

BATIEKA SPECIALIST EYE CLINIC

MOTTO: SPECIALIST ATTENTION AND CARE

Email: batiekahospital@gmail.com

Website: www.bsc.com- yet to be developed

Branches and Outreach Sites: Tamale, Wa, Duori, Damongo, Katiejeli

Between Dungu Primary and UDS, Dungu, Tamale, N/R, Ghana. +233543867115

After The Guys, Upland Junction, Xaviour Road, Wa, UW/R, Ghana. +233595080876

Before the dam, Buya Road, Katiejeli, Kpandai, N/R, Ghana. +233598942041

Infront of the Catholic Guest House, Damongo, S/R, Ghana. +233205283850

1. NEED SITUATION AND SERVICE PROJECT.

Cataract is the leading cause of blindness worldwide with 94 million blind or visually impaired. Developing countries like Ghana has the largest burden with 90% living in these parts of the world. Cataract blindness can only be cured with a surgical procedure only performed by the Ophthalmologist (Eye Doctor/ Specialist) and there are very few of these kind of high caliber doctors in Ghana, even so, over 90% of Ophthalmologists work in the urban areas leaving the rural communities to their faith.¹ and this is where we come in and try to bridge the gap.

A cataract is a clouding of the natural lens inside the eye. If not treated, cataracts can lead to profound blindness. Most cataracts are age related. Other factors such as ultraviolet light exposure, malnutrition, trauma, diabetes, and genetics can also be a cause. Nearly everyone who lives long enough will develop cataracts. However, the factors noted above may cause someone to develop cataracts earlier in life. Congenital cataracts (cataracts at birth), early onset cataracts, and traumatic cataracts are more common in the developing world such as Ghana and even more so in poor and rural communities where we find ourselves.

In rural Africa, life expectancy for the blind is $\frac{1}{3}$ that for age-matched peers.² Blindness and household poverty are strongly linked (15 year longitudinal study in West Africa).³ Cataract blindness has been linked to decreased quality of life, reduced economic productivity, increased dependence on caregivers, and severe poverty.^{4,5} Blindness is associated with significant levels of depression, loss of independence, and self-esteem and severe disruption of family relationships (50% spousal separation within 1.6 years - 5 times higher than the general population).⁶

Patients who undergo sight-restoring cataract surgery enjoy improved quality of life, increased economic productivity, decreased dependence on caregivers, and alleviation of severe poverty. These gains are sustained in the long term.⁵ On average, individuals who regained vision through surgery generated 1,500% of the cost of surgery in increased economic productivity during the first year following surgery. Studies shows that, 85% of males and 58% of females who had lost their jobs due to blindness regained those jobs following cataract surgery.⁷ Many who did not regain their jobs, resumed domestic responsibilities so that family members could return to their employment and children are freed to go back to school instead of leading them to the streets to beg and so forth.

Three years after sight-restoring cataract surgery in a rural Ghanaian community, 94% of patients reported an increased ability to provide income for themselves and their families. One hundred percent of those who required a caregiver prior to surgery no longer required a caregiver after surgery. On average, hours spent engaging in paid work increased by 121%, significantly increasing self-reliance.⁸ The World Bank has called cataract surgery one of the most cost-effective public health interventions available.⁷

2. CATCHMENT AREA

Branches and outreach sites.

We are spread across the Northern part of Ghana consisting of six regions namely, Northern region, Oti region, Savannah region, Northeast region, Upper east and Upper west regions, which has the highest burden of blindness and poverty rates in the country served by the least number of eyecare professionals. Northern Ghana occupies about half the land area of the country with a population of approximately 8 million people served by only four Ophthalmologists.

Tamale is our main station where we offer both general medical care and eye care services including subsidized cataract surgeries. Wa is the second, Katiejeli is our third and Damongo is the fourth branch. Duori, Kumdi, Kabonwuli, Kpandai and Dambai are our outreach stations. We offer eye care services, subsidized cataract surgeries and other eye surgeries, spectacles and medication at all our four branches and outreach sites.

3. COMMON TYPES OF EYE DISEASES ENCOUNTERED.

Dry eye syndrome is the commonest eye condition we see followed by Allergic Conjunctivitis, refractive errors, cataract, pterygium, glaucoma, ocular trauma, corneal ulcers/ scars, orbital tumors among others.



CATARACT IN BOTH EYES



CATARACT IN BOTH EYES

4. STAFF – SKILLED AND OTHER MANPOWER

We have a staff strength of over 50 people across our four branches made up of a skilled and unskilled workforce and volunteers. These include one ophthalmologist, three medical doctors (medical officers), five medical assistants, three nurse managers, one optometrist, three ophthalmic/ eye nurses, 15 general and community health nurses, three pharmacy technicians, three laboratory scientists, one general manager, one accountant, one auditor, four security personnel, seven cleaners and several volunteers.

5. HOUSING NEED, FURNISHINGS & NUMBER OF OUTREACH LOCATIONS

We have our own furnished housing and space where we operate in Tamale and Katiejeli. We operate in a rented house and space in Wa and Damongo. We operate in the government health center in Duori and in the Roman Catholic Church premises in Kumdi, Kabonwuli, Kpandai and Dambai. We offer heavily subsidized and, in most cases, free eye care services, cataract surgeries, spectacles and medication at all our four branches and outreach sites. So, we have five main stations with several outreach points where we rent space and furniture for our operations as and when we visit.

6. EQUIPMENT & MEDICAL SUPPLIES AVAILABLE & WHAT IS LACKING

Equipment & medical supplies	Available (Quantities)	Lacking (Quantities)
Infrastructure/ housing	2	2
Outreach vehicle (4x4)	1	2
Operating table	1	3
Mobile operating table	3	3
Operating microscopes	1	3
Anesthetic machine	0	4
Patient monitors	1	8
Cautery machine	1	3
Portable cautery machine	0	4
Cataract surgical set	2	3
Oxygen cylinder	3	4
Oxygen concentrator machine	0	2
Pulse oximeter	2	4
Slit lamp machine	1	3
Portable slit lamp	0	2
Portable tonometer	2	3
Autorefractor	2	2
A, B and P scan with probe	0	2
Ultrasound machine	1	2
Keratometry machine	0	2
Optical coherence tomography (OCT) machine	0	1
Visual field (VFT) machine	2	2
Refraction box and lenses	4	0
Visual acuity charts	10	0

Keratomes knives	100	500
Crescent knives	100	500
Viscoelastic	50	500
Intraocular implants (PCIOL) lenses	60	500
Iris claw (IOL) lenses	10	100
10-0 non-absorbable surgical suture	1 box	5
9-0 absorbable and non-absorbable surgical suture	2 boxes	3
8-0 absorbable and non-absorbable surgical suture	3 boxes	1
7-0 absorbable and non-absorbable surgical suture	2 boxes	1
6-0 absorbable and non-absorbable surgical suture	3 boxes	10
5-0 absorbable and non-absorbable surgical suture	8 boxes	12
4-0 absorbable and non-absorbable surgical suture	6 boxes	5
3-0 absorbable and non-absorbable surgical suture	5 boxes	3
2-0 absorbable and non-absorbable surgical suture	3 boxes	2
Medication	10,000	1,000
Spectacles frames and lenses	200	100
Optical laboratory	0	2
ECG Machine	1	1
Hematology analyzer	1	1
Chemistry analyzer	1	1
Laboratory microscope	1	1
Suction machine	2	2
Hot water bath machine	1	1
Centrifuge machine	1	1

7. EMPLOYMENT OPPORTUNITIES: FOR SKILLED STAFF AND THOSE WITH RESTORED SIGHT.

We have offered employment to over 50 young people across our facilities. These include skilled staff such as medical doctors, nurses, medical assistants, laboratory scientists and so forth.

On average we serve over 40 patients daily and 250 patients weekly. We serve patients of all ages and genders.

Some patients travel distances of up to 300 kilometers (180 miles) from across the length and breadth of the country to access eye care in our facilities. Clients of varying educational status attend our clinics, though those with less education and no education are the majority. People of all social status are served in our clinics, though the majority are those with low social status. Approximately 10% of our clients can pay for services and surgeries of an average amount of GHC600.00 (six hundred Ghana cedis) of \$50 (fifty US Dollars) equivalent. We have restored sight to over 5,000 people over our five years of operation, many of whom have returned to their previous employment, others have gained new employment and yet others are self-employed and their caretakers who were mainly children have enrolled into schools and those who had dropped out have re-enrolled into schools. Once a blind person's sight is regained the burden of taking care

of them by family members is relieved as they can now work and take care of themselves and contribute more meaningfully to community development and wellbeing.

8. FREE SERVICES FOR THOSE WHO CAN NOT AFFORD.

I. Many need the service but are unable to afford and we deliver quality services at discounted rates and in majority of cases free of charge to their doorstep.

II. Patients waiting for surgeries are many and our limited resources cannot cater for all of them.

Back up Photos:

- Photos of clinic facility: Main outlet & other outlets of the various branches.



TAMALE CLINIC



WA CLINIC



KATIEJELI CLINIC

- **Photos of skilled staff – identity & qualifications, other support**



Tamale Branch above: Some members of staff from left to right: Yakin (nurse), Alhassan (laboratory scientist), Achichi (nurse), Maxwell (medical doctor), Joel Ziblim (Manager), Muswire (Pharmacy technician), Gilbert Bansaana (Ophthalmologist), Evans Dery (Medical Assistant), Abdul Rahman (Security), Patience Karikari (Matron), Rufina (Accountant/cashier), Faustina (Stores), Nimatu (Medical records)



Wa Branch above: Some members of staff from left to right: Isidor Badiel (Ophthalmic nurse), Aaron (General nurse), Gladys (Orderly), Andrews (Optometrist)



Domango Branch above; Some members of staff from left to right: Andrews Saaka (Ophthalmic nurse), Gladys (Community health nurse), Simon (General nurse)

- **Photos of equipment**



Spectacle store



Examining a patient with the slit lamp.



Ophthalmic operating microscope



Oxygen cylinder



Suction machine



Cautery machine



ECG and Ultrasound machines



Visual field machine



Slit lamp machine



Autorefractor machine.



Hot water bath and centrifuge



Chemistry analyzer machine



Laboratory microscope



Hematology analyzer machine

- **Photos of patients gathered on a typical clinic day**



- **Few short appreciation stories of patients served**

One man from Kabonwule near Kpandai who had cataract surgery in our facility in Tamale said his greatest joy after regaining his sight was when he could once again see his wife, children and grandchildren. A woman whose sight was restored said that the happiest thing is that; she can now cook, bath and go out to attend nature's call without any assistance. Clearly, independence and freedom has been restored in their lives.

Other stories are captured in the attached video.

BEFORE AND AFTER SURGERY



BEFORE SURGERY

AFTER CATARACT SURGERY



BEFORE CATARACT SURGERY AFTER CATARACT SURGERY



BENEFICIARIES OF CATARACT SURGERY WALKING HOME BY THEMSELVES



BEFORE SURGERY FOR EYE CANCER

AFTER

10. Need for support:

- We have the skill & there is the need. We just want to put our skill to the service of humanity/ our people irrespective of whether they can pay or not.
- Seeking help to grow the service effort and to leave a lasting mark for those with need for the service.
- We currently operate in four (4) facilities, two are owned by the clinic and the other two are rented buildings.

An eye clinic with an Ophthalmologist in the rural areas where we work brings about much needed life transforming eye surgeries to deprived communities. The instant a hitherto unsighted patient first recognizes that their eyesight has been reestablished is a moment of unadulterated ecstasy and

its influence is unimaginable and immeasurable. At that moment, sight, life and faith have all been restored.

Dr. Gilbert Bonsaana

Consultant Ophthalmologist and Medical Director

7th February 2024

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