eye operations, number of patients seen in the eye clinic, and the admissions to the eye ward continue to increase. See statistics sent with monthly activity report for Dec, 88, Jan-Feb, 89. Due to the surgical backlog the number of surgical sessions were increased from one to two per week shortly after my arrival.

Over the 1 1/2 years that I have been in Grenada, four senior ophthalmic residents have worked in the eye department each for 4-5 weeks, Dr. R. Weinhaus, Dr. M. Kunesh, Dr. P. Svitra, and Dr. M. Kuperwaser. These ophthalmic residents have been instructed in surgical procedures and closely supervised in the eye clinic.

A fair amount of my time has been spent maintaining and repairing ophthalmic equipment. Many instruments and various equipment have been sent overseas for repair or replacement. This cost has been met by the IEF. Also numerous donations have been obtained by the IEF for the eye department. These donations include intraocular lens, gloves, eye drops, eye ointment, syringes, IV tubing, viscoelastic agents, blades, surgical instruments, ophthalmic saline solutions, ophthalmic bulbs, books, teaching aids, eyeglasses, suture material, metal eye shields, surgical drapes and gowns, etc. Cloth was actually purchased from a local merchant and a seamstress was employed to make more drapes and gowns for the ophthalmic unit. Many letters have been written to obtain equipment for the department.

Baxter F. McLendon, MD., FACS
Eye Depart., General Hospital
St. George's, Grenada, W. Indies
Telephone: (809) 440-2051 ext. 229
(809) 440-4243 Home

INTERNATIONAL EYE FOUNDATION

GRENADA BLINDNESS PREVENTION AND TRAINING PROGRAM



Outreach Eye Clinics. The outreach eye clinics, Grand Bras, St. David's, Sauteurs, Victoria, Gouyave, initiated by Dr. M. Khadem and Sister J. Duncañ, had become less active, but now they have been revitalized and are held on a regular schedule. Dr. C. Modeste has been instrumental in supporting these clinics and ensuring these clinics are held on a regular schedule.

Publications. An article has appeared in the Pan American Association of Ophthalmology's newsletter concerning the eye department and another similar article is soon to be published in the Community Eye Health. An article, "Rational Use of Ophthalmic Medications for the Non-Ophthalmologist" will soon appear in the ACDS Bulletin. Our statistics on blindness in Grenada are being prepared for publication. Over 14,000 outpatient eye charts were reviewed and 335 blind people were identified. The leading causes of blindness are cataracts, glaucoma, and retinal disorders.

Slit lamp for Carriacou. A biomicroscope was carried to Carriacou so that Dr. Ram would have access to this instrument at the local hospital.

Continuing Education. I attended three ophthalmic meetings to up-date myself in the latest advances in IOL techniques. This was done in order to provide first class ophthalmic medical care which is expected here.

Caribbean Council for the Blind. Meetings were attended in Trinidad in October, 1988, and in St. Lucia in April, 1989. The meetings discussed ophthalmic manpower needs of the eastern Caribbean, regional approaches to blindness prevention, national eye care awareness programs, current ophthalmic situation on the various island nations in the eastern Caribbean, and formation of a Caribbean society of ophthalmologists.

Training of Student Nurses. This has been an ongoing activity of Sister J. Duncan, Ms. C. Gibbs, and myself. Books and other educational material have been provided to some of the students.

Baxter F. McLendon, MD., FACS
Eye Dept., General Hospital
St. George's, Grenada, W. Indies
Telephone: (809) 442-2051 ext. 229
(809) 444-0249 Home

INTERNATIONAL EYE FOUNDATION

GRENADA BLINDNESS PREVENTION AND TRAINING PROGRAM



Dr. C. Modeste. Dr. Modeste joined the eye department in January, 1989. Her presence has been felt in a number of ways. She has been a valuable asset and some of the things we were able to accomplish would have been impossible without her assistance. As mentioned previously she has "carried the ball" in organizing and attending the outreach district eye clinics.

I would strongly recommend Dr. Modeste remain in the eye department once I leave. Although Dr. Modeste is unable to perform intraocular surgery, she can diagnose and treat conjunctivitis, corneal ulcers, glaucoma, most ocular trauma, and the majority of the other eye problems which present to the eye clinic.

I would also recommend Dr. Modeste be sent to Barbados for a two-year course leading to a D.O. degree. I have had preliminary discussions with Ms. A. Connell, FRCS, in Barbados concerning this matter. The eye needs of Grenada are enormous, and the eye department can well use two ophthalmologists.

Below are a list of disappointments, January, 1988-June, 1989.

Promotion. I was unable to obtain a promotion for Sister Joan Duncan, Outstanding Nurse of the Year 1988, or for Miss C. Gibbs. Sister Duncan should be promoted to departmental sister and Ms. Gibbs promoted to ward sister.

Low Cost Spectacle Production. Although funding, through the AgFund, had been identified by PAHO the workshop did not materialize due to strong opposition by the local opticians. This was after numerous meetings with officials from the MOH, PAHO, and the Caribbean Council for the Blind. A PAHO consultant actually visited Grenada ready to begin training of handicapped workers. This workshop would have provided; employment for handicapped Grenadians, low cost spectacles financially accessible to the underprivileged Grenadians, and eventually an export product for Grenada.

Baxter F. McLendon, MD., FACS
Eye Depart., General Hospital
St. George's, Grenada, W. Indies
Telephone: (809) 440-2051 ext. 229
(809) 440-4243 Home

INTERNATIONAL EYE FOUNDATION

GRENADA BLINDNESS PREVENTION AND TRAINING PROGRAM



Ophthalmologist Replacement. Discussions between IEF and the MOH, prior to my coming to Grenada, agreed that a Grenadian physician studying for a higher ophthalmic degree in the UK would return to Grenada and overlap with me prior to my departure. Although this has not happened, it is hoped that this physician does plan to return to Grenada once his studies are completed.

Laser for Eye Department. Attempts were made to obtain a laser for the eye department for treatment of patients having proliferative diabetic retinopathy. Discussions were held with Mr. Ernest John, President, Diabetic Association of Grenada, who has sought overseas funding for this laser. PAHO was approached concerning using the low cost spectacle funds for purchasing a laser. As yet, these efforts have not proven successful.

Below are a list of recommendation following my tour of duty, January, 1988-June, 1989.

1. Dr. Modeste should remain in the eye department and be encouraged to obtain a D.O. degree in Barbados.
2. Sister J. Duncan and Ms. C. Gibbs should receive promotions.
3. A replacement ophthalmologist should be located for the eye department.
4. The eye department should be furnished with the necessary supplies to ensure smooth functioning.

Sincerely,

Baxter F. McLendon

Baxter F. McLendon, M.D., F.A.C.S.

cc

Baxter F. McLendon, M.D., F.A.C.S.
Eye Depart., General Hospital
St. George's, Grenada, W. Indies
Telephone: (869) 440-2051 ext. 223
(869) 444-4249 Home