Universal access to refractive services within the national health system in Uganda

Light for the World
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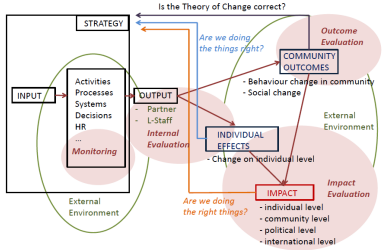
Light for the World

is a European confederation of national development NGOs aiming at an inclusive society. We strive for a world in which persons with disabilities have a decent life, participate equally in society, and have access to their rights.

At present we work in 16 partner countries and on an international level on health, education, and livelihood. Our work has a specific focus on eye health, prevention of blindness, and community based rehabilitation.

Our approach towards Impact



The **EFFECTIVENESS FRAMEWORK** of LIGHT FOR THE WORLD is built around our long-term strategy of striving towards an inclusive society. Activities are monitored and evaluated internally by our local partners and our staff.

In order to measure the individual effects and community outcome (intended or unintended, positive or negative) external (impact) evaluations with special techniques (such as story-telling methods) are undertaken regularly.

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FINDINGS AND LEARNING

ACCESS TO HEALTH

Services

Using uncorrected refractive errors (URE) as the starting point for providing comprehensive eye health for all, as well as ensuring the necessary service structures are in place, resulted in successful outcomes.

The sustainable structures provide access to tailor-made high quality glasses (also with special prescription) especially for poor people who otherwise cannot pay for glasses.

School health: The integration of URE and all school eye health related issues into comprehensive school health programs, as well as a functioning referral system, enables many children with visual impairments to follow classes and participate in school activities.

Mandatory eye screening and access to services combined with the integration of school eye health into the training curriculum for all teachers was found to be the right approach for ensuring comprehensive eye health in schools.

By using and enhancing existing ways of service delivery, there was no need to establish a parallel system. Through a cost-benefit scheme on the one hand and the increased demand for services generated by the project on the other hand, it could be shown that there was no competition between the private and the public sector.

Awareness

The use of innovative tools for awareness raising, including vision corridors, radio and television spots, persons with visual impairment speaking out for the project, etc., have proved to be very effective in breaking long-held beliefs, e.g. that spectacles "kill" the eyes, or that girls fail to get married as a result of wearing classes.

Having established links from the website of the Ministry of Health to URE sensitization and advocacy tools has given the program additional credibility and profile.

SYSTEM STRENGTHENING

Structures

After signing the MOU with the government, it was shown to be important that the government officials were motivated to carry out their agreed roles in order to foster political/district ownership of the program.

Including URE in the national health system under the Ministry of Health, and developing service delivery structures at the district level (incl. outreach and school eye health activities) which are included in the district's budget long-term, ensures that URE is sustainably embedded in the health system.

Linking the program at national level and district level in a way that the latter sees it as a Ministry of Health program and not as a donor driven program supports ownership by the districts.

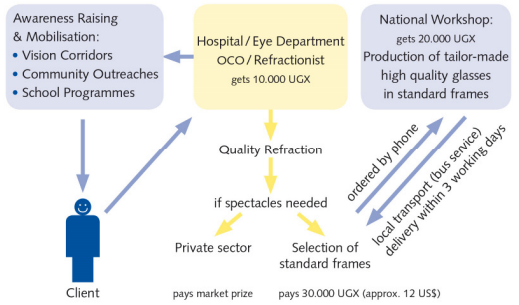
Establishing a dual system of supply production and human resource development has been important; the organizing of a national workshop embedded in government in combination with formal training of OCOs/Refractionists including provision of good quality refraction equipment has helped to close a gap.

Establishing an effective fast delivery system (ordering spectacles by phone and using the local bus (courier) systems) has enabled the delivery of tailor-made high quality glasses within 3 working days throughout the whole country.

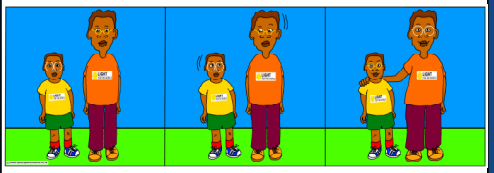
Processes

Equipping all OCOs with a limited number of standard models of spectacle frames (availability of several hundred frames of the same type necessary), charging low fees for tailor-made glasses (about 12$ - distribution see graph), as well as free provision for children, was found to be adequate for ensuring that people in need really take up the services.

In the pilot districts reporting processes are set up to ensure involvement of all relevant stakeholders at district level and to inform further program planning and development.



The Project



The National Intervention on Uncorrected Refractive Errors (NIURE) project in Uganda is jointly implemented by LIGHT FOR THE WORLD and the Brian Holden Vision Institute Foundation (BHVIF), under the auspices of the Ministry of Health of Uganda and within the framework of the Vision 2020 plan. The programme is one of 3 pilot-programmes (Nigeria, Pakistan, Uganda) being carried out under the leadership of the International Council of Ophthalmology (ICO) Task Force on URE and as such is considered an essential contribution not only to the eye health of the people of Uganda but also to identifying lessons learnt and good practices for other countries around the globe.

The first phase (2008 – 2012) included laying the foundations for helping people with URE in Uganda through training and equipping. A National Optical Workshop has been set up, equipped and staffed, and a logistics system established. During the current second phase of the project (2013-2017) we will be supporting 8 districts (plus a further 4 through the Seeing is Believing Initiative) with the aim of mainstreaming eye health activities into district health and education sector plans. Finally, an Optometry Bachelor's Degree Course is envisaged to commence at Makarere University in 2014/2015.

In order to identify the effects, outcome and impact on individuals and at community level, a beneficiary-based rapid "impact" assessment was undertaken in November 2013. The crucial question to be answered was whether the "Theory of Change" is correct and whether the stakeholders are sharing it. The methodology of the evaluation was a mix of quantitative and qualitative methods.