



Project Restore Eyesight, Dignity and Worth of Persons in Poor Rural Communities of Uganda



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Project Summary: Deployed at the Government of Uganda's Moroto Regional Referral Hospital, with humility and humanely, Dr. Atto serves Karamoja's 2.8 million marginalized poor people, who should be served by at least four eye doctors, in accordance with the World Health Organisation's recommended ophthalmologist versus population ratio.



Sensing that shame inhibits the poor from seeking free eye care services at a hospital, her team innovated and uses community outreaches to provide poor people with eye care services, including doing cataracts surgeries. Dr. Atto and her team are pro-actively restoring eye sight and preventing blindness. Millions in Uganda are visually impaired and thousands are unnecessarily going blind due to preventable causes. Dr. Atto's compassionate impactful work needs support and replication so as to reach and save the eyesight of many more still afflicted.

Considering that Dr. Atto is the first ophthalmologist to ever be deployed to work in the whole of Karamoja, there is need to spotlight the extent to which and how Uganda policy and practice are disability sensitive or not, with particular focus on visual impairment. How does current policy and practice impact the lives of the visually impaired? To what degree are the visually impaired accommodated, provided for and included?

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The Problem

Uganda's population is estimated at about 48 million people and reports indicate that this huge population is served by only about 40 ophthalmologist - eye doctors. Moreover, these few eye doctors are mostly located in municipalities and cities in national referral hospitals that are serving huge geographic areas. Rural areas are under-served. The few eye doctors there deployed, such as Dr. Atto in Karamoja, are dealing with a huge numeric challenge of patients. And populations which generally hold questionable beliefs about medicine and medical practice; which beliefs negatively impede their eye care seeking behaviour; and thus causing preventable blindness among many.

A Day in the Life of an Eye Doctor in Uganda

"We gave a patient eye drops, but he went back home and instead used penicillin powder. He said he thought it would work faster. Today he came back with a perforated cornea."

"I referred a patient to Mengo Hospital for review by a retina specialist. One week later, patient calls: "I'm calling to inform you I didn't go to Mengo." I asked: why? Patient answered: "Doctors from GNLD scanned my head with their machine and said my brain lacks water. They advised me to take 60 litres of water a day and my eyes will get better."

"My theatre team is all female, but yesterday to our dismay, one male patient kept insisting that no female should touch him. He kept saying: "I don't want childish female hands to touch me". Guy relented when he realized the surgeon is also female."

True stories shared by Dr. Atto on X

The Solution

"According to the Ugandan Ministry of Health, 57 percent of blindness cases in the country are due to cataracts, a condition that can be treated (Raziah Antham in Africanews)." It is the aspiration of CPAR Uganda that this project will contribute towards reducing the percentage of persons in Uganda who go blind when afflicted with cataracts. Direct project beneficiaries will have their eyesight and their worth restored. As functional humans they will be able to lead a better quality of life for them and their households, unimpeded by visual impairment. In order to achieve these desired outcomes, CPAR Uganda will:

- **Facilitate Eye Care Services.** Little by Little, one eye at a time, in consultation with Uganda's Ministry of Health, CPAR Uganda will enable people from disadvantaged and poor communities in rural Uganda to access eye care services. It will do so by raising funds in order to equip eye doctors, such as Dr. Atto, with the necessary material, medicines, equipment and other resources that they need.

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| Ug. Shs. 38,000 | US\$ 10 | Buys a box containing 10 pieces of FFP2 surgical masks that cataracts surgical teams need as part of protective gear. |
| Ug. Shs. 76,000 | US\$ 20 | Buys two bottles of anti-bacterial hand sanitizer that surgical teams need to sanitize while performing cataract eye surgeries. |
| Ug. Shs. 114,000 | US\$ 30 | Buys a box containing 25 pieces of latex surgical covers that cataracts surgical teams need as part of protective gear. |
| Ug. Shs. 190,000 | US\$ 50 | Buys 35 litres of diesel that can enable screening teams to travel 500 kilometres into communities to provide free eye care services. |
| Ug. Shs. 380,000 | US\$ 100 | Buys medicines - eye drops for one patient for six months (twice-daily drops) that they need after cataract surgery. |
| Ug. Shs. 570,000 | US\$ 150 | Buys a cataract kit that is needed to perform cataracts surgery on one patient. |
| Ug. Shs. 1,140,000 | US\$ 300 | Buys 200 liters of diesel to run a generator for 20 hours to power surgical equipment during remote community surgical camps. |
| Ug. Shs. 3,800,000 | US\$ 1,000 | Covers the cost of a surgical team - medical personnel and cleaning crew for an eye surgery camp in a remote setting. |

In addition, CPAR Uganda will offer its centres – land and buildings to host medical camps in Acholi - in Pader Town Council and Gulu City; and in Lango - in Lira City and Loro Town Council.

Equipping eye doctors and their teams, will facilitate them to go to the people, through community outreaches, medical camps and home visits, in order to provide eye care services; and as well to bring back to hospital the seriously afflicted in need of specialized care.

- **Advocate for Enabling Policy and Practice.** CPAR Uganda will conduct empirical research. Author well written policy briefs and peer-reviewed journal articles. Stimulate debate that positively influences stakeholders to adopt good practices and norms on service provision for persons with visual impairment. And raise public consciousness of the key challenges that persons with visual impairment face, which negatively impact their human worth, endowments; and ultimately their quality of life.

How you can Help

While CPAR Uganda possesses the requisite technical expertise to execute this project, it lacks the funds to do so. It needs your help to raise funds – grants and donations. Donations can be made via the CPAR Uganda **GlobalGiving Page** <https://www.globalgiving.org/donate/46796/cpar-uganda-ltd/>; via its Bank Account with **DFCU Bank**, CPAR Uganda 01103500267434; and via **MTN Mobile Money** on Tel. +256 788 562 571 (registered in the names of Norah Owaraga) or **“Pay with MTN MoMo** to Agent Code: 573036. No donation is too small. Every little bit counts. Thank you!

About CPAR Uganda

CPAR Uganda Ltd came into being through the indigenisation of the Uganda country programme of the international charity, the Canadian Physicians for Aid and Relief (CPAR); hence the use of the acronym CPAR as its name. It is a non-profit company limited by guarantee and not having share capital. It was incorporated on 8th October 2008, registration number 102332, by the Registrar of Companies (now Uganda Registration Services Bureau), under The Companies Act (Cap. 110 of the laws of Uganda).

CPAR Uganda is owned by Ugandans of distinguished standing who volunteer their time, financial resources and expertise in service of others less advantaged. Its current Board Chair is Rotarian Prof. Dr. Christopher Garimoi Orach, a professor of community health at the School of Public Health, College of Health Sciences, Makerere University Kampala.