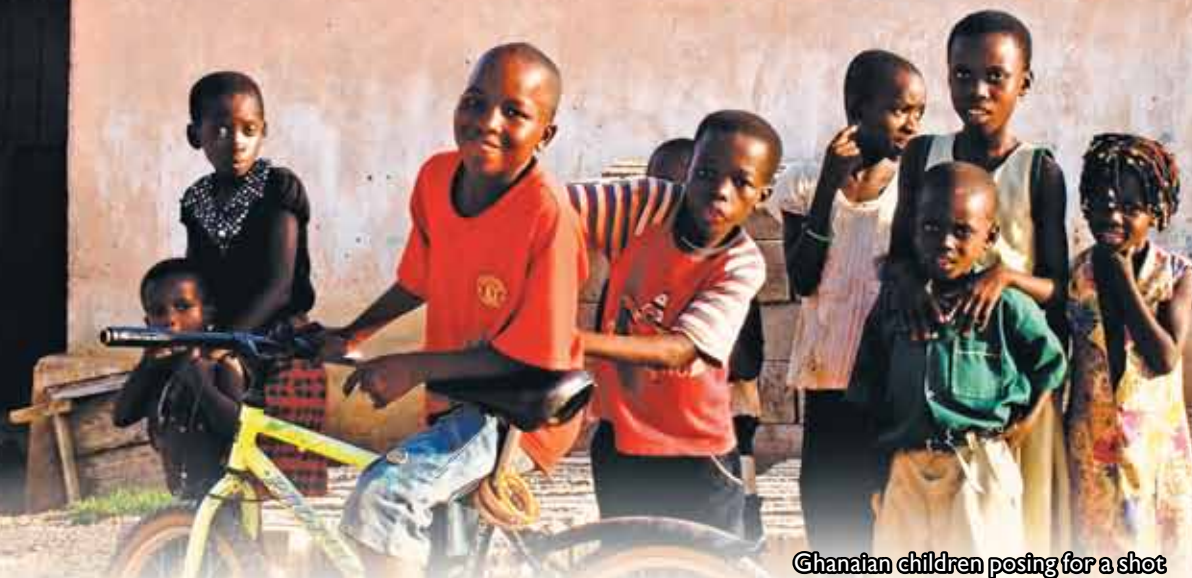


Unite for Sight

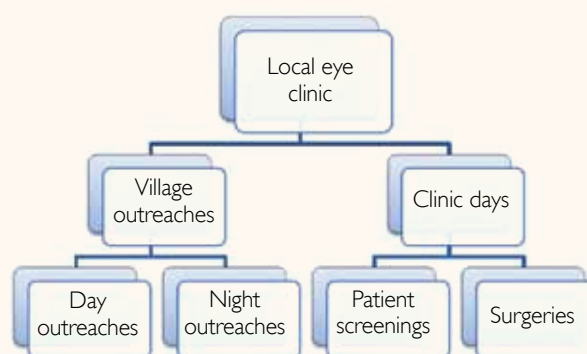
By David Chen



Ghanaian children posing for a shot

Names and minor details have been changed.

Figure 1



It was a humid night in Accra, capital of Ghana. A welcoming breath of warm air greeted me as I disembarked from the aircraft at Kotako International Airport. The sign at the arrival hall greeted “Akwaaba!” (“Welcome!” in Twi, one of Ghana’s 50 odd native languages), as I was promptly reminded by the immigration officer to present my vaccination card as proof of yellow fever immunisation. Amid the slightly chaotic scene of brisk footsteps and raucous voices, I was just slowly getting acquainted with this Western African nation, where I would spend the next ten days as a volunteer under international non-profit organisation, Unite For Sight (UFS).

UFS was founded in 2000 as a social entrepreneurship organisation to eliminate patient barriers to care. It provides human and financial resources to local eye clinics to enable village outreaches. UFS recruits students and professionals from all over the world to volunteer with their partner clinics in three different countries – Ghana, India and Honduras (UFS’s volunteers are also known as Global Impact Fellows). This May, I became the first Singaporean medical student volunteer to Ghana, the location of the first of UFS’s international programmes in 2004.

As a volunteer, my role was primarily to assist the local eye doctors in any form of non-surgical activities the local eye clinics conducted in their daily operations. I was assigned to two independent eye clinics in Accra: North Western Eye Centre and Crystal Eye Clinic. Each clinic has its own monthly schedules, though they both comprise two parts to operate: village outreach and clinic work. A schematic overview of the clinic operation model is illustrated in Figure 1.

“Same same but different”: a familiar yet alien volunteer experience

The bulk of a volunteer’s time is spent at village outreaches, which are usually a few hours’ bus ride away. As illustrated in Figure 1, outreaches can be further classified into day and overnight outreaches.

For day outreaches, the local eye clinic ophthalmic staff and volunteers visit villages or towns more proximal to the city centre where most eye clinics are located. These villages may be anything from half an hour to three hours away (the concept of “near” for Ghanaians is very different from that we are familiar with as Ghana is approximately 300 times the size of Singapore). The villagers there live in comparatively better conditions than their rural counterparts, with easier access to healthcare.

In the overnight outreaches, the ophthalmic staff and volunteers travel to more remote areas of Ghana. Most of these areas are inaccessible by foot, and it takes at least six



Dr James Clarke performing a cataract surgery



A Ghanaian optometrist and a US ophthalmologist performing eye screenings simultaneously



Street vendor at a local market

hours for a vehicle along bumpy, muddy tracks to reach them. It is a sobering call to reality that while the capital, Accra, may be relatively developed, other areas, where needs are the most dire, may still be severely lacking in even the most basic of infrastructural support, such as roads and proper drainage systems.

At the outreach site, volunteers may help the local doctors in any of the following stations: visual acuity screening, screening, patient intake, medication and eyeglass dispensary, data entry, and survey station. The concept of this mobile outreach clinic is very similar to those of many Overseas Community Involvement Projects (OCIPs) organised by students in Singapore, such as Project Battambang and Project Sa'bai.

Unlike most OCIPs organised by local students, however, UFS employs a ground-up approach. It liaises directly with a local eye clinic, comprising full-time ophthalmologists and registered nurses, to take care of these villagers. Volunteers (students and professionals, including some ophthalmologists and optometrists) have to fit in with their manpower requirements. The clinic retains full autonomy over whom and where they wish to offer their eye screening services to, since they know the local situation best. This ensures that the villagers get regular eye check-ups, and those who have previously undergone surgery will have a chance for follow-ups should complications occur one day, one month, or even years later. Another principal difference is that although consultation and surgery is free, patients have to copay for glasses and any medication they receive. This serves to provide a sense of ownership of the medication and glasses given out, and ensures better compliance.

Banso: an overnight experience

For Banso, a rural village in Central Ghana, 23 May 2012 was a special day: North Western Eye Centre was visiting the area for the first time as part of an overnight outreach there. The chapel used for eye screening was packed by the time the van arrived at noon; most of the villagers had traversed up to six miles on foot early in the morning to queue for this free eye examination session. The local inhabitants were visibly excited. Screening promptly began as the villagers each took their queue numbers, and proceeded on to the visual acuity station and consultation.

At the corner of the hall, a young girl barely in her teens was struggling to keep up with the queue. I watched as Antoinette, assisted by her mother, gingerly made her way to the registration counter across the hallway, occasionally stumbling on one of the chairs left carelessly lying around. One trip and she almost fell to her knees. It was a heart-wrenching sight.

The local eye clinics and the volunteers screen close to 200 patients on a typical village outreach day, with the majority comprising women, the elderly and schoolchildren. The most common eye problem by far is refractive error; and a great deal of time is spent conducting visual acuity for patients and determining the suitability of their newly

prescribed distance or reading glasses.

Inevitably, however, a portion of these patients suffer from advanced cataracts or pterygium, two of the most debilitating and prevalent eye diseases in Ghana. Antoinette was suffering from early onset cataracts, and she represents a minority of cases where teenagers or young adults become blind without direct injury to the eye. Without prompt treatment, she could risk turning permanently blind as her neural circuits may degenerate over time. Fortunately, this would not be the case for Antoinette – in a couple of months, she will have her eyesight restored with minimal complications at one of the eye clinics in Accra.

In the clinics

Crystal Eye Clinic in Accra was the first eye clinic to collaborate with UFS in 2005, and since then, it has gone on to provide more than 2,000 free vision-restoring cataract surgeries a year for village patients who have limited or no access to eye care.

At Crystal Eye Clinic, volunteers get to witness numerous cataract and pterygium surgeries conducted by Dr James Clarke, the clinic's principal ophthalmologist. Patients referred to the clinic from previous outreaches were examined once again by the ophthalmologists there before confirming surgery.

In the operation room, Dr Clarke worked tirelessly, alternating between two operating tables, performing one cataract surgery after another using the small incision cataract surgery method he has mastered to perfection. It was almost like a performance for the onlookers – an incision at the upper sclera, a circumcision of the lens capsule, followed by the skilful extraction of the hardened lens – all completed within a span of ten minutes. He performed these surgeries with such finesse and ease, as though those syringes and needles were parts of his own body. After five hours of non-stop surgery, Dr Clarke completed close to 30 cataract and pterygium surgeries: another fruitful day.

As part of UFS's donation agreement, every sponsored surgery has to be signed by a volunteer witness upon completion. This serves as a win-win situation, ensuring that the clinic performs its duties appropriately, allowing the surgeon to hone his craft, as well as giving the volunteers a good reason to be part of the team to observe these fine surgeries.

Around Ghana

On a rare free day, our group took a day trip out to sightsee around the city. Despite Ghana being one of the most developed nations in West Africa, there was only one major shopping mall in the city, conveniently named Accra Mall. The major roads were organised and clean, though frequently obstructed by mobile street vendors with baskets over their heads, touting all kinds of drinks, tidbits and other merchandise whenever a car slowed down. Traffic was chaotic: traffic lights worked intermittently, while road signs were noticeably missing in all but the most major road junctions.

We skipped past the scene of urban bedlam into Kakum National Park and were instantly rewarded with the serenity of this rainforest, which purportedly supports wildlife from primates to elephants. We did not spot any, though the 40-metre high canopy walk provided a good bird's eye view of the whole landscape, and was well worth the entrance fee of GHS 16 (about S\$10).

Lasting impact

Having spent the past 12 months fundraising, going through rigorous online training materials, and collecting reading glasses for donation, this experience has left an indelible mark in shaping my perspective on global volunteerism. I have certainly realised the potential of an efficient, sustainable social entrepreneurship model that empowers the people in developing countries, so that they may ultimately help their own countrymen. It is a model that I believe has great potential for lasting impact and one that I wish to see replicated in our own OCIPs.

Of course, none of these would have been possible without the continual support of donors, staff and friends who encouraged me on this venture. I would like to specifically mention Lions Recycle for Sight (Singapore) for generously providing me with reading glasses for donation. Thank you!

Parting thoughts

At the end of the day, all overseas medical volunteer projects are similar. Yet, they are also dissimilar at the same time. While all such programmes promise a rewarding experience for volunteers, ultimately, it is the patients' long term benefit that counts. Nothing terribly exciting happened in the ten days I was in Ghana, yet this is precisely the magic of this programme: volunteerism that has become a stable, operational routine.

And this is where I feel UFS has achieved its greatest success: its self-sustainability that empowers the locals to help their own. Though sometimes I felt I could do more at the organisational and planning level, I promptly reassured myself that the local staff always knows the needs of their own people best. For more information on UFS, visit their official website at <http://www.uniteforsight.org> or email me at dzychen18@gmail.com.

After a long day at work, sitting down with a meal of *jollof* (a Ghanaian staple which tastes like sambal fried rice) and chicken, it always felt immeasurably satisfying to realise how our seemingly mundane acts of ushering and dispensing reading glasses have changed the way patients see the world forever. I was inexplicably contented.

Of course, the *jollof* helped too. **SMA**



David is a third year medical student from the Yong Loo Lin School of Medicine. He enjoys travelling and believes it has helped shape and redefine his perspectives in life.