



Community Eye Health Module in West Africa: The Trainee Ophthalmologists' Perspectives

Module de santé d'oeil de la Communauté en Afrique de l'ouest : Les perspectives des ophthalmologists de stagiaire

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ABSTRACT

BACKGROUND: Training programmes require regular evaluation both by the organisers and the trainees.

OBJECTIVE: To ascertain the perspectives of trainee Ophthalmologists about a Community Eye Health (CEH) module in West Africa.

METHODS: A cross sectional survey of trainee ophthalmologists attending CEH course in 2006, using structured self-administered questionnaires was carried out. Information sought through the questionnaire included age, sex designation, training stage and suggestion about the training programme.

RESULTS: Twenty-three (85%) believed that the CEH programme was very relevant to Ophthalmology, 20 (74%), decried inadequate sponsorship, 20(74%) wanted module duration reduced, 18 (67%) rated resource persons good, while 23 (85%) wanted MSc (CEH) introduced in West Africa. In addition, the trainees rated CEH module organization good 14 (52%), viewed course content adequate 16 (59%). Regarding opinion on registration fees, 15 (56%), felt it was quite acceptable, and seven(26%) felt it was expensive. Improvement was suggested in the areas of accommodation, lecture schedule, kitchen schedule as well as of course manual.

CONCLUSION: Most of the trainees believe CEH is important to Ophthalmology, rate most of the resource persons as being good, want course duration reduced, decry inadequate sponsorship and wanted MSc (CEH) programme introduced in West Africa. Improvements in areas like accommodation, feeding, delivery of module manual and lecture schedule are suggested. *WAJM 2009; 28(4): 245–248.*

Keywords: Community Eye Health module, evaluation, trainees, West Africa.

RÉSUMÉ

CONTEXTE: Les programmes de formation nécessitent une évaluation régulière, tant par les organisateurs et les stagiaires.

OBJECTIF: Pour s'assurer les perspectives des ophthalmologues de stagiaire au sujet d'une Communauté observez le module de la santé (CEH) en Afrique de l'ouest.

MÉTHODES: Une enquête transversale d'ophthalmologistes stagiaire assistant CEH cours en 2006, structurée en utilisant l'auto-administré des questionnaires a été réalisée. Renseignements demandés dans le questionnaire comprenaient l'âge, la désignation du sexe, le stade de formation et de suggestion sur le programme de formation.

RÉSULTATS: Vingt-trois (85%) estimaient que le programme CEH est très pertinent pour Ophthalmology, 20 (74%), a dénoncé l'insuffisance des commandites, 20 (74%) ont voulu réduire la durée du module, 18(67%) ont jugé que les personnes bonne ressource, tandis que 23 (85%) voulaient M.Sc. (CEH), introduit en Afrique de l'Ouest. En outre, les stagiaires ont noté une bonne organisation CEH module 14 (52%), vu le contenu des cours adéquats 16 (59%). En ce qui concerne l'opinion sur les frais d'enregistrement, 15 (56%), a estimé qu'il était tout à fait acceptable, et sept (26%) estimaient qu'il était cher. Des améliorations ont été suggérées dans les domaines de l'hébergement, horaire des cours, le calendrier de la cuisine ainsi que du manuel de cours.

CONCLUSION: La plupart des stagiaires estiment CEH est important d'ophthalmologie, le taux de la plupart des personnes ressources comme étant bon, vous voulez réduire la durée des cours, le parrainage et voulait dénoncer l'insuffisance M.Sc. (CEH) mise en place en Afrique de l'Ouest. Améliorations dans des domaines comme l'hébergement, l'alimentation, la livraison du module de manuel et le calendrier de conférences sont proposées. *WAJM 2009; 28(4): 245–248.*

Mots clés: Community Eye module sur la santé, l'évaluation, les stagiaires, Afrique de l'Ouest.

INTRODUCTION

Community Eye Health (CEH) is an integral part of ophthalmic training curriculum in West Africa. The goal is to equip the trainees with the knowledge and skills to reduce blindness and visual impairment. Effective and efficient eye care services require adequate number and competent eye health workers.¹ CEH module is an intensive six-week course in Community Eye Health. The course includes didactic lectures, interactive sessions, practical/field work, project design and a short test. It essentially focuses on core areas such as: basic epidemiology for Needs Assessment in Eye Care, Control of Diseases, Planning and Management of Eye Care Programmes, and Information, Health Promotion and Education, Communication and Training Skills for Community Eye Care Programmes. Each participant is awarded a certificate on successful completion of the course.

In West Africa, coordination of CEH module is done by the Department of Community Eye Health, and National Eye Centre (NEC), Kaduna, Nigeria in collaboration with Faculty of Ophthalmology of the West African College of Surgeons (WACS).² The module is advertised and conducted yearly. It contributes to human resources development in line with 'Vision 2020'.^{3,4}

From its inception in 1994 through 2006, 267 trainees had attended the course. This comprised Fellows and Diplomates from Africa and beyond namely; Nigeria 207 (77.5%), Ghana 32 (11.9%), Cameroon nine (3.4%), Liberia six (2.3%), Congo Democratic Republic five (1.9%), Guinea Bissau two (0.7), Sierra Leone two (0.7), The Gambia one (0.4%), Guinea one (0.4%), India 1 (0.4%) and Sri Lanka one (0.4%). (Ayanniyi, unpublished data).

Quality training programme requires regular evaluation not only to maintain the standard but also to face the challenges imposed by the quest for excellence. The importance of evaluating a training programme has been underscored.⁵ This study attempted to evaluate CEH course that started from 27th of February through 7th of April 2006, 34 trainee Ophthalmologists from Nigeria and Ghana attended CEH 2006 module

at the National Eye Centre, Kaduna, Nigeria. The views of these cohort trainees on CEH course is believed would assist the stakeholders in the sub region and elsewhere in the improving the programme.

SUBJECTS, MATERIALS, AND METHODS

There was a survey, using self-administered structured questionnaires distributed to consenting trainee Ophthalmologists who attended CEH 2006 module at the end of the 5th week of a six- week course held between 27th February and 7th of April 2006. These questionnaires were collected until the end of the sixth week course of CEH 2006 module at the venue of the course.

The trainees were from 23 different hospitals namely: Lagos University Teaching Hospital, Idi-Araba, Lagos; Ahmadu Bello University Teaching Hospital, Shika, Zaria; University of Port-Harcourt Teaching Hospital, Port-Harcourt; University of Calabar Teaching Hospital, Calabar; University of Benin Teaching Hospital, Benin City; University of Ilorin Teaching Hospital, Ilorin; University of Nigeria Teaching Hospital, Enugu; Jos University Teaching Hospital, Jos; Aminu Kano Teaching Hospital, Kano; Murtala Muhammad Specialist Hospital, Kano; National Hospital, Abuja; Federal Medical Centre, Gusau; Central Bank of Nigeria Clinic, Abuja; Nigeria Air Force clinic, Lagos; Eye Foundation Ikeja, Lagos; Borno State Eye Hospital, Maiduguri; General Hospital, Itigidi, Cross River State; Ministry of Health, Ilorin; Ministry of Health, Kaduna; Ministry of Health, Sokoto; Christian Blind Mission International

Hospital, Maiduguri; United Methodist Church of Nigeria Hospital, Taraba and General Hospital, Aflao, Ghana.

Included in the questionnaires were socio-demographic data of the trainees such as: age, sex, marital status, place of work, designation, duration in ophthalmic training and the sponsor of the trainee for the module. Others were information on: relevance of CEH to Ophthalmology, organisation of CEH 2006 module, duration of CEH course, preference venue for CEH module, areas of the course needing improvement, general rating of resource persons, CEH course content, registration fee and trainees projection for CEH course in West Africa.

The data entry and analysis were carried out using Statistical Package for Social Scientist (SPSS 12.0.1).

RESULTS

Twenty seven (75%) out of 34 trainees from 23 different hospitals including 22 in Nigeria and one in Ghana who attended CEH 2006 module in Kaduna, Nigeria consented, filled and returned the questionnaires. They included 17 (63%) trainee Ophthalmologist Fellows, 14 (52%) senior registrars and three (11%) registrars and 10 (37%) trainee Ophthalmologist Diplomates. There were 19 (70%) men and eight (30%) women with a male to female ratio of 2.4:1. Their ages ranged from 31 to 50 years with a mean of 37.3 ± 5.97 and modal age of 32 years. Twenty-four (89%) trainees were married and three (11%) were single. The duration in an ophthalmic training programme ranged between one and six years with a mean of 2.9 ± 1.8 year.

The distribution of sponsors of trainees for CEH 2006 module by

Table 1: Distribution of Sponsors of Trainees by Designation

Sponsor	Number (%)			
	Senior Registrar	Registrar	Diploma	Total
Federal Government of Nigeria	10 (37)	1 (4)	–	11 (41)
State Government	–	2 (7)	1 (4)	3 (11)
Sight Savers International	–	–	4 (15)	4 (15)
Self	4 (15)	–	1 (4)	5 (19)
CBMI	–	–	2 (7)	2 (7)
EFH, Lagos	–	–	2 (7)	2 (7)
Total	14 (52)	3 (11)	10 (37)	27(100)

CBMI=Christian Blind Mission International, EFH = Eye Foundation Hospital

designation is shown in Table 1. State Government (Health Authority) in Ghana sponsored the only trainee (Diplomate) from Ghana. Self-sponsored trainees were likely to getting refund from training hospitals. Most trainees 20 (74%) expressed concern about inadequate sponsorship.

Twenty-three (85%) and four (15%) trainees were of the view that CEH module was very relevant for the training of ophthalmologists respectively.

The rating of the programme organization of Kaduna 2006 CEH module by the trainees included: one (4%) excellent, 14 (52%) good and 12 (44%) fair. Six (22%), and 20 (74%) and were of the view that the current six-week duration of the module should be maintained, and be reduced respectively.

The distribution of the trainees on preferred venue for CEH module in West African sub region was as follows: National Eye Centre, Kaduna, Nigeria 15 (56%), venue to be rotated among West African member nations six (22%), had venue to be rotated among Nigerian ophthalmic training hospitals three (11%).

The trainees rating of the resource persons during the CEH 2006 module included all being good eight (30%), most being good 18 (67%), and about half

the total number of the resource persons being good one (4%). The trainees adjudged the course content as very adequate 11(41%) and adequate 16 (59%). The opinion of the trainees on 2006 registration fee [thirty thousand (Nigeria Naira)] for the course included: quite 'okay' 15(56%), expensive and should be reviewed downward seven (26%), and future review should reflect inflation rate in the country five (19%).

The areas of the programme which the trainees considered needing improvement included accommodation facility/rent, adherence to lecture schedule / timetable, kitchen / feeding schedule and prompt delivery of module manual (Table 2). The projection of the trainees for CEH course in West Africa sub region before year 2020 is shown in Table 3.

DISCUSSION

The study represented trainee Ophthalmologists in West Africa., about 75% of the attendees who participated in the study also had geographical spread across hospitals. In the study, all trainees were from hospitals in Nigeria save one hospital in Ghana. However, the study is a representative of the yearly record of attendees of the module since inception in 1994, showing more than three quarters emanating from Nigeria. (Statistics of Community Eye Health Participants Trained from inception-1994 to 2006 in the Department of Community Eye Health, and National Eye Centre, Kaduna, Nigeria). The observed male preponderance in this study indicate likely more male interest in Ophthalmology which has been previously reported.⁶

The study showed clear pattern of sponsorship. Government sponsored all trainee Ophthalmologist Fellows except one of the trainees while NGOs were the major sponsors of diplomat holders. However, sponsors' prompt release of fund to prospective attendees should save the trainees from undue financial stress. This may also underscore the need for early advertisement of the programme ahead of time with clear financial implication well stated among other conditions. It is remarkable and commendable that Non-Governmental Organizations such as Sight Savers International (SSI), Christian Blind

Mission International (CBMI) and Eye Foundation, Lagos sponsored all trainee Ophthalmologist Diplomates except only one from Ghana. The contributions of both SSI and CBMI to human resources development in WA as observed in this study have been previously reported.⁷

There is the need for full sponsorship of the course in view of the importance of CEH to ophthalmic practice. This is further underscored as some trainees felt that the registration fee was expensive and should be reviewed downward. However, there should be limit beyond which reduction in fee will adversely affect the quality of the course. Full sponsorship of the course should include registration, accommodation, feeding, and fare to and from the venue among other finances. It is not unexpected that the trainees admitted to the relevance of CEH in Ophthalmology, as it is not only vital to ophthalmic practice but also a requirement in the postgraduate examinations.⁸

It is noteworthy that trainees commended organisation of CEH 2006, resource persons' competency and adequacy of module content. However, the trainees' called for reduction in the six-week duration which needs careful consideration as this may result in inadequate time to cover the course content. The call may be related to the financial implication of likely perceived long duration of the course, as most trainees expressed concern over inadequate sponsorship. Furthermore, strict adherence to module timetable / schedule should prevent time wastage, which may justify the trainees' call for the reduction in the module six-week duration. A review of the duration of the course and the course content is needed to resolve this problem. Meanwhile improvement in areas such as accommodation facility rent, kitchen/feeding schedule and prompt delivery of module manual as observed by the trainees would enhance the quality and promote the module (social marketing).⁹

The suggestion of some trainees to have the venue for CEH module rotated among the member West African nations/hospitals in Nigeria appears attractive. The opinion of most trainees to retain the National Eye Centre, Kaduna, Nigeria as

Table 2: Distribution of Trainees by Areas Needing Improvement

Area needing improvement	No of trainees (%)
Accommodation and rent	23(85)
Adherence to lecture schedule and timetable	22(82)
Kitchen and feeding schedule	18(67)
Prompt delivery of the module manual	20(74)

Table 3: Suggestions of Trainees for CEH course in West African sub region

Suggestion	No (%)
Expansion of course content	1(3.7)
Introduction of MSc programme in CEH	23(85.2)
Retaining present CEH module	1(3.7)
Undecided	2(7.4)

the venue of the module might be based on logistics and other practical considerations. However, if more West African countries are well represented as Nigeria, there may be consideration to rotate the venue. Consequently, it will be more expensive to move all resource staff, module documents and nationals to a venue with only one or two participants. When there is more participants, it becomes more practical, economical and convenient for all stakeholders to retain the status quo. The trainees who accepted a registration fee of thirty thousand Nigeria currency only in 2006 for a six-week course and those of the opinion that future review should reflect inflation rate in the country were most likely objective in view of the expenses likely to be incurred in running the programme. The trainees' suggestion to have MSc (CEH) programme introduced in West Africa before year 2020 is quite elegant and should be considered by stakeholders in CEH as the sub region stands to benefit from it. This will not only engage sub regional specialists in CEH, save a lot of foreign exchange which trainees desirous of the programme pay abroad but, also will attract foreign trainees / foreign exchange.¹⁰

In conclusion, most trainees underscored the importance of CEH to

Ophthalmology, preferred Kaduna as the venue, and commended CEH 2006 organization, resource persons and module content. The course duration was of concern and may be related to inadequate sponsorship. Improvement in areas of accommodation, feeding, delivery of programme manual and lecture schedule will enhance module quality. Finally, most trainees wanted MSc (CEH) programme introduced in West Africa before the year 2020.

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