



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
Ben Male, Country Director, Sightsavers International

Background

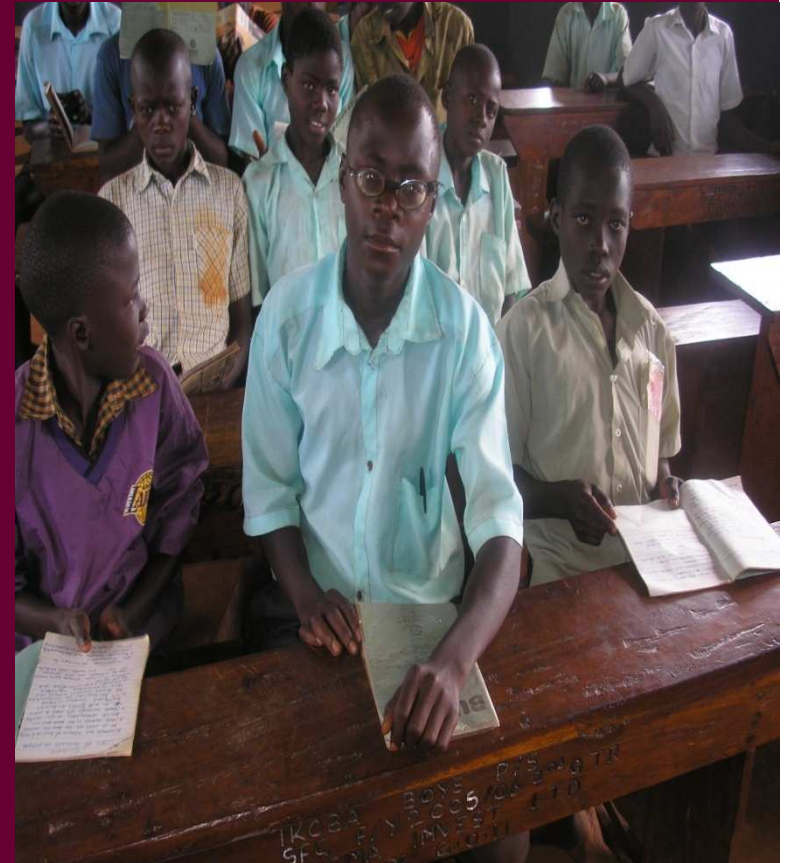
- Health services decentralised to districts as part of the Decentralisation Policy of 1997
- Project covers 17 districts: pop – 6.4 million
- Primary eye care (PEC) services available at District Hospitals & Level IV HCs by Ophthalmic Clinical Officers and/or Ophthalmic Assistants
- Tertiary services provided at 3 Regional Referral Hospitals & 1 National Referral Hospital (Mulago) by Ophthalmologists

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^o 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^o and tertiary services
- Adopt strategies in line with WHO Vision 2020 Global Initiative for the Elimination of Avoidable Blindness



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)



Results & Achievements

	Indicator	Target	Current status	Comments
Training Output	# OCOs sensitized to ophthalmic needs of children	78	191	Training extended to Ophthalmic Assistants (OAs)
Outcome	# paediatric surgery cases correctly diagnosed & successfully referred to Mulago NRH	420	303	Delayed establishment of POT
Screening Output	# children 0-15 yrs screened for eye conditions	45,000	186,844	High turnout for screening in schools & Child Days Plus
Outcome	# children 0-15 yrs screened & referred for tertiary services	3,000	3,920	Effective use of referrals
Refraction Output	# of children 0-15 yrs refracted & provided with glasses in stipulated time	240	206	Logistics
Outcome	# children 0-15 yrs with LV assessed & provided with LV devices in stipulated time	210	90	Problems with orders

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



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



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

REPUBLIC OF UGANDA
MINISTRY OF HEALTH
FORM 4 - CHILD DAYS SUMMARY SHEET FOR DISTRICTS

Month of _____ Name of DISTRICT _____

VITAMIN A	EYE SCREENING	CHILD DAYS		DEWORMING		MOTHERS RECORDED IN HEALTH SERVICES
		Number of children screened	Number of children dewormed	Number of children screened	Number of children dewormed	
1						
2						
3						
4						
5						
DISTRICT TOTAL						

Analysis of the overall district coverage this month:

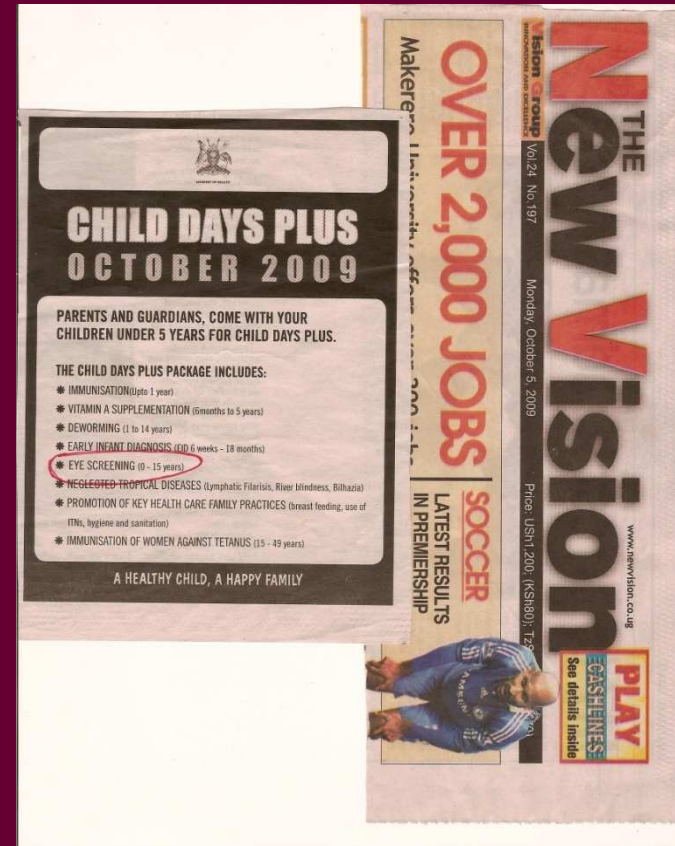
a. Total number of children in district aged 6-59 months: _____
 b. Total number of children in district aged 1-14 yrs (19.2% of District total estimated population): _____
 c. Percentage Coverage for Vitamin A ($\frac{\text{Total Number of Children Screened}}{\text{Total Number of Children aged 6-59 months}} \times 100$): _____
 d. Total number of children screened 1-14 years: _____
 e. Percentage Coverage for de-worming ($\frac{\text{Total Number of Children Dewormed}}{\text{Total Number of Children aged 1-14 yrs}} \times 100$): _____
 f. Total number of children with other conditions: _____
 g. Total number of children referred to health facilities: _____
 h. Total number of children with blinding eye 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

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





Thank You!

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