Giving Sight to Children of Busoga, Bunyoro & Teso Regions Uganda

Program Results & Lessons Learned
2009 A2Z Child Blindness Program Partners Meeting,
Washington DC, Nov 2 – 3
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Uganda Background

- Pop: 32.36 million
- 0 – 14 yrs: 50%
- Prevalence of VI among children: 0.9/1,000
- # of children with VI (VA <6/18): 150,518
- Blind/SVI (VA <6/60 – NPL): 14,566
- Children with LV (VA 6/60 - <6/18): 29,133
- Children with 2% RE 11-15 yrs (VA <6/18): 106,820
- Children who require surgery e.g. cataract, glaucoma: 3,605

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Background

• Health services decentralised to districts as part of the Decentralisation Policy of 1997

• Project covers 17 districts: pop – 6.4 million

• Primary eye care (PEC) services available at District Hospitals & Level IV HCs by Ophthalmic Clinical Officers and/or Ophthalmic Assistants

• Tertiary services provided at 3 Regional Referral Hospitals & 1 National Referral Hospital (Mulago) by Ophthalmologists

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Background: Educational Support

- Children who require non-sighted educational medium; e.g. Braille: 2,440
- Children who require sighted educational medium e.g. LV devices: 39,366
- Children who require early intervention services (0-5 yrs): 4,807
Project Approach

- Extend refraction, low vision & paediatric ophthalmic surgical services to the children in the 3 regions
- Build & strengthen already existing primary & 2\textsuperscript{nd} eye care
- Follow WHO Comprehensive Eye Care (CEC) model seeking to develop a continuum of eye services within a defined area
- Cover promotive, preventive & curative services with referral links between primary, 2\textsuperscript{nd} and tertiary services
- Adopt strategies in line with WHO Vision 2020 Global Initiative for the Elimination of Avoidable Blindness

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Objectives

• Develop capacity to provide refraction & LV services at 17 district & 3 regional hospitals
• Strengthen primary and community health structures throughout the project area
• Develop a tertiary paediatric oriented ophthalmic service at Mulago National Referral Hospital (NRH)

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## Results & Achievements

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Current status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training</strong></td>
<td># OCOs sensitized to ophthalmic needs of children</td>
<td>78</td>
<td>191</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td># paediatric surgery cases correctly diagnosed &amp; successfully referred to Mulago NRH</td>
<td>420</td>
<td>303</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
<td># children 0-15 yrs screened for eye conditions</td>
<td>45,000</td>
<td>186,844</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td># children 0-15 yrs screened &amp; referred for tertiary services</td>
<td>3,000</td>
<td>3,920</td>
</tr>
<tr>
<td><strong>Refraction</strong></td>
<td># of children 0-15 yrs refracted &amp; provided with glasses in stipulated time</td>
<td>240</td>
<td>206</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td># children 0-15 yrs with LV assessed &amp; provided with LV devices in stipulated time</td>
<td>210</td>
<td>90</td>
</tr>
</tbody>
</table>

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Qualitative Results

• Contributed to health systems’ strengthening
• Created a national paediatric ophthalmology referral service
• Beneficiary children integrated back into school system
• Better results for children due to improved vision
• Improved spelling, reading & handwriting
• More social inclusion of children & participation in schools’ extra curricula programs after surgery

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Project Innovations

- Use of school teachers to screen in schools
- No need to visit HCs – routine activity in schools’ schedules
- ‘Child is Now’
- Fast track mechanism – bright coloured registration cards for immediate recognition & action
- Shortest time from identification to surgery & refraction

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Influence at Policy Level

- Total integration of paediatric ophthalmology into MoH’s Child Days Plus Program
- Establishment of system in MoH for tracking children screened & referred to health facilities
- System to capture children with blinding conditions at PHC/PEC levels
- Early management of paediatric ophthalmic conditions
Challenges

• Eye diseases are a very low priority in all districts
• Funding to the health sector is based on national disease burden – drugs & facilities?
• Limited participation by parents & other stakeholders – expect incentives from Sightsavers
• Missed opportunities for targeting pre-school & other out-of-school children – emphasis mainly on school-based screening
• Maintenance of spectacles/devices once given out to children
• Lack of a dedicated theatre at Mulago NRH
• Importation delays for glasses/devices

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Lesson Learned

- Public-Private Partnership between MoH & Sightsavers to ensure that staffing, remuneration, infrastructure & policy frameworks that influence the project are embedded within MoH system.
- Capacity building & equipment provided don’t cease with the project.

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Thank You!

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