

**TRAINING OF TRAINERS FOR  
EAST CENTRAL AND SOUTHERN AFRICA COLLEGE OF  
NURSES AND MIDWIFERY [ECSACONM]  
ON THE  
WHO PEC TRAINING MANUAL**



**21-23 Nov 2022**

A project supported by the International Agency for Prevention of Blindness

Consultant and Trainer: Prof Ciku Mathenge MD PhD

## CONTENTS

INTRODUCTION .....	2
1.1 Workshop Title: .....	2
1.2 Location and Dates: .....	2
1.3 Trainer: .....	2
1.4 Workshop Aim: .....	2
1.5 Workshop Format: .....	2
1.6 Selection Criteria for the Intended PEC Trainers .....	2
1.7 Participants .....	3
The Workshop .....	4
2.1 Day One .....	4
2.2 Day Two .....	4
2.3 Day Three .....	8
2.4 Course Evaluation by Participants .....	10
2.5 Course Conclusion and Proposed Next steps .....	13
APPENDICES .....	1
THE WHO PEC MANUAL (click on it to open).....	1
THE PROGRAM.....	2
LIST OF PARTICIPANTS ECSACON PEC TRAINING .....	6
Workshop Evaluation Form.....	7
Personal Statements from Participants .....	8
Annex 1: Mercy Magambanga (Zimbabwe).....	8
Annex 2: Edith Tewesa (Malawi).....	9
Annex 3: Aderito Salvador Cuambe and Tiago Sandulan Machissa (Mozambique).....	12
Annex 4: George Zulu (Zambia) .....	13

## INTRODUCTION

### 1.1 Workshop Title:

WHO Primary Eye Care Training of Trainers for the PEC Training Manual- an induction course for Intended National Trainers and Facilitators.

### 1.2 Location and Dates:

Gorillas Golf Hotel, Kigali Rwanda

Dates: 21-23 Nov 2022

### 1.3 Trainer:

Prof Ciku Mathenge MD, MSc, PhD, WHO PEC Master Trainer

### 1.4 Workshop Aim:

The aim of the workshop was to train trainers from the East Central and Southern Africa College of Nurses (ECSACON) who will support National roll out of PEC training first across nursing schools and National Programs in the ECSA region using the WHO PEC Training Manual.

### 1.5 Workshop Format:

This was a face to face meeting with participants gathered at Gorillas Golf Hotel, Kigali Rwanda. There were introductory PowerPoint presentations on Day 1 but the bulk of the training was through practical hands on training sessions. There was also a brainstorming session on the last day to chart the way forward after training. The Agenda can be found [here](#).

### 1.6 Selection Criteria for the Intended PEC Trainers

- 1) Has a Basic understanding of the role of Primary Eye Care
- 2) Will have an opportunity to train others
- 3) Language: English understanding as the training will be in English
- 4) Ability to influence PEC training at implementation , leadership, funding or policy level

## 1.7 Participants



The participants included ophthalmic nurses and other nurse leaders from 14 ECSA countries. There were also participants for Light for the World in Ethiopia.

The full list of participants can be found

## THE WORKSHOP

### 2.1 Day One

The workshop in Kigali was officially opened by Lemmy Mabuga (Senior Programme Officer (SPO) - ECSACONM). Lemmy emphasised that Primary Health Care as a whole has been a focus for almost all countries and Ministry of Health and that nurses were central to the success of PEC. She talked to the participants on the potential for PEC to have a role in improving and promoting access to eye health in African Countries. She thanked all those who had made it to Kigali despite the short notice and the bureaucratic processes involved in securing their travel. She also thanked **IAPB and other Eye Care Partners such as CBM, Light for the World, Operation Eyesight Universal and Fred Hollows Foundation** for facilitating the workshop financially.

On this day, Prof Ciku gave 3 key introductory presentations to set the tone for the meeting.

- 1) *Development of the WHO Primary Eye Care curriculum for the afro region (the WHO-PEC Training Manual- introduction the WHO PEC manual and its contents and the rationale.*
- 2) *PEC in Rwanda – Case Story including lesson s learnt and factors for success*
- 3) *Principles of Adult Education- The concept of training of trainers was discussed followed by an interactive session on the difference between teaching adult's vis a vis young student- adult learning principles.*

The fourth presentations detailed the concept of teaching what is a normal eye as compared to an abnormal eye in the simplest format used in the curriculum. This led naturally to the concept of using Paper Cases and the participants used case studies to describe abnormal eyes.

### 2.2 Day Two

The day started with a recap of Day 1.

*“Sometimes there is a lot of lack of clarity as to who we target for Primary Eye Care. Now it is clear to me.”*. Comment by Course participant.

*“The Rwanda Case Story encourages us to see that success is really possible”* Comment by course participant.

The day started with the introduction to the Algorithms. This covered the colour coding used, the patterns used to indicate questions vs examinations vs interventions. We did not have wall size copies of the Algorithms but instead each participant has a copy of the 5 Algorithms. Were used for this session. Then followed an explanation of the training model used in the WHO PEC manual using checklists and groupings of 3 people This discussion emphasized that each skill was embedded into PEC trainees learning by having each PEC trainee participating role play as a patient, nurse and as observer for each competency needed in the manual. This required the understanding of the 3 step checklists used in this course.

One is ‘treating’

One is being ‘treated’

One is observing the procedure and marking the person treating on the checklists

The rest of the day was spent in understanding the content of the algorithms 1-4.

The specific activities were on how to:

- i. Select, plan and facilitate group learning activities
- ii. Prepare the learning environment for skills training including how to prepare all the materials needed
- iii. Use of all the simulated situations for skills training
- iv. Understand the skills needed in navigating through each Algorithm

The trainer Prof Mathenge demonstrated each skill either on site or through videos before the trainees went to practice the skill.

**SKILL  
TRAINING:  
How to assess  
near vision**





Skill Training:  
How to Evert  
an Eyelid



**SKILL TRAINING:**  
Making and applying an  
eye pad using materials  
found in rural health  
centres

The day ended with training in soft skills namely “How to Counsel a patient” and “How to Refer a patient”. This was done using role play



### 2.3 Day Three

There was a presentation about ECSACON by Lemmy Mabuga before the PEC workshop continued.

Once again, the day started with a recap of Day 1 and Day 2.

*“This training is very practical and that makes it interesting even for us a ophthalmic nurses*

*“Comment from a Kenyan Trainee*

*“I like the fact that all skills use materials that are already found in health centres. The challenge will be to get all the medications the nurses need. “Comment from a Zimbabwean Trainee*

We then moved to a role play session for the skill of giving a Health Talk with a presentation from Lesotho and Kenya.

#### **VISIT TO THE HEALTH CENTRES**

There was then a briefing on the visit to 2 Health Centres: One in rural Kigali (Bumbogo) and the other in the Eastern Province (Rilima). Participants were told to observe and engage with the nurses that they would meet as they practiced PEC.

On their return the trainees expressed the value of having seen how the clinics were set up. They also noted how confidently the primary eye care nurses performed the tasks they needed to and gave examples of how the nurse had tested a patient for near reading glasses.



Chatting to the local nurse at Bumbogo Health Centre, Gasabo District, Kigali Province



Examining referral forms and the PEC Kit at the Health Centre



Local Nurses and visiting PEC Workshop participants at Rilima Health Centre, Bugesera District, Eastern Province

## 2.4 Course Evaluation by Participants

Analyses of the workshop evaluation forms showed that the participants scored the workshop in terms of organisation of the teaching, facilitator's knowledge and skills, application of material to every day roles, clarity of the materials used and perceived gain in skills an average score of 4.95 out of a possible 5. They were also satisfied with the logistical arrangements.

All the participants in their concluding remarks expressed how much they liked the course format and their desire to start applying their training skills as soon as possible.

The trainer also expressed thanks to the participants for being so engaged and interacting freely at every stage.

### 2.4.1 Evaluation Responses

The responses summarized in Table 1 revealed that all participants 23 (100%) declared that workshop was well organized and the main points were well covered and clarified. Additionally, 95.7% were strongly agreed and 4.3% agree that, facilitator demonstrated comprehensive knowledge of the subject

matter, conveyed ideas effectively and clearly and the materials was informative and easy to understand. Moreover, 91.3% were strongly agreed and 8.7% agreed that facilitator helped to understand how the workshop material related to real life. Least but not last, 95.7% were strongly agreed that the knowledge offered comprehend usable skills and therefore they will be able to apply them to professional life.

**Table 1: PEC Workshop Evaluation Responses in % (n=23)**

<b>Evaluation Items</b>	<b>S D</b>	<b>D</b>	<b>U</b>	<b>A</b>	<b>SA</b>
workshop was well organized and the main points were well covered and clarified	-	-	-	0%	100%
facilitator demonstrated comprehensive knowledge of the subject matter	-	-	-	4.3%	95.7%
The facilitator helped to understand how the workshop material related to real life	-	-	-	8.7%	91.3%
facilitator conveyed ideas effectively and clearly and the materials was informative and easy to understand	-	-	-	4.3%	95.7%
gained usable skills and will be able to apply them to professional life	-	-	-	4.3%	95.7%
<b>Item Summary</b>				4.3%	95.68%

**Key:** SD=Strongly Agreed, D=Disagreed, U=Undecided, A=Agreed, SA=Strongly Agreed

However, the general overview of evaluation responses shows that none of the participant disagreed or undecided in any of the item while, 4.3% were agreed to all items and 95.68% were strongly agreed. This reveals that PEC workshop was effectively conducted and the program facilitator was able to deliver course content in an extraordinary way.

#### **2.4.2 Most Valuable Aspects of the workshop**

Based on the participant's responses through open ended question, the following were the major themes discovered;

##### **2.4.2.1 Training was mostly interactive and practical oriented:**

Participants indicated that the trainers were capable in using logical tool and taught it step by step for easy understanding. participants had further indicated that the most catching aspect of the training was the way contents information were arranged in a way that it was so easy to teach since it mostly emphasized to the primary eye care nurses.

##### **2.4.2.2 Trainers ability in Contents delivery and time management**

The responses revealed that the trainer was very knowledgeable in all subject matter and even the contents were well delivered. Majority of participants appreciated the way the training materials were organized to strengthen the capacity of health personnel to manage eye patients at primary level health facility, Moreover, participants acknowledged the way they have been trained on how to use available resources. The participants added that the way facilitator taught was more politely, humbled and directive.

#### **2.4.2.3 Algorithms and Visual Presentation**

Trainees were also appreciated the contribution of visual tools such as videos and charts which was incorporated during training content deliverance that made the training very interesting and easy to understand.

#### **2.4.3 Areas for improvement and suggestions**

The mostly interesting part of this evaluation was the responses of the participants on the open question concerned what could be done to improve the workshop. Out of all 23 participants, 17 participants equivalent to 73.9% declared that the training was perfect coordinated and delivered to the extent that they are speechless on improvement section. However, the rest 26.1% had some input on.

- Extending the training period to at least three days in advance
- The sponsors should provide banners to market themselves
- Providing training manual early
- The tutor should be empowered to make follow-up or to mentor their trainees after training
- The professor is a very good person, recommended to go to other Africa countries

#### **2.4.4 Conclusion**

In general, the training revealed to be worth given, participants declared that it was excellent well organized with the knowledgeable professor who is about to share in a very understandable way. Therefore, the three (3) training days were very useful, and changed the way of thinking of eye care nurses engaged in delivery of information and service to the patients. The course revealed to open nurses understanding about PEC beyond what they thought they are familiar with.

## 2.5 Course Conclusion and Proposed Next steps

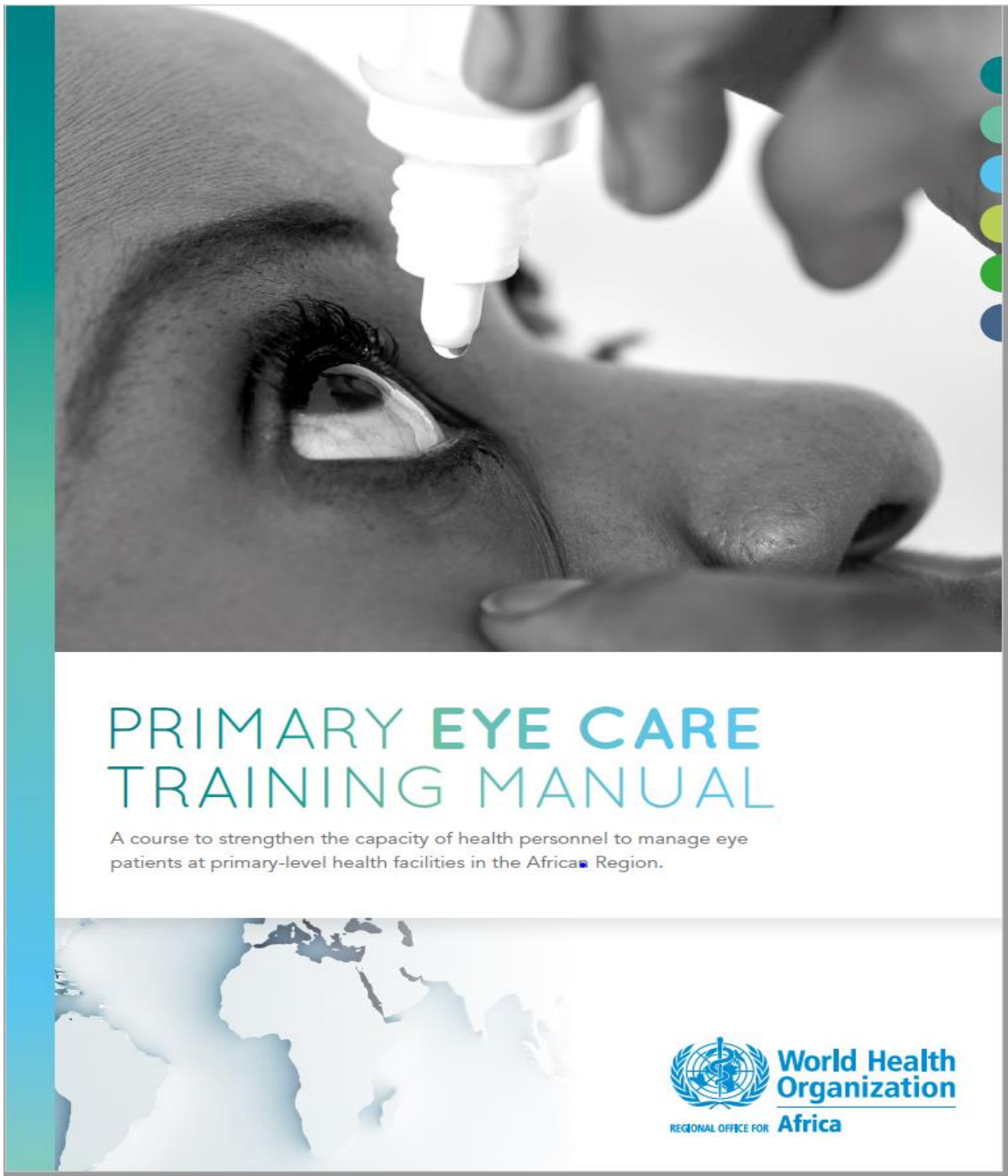
The last session was a brainstorming session to discuss next steps.

Among issues discussed were:

1. There will be stakeholders meeting in the different countries represented with the aim of making PEC implementation happen as soon as possible and kick start the systemic changes needed to support PEC implementation.
2. Some of the nurses are not in decision making positions and felt the report from this workshop would go a long way in helping them pass the required message to key people responsible for PEC.
3. It will be important for this group of trainers to train actual primary health care nurses as soon as possible so as to reinforce their training.
4. The message that Nurses must leave the training with their kits was embraced. There would be focus on advocacy and lobbying in order to get all the materials needed for those whom they will train.
5. This group of Trainers should aim to make PEC a regular course in nursing schools.

## APPENDICES

[Appendix1: The Who Pec Manual \(click on it to open\)](#)



Click on the image to access

## Appendix 2: The Program

# IAPB /ECSACON PRIMARY EYE CARE WORKSHOP

## INDUCTION OF NURSE MASTER TRAINERS

### KIGALI Nov 21 -23, 2022

DAY 1		
Time	Session Title	Learning Objectives
09h00	Session 0: Introductory Remarks	Welcome Remarks from Workshop organisers: IAPB and ECSACON Representatives Lemmy Mabuga
09h30	Session 1: Introduction to the course	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>Recognise the other facilitators on the course by name</li> </ul>
10h00	Session 2: Introduction to the WHO Primary Eye Care Course	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>Understand the background to the development of the WHO PEC Manual</li> <li>Clearly define Primary Eye Care</li> <li>Explain how providing eye health services at a primary level can help eliminate avoidable blindness</li> </ul>
10h30	HEALTH BREAK	
11h00	Session 3: Principals of adult learning for health care workers.	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>Describe the guiding principles in educating health care workers</li> <li>Recognise the challenges in teaching adult health care workers</li> </ul>
11h30	Session 4 PEC in Action: The Rwanda Case Study	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>Understand the Rwanda PEC Program</li> <li>Recognise that National implementation of PEC is possible</li> </ul>
12h00	Session 5: The normal and the abnormal eye	At the end of the session the participants should be able to: Familiarise with the simple approach used for teaching the anatomy and physiology of the eye at primary level:



		<ul style="list-style-type: none"> <li>• Make a presentation showing an eye and its surrounding structures which are normal, with respect to shape, colour, size, movement, vision and lid closure</li> <li>• Make a presentation showing an eye and its surrounding structures which are abnormal with respect to shape, colour, size, movement, vision and lid closure</li> <li>• Be able to explain how to separate symptoms from signs</li> <li>• Be familiar with the recording form for signs and symptoms used in this course</li> </ul>
12h30	<b>LUNCH BREAK</b>	
14h00	Session 5: Introduction to the PEC Algorithms	<p>At the end of the session the participants should be able to:</p> <ul style="list-style-type: none"> <li>▪ Explain what an algorithm is and how it is used</li> <li>▪ Understand the colour coding on the algorithms</li> <li>▪ Be able to talk about each block on the algorithm, from left to right: how it guides you to the next step</li> <li>▪ Be familiar with the 5 WHO PEC Algorithms</li> <li>▪ Know how to choose the correct algorithm for each patient</li> </ul>
15h30	<b>COFFEE</b>	
	Session 6: Paper (Photo) cases	<p>At the end of the session the participants should be able to:</p> <ul style="list-style-type: none"> <li>• Create paper cases to simulate clinical situations</li> <li>• Use the paper cases to work through the Algorithms</li> </ul>
16h30	<b>ADJOURN</b>	

**IAPB /ECSACON PRIMARY EYE CARE WORKSHOP  
INDUCTION OF NURSE MASTER TRAINERS  
KIGALI Nov 21 -23, 2022**

**DAY 2**

09h30	Session 7: Use of Checklists and Protocols	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>• Be familiar with the WHO-PEC protocols</li> <li>• Understand the 3 step checklists used in this course <ul style="list-style-type: none"> <li>- One is ‘treating’</li> <li>- One is being ‘treated’</li> <li>- One is observing the procedure and marking the person treating on the checklists</li> </ul> </li> </ul>
10h30	Session 8: Reading charts and Algorithm 1	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>• Be familiar with the modified PEC distance and near vision testing charts</li> <li>• Understand how trainees will use the charts</li> <li>• Understand how to use the charts in relation to Algorithm 1</li> </ul>
11h00	<b>HEALTH BREAK</b>	
11h30	Session 9: Practical Skills and Algorithm 2-4	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>▪ Select plan and facilitate group learning activities</li> <li>▪ Prepare the learning environment for skills training</li> <li>▪ Use of simulated situations for skills training</li> <li>▪ Understand the skills needed in navigating through Algorithm 2-4</li> <li>▪ Principals in selecting a site for clinical practice</li> </ul>
1300	<b>LUNCH BREAK</b>	
14h00	Session 10: Soft skills training- Eye patient, counselling, and health talks:	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>▪ Recognise that counselling is a skill needed in the management of eye patients</li> <li>▪ Be familiar with the list of key health messages</li> <li>▪ Describe key points in delivery of a health talk</li> </ul>
15h30	<b>COFFEE</b>	

16h00	Session 11: Referral skills and Algorithm 5	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>▪ Be able to use the eye examination record and referral forms</li> <li>▪ Describe the referral pathways for eye patients in the area and select suitable referral sites for their patients</li> </ul>
17h00	<b>ADJOURN</b>	

**IAPB /ECSACON PRIMARY EYE CARE WORKSHOP  
INDUCTION OF NURSE MASTER TRAINERS  
KIGALI Nov 21 -23, 2022**

**DAY 3**

09h00	Session 12: Review of Day 1 and Day 2	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>▪ Role play PEC tasks</li> </ul>
10h00	Session 13: Field visit	At the end of the session the participants should be able to: <ul style="list-style-type: none"> <li>• Understand how to organise a field practical for PEC trained nurses</li> </ul>
13h00	<b>LUNCH BREAK</b>	
14h00	Session 14:	<b>OPEN DISCUSSION</b>
15h00	Session 15	<b>COURSE EVALUATION</b>
15h30	<b>DEBRIEFING AND CLOSURE</b> Closing Remarks by Course Organisers: <b>PROF CIKU MATHENGE AND LEMMY MABUGA, ECSACON</b>	

### Appendix 3: List of Participants Ecsacon Pec Training

<b>Pec Training Participants - 21th – 23rd Nov 2022</b>				
<b>No.</b>	<b>Surname</b>	<b>Other Names</b>	<b>Role</b>	<b>Country</b>
1	Mabuga	Lemmy	Spo – Ecsconm	Tanzania
2	Motlotlegi	Kefilwe	Ophthalmic Nurse	Botswana
3	Nshatha	Wisisani	Ophthalmic Nurse	Botswana
4	Riwa	Joyce Joshua	Ophthalmic Nurse	Tanzania
5	Teklemariam	Alem	Program Manager	Ethiopia
6	Dawed	Adisu Abebe	Eye Health Coordinator	Ethiopia
7	Demeke	Membere Belay	Eye Health Coordinator	Ethiopia
8	Hamwaanyena	Elizabeth	Nurse / Midwife	Namibia
9	Juru	Robson		Zimbabwe
10	Kambonde	Claudia	Nurse And Midwife Manager	Namibia
11	Magambanga	Mercy	Ophthalmic Nurse	Zimbabwe
12	Tewesa	Edith	Principal Nursing Officer	Malawi
13	Mwende	Raphael Ally		Tanzania
14	Chipuwa	Bernadetta	P.N.O	Malawi
15	Mafole	Lerato Hyceth	Ophthalmic Nurse	Lesotho
16	Akhosi	Makhotso Alice	Tutor Ophthalmic Nursing	Lesotho
17	Fakudze	Phumlile	Ophthalmic Nurse	Eswatini
18	Dlamini Hlatshwako	Tiny Ncobile	Principal Nursing Officer	Eswatini
19	Zulu	George	Principal Nursing Officer Ophthalmic Nurse	Zambia
20	Kabale	Charles	Health Tutor	Uganda
21	Etee	Veronica	O.N.O	Kenya
22	Osiago	Dennis	P.R.N	Kenya
23	Salvadore	Aderito	Optometrist	Mozambique
24	Machisa	Tiago	O.C.O	Mozambique
25	Habimana	Innocent	Ophthalmic Nurse	
26	Nyauma	Peter	Ophthalmic Nurse	Zambia
27	Kamangwa	Felician	Ophthalmic Nurse	
28	Prof Cku	Mathenge	Trainer	

## Appendix 4: Workshop Evaluation Form

Title of Workshop: WHO PRIMARY EYE CARE TOT WORKSHOP FOR ECSACON NURSES

Trainer/Facilitator: Prof Ciku Mathenge

Date: 21th to 23th Nov 2022

Please rate the following items on a scale from 1 to 5 by circling the appropriate number:  
1=Strongly Agree (SD); 2 = Disagree (D); 3 = Not Sure (NS); 4 = Agree (A); 5 = Strongly Agree(SA).

Evaluation Items	SD	D	NS	A	SA
1. I felt that the workshop was well organized and the main points were well covered and clarified.	1	2	3	4	5
2. I felt that the facilitator demonstrated comprehensive knowledge of the subject matter.	1	2	3	4	5
3. The facilitator helped me to understand how the workshop material related to my own life.	1	2	3	4	5
4. I felt that the facilitator conveyed ideas effectively and clearly and the material was informative and easy to understand.	1	2	3	4	5
5. I gained usable skills and will be able to apply them to my professional life.	1	2	3	4	5

6. What was the most valuable aspect of the workshop?

7. What could have been done to improve the workshop?

8. Additional Comments or suggestions:

## Appendix 5 Personal Statements from Participants

Mercy Magambanga (Zimbabwe)

### REPORT ON A 3 DAYS TRAINING ON WHO AFRO PRIMARY EYE CARE

I attended a 3 days training on WHO AFRO Primary Eye Care which was held in Kigali Rwanda at Gorillas Hotel from the 21st to 24th of November 2022. The main objective of the training was to strengthen the capacity of the health care employee on prevention of blindness at the lowest level of care as well as improving and increasing access to eye care services at all health care levels by integrating eye health training in the existing service provision.

Prof Ciku Mathenge, who was the main facilitator gave us an input on the background to the development of WHO PEC MANUAL. I believe that, providing eye health services at primary level can actually help in eliminating avoidable blindness. Emphasis was put on the guiding principles in educating health care workers as well as the challenges that can be met in teaching adult health care workers.

The training was very educative as it assisted me in familiarizing with the simple approach which can be used to teach the anatomy and physiology of the eye that can assist the nurse to do things that affect their care decisions at primary level.

An introduction to the PEC Algorithm was given explaining what it is, how it is used as well as using the paper cases to work through the Algorithms. I was also able to familiarize with the WHO PEC protocols and checklists. The key points in delivering a health talk was described and I recognized that counselling is a skill that is needed in the management of eye conditions.

We were taught on how to use the eye examination record and referral forms. We had an opportunity to visit one of the health care centers and observed how those who have been trained before were managing in their working stations.

I look forward to disseminate the information through training others. I want to thank our sponsors and facilitators for such a successful wonderful training.

MERCY MAGAMBANGA

ZIMBABWE

Edith Tewesa (Malawi)

**To:** ECSACONM Secretariat

**From:** Edith Tewesa

(Participant in the Training of AFRO Primary Eye Care Master Trainers) Malawi

**Re: personal statement on the training**

The WHO AFRO Primary Eye care training of master trainers that took place in Kigali Rwanda from 21 – 23 November 2022 the most interactive, and eye opener and a success training.

### **Aim**

The aim is to improve and increase access to eye care services at all health care levels by integrating eye health services in the existing service provision. Eye care is one of the neglected non-communicable diseases yet if eye problems are not handled promptly may lead to blindness and this affects the quality of life of people and the development of the nation.

Some non-communicable diseases that makes people seek medical care frequently can affect eyes such as hypertension and Diabetes. If medical personnel working in area that attend such cases are equipped with knowledge and skills in PEC, they will be able to identify problems early, provide emergency care and refer. This will promote reduction of avoidable blindness.

### **TRAINING CONTENT**

#### **Who is targeted to be trained in Primary Eye care (PEC)**

The PEC curriculum was developed for certified health care workers at primary level of care (point of first health care contact). They can be general nurses or midwives at health centers, District hospitals or tertiary hospital or general practitioners who have not done ophthalmology. Because most certified health care workers at primary level care are nurses that is why ECSACONM was involved.

#### **The principles of the curriculum**

- Participants should only be taught things that affect their care decisions. Therefore content of the curriculum was simplified to contain information that would assist the primary Eye care providers easily identify problems, provide first aid care or reassurance before referral. This

will promote comprehensive care, improve patient satisfaction and assist in prevention of avoidable blindness

- Participants to know the normal and abnormal eye
- Vision testing has only 2 lines: 6/12 - anybody who cannot read 6/12 should be referred  
6/60 - anybody who cannot read 6/60 should be referred.
- Deliverables of the curriculum include:
  - Algorithms for clinical care
  - Protocols to support the algorithms
  - Health promotion messages
  - Checklists

Participants to the training were equipped with knowledge and skills in PEC, content of the curriculum, PEC training manual and teaching adult health care practitioners. On the training manual, countries should review the WHO PEC training manual to figure out how best it can be implemented in their specific settings.

Participants were taken through how Rwanda implemented the PEC program with support from Vision for Life. It was noted that with adequate support, national implementation of PEC is possible.

Participants were also taken on a field trip to Health Centers to have a practical feel of how PEC is integrated in care provision at primary level. The field trip assisted to put the theory we had on PEC into reality.

It is recommended that prior to starting the trainings, trainers should have kits containing materials needed to provide PEC to be given to trainees at the completion of the training. This will enable them to easily implement PEC in their facilities. Contents of the kits include: PEC handbook, distance vision test chart, N8 near vision test chart, 3 meter rope and 40cm string, +1.50, +2.00, +2.50, and +3.00 reading glasses, a torch, and spare batteries.

Therefore, master trainers will need adequate support to have the materials to conduct the trainings as well as organize the kits to be given to participants after training.



We also had a presentation on ECSACONM that assisted us to know more about it and I was motivated to become a member.

Apart from being drilled on how to scale down Eye care to primary level, I personally learned something unique about Rwanda. I noticed that people in Rwanda love their country, they are responsible citizens, and the country is super clean.

### **Way forward**

- Give a verbal and written Report to management of Queen Elizabeth Central Hospital and Head of department of Ophthalmology. This is where I work.
- Give a written report to the director of Nursing and midwifery services at ministry of health
- Discuss with the head of ophthalmology department the PEC manual. Recommendations that were made when the manual was reviewed in April 2022 and how the country plans to implement the PEC trainings
- Pilot the Training at the hospitals clinics and out patients department

### **Acknowledgement**

We thank IAPB and ECSACONM for organizing the training. Ministry of Health through the Nursing and Midwifery Directorate for supporting us to attend this very important training and Also the Hospital Directors QECH and KCH for their support. We believe we will receive adequate support at all levels to implement the training package.

Reported by

Edith Tewesa

## Aderito Salvador Cuambe and Tiago Sandulan Machissa (Mozambique)

For Mozambique, participating in the training of trainers in PEC was a unique opportunity to look at our country, identify the needs, challenges and determine the best way to implement the PEC. Rwanda is at a very advanced level in PEC implementation, a successful long-term model for Mozambique to follow. The level of commitment in the implementation of the PEC was notorious, where the eye care is well integrated into the National Health System, at all levels, using a very simple existing structure, with an effective referral system, to delivering eye care services. We had the best trainers, especially Professors Ciku, and other technicians with a lot of experience, responsibility and maturity. The training was approached in a simple way, a perfect combination of theory and practice. Mozambique needs to follow the same path with the support of the government, partners, in the successful implementation of the PEC to achieve universal eye care.

Thank you ECSACON, IABP and LFW

## George Zulu (Zambia)

### MASTER OF TRAINERS TRAINING IN PEC AN EYE OPENNER.

Master of trainers training in AFRO Primary Eye Care was as beneficial to me as I learnt what really PEC is and how it can be delivered. The professor was so explicit on her delivering of the contents to the participants. I also learnt a better way of teaching approach to adult learners.

I learnt the best way on how PEC can be implemented in my country adopting the case of Rwanda. In Zambia, PEC trainings have been conducted and a number of health workers have been trained but I realized from this training I had that as a country we cannot account for the trained personnel's because their work is not monitored in terms of data.

It was important because I learnt that the PEC staff should be equipped with items to use so that they are motivated to do the work.

GEORGE ZULU

**RE: PRIMARY EYE HEALTH CARE IN BOTSWANA**

Botswana health care structure starts at health post level up to a referral hospital. Eye care health personnel are based at primary hospitals and district hospitals. We currently have two eye health centres where our ophthalmologists are based. The current set up that we have means that eye patients are first seen at health posts by general nurses and sometimes medical officers. Hence there is a need to empower them with basic skills of assessing and managing eye patients at that level of care. The WHO Primary Eye Care Masters Training has the potential to close the gap between other health professionals and eye care professionals and also benefit patients in a tremendous way. Patients will be assessed and managed on time hence preventing complications that may arise when proper care is delayed. We currently have shortage of ophthalmic nurses and ophthalmologists in the country and this training can reduce the burden of seeing all eye patients even those that could have been properly managed at the clinic level. We therefore recommend that Ministry of Health through the office of Prevention of blindness support this initiative by providing resources for training, availing basic medications at the clinics and overall support of the trainers of primary eye care health. The ministry can also help by finding a sponsor for the programme to reduce the financial burden from the government. The office of the Chief Nursing Officer has already shown tremendous support and willingness to support this programme.

**Thank you.**

Compiled by Winisani Nshata and Kefilwe Motlotlegi



Kabale Charles (Uganda)

**JINJA SCHOOL OF NURSING  
AND MIDWIFERY  
P.O. BOX 43, JINJA UGANDA  
3RD DECEMBER, 2022**

**SENIOR PROGRAMME OFFICER**

**ECSACONM**

**RE: PERSONAL STATEMENT**

Professional, approachable and efficient, committed to safeguarding the needs and wellbeing of my patients and their families. Focused on providing holistic care to the clients that lead to improved patient recovery.

Eighteen years experience of nursing practice and ten years in Nursing Education with excellent observational and record maintenance skills to ensure continuity of care and team support.

Recently trained as Master trainer in Primary Eye Care, looking forward to implement and train more so that Eye care is efficiently handled at Primary Health Care facilities with support from Ministry of Health and other development partners.

Yours faithfully,

**KABALE CHARLES**

**0762786566/0700295214**

**kabalecharles@gmail.com**

## **RECOMENDATIONS FOR THE MINISTRY OF LESOTHO**

### **THE RECOMMENDATIONS**

1. There is an urgency in development of the Lesotho's model for training because this will help the state to be at the point of ease to implement WHO PEC
2. Lesotho's ophthalmic nurses should be engaged and be given the **PEC** training so as to prevent the delay in reaching out to the general nurses stationed in the health centres throughout Lesotho;
  - this can be accomplished by conducting workshops to gather the ophthalmic nurses and disseminate the information and training
  - and or regional trainings for the ophthalmic nurses within the country
  - Trainings to the primary level should also be conducted by the ophthalmic nurses in the districts level after they have got the training from the WHO PEC master trainers.
3. There should also be the provision of the resources to make sure the training goes well, for example;
  - Teaching aids and the training package to enable every health personnel be able to implement what he or she has got from the training
  - All the health centres in Lesotho should be equipped with the needful resources for WHO PEC to be successful.
  - This will help nurses at the primary level to avoid stress as they may not perform well in the absence of the resources
4. The responsible personnel need to be flexible to accommodate and seek backup from the other WHO PEC master trainers so as to allow exchange of ideas for the benefit of the country; the Ministry of Health can contact ECSACONM for selection of master trainers backup.
5. This will require funds of which the ministry will need funds to help in the implementation of the WHO PEC. Maybe the ministry can request assistance for funds from the non-governmental organisations that may buy and have interest in the WHO PEC.

**PREPARED BY 1. M.A AKHOSI (OPHTH/RNM, SENIOR NE)**

**2. L.H MAFOLE (OPHTH/RNM)**



## Bernadetta Malawi

Bernadetta is a nurse who teaching was her first choice in the postgraduate training because its foundational values align with her goal of teaching others. This training in Primary Eye Care has provided her with the necessary additional professional skills she need to succeed as a master trainer. It has opened her eyes to other possibilities in her profession of which she was not aware. With the skills she has learnt, she will be able to give back to her fellow health care workers at primary level and make a true impact on the lives of many Malawians seeking medical help from eye problems. Bernadetta is an experienced hardworking, reliable, organised and motivated Senior Nurse who has been in the health system for thirty years. She has a post graduate degree in nursing education obtained in 2010 and a diploma in clinical ophthalmology obtained in 2004. She has been a tutor at St Luke's college of nursing for six years and currently working at Kamuzu Central Hospital. With the academic knowledge and experience, she is able to demonstrate excellent communication skills and, prosper on challenges. She is passionate about her goals, and deeply committed to making a real, tangible difference in her community. Her passion for teaching others and ensuring they receive the content they deserve is why she believes will be an excellent master trainer in Primary Eye Care.

Tiny Dlamini and Phumlile Fakudze (Eswatini)

## **IN APPRECIATION**

The Ophthalmic Nurses from the Kingdom of Eswatini who were selected for the Master training in Primary Eye Care in Kigali, Rwanda from the 21 – 23 November 2022 would like to Acknowledge the Eswatini Government through the Ministry Of Health for being accorded this opportunity in a bid to achieve the goal of reducing blindness in the country and globally.

We would also like to appreciate the sponsorship to this training through the East Central and South African College of Nurses and Midwives (ECSACONM). The training was comprehensive and very relevant to our practice and would also take this opportunity to assure the Partnership that this is doable through consultations with the Ministry of Health and other stakeholders.

In addition, we would like to extend our appreciation to the Facilitators of the training especially Professor Ciku for her untiring effort, and also pledge to support whenever required to facilitate in other countries as proposed by ECSACONM.

Presented by:

1. Tiny Dlamini – Ophthalmic Nurse
2. Phumlile Fakudze – Ophthalmic Nurse



Ms. Elizabeth Hamwaanyena and Ms. Claudia Kambonde

### **Namibia Trainees Statement**

Vision is a priority and prevention of blindness among adult, children and newborn is key. The statistics of preventable blindness can be reduced significantly by implementing PEC as part of primary health Care services package. Primary Eye Care (PEC) is a service that is provided by licensed health care professionals at the patient point of entry and that need to be integrated in the services provided at the Health Clinics and Health Centre as a matter of priority. The staff to provide the PEC services are already in the system and providing other primary health care services. At the Health Centres/District Hospitals the referred patients will be seen and managed by nurses who are specialized in ophthalmic nursing care and Ophthalmic assistant. Cases that are beyond the scope of the Ophthalmic assistant or specialized nurse Ophthalmic will be referred to the hospital to be seen by the ophthalmologist.

### **Recommendation for initiation of PEC in Namibia:**

1. Primary Health Care Directorate to solicit funds for training materials, S&T, budget for consumable, pharmaceuticals, glasses and inexpensive PEC kit.
2. Quality Assurance Division to motivate for funding of nurses to be trained as ophthalmic Clinic Officers/Nurses.
3. Quality Assurance Division to liaise with countries within SADC and ECSA region that are providing training in Ophthalmic Clinic Officers/Nurses for us to send our nurses to specialize.
4. Situational analysis of Health Facilities to be piloted with PEC Training.
5. Khomas Region envisioned to be the first pilot.
6. Intermediate/District Hospitals staff establishment to include ophthalmic trained nurses.
7. The Health Information system to be evaluated whether capturing eyes condition at all Health Facilities levels.

The time for Namibia to start with the implementation of PEC is now. Let's bring the number of preventable blindness in Namibia to zero. It is doable. Namibia, with the Ministry of Health and Social Services as the lead and primary Health Directorate driving it with the support of its development partners/stakeholders like ECSACONM, IAPB and others will surely achieve it.

As a country we would like to acknowledge and thank Prof Ciku Mathenge, WHO AFRO PEC Master Trainer, Madam Lemmy, the organizer from ECSACONM, IAPB and the Ministry of Health and Social Services, Quality Assurance Division.

### **With Thanks**

Ms. Elizabeth Hamwaanyena

**WHO Primary Eye Care Master Trainer**

Ms. Claudia Kambonde

**WHO Primary Eye Care Master Trainer**

Raphael Ally Mwende and Joyce Riwa

## **BREIF PRIMARY EYE CARE TRAINING REPORT CONDUCTED AT KIGALI-RWANDA FROM 21-23/11/2022**

Primary eye care training -A course to strengthen the capacity of health personnel to manage eye patients at primary-level health facilities in the African Region” including Tanzania.

### **COURSE BASICS**

This course is designed for health personnel such as nurses and clinical officers working at primary-level health facilities.

These workers are often the first professional point of contact for patients with eye diseases. The course builds on their existing professional expertise and experience as health workers or trainees. In addition to extending the general skills gained by the participants during their basic health training, the course aims to impart the specific skills required for everyday interventions in patients with eye diseases at the primary care level. What it does not do is attempt to turn participants into mini eye specialists in respect of the specific topics addressed.

Empirical evidence shows that adults learn best by tackling situations, problems or tasks which participants accept as interesting and worthwhile. The course is therefore primarily structured as a series of problem-based tasks for small groups. Learning is reinforced by adding tasks in a cumulative manner and allowing trainees to reflect on their experiences.

This course is not designed for personnel without formal medical training such as community health workers.

### **Aim and overall objectives**

The aim of the course was to strengthen the ability of primary-level health workers to successfully manage patients with eye complaints presenting at primary health care facilities.

The objectives of each session were set out in the Session Summaries and Lesson Plans which specify what participants should be able to do by the end of the course.

### **Duration.**

The period of three days required for this course allows for comfortable session lengths with adequate breaks. An additional day should be set aside before it starts to allow for induction of the facilitators who will assist the master trainer

### **General Design**

The task-based learning approach requires a comprehensive task to be subdivided into essential component tasks. In order for it to have a cumulative learning effect the sequence of sub-tasks ought to

mirror the order in which issues relating to the main task would normally be tackled. At appropriate junctures, brief tasks that consolidate or synthesize newly acquired knowledge are added. The sequence for most sessions is as follows:

- Skill-based learning through practical sessions based on course protocols
- A walk through each clinical algorithm
- Use of case studies to illustrate the practical use of the algorithms

Each morning starts with an interactive plenary session to explain the session contents. Other prerequisite skills such “How to counsel an eye patient” are taught by means of mini-lectures combined with practical sessions involving volunteer patients. In addition, participants gain first-hand experience with actual patients through a clinic visit on the final day followed by a debriefing session.

### **Preparation and specification of materials**

Each trainee is provided with a PEC handbook containing all the charts, recording forms and guidelines taught on the course, including protocols and algorithms. These can also be extracted from the more detailed manual provided for the facilitators. Participants are expected to consult these materials as they carry out tasks. **A training course should not take place unless these materials can be made available to every participant. It is recommended that prior to training participants should receive a kit containing the materials needed to provide PEC in their health facilities.**

This kit consists of the

**PEC handbook, distance-vision test chart, N8 near-vision test chart, 3-meter rope, and 40 cm string, +1.50, +2.00, +2.50 and +3.00 reading glasses, torch and spare batteries.**

### **Induction of facilitators**

The master trainer will need to instruct and induct a minimum of five co-facilitators to assist in supervising the practical sessions, which are carried out in small groups. Each group should ideally have a facilitator working with it. Facilitators should be familiar with the training materials including the use of checklists. They should also assist the master trainer in preparing materials for the practical sessions. Mid-level (allied) eye workers such as ophthalmic clinical officers, ophthalmic technicians and ophthalmic nurses can readily be trained as facilitators.

Facilitators should be inducted immediately before the main training session. It is best if facilitators are familiar with the environment and working conditions of the trainees, which means that locally chosen facilitators are best suited for induction. The suggested modules for induction of facilitators are shown in the day 0 programme.

## **Registration of participants**

Every effort should be made to ensure that all participants start the course together. It can be very disruptive for a group if one of its members does not arrive until after the start of the course, is absent during the course or leaves before its completion. It is suggested, as a rule of thumb, that participants who arrive after the end of Session 1 should be refused admission to the course, and that those who choose to leave early do not receive the certificate of successful completion

## **Daily programme**

Each morning and afternoon started with a plenary session that served a number of Purposes that includes it can be used to introduce a new task or to resolve any outstanding issues from the previous day that participants have not been able to resolve to their satisfaction. It is also used for the oral presentation of group tasks. Furthermore, it ensures that all group members, facilitators and resource persons are present at the scheduled time.

The clinical algorithms are a series of learning activities associated with a logical decision-making process. Each algorithm is introduced in plenary session followed by the sample cases and finally by the practical skills sessions.

## **Monitoring and evaluation**

Monitoring and evaluation activities are fully integrated into the course programme. Both pre- and postcourse questionnaires are used to assess new knowledge and skill levels gained by participants in the course. Pre-course evaluation takes place on the starting day of the course. Post-course evaluation is scheduled for the final afternoon: this should leave enough time for evaluation and feedback.

Trainees are required to fill in various checklists over the three days of the course in order to ensure that they have taken part in and completed all the practical sessions.

At the end of the course, a workshop evaluation form is also completed.

### **Monitoring has three purposes:**

- To correct in real time any adverse issues or failures of judgement, or to benefit from any particularly successful aspects of how the course was run;
- To gather information for improving future courses;
- To allow participants to express themselves anonymously.

### **Evaluation has three purposes:**

- To clarify whether the conduct of the course was acceptable and effective to participants, organizers, staff and the funding agency;

- To contribute to further course improvements in terms of content and training methods, where applicable;
- To provide information on whether the course is sustainable, acceptable, effective and efficient in terms of the facilities and resources required to organize it.

### **Conclusion**

In order for the primary eye care to be carried out it needs funds. Therefore as a team we need to find stakeholders to accomplish the task thus improving primary eye care services.

Prepared by

Raphael Ally Mwende and Joyce Riwa

Ophthalmic Nurses (Master Trainer PEC)

+255682567568 and +255759901595

Email: raphaelmwende@gmail.com

NANYUMBU DC- MTWARA REGION

TANZANIA.EAST AFRICA.