

Sigilai Village, Uasin Gishu County, Kenya
Operation Eyesight Universal
www.operationeyesight.com

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Sigilai Village, Uasin Gishu County, Kenya

The languages spoken in Sigilai Village are Kalenjin, the local dialect, and Swahili, Kenya's national language. Those who have attended formal schooling can also speak English. The population of the wider region, Chuiyat Sub-Location, is 7,444, and the life expectancy is 66.34 years. Many of Kenya's world-famous marathoners hail from this area! Villagers mostly use wood fuel for cooking and use kerosene tin lamps or portable solar lamps for lighting. The majority of households have pit latrines, but some don't. Water is usually fetched from wells, and the water is not clean.

Youth play sports, such as volleyball and football, but there are no entertainment options for adults. Some youth in Sigilai Village recently noticed issues of deforestation due to dependence on wood fuel, and have set up tree nurseries to help replenish tree coverage. Leadership positions in Sigilai Village are reserved for wealthy men. When women assert their right to compete for political office, they face intimidation, violence and harassment.

The Challenge: Most eye problems can be fixed easily and quickly through medication, surgery or a pair of custom prescription eyeglasses. However, if people do not have the resources to access these treatments, they continue to experience vision loss. Vision impairment that is preventable or could easily be treated is referred to as avoidable blindness. There are high rates of avoidable blindness or vision impairment in Sigilai Village, due to lack of knowledge, access and affordability of eye health care services. Community members

also deal with common colds & flu, skin rashes related to poor hygiene, and malaria.

Sigilai Village is a remote community, and it does not have a doctor or hospital. There is a pharmacy 4 km away and a hospital 18 km away, but neither offers eye care services. Villagers are forced to travel approximately 42 kilometers to reach the nearest urban centre, Eldoret, to access eye health care services. Children with vision impairment have difficulty keeping up with the other children's progress because they can't read or write properly. They may also face social exclusion from their peers. It is rare that schools have ramps, reserved toilet facilities, or assistive mobility, sensory and learning devices for students with vision impairment and other disabilities.

There are few formal jobs in Sigilai Village. Most people in the village are smallholder subsistence farmers growing maize, beans, vegetables, alongside small scale dairy farming. A few families own lots of land and can grow plenty of food to eat, and even sell. The rest of the community have barely enough land to grow food to eat. Adults with visual impairment essentially lose the ability to support their families and earn an income through farming.



Glossary

Life Expectancy: The average age of death in a population. Life expectancies can reflect global inequalities. Higher income countries typically have high life expectancies and lower income countries have lower life expectancies.

Pit Latrine: The simple pit latrine is a toilet dug into the ground. It is the cheapest and most basic form of improved sanitation available.

Kerosene Lamp: Lanterns that burn kerosene by pulling it up through a wick. They can be dangerous to use, cause respiratory health issues, and produce harmful carbon emissions.

Subsistence Farming: A system of farming that provides enough for the family, but no significant surplus for the family to sell.

Julia

45 year old woman

Married with 6 children and 1 grandchild

Mother of Mercy and Linus

Julia is a mother of six children. Four of her children and her one grandchild have lived with from blindness since birth. Julia lives in poverty and she can't afford to take her children to a doctor. She wanted them to have opportunities for a bright future, and she knew their struggle to learn would limit their opportunities. But she didn't know how to get help for her children.

Julia took her children to a local health centre when they were younger, but these facilities often don't have trained eye health care professionals on staff or the proper equipment to diagnose eye problems. She was told that her children's condition was genetic, and nothing could be done to treat it. She accepted this, because she didn't have the money to travel to a hospital for a second opinion. As a result, her children continued to live with blindness.

Mercy

20 year old woman

Single with 1 baby daughter

Julia's daughter

Mercy dreamed of becoming successful in life, but she struggled in school due to her poor vision. She wanted a better life for her baby, but when she found out her baby was experiencing blindness as well, she was afraid. She didn't know how she would be able to look after herself and her baby daughter, and she was worried that her daughter would have the same struggles with school that she had growing up.

Linus

12 year old boy
Julia's son

Linus is sad when his friends at school don't want to play with him because he can't keep up with them. He wants to help with household chores, such as fetching clean water, but he is afraid to travel to the well by himself, because he's afraid he'll fall in the well. He aspires to be an athlete.

Mr. Ruto

55 year old man
Julia's children's teacher

Mr. Ruto is a teacher at the local Sigilai Primary School. He was sad to see the problems these children faced in school. The children had difficulty keeping up with the other children's progress because they couldn't read or write properly. Mr. Ruto did his best to provide assistance, but he didn't know how to get them the help they needed. He also saw that other children discriminated against them, not wanting to play with them.

Dr. Ollando

45 year old man

Julia's children's doctor

When the children were referred to Dr. Ollando by the eye screening camp, he diagnosed them with bilateral cataracts – cataracts in both eyes. The cataracts were severely limiting their ability to see, but cataracts are easily treated through surgery to remove them. He scheduled for the children to have surgery to significantly improve their vision.

Operation Eyesight Universal

In 1963, a businessman from Calgary, Canada, named Art Jenkyns met Dr. Ben Gullison, a physician who worked at a mission hospital in Sompeta, India. Dr. Ben had come home to Canada seeking funding for his mission work helping vulnerable people experiencing blindness that could be treated or could have been prevented. After their meeting, Art was inspired to found Operation Eyesight Universal to raise funds for people needing eye health care in India.

Operation Eyesight developed into a partnership between generous Canadians and Indian eye doctors to address a backlog of cataract cases. Today, the organization works collaboratively with hospital and government partners to tackle the root causes of avoidable blindness in Ghana, Kenya, Zambia, Ethiopia, Liberia, Nepal, Bangladesh and India with a mission to prevent blindness and restore sight.

Read more: <http://www.operationeyesight.com/>

Organization Response

Operation Eyesight provides eye health screening in areas where a large proportion of the population are not able to access health care. If an eye problem is detected, Operation Eyesight arranges a referral to an eye clinic or a hospital, and transportation if necessary. If the patient can't afford medical treatment, it is given to them free of charge, ensuring everyone has access to quality care. Operation Eyesight carries out eye screening through door-to-door house visits, centrally located eye screening camps, and school screening programs.

Update

As of the spring of 2020, the children each had surgery in one eye in July 2019 to remove cataracts, and in the other eye in early 2020. Their quality of life and opportunities for education have improved as a result of the surgeries, but if Julia had access to eye health care for her children when they were younger, they would have had a better outcome. The doctor wanted to see the children for a check-up six months after the surgery, but this has not been possible due to restrictions to eye health care services with COVID-19.

Watch this video to meet the community members introduced in the profile cards: <https://operationeyesight.com/mercy/>

