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Islamic Development Bank

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REDUCING POVERTY  
**ISFD**  
صندوق التضامن الإسلامي للتنمية  
Islamic Solidarity Fund for Development



# Chad

5-Year Action Plan of the Alliance to Fight  
Avoidable Blindness 2<sup>nd</sup> Generation

Elaborated  
with the technical  
support of



# Why is the Need so Urgent?

*The Alliance to Fight Avoidable Blindness (AFAB) is a partnership program launched by the Islamic Development Bank (IsDB) in 2008, with the aim of using South-South partnerships to prevent and cure vision problems, giving people not just the gift of sight, but a path out of poverty. The first generation had a tremendous success with thousands of people having their vision restored through successful cataract surgery. This second generation (AFAB II) ramps up the scale, targeting more eye conditions, building in more countries. AFAB II is led by the IsDB and the Islamic Solidarity Fund for Development (ISFD).*

## Some Alarming Eye Health Facts from Chad



**REFRACTIVE ERRORS** are **ONE OF THE MAIN CAUSES** of blindness but access to glasses is quite limited.



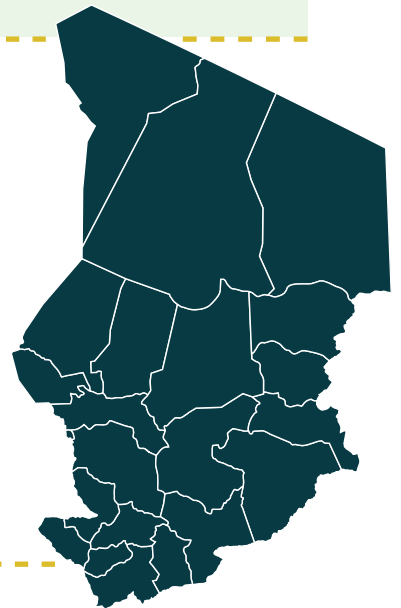
**A CATARACT** is the **FIRST CAUSE OF BLINDNESS**. Only a few local surgeons are trained to operate on cataracts.



There is **NO NATIONAL POLICY** for treating **GLAUCOMA**.



The prevalence of **DIABETES** is **GROWING EXPONENTIALLY** in the country.



## The Opportunity

The National Program to fight blindness (PNLC) is implementing activities that will enable Chad to become a country freed from the burden of trachoma (elimination as a public health problem).

But Chadian people are still going blind or having low-vision problems with other eye diseases. We know that there is a lack of eye health human resources to manage all these patients. But we can act for change.

Even if Chad did a lot to fight against trachoma these past few years, this country did not have a strategic plan for eye health before the AFAB second generation. With our new Action Plan, we now have all the keys to unlock success in the path to fight against avoidable blindness.

Our main priorities are:

- to have a better knowledge of eye diseases with national surveys,
- to train local eye health agents,
- to provide an ambitious service delivery through the temporary support of external human resources,
- to develop national policies,
- to improve our sanitary pyramid with better coverage.

By working together with our partners, we can scale up efforts to save sight and change the lives of so many Chadian people!

# Our vision is crystal clear: no Chadian should be left behind because of avoidable blindness.

Did you know that in Chad only 10 ophthalmologists are currently serving a population of almost 15 million people?

In a country where the availability of the health services is very low (only 10%), we could easily do much better at a national level.

## Taking a System-Strengthening Approach

To stimulate a lasting change for individuals and for generations to come, we look beyond the visible symptoms and tackle the root cause of the country's fragile eye health system. Our aim to develop a comprehensive eye care

services is clearly a system-strengthening approach: as well as directing our services to the individuals, we also build up the capacity of the national eye health system through the following 5 interdependent and interconnected dimensions:



# With your Contribution you Can:



*Join an international Alliance to Fight Avoidable Blindness (AFAB)*



*Help Ministries of Health in the poorest countries in Africa build robust eye health systems*



*Enable millions of people to lead an independent life*



*Give people access to locally produced glasses*



*Help in the diagnosis of eyesight problems and stop preventable blindness before it's too late*



*Enable hospitals and clinics to gain access to the right equipment, trained nurses and eye health personnel to give the best possible treatment*



*Give over a million people access to their own ophthalmologists who speak their own language*

## Recovering Sight Means Being Able to Read the Qur'an Again

Aged 70, Ali Mahamat Saleh lives in Mao. He has been blind for the past 11 years. He has recovered sight thanks to an ophthalmic outreach led by the medical team of the PNLC, which was funded by the Islamic Development Bank and its partners.

Here's his story: "I haven't been able to see for the past 11 years due to a cataract, but I thank my God that I have been operated on and I have recovered my sight. This means I'm able to read the Qur'an again, which I really missed doing. I'm also able to get back onto the field in order to grow my crops."



*With our new Action Plan, we can build up a comprehensive and sustainable eye care system in Chad. We strive to reach even more people like Ali and help them see again.*

# The Change we Are Seeking

The change we are seeking is reflected in our ambitious five-year AFAB II Action Plan, which addresses these different entry points for change within the following 5 program components:



The change we are seeking at **SERVICE PROVISION LEVEL**



The change we are seeking at **HUMAN RESOURCE DEVELOPMENT LEVEL**



The change we are seeking at **INFRASTRUCTURE LEVEL**



The change we are seeking for **LEADERSHIP, GOVERNANCE AND AWARENESS**



## COMPONENT 1

Cataract operations and care

6,000 free of charge cataract surgeries are performed each year.

Surgeons are trained for Small Incision Cataract Surgery (SICS).

Eye care centers are equipped according to medical and technical standards.

National guidelines for the management of eye diseases are developed.



## COMPONENT 2

Uncorrected Refractive Errors (URE) treatment

430,000 children are screened by their teachers in N'Djamena.

7,600 teachers are trained to implement the case finding of URE in N'Djamena.

A glasses workshop is created and maintained in N'Djamena

A medical team dedicated for URE in schools is created in N'Djamena.



## COMPONENT 3

Glaucoma services

Identifying cases of glaucoma is integrated to cataract outreaches.

Eye health agents are trained to screen glaucoma patients.

The opportunity of a glaucoma center is examined thanks to a better knowledge of the disease nationwide.

Sensitization campaigns are organized for eye health agents and glaucoma patients' families.

**WHAT WE HOPE TO ACHIEVE.**

**30,000 CATARACT SURGERIES ARE PERFORMED.**

**20,000 CHILDREN IN NEED BENEFIT FROM SPECTACLES.**

**GLAUCOMA CARE SERVICES ARE ACCESSIBLE TO GLAUCOMA PATIENTS.**



**COMPONENT 4**

**Diabetic Retinopathy (DR) management**

Screened patients are listed in a national follow-up file for DR.

80% of general practitioners are sensitized to DR as a public health problem.

Treatment methods such as lasers are installed in at least 3 regional hospitals.

DR is listed as a chronic disease in the national universal coverage policy.

**COMPONENT 5**

**Cross-cutting capacity building**

The eye health team is reinforced by training:

- 10 ophthalmologists
- 30 technicians in ophthalmology
- 6 optometrists
- 2 low-vision technicians
- 2 glasses manufacturers
- 5 maintenance technicians.

A national data collection system is developed.

**PATIENTS ARE LISTED AND FOLLOWED-UP THROUGH THE NATIONAL HEALTH SYSTEM.**

**NATIONAL HUMAN RESOURCES ARE ABLE TO PROVIDE COMPREHENSIVE EYE CARE SERVICES.**



**We Invest our Experience, Expertise and Resources to**

- 1. Improve the quality of provided services,*
- 2. Build up human resources,*
- 3. Provide the necessary supporting infrastructure, and*
- 4. Foster leadership and governance structures.*

# How We Will Deliver the AFAB II Objectives

*To achieve the changes we have planned and increase the impact over time, we have a clear strategy and a clear plan to translate our vision into lived reality.*



## COMPONENT 1

*Cataract operations and care*

### **30,000 CATARACTS WILL BE REMOVED.**

Our aim is to reach an annual cataract surgical rate of 400, while local human resources are trained abroad.

Chadian ophthalmologists will be trained to Small Incision Cataract Surgery (SCIS).

Community relays will be trained in order to identify and refer patients to the appropriate structures.

Each year, about 6,000 cataract surgeries will be realized by external and local surgeons.

Quality of the surgeries will be improved through BOOST program. The professionals with low results will be retrained.

We aim to reach for 70% of operated cases an uncorrected visual acuity of 3/10 thirty days after the surgery.

**REQUIRED BUDGET: USD 5,311,000.-**



## COMPONENT 2

*Uncorrected Refractive Errors (URE) treatment*

### **20,000 CHILDREN IN NEED WILL BENEFIT FROM GLASSES.**

A situational analysis about URE management in N'Djamena will be undertaken.

430,000 children attending school in N'Djamena will be screened.

260,000 children will benefit from a medical visit at school.

Children with other eye health problems will be referred to an eye health center.

A glasses manufactory will be created in N'Djamena and maintained.

A dedicated team will be created in N'Djamena to treat URE.

Advocacy campaigns will be organized in order to include visual acuity tests at school.

**REQUIRED BUDGET: USD 4,333,000.-**





**COMPONENT 3**  
*Glaucoma services*

**A NATIONAL ORIENTATION SCHEME IS DEVELOPED, ENABLING GLAUCOMA PATIENTS TO BE CURED THROUGH THE NATIONAL EYE HEALTH SYSTEM.**

Screening glaucoma patients will be integrated with cataract outreaches.

A double diagnosis will be implemented in order to improve the quality of the case identification.

Access to affordable drugs or surgical means of treatment will be enabled.

Sensitization campaigns will be organized for eye health agents and glaucoma patients' families.

**REQUIRED BUDGET: USD 3,839,000.–**



**COMPONENT 4**  
*Diabetic Retinopathy (DR) management*

**A NATIONAL ORIENTATION SCHEME IS DEVELOPED, ENABLING DR PATIENTS TO BE CURED THROUGH THE NATIONAL EYE HEALTH SYSTEM.**

A national registration file of diabetic patients will be developed and put into operation.

80% of general practitioners will be sensitized and made aware that DR is a public health problem.

Treatment equipment and consumables (at least 3 lasers) will be installed and disseminated across the country.

**REQUIRED BUDGET: USD 2,095,000.–**



**COMPONENT 5**  
*Cross-cutting capacity building*

**LOCAL EYE HEALTH AGENTS ARE TRAINED AND ABLE TO PROVIDE COMPREHENSIVE EYE CARE SERVICES.**

An ophthalmic technicians training program will be re-opened.

4 secondary ophthalmic centers will be created and put into operation.

10 new ophthalmologists will be trained.

6 optometrists will be trained.

5 low vision technicians will be trained.

2 technicians for biomedical maintenance will be trained.

2 glasses manufacturers will be trained.

**THANKS TO A BETTER KNOWLEDGE OF EYE DISEASES (NATIONAL SURVEYS), NATIONAL POLICIES ARE DEVELOPED AND IMPLEMENTED.**

- 3 situational analysis will be realized.
- Teams from the eye health centers will be supported to publish scientific papers.
- A data collection system will be developed.
- The PNLC website will be created and maintained.

**REQUIRED BUDGET: USD 5,594,000.–**

# Joining Forces

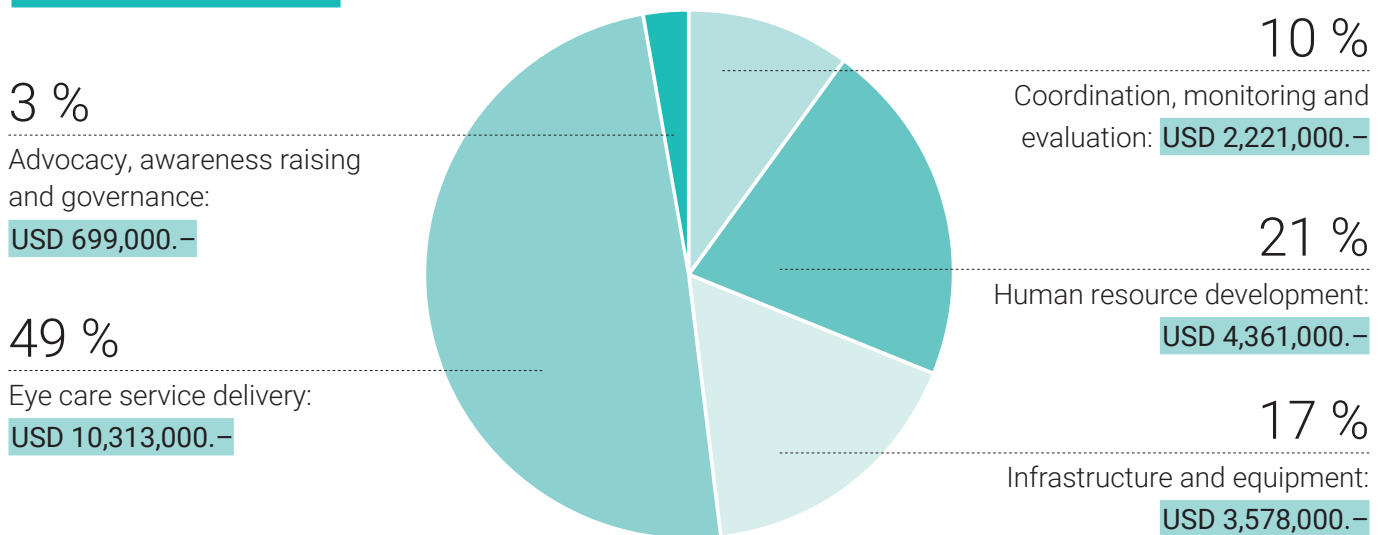
## WORKING TOGETHER, WE CAN BE CATALYSTS FOR FAR-REACHING SOCIAL CHANGE

With the Chadian Government in the driving seat, we are joining forces to expand coverage and quality of eye health services across the country.

Our main partners include all the stakeholders of the sanitary pyramid (ie. national, provincial and district levels), while NGOs and community structures complement our efforts.

***If you want to walk fast, walk alone. If we want to walk far, let's walk together!***

### Total Budget Breakdown



Budget required for Chad: **USD 21,172,000.-**

### The Chadian Government Commits USD 2,435,000.- to Fund:

- Salaries for ophtalmologists: USD 450,000.-
- Salaries for eye health technicians: USD 1,260,000.-
- Salaries for eye health nurses: USD 725,000.-

***It is an ambitious plan. However, the results will not be eye opening, they will be life-changing.***

# Our Wider Impact

Your support to this Action Plan will directly contribute to our vision that each Chadian will receive access to comprehensive quality eye health services. We therefore invite you to provide the gift of sight to thousands of people in Chad helping them see a clear path out of poverty.

As part of the larger AFAB II program, spanning across 13 member countries, the leverage of this Action Plan is immense. Through promoting South-South partnerships, we will lay the foundations for strong and sustainable eye health services across the African continent.

OUR VISION + YOUR INVESTMENT = **A BRIGHTER FUTURE**



*"My name is Idriss Gebal Ali. I am 60 years old and live in the village of Am Tchioko (Ouaddaï region, eastern Chad). I started getting the first symptoms of trachoma in my left eye 4 years ago. More specifically, I had watery, itchy and irritated eyes.*

*I was informed at the local market by a community relay that an outreach of trichiasis surgery was being carried out. The relay brought me to the health center. Then, I was operated on in April 2017. I did not suffer from any complication or recurrence after the operation.*

*My brother has also had his right eye operated on. He also had good results after the surgery. Nevertheless, my wife has still an ocular problem: I will bring her to the health center in order to have her treated too."*



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