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*Figure 1: Ophthalmic nurse preparing to examine patient in a remote village in Ghana.*



## Unite For Sight

Due to the fact that other diseases such as HIV / AIDS, malaria, and tuberculosis, often take precedence as health priorities in African nations, blindness is often overlooked. Blindness places a significant social, economic, and psychological burden on society and results in diminished quality of life and lost productivity. Many of the world's blind people live in the developing countries of sub-Saharan Africa where they are susceptible to infections, malnutrition, and a paucity of eye care. This is especially the case in rural communities where blindness rates are 40 times greater than those of industrialised nations.<sup>1</sup> In Ghana, with a population of approximately 23 million people, there are only 52 ophthalmologists and 216 ophthalmic nurses to deliver eye care services.<sup>2</sup>

A wise Ghanaian proverb states "Let not what you cannot do tear you from what you can do."<sup>3</sup> As a volunteer in Ghana for Unite For Sight, I was initially overwhelmed at the sheer enormity of the work needed to minimise the incidence of eye disease in this part of the world. Over the course of the program, however, I realised that every effort made by each volunteer helped to gradually chip away at the eye care problems faced by the community members.

Our volunteer group worked with local ophthalmic nurses in five rural communities along the southern portion of the country: Anomabo, Asebu, Asofan, Mafi Aklamador, and Sasekope. Most days we travelled approximately two hours to a different outreach site, where we were often met by the applause of up to 150 people eagerly awaiting care. The local ophthalmic nurses examined and diagnosed each patient. The volunteers, in conjunction with a local coordinator, were responsible for registering each patient, performing visual screenings, and distributing glasses and medications. In addition, we educated the patients regarding the proper use of their eyeglasses and medications while highlighting the importance of caring for one's eyes.

One of my most memorable experiences was an interaction with an elderly cataract patient. It was the first day of orientation and the volunteers were gathered in a room containing a visual field machine and a variety of supplies, listening intently to the ophthalmic nurse introduce basic concepts of eye health. Through my peripheral vision, I noticed one of the local Unite For Sight staff members escorting a woman into our meeting room. As she approached, she immediately grabbed my hand and in broken English continually thanked the group for our efforts. This was one of many moments, such as this, that highlighted to our group how appreciative patients truly were with the services provided by Unite For Sight and spurred us to pour as much energy as we could into our volunteering.

The ophthalmic nurses with whom we worked exhibited a steadfast work ethic and remarkable clinical prowess during our outreach visits as the group was able to provide eye care services to more than 100 people each day. Despite the busy nature of the outreach visits, I was very fortunate to have both ophthalmic nurses educate me regarding different pathologies in addition to various treatment plans. Beyond that, the nurses emphasised and showed me firsthand the importance of listening attentively to patients rather than treating them simply as a disease state. From a public health perspective, it was made very apparent to me how needed ophthalmic nurses are in this region of the world as surgeons are most commonly situated in cities and rural environments are left without access to eye care.

After screening patients on outreach visits, patients were sent to an eye clinic located just north of Accra where surgical services were provided by a local Ghanaian ophthalmologist. The surgeries were provided free of charge to the patients, as Unite For Sight funded all of the expense. Transportation services were arranged, if not already by the patients themselves, by Unite For



Figure 2: Taygan Yilmaz provides visual acuity screening in a remote village in Ghana.



Figure 3: Taygan Yilmaz and local Unite For Sight community volunteer assisting with patient registration and history taking.

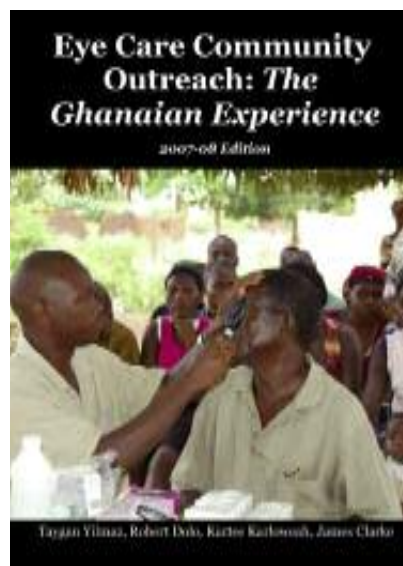


Figure 4: The cover of Taygan Yilmaz's book.

Sight at no cost to the patient. Volunteers were given the opportunity to join the surgeon in operating theatre where a description of the surgery was given in real-time. As the surgeon aptly stated to me, "This gives you the opportunity to really see where your donations go and the lives you help."

My experiences volunteering for Unite For Sight work inspired me to create a self-published book, 'Eye Care Community Outreach: The Ghanaian Experience'. Building upon my previous work as an ophthalmic photographer, I sought to share my experiences by taking the reader through a typical outreach visit and describing the surgical unit in which free surgeries were performed. Furthermore, in an effort to highlight the cases unique to communities that we visited, I included photographs that the local ophthalmic nurse and I had taken to document aetiologies including mature cataracts, trauma-related ocular injuries,

and glaucoma. The book is currently used as a training tool for all Unite For Sight volunteers.

Upon my return from Ghana, I incorporated my volunteer work and book into my Master's of Public Health thesis. The main objective of the thesis, which included guidelines and recommendations from the World Health Organisation and VISION 2020, was to detail the numerous issues related to creating and sustaining a comprehensive program offering affordable and accessible eye care to rural African communities. A successful community eye health program, like Unite For Sight, must include continual assessment of a community's needs in order to reach community buy-in. It should also utilise community leaders in order to advertise the services and encourage potential patients to attend clinics. In order to reach the greatest number of people, the program needs to consider any barriers that may currently

prevent people from seeking care. Furthermore, it is necessary to thoroughly assess the costs, human resources, and supplies needed to run the program and to formally collect data with clear indicators in order to ensure that the organisation is financially, operationally, and technically sustainable.

Given the overwhelming evidence that many cases of blindness are preventable and / or treatable, it is clear that, through innovative and well-executed solutions such as Unite For Sight, Ghana and the rest of the world can get closer to eliminating avoidable forms of blindness. **EN**

#### References

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