One Student One Family and the Mozambique Eyecare Project, the Interaction Between Optometry Students and the Community in Nampula, Mozambique

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One Student One Family and the Mozambique Eyecare Project

The Interaction Between Optometry Students and the Community in Nampula, Mozambique

Stephen Thompson MSc BSc
• Summary and methodology

• Introduction to Mozambique Eyecare Project

• Introduction to Universidade Lúrio and to 1 Student 1 Family

• Results (benefits and challenges)

• Conclusions
Summary

This paper aims to explore the successes and challenges of the One Student One Family programme within the context of the Mozambique Eyecare Project.

Methodology

- Surveys and key informant interviews:
  - Optometry students
  - Individuals
  - Teaching faculty
  - Project partners

- Baseline and census data
Mozambique Eyecare Project

- Address unmet eye care needs through HRD
- Focus on Lusophone Africa.
- Key output - Optometry School in Nampula
- Partners:
  - Universidade Lúrio
  - Dublin Institute of Technology
  - International Centre for Eyecare Education (ICEE)
  - University of Ulster
Optometry School and Universidade Lurio

• Opened in 2007
• 6 courses in Faculty of Health Science
• Optometry started in 2009
• Global Curriculum from ICEE
• 3 year groups
• 55 Undergraduate Students

[Image of students in lab coats]
One Student One Family

“To educate and train a new generation of professionals, who are competent and committed to development, science and the welfare of local communities”

One Student One Family policy document 2009
Programme overview

• Process of consultation with community leaders
• Each student assigned a family
• Each student assigned a group
• Semesters 1 to 4 – basic public health
• Semesters 5 onwards – discipline specific public health
• 2 hours theory, 2 hours practical
Baseline data

- Baseline survey November 2010
- Gathered by students in 5th and 6th semesters
- Optometry students not involved
- Introduction to scientific methodology

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<table>
<thead>
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<tbody>
<tr>
<td>Number of students</td>
<td>208</td>
</tr>
<tr>
<td>Number of families</td>
<td>207</td>
</tr>
<tr>
<td>Total family members</td>
<td>1,196</td>
</tr>
</tbody>
</table>
Baseline data

Age distribution for 1S1F Programme

Data from 2010 1S1F Baseline Survey
NB. 2% of subjects did not respond to the question on age
Data from 2010 1S1F Baseline Survey and the 2007 National Census 
NB. 2% of subjects for 1S1F did not respond to the question on age
Benefits to the Students

- Clinical practice
- Broader awareness of health science
- Introduction to scientific research
- Problem solving
- Interaction with other students
- Sense of belonging to Nampula

“It puts what we learn into perspective. We can apply our knowledge to reality.”
Joel Bambamba - Optometry student
Benefits to the families

- Awareness of public health
- Improved hygiene
- Access to knowledge
- Increased trust in medicine
- Disease prevention
- Increased importance of education

“I have learnt many things. For example how to brush my teeth and how to improve my personal hygiene”

Vitorina Antonia - 21 years old participant
Benefits to the University

- Develop an understanding of the institution
- Return on investment (value for money)
- Research possibilities
- Strengthen learning outcomes

“The research possibilities for the university are significant and as the programme matures, they will be realised.”

Tatiana Santana – Universidade Lurio
Benefits to the Community

• Improved public health
• Direct access to (future) health care professional
• Access to University facilities
• Ripple effect (community as the beneficiary)
• Reduced pressure on local health facilities
• Communal areas improved

“It is better and cheaper for us as a community to avoid a disease rather than getting it and trying to treat it.”
Reglo de Muatala - Community leader
Challenges

• Existing health services and Ministry of Health
• Language
• Scope of practice
• Control and supervision
• Language of resources and educational tools
• Loss of students or families
Challenges continued

• Specialist faculty shortages
• Faculty unfamiliar with the community
• Lack of medical resources
• Research challenges
• Baseline
Conclusions

• Project is in its infancy

• Potential is significant

• Some challenges identified

• All involved stand to benefit

• The project is a perfect fit with MEP objectives.

“The One Student One Family programme allows community focused optometrists to be trained. This is one of the main objectives of the Mozambique Eyecare Project”.

Aoife Phelan – Dublin Institute of Technology
Thank you
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