DATE: 28th October 2024.

REPORT ON THE EYE SCREENING AND SURGICAL CAMP AT ADJUMANI GENERAL HOSPITAL

DATE: 13TH-17TH OCTOBER 2024.

LOCATION: ADJUMANI GENERAL HOSPITAL, ADJUMANI DISTRICT, UGANDA.

SPONSOR: UNHCR THRU MEDICAL TEAMS INTERNATIONAL, CHARITY VISION INTERNATIONAL.

IMPLEMENTORS: OPHTHALMOLOGY SOCIETY OF UGANDA THRU KIRUDDU NATIONAL REFERRAL HOSPITAL, MASAKA REGIONAL REFERRAL HOSPITAL, LIRA REGIONAL REFERRAL HOSPITAL, ADJUMANI DISTRICT HOSPITAL

INTRODUCTION

As part of the world sight day celebrations 2024, the Ophthalmology society of Uganda, Ministry of health with partners organised an eye screening and surgical camp in the Westnile sub-region. This camp took place in three hospitals among which were Adjumani general hospital, Arua regional referral hospital and Nebbi general hospital. The main aim was advocacy about eye health, diagnosing major causes of visual impairment and offering sight restoring surgery to those who needed it.

OBJECTIVES.

- To raise awareness on eye health in the region
- Advocacy for Eye health
- Creating new/ strengthening partnerships
- Service Delivery(Cataract surgery, screening and treatment)

ACTIVITIES AND OUTCOMES.

THE TEAM.

This was the composition if the team;

Professional	**Number**	**Roles**
Ophthalmologists	5	Supervision Cataract surgeries Quality Assurance
Optometrists	4	Refraction Quality Assurance
Ophthalmic Clinical Officers	4	Screening Post Operative Review
Ophthalmic Nurses	4	Assisting Managing theatre processes
General Nurses	4	Managing theatre and ward processes

Other support staff	4	Records Translation Managing patient movement/flow
Drivers	3	Transporting teams to site

PLANNING.

The idea for this Eye camp was hatched in April of 2024 and it falls under one of the strategic objectives of the Ophthalmology Society of Uganda. A concept paper was written, the idea was shared and embraced by an AD-HOC committee of experienced Ophthalmologists. Sub-committees were created and planning meetings were held. By August 2024, through the Ministry of Health National Prevention of Blindness Committee (NPBC), the idea of this eye camp was proposed as part of World Sight Day commemoration in order to increase its impact and relevance. It became part of the World Sight Day activities and Ministry of Health co-lead the execution with Ophthalmology Society of Uganda. Mobilization for the Eye camp was done through: Radio announcements, Regional OCOs, Refugee camp program managers and word of mouth. The original plan was to conduct 5 camps in the West-nile region(Arua, Nebbi, Koboko, Yumbe, Adjumani) but due to challenges with resources, 3 camps were conducted (Arua, Nebbi, Adjumani).

PATIENT SCREENING.

A total of 1253 patients were screened for ocular conditions. The screening process involved comprehensive eye examinations by qualified ophthalmic clinical officers. Health education was provided to all participants regarding eye care and preventive measures. The screening activity took place in the Adjumani Out-patient department.

We also identified many patients from refugee settlements who came seeking sight restoring surgery but had end stage Glaucoma for which surgery had no role. Corneal scarring secondary to Trichiasis was another prevalent condition noted.

SURGICAL INTERVENTION.

A total of 157 patients underwent ocular surgery. 147 cases were of cataract surgeries and 10 other surgeries which included one evisceration for anterior staphylomatous painful eye and 9 pterygium excisions.

Of all the operated cases, 64% were refugees. Majority of the patients worked on were female. The surgeries took place in the Intensive care unit of Adjumani Hospital.

The team had three operating microscopes one of which broke down during the course of the camp.

An ophthalmologist did the immediate post-operative review and medications were provided to all patients who received surgery.

Intervention	Male	Female	Total	Refugees
Screening	552	701	1253	877
Surgery	107	140	247	158
Drugs	97	224	321	201
Spectacles	43	34	77	42
Overall Total				

FINDINGS AMONG REFUGEES.

A significant number of the screened individuals, especially among the South Sudanese refugee population, were diagnosed with advanced Glaucoma.

Many cases were detected at an advanced stage, emphasizing the need for ongoing eye health education and regular screenings in refugee communities.

We were particularly encouraged by the enthusiasm and willingness to utilise these services and the general acceptance among the refugee population: which reflects their trust in the health system and desire to be well. They were all very patient and compliant.

ACHIEVEMENTS.

- Successful service delivery
- Successful advocacy: commitment from Ministry of Health to promptly deploy and Ophthalmologist to the region
- Increased awareness of eye health and eye health burden in the region
- Creation of new partnership with MTI, UNHCR and Adjumani District Hospital

CHALLENGES.

- Unstable power; on day 1, we faced interruptions in the surgical work due to unstable power. However, the Medical director of the hospital availed a stand-by generator for the team which ensured a constant power supply for the rest of the days.
- Patient backlog: Due to the high number of patients that needed care, a number were left un-attended to due to the limited number of days.
- PWD access: We noted that the OPD access is not very inclusive as PWD face difficulty navigating the stairs/steps.
- Significant burden of other chronic blinding conditions among the population e.g Glaucoma, Trachoma

RECOMMENDATIONS.

- Establish regular eye health screening and cataract surgery programs in refugee settlements.
- Provide community education initiatives aimed at early detection and management of eye conditions.
- Foster collaborations with local health authorities and NGOs to enhance financial and logistical support for ongoing eye care services in the region.

- Leverage regular Eye camps to deal with the backlog of cataracts-as recommended by WHO as the most effective way to handle this.

CONCLUSION.

The eye camp at Adjumani General Hospital was a resounding success, significantly contributing to the eye health of the local population and refugees. The high incidence of advanced glaucoma among the refugee community highlights the urgent need for continued healthcare interventions and education. Future camps should focus on long-term follow-up care and preventive strategies to address the underlying causes of visual impairment in these communities.

PICTORIAL.




INTENSIVE CARE UNIT (ICU)
& MEDICAL EMERGENCY SERVICES (MES)








UGAND











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