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Fundraising **GOLF** TOURNAMENT

Join the Rotary Club of Lusaka Central
for our Annual Charity Golf Tournament –
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PROJECT NAME

GIFT OF SIGHT



CAUSE

END Preventable Blindness

Dr Agarwals
Eye Hospital



SUNDAY
19TH JULY, 2026



REGISTRATION AT
9HRS
Registration starts at 8:00 AM



TEE OFF AT
10HRS
Shotgun start at 10:00 AM



WHERE: LUSAKA GOLF CLUB



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DISTRICT GOVERNOR'S MESSAGE



“On behalf of Rotary District 9210, I extend my heartfelt appreciation to the Rotary Club of Lusaka Central for yet again organising this year's Charity Golf Tournament on 19th July 2026 at the Lusaka Golf Club. Your club's hard work and dedication in bringing together Rotarians, friends, and partners for a day of fellowship, sport, and purposeful giving exemplifies the very best of Service Above Self.”

I am especially pleased to see the Rotary Club of Lusaka Central partnering with Dr. Agarwal's Hospitals in the fight to end preventable blindness - a collaboration that brings together Rotary's spirit of service with vital medical expertise to transform countless lives across communities. To every player, sponsor and donor who has stepped forward to support this tournament - thank you - your generosity does not go unnoticed - it is the foundation on which initiatives like this stand and succeed.

Tournaments like this remind us of the quiet power of fundraising: a round of golf becomes a cataract surgery, a swing of the club becomes sight restored, and a single afternoon's generosity ripples into change that outlasts the day itself. When Rotarians, partners, and friends come together around a shared purpose, even a game can become a powerful act of service.

To the Rotary Club of Lusaka Central, thank you for your unwavering commitment to making this golf day an annual tradition of service — may it continue to Create Lasting Impact.

Yours in Rotary Service,

Samuel Taurayi Chikowore
District Governor

PRESIDENT OF THE ROTARY CLUB OF LUSAKA CENTRAL'S MESSAGE



“As we gather at the historic Lusaka Golf Club this Sunday, 19th July 2026, for the Rotary Club of Lusaka Central (RCLC) Annual Fundraising Golf Tournament, our shared focus is sharp and clear: restoring the Gift of Sight to those facing avoidable blindness across Zambia.”

Preventable blindness and cataracts remain massive barriers to socio-economic development. When a parent loses their sight, a household loses its livelihood; when a child loses their sight, they lose their education. This loss of human potential directly stalls the momentum of our “Zambia Moves You” national agenda.

Recognizing that sustainable development requires institutional collaboration, RCLC has formed a powerful alliance with Dr. Agarwal's Hospitals. This strategic collaboration bridges Rotary's unmatched capacity for grassroots volunteer mobilization with vital, world-class medical expertise, creating an eye care model designed to outlast our current leadership term.

Sustainable community projects remain our primary vehicle to uplift the underprivileged, and the Annual Golf Tournament serves as the financial engine that powers this critical work. These funds allowed us to successfully execute a diverse portfolio of high-impact interventions over the Rotary years such as

- The Gift of Sight Mobile Clinic: In

partnership with Agarwal Eye Clinic, we launched the Dr. Agarwal's Mobile Eye Hospital in Chainda ward. This first-of-its-kind initiative was officially launched by the Hon. Minister Mike Mposha to reduce regional preventable blindness.

- Cataract Surgeries: Successfully sponsored and facilitated corrective operations for 20 underprivileged individuals, fully restoring their vision and independence.
- Maternal & Child Health Training: Partnered with JICA volunteer and registered nurse Ms. Itsumi Marumo (Japan) to train over 50 community members, nurses, and healthcare professionals at the Ng'ombe Urban Health Clinic.
- Community Care at Little Assisi: Celebrated the festive season with the children of Little Assisi in Ng'ombe, distributing toys, snacks, and cakes.
- The Yellow Bench Project: Partnered with the Rotary Club of Maebashi

East (Japan) to champion public health systems and strengthen local community infrastructure.

- Newly Approved Global Grant (June 2026): In partnership with the Rotary Club of Goderich (Canada), we secured official Rotary International approval for a major sanitation and water upgrade at the Life Impact Training Centre in Maasabi Township, Itezhi-Tezhi. Preparations are already underway to construct modern hygiene blocks, toilets, and upgraded water storage systems to protect local groundwater tables.

An initiative of this scale cannot exist in a vacuum; it requires the deep financial and structural commitment of our corporate community, corporate sports teams, and dedicated friends of Rotary.

We extend our profound gratitude to our Major All-Time Sponsor, Action Auto, for their unwavering, multi-year dedication to our club's vision. We also recognize our Platinum Sponsor, Blue Crest, for anchoring this year's fundraising efforts.

Special recognition goes to our extensive list of corporate sponsors, corporate sports teams, and corporate advertisers whose social responsibility directly targets human relief:

- Corporate Sponsors & Advertisers
- Participating Golf Teams:

Finally, we owe a debt of thanks to our leadership. We are especially indebted to our Guest of Honor, Past Rotary International Director (PRID) Patrick Chisanga. Sir, you challenged our club to think bigger and act bolder. These completed and ongoing initiatives are our direct, tangible response to that challenge.

A round of golf this Sunday is a beautiful act of fellowship and networking, but its real-world ripples will transform lives. The funds raised this weekend will directly translate into life-changing cataract surgeries, continuing the momentum of the projects detailed above.

As our District Governor beautifully reminded us, a single afternoon's generosity can ripple into change that outlasts the day itself. We are not just delivering an isolated project today; we are leaving behind an empowered community, a stronger medical partnership, and a healthier, more resilient Zambia.

To every player, sponsor, and donor joining us at the Lusaka Golf Club: thank you for being the driving force behind this vision. Together, let us drive it home.

Rtn Funwell Malake
President 2026/27

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WHY YOU SHOULD JOIN A ROTARY CLUB?

In a world where communities face growing social, economic, and health challenges, there has never been a greater need for individuals who are willing to make a difference. Joining a Rotary Club provides an opportunity to serve others, develop leadership skills, build lifelong friendships, and become part of a global network committed to creating lasting change.

Founded in 1905, Rotary International is one of the world's largest humanitarian service organizations, with more than 1.2 million members in over 46,000 clubs across more than 200 countries and geographical areas. Rotary brings together professionals, business leaders, entrepreneurs, and community members who share a common goal—to improve lives through service.

Making a Difference

At the heart of Rotary is community service. Rotary clubs identify local needs and implement sustainable projects that improve the quality of life for people in their communities. These initiatives include health camps, education programs, clean water projects, environmental conservation, youth development, and disaster relief. Every project, regardless of its size, has the potential to create a lasting impact.

Personal and Professional Growth

Rotary is an excellent platform for personal and professional development. Members have opportunities to lead committees, organize projects, manage events, and work with people from diverse backgrounds. These experiences strengthen leadership, communication, teamwork, and project management skills that are valuable in both professional and personal life.

Rotary also provides an outstanding networking environment where members

can build meaningful relationships with professionals from various industries. These connections often lead to mentorship, collaboration, and lifelong friendships.

Learning through Fellowship

Weekly Rotary meetings are more than business gatherings—they are opportunities to learn. Clubs regularly invite guest speakers who share knowledge on healthcare, business, technology, education, leadership, and community development. Members stay informed about current issues while exchanging ideas and experiences in an atmosphere of fellowship and mutual respect.

Beyond meetings, Rotary encourages family participation through social events, fellowship dinners, and community activities, helping to strengthen relationships among members and their families.

A Global Organization with Local Impact

One of Rotary's greatest strengths is its international reach. Members have opportunities to collaborate with clubs around the world, participate in international service projects, and build friendships across cultures. Rotary's successful efforts to help eradicate polio through the End Polio Now initiative demonstrate the extraordinary impact that can be achieved when people unite behind a common purpose.

Rotary also supports communities through Global Grants and sustainable development projects focused on its seven Areas of Focus: promoting peace, fighting disease, providing clean water and sanitation, saving mothers and children, supporting education, growing local economies, and protecting the environment.

Why Rotary?

Rotary is more than a service organization—it is a family of individuals who believe in integrity, compassion, fellowship, and service. Members experience the satisfaction of giving back to society while developing as leaders and building meaningful personal and professional relationships.

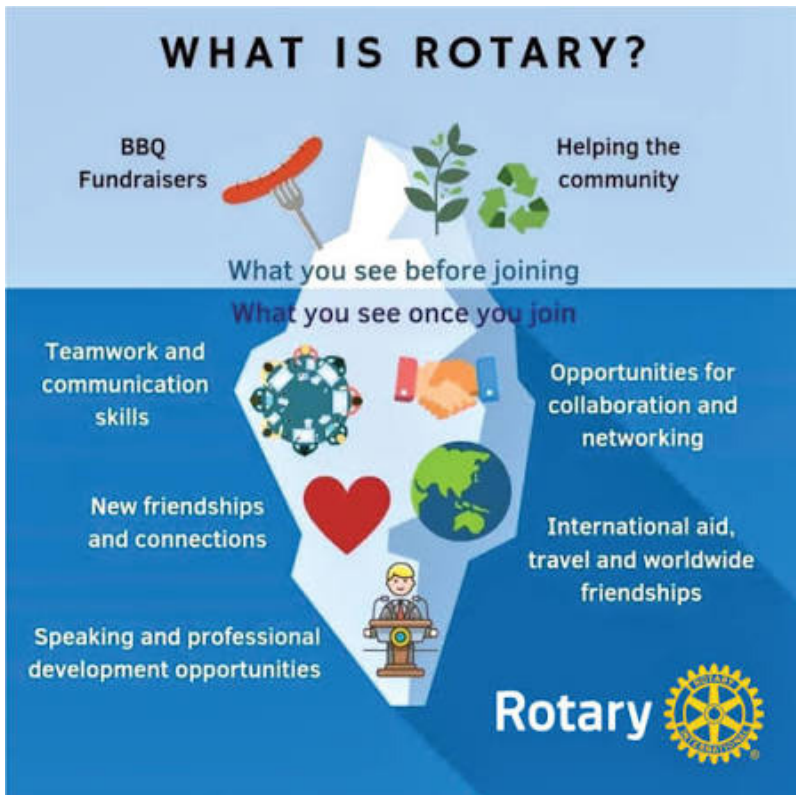
Whether you are an experienced professional, a young entrepreneur, a healthcare worker, an educator, or someone simply looking to make a positive difference, Rotary offers a platform where your skills and passion can create lasting change.

Conclusion

Joining a Rotary Club is an investment in both yourself and your community. It offers the opportunity to serve those in need, grow as a leader, expand your professional network, and become part of a global movement dedicated to improving lives.

As Rotarians proudly live by the motto “Service Above Self,” every act of service—no matter how small—has the power to transform lives and strengthen communities. By joining Rotary, you are not only changing the lives of others; you are enriching your own.

Prepared by IPP, Abhishek Raj





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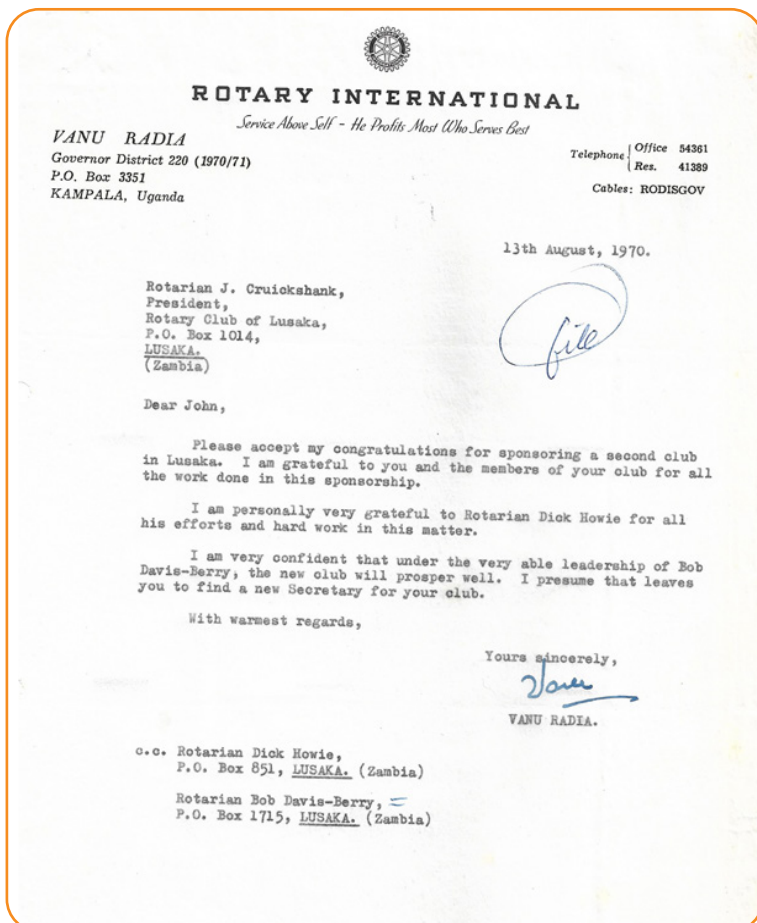
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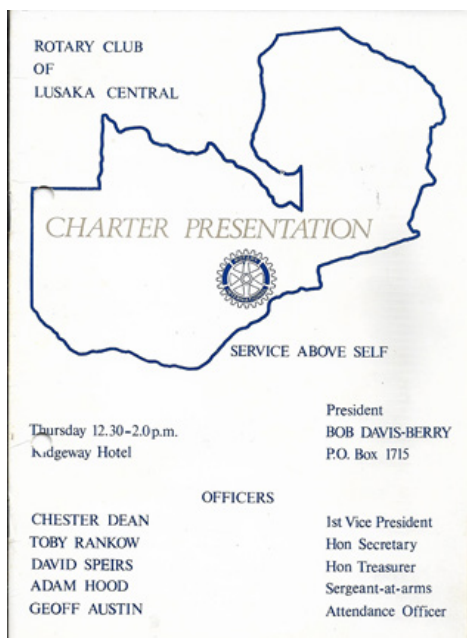


HISTORICAL TIDBITS OF THE ROTARY CLUB OF LUSAKA CENTRAL

55 years ago, in the year 1970 the only Rotary Club in Lusaka 'LUSAKA ROTARY CLUB' decided to charter another Rotary Club and the second Rotary Club in Lusaka was born and was named ROTARY CLUB OF LUSAKA CENTRAL.



THE ROTARY CLUB OF LUSAKA CENTRAL WAS CHARTERED ON THE 9TH OF SEPTEMBER 1970. THE CHARTER WAS PRESENTED BY THE THEN DISTRICT GOVERNOR DISTRICT 220 VANU RADIA ON THE 24TH OF SEPTEMBER 1970.



ZAMBIA WAS THEN A PART OF DISTRICT 220 WHICH COMPRISED OF GRANDE COMORE, KENYA, MALAGASY, MAURITIUS, REUNION, UGANDA, AND ZAMBIA.

LIST OF CHARTER MEMBERS TOTAL 37 WHO CHARTERED THE ROTARY CLUB OF LUSAKA CENTRAL

(PROVISIONAL) ROTARY CLUB OF LUSAKA CENTRAL

LIST OF CHARTER MEMBERS
(List closed on 6th August, 1970)

My Record (Advance Copy)

NAME	P.O. Box No.	Office Ph.	Home Ph.	CLASSIFICATION
(P/P) AIREY, Larry D.	851	74070	-	62333 Mine Engineering - Planning
(R) ALBERTS, Christopher	18	72164	-	Insurance - Life
(R) ANDREASON, Erik H.W.	1280	73918	77728	Travel Agency
AUSTIN, Geoffrey	144	72229	62400	Ladies Outfitting - Retail
BIRNMAN, Paul	1412	72821	50820	Refined Oil Prods. - Manufacturing
(R) BROWICH, Eric C.	851	74070	62211	Industrial Relations
CARVER, John H.	75	74281	77793	Galvanised Prods.
(R) CHANDE, Chuni	748	74956	50479	Rural Industrial Development
CHIPWAYA, Saul	122	75191	-	Agri.Prod.Distrib
CULLINAN, Brendan, P.	RW/67	51577(46)	62210	Law, Administ.
(R) CULLINWELL, Terry D.H.	1953	72672	-	Cosmetics Manuf.
DAVID-HEBBY, Bob	1715	72399	77375	Heavy Chemicals
(R) DEAN, R. Chester	164	77316	77316	Farming
FERRARI, Eddie	237	72094	-	Carbonated Beverages
FRENCH, William D.	136	73064	76139	Lithographic Service
GREENWOOD, John R.	30	74268	62383	Accounting Service
HASSIN, Abu	P/Bag RW/1	50066	51984	Medicine - Gynaecology
HOBKMAN, Jan	1878	74828	62415	Elec. Equip & Supplies
HOOD, Adam	610	73490	-	Quantity Surveying
JABS, Wolfgang, G.	684	51333	77498	Architecture
KENT, Bernard E.	2404	74259	77289	Transport Freight
LAIRD, Colin I.	743	73534	77013	Boat Building
MONTGOMERY, Richard	1934	79402	50396	Bandring/Branch Mgt.
MUNO, Godfrey, B.	RW/67	51577	50764	Judiciary Service
PADGETT, Barry	2420	74500	7379412	Telecommunications
PATEL, Raski, K.	314	74545	7273722	Groceries (W'sale)
PHIRI, Davidson, K.	2167	72462	-	Road Safety Councils
RANCHHOD, Kantilal, P.	194	72336	-	Garment Cleaning Service
(R) RANKON, Trevor	1976	73618	50897	Photo Equip & Supps.
(P/P) REDDEN, Paul	2700	74911(143)	-	Garage Service
RICE, Anthony	1254	51904	-	Golf Instruction
RYMER, Frank, J.	1980	72188	51778	Grain Milling
SCOTT, John, J.	2371	73482	50935	Refrigeration Service

continued/

- 2 -

NAME	P.O. Box No.	Office Ph.	Home Ph.	CLASSIFICATION
(R) SHAMA, R.J.	56	72321	74698	Jewellery - Retail
SOLEY, Hopes, J.	1197	74268	-	Coal Mining
SWELL, David, D.	522	72444	77772	Buildings
WASSERBERGER, Stefan	275	72041	51606	Law Practice

P/P = Past President of another Rotary Club
R = Former Membership of another Rotary Club

CLUB OFFICERS

PRESIDENT	-	Bob Davis-Harry
VICE-PRESIDENT	-	Charles Dean
HON. SECRETARY	-	Toby Rackow
HON. TREASURER	-	David Swells
SECRETARY-AT-LARGE	-	Alan Bond
ATTENDANCE OFFICER	-	Geoff Austin



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DR. FRANCIS MWAPE NDILILA, THE DEVOUT ROTARIAN, GOLFER AND POLO PLAYER



PP Francis Mwape Ndilila was an Architect by professional classification; trained at Aachen in Germany. He came back to Zambia to Work for the government and later set up his own practice; Ndilila Associates, Architects & Project Managers. Where he was Principal Partner. He met his wife Irene, while studying in Germany and they had three wonderful children together. PP Irene is also a Rotarian.

PP Francis joined Rotary in 1985, and became President ten years later in 1995/96 Rotary Year, for the first time. Due to his love for Rotary's work of "Self Above Self", he again became President for the second time in 2023/24 Rotary year.

PP Francis was a very sociable and friendly person who took pleasure in helping and empowering others. Charity work was part of his Character. Its that character that made him to be part of the Junior Achievers of Zambia and Rotary International. PP Irene Ndilila described him as a man that loved

his family and enjoyed spending time with the children.

Francis loved his Golf and Polo sports, it was a combination of his sportsmanship and love for Charity work that made him introduce the RCLC annual Charity Golf tournament in 2024, this inaugural tournament was held at Ciela, Bonanza to raise money to contribute to the work of Italian Orthopedic Hospital.

Francis contributed a lot to the various successful project undertaken by RCLC over the years.

Due to his Architectural acumen, PP Francis contributed a lot to the development of the Built Environment development in Zambia.

To honor his memory and his contribution to Rotary, the club has resolved to continue with the Annual Charity Golf tournament.

Written by PP, Phidelia Mwaba

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GIFT OF SIGHT INITIATIVE PROJECT

I. INTRODUCTION AND BACKGROUND

Globally, at least 2.2 billion people have a vision impairment or blindness, of whom at least 1 billion have a vision impairment that could have been prevented or has yet to be addressed. (According to Pan American Health Organisation and World Health Organisation reports 2021).

The world faces considerable challenges in terms of eye care, including inequalities in the coverage and quality of prevention, treatment, and rehabilitation services; a shortage of trained eye care service providers; and poor integration of eye care services into health systems, among others.

Approximately 26.3 million people in the African Region have a form of visual impairment. Of these, 20.4 million have low vision and 5.9 million are estimated to be blind. It is estimated that 15.3% of the world's blind population reside in Africa. (World Health Organisation)

The rapid assessment of avoidable blindness conducted in Southern Zambia in 2012, has shown that 2.29% of people over the age of 50 were found to be blind (visual acuity less than 3/60 in the better eye with available correction). The major cause of blindness was cataract (47.2%) with posterior segment disease being the next main cause (18.8%). 113 eyes had received cataract surgery with 30.1% having a poor outcome (VA <6/60) following surgery. Cataract surgical coverage showed that men (72%) received more surgery than women (65%). This shows we still have a lot to improve technically and professionally. There is still a large gap when it come to gender and eye care, female sex more vulnerable.

From various research and reports conducted in Zambia, it estimates that 2% of the adults' citizens are blind, 1% of the children are

blind. About 390 000 peoples are estimated to be blind while 3 out of 4 peoples in the country lives in the poverty. It is estimated that Zambia has one ophthalmologist/ eye specialist for a population of 556000 peoples (recommendation is to have one ophthalmologist for 250 000 peoples, achieved in most of the developed countries)

The major causes of blindness and / or visual impairment are cataract (40 % of adults above 50 years), Refractive errors (35%), Glaucoma (19%), diabetic retinopathies (50%), cornea disorders/ scarring, ...

Impact of blindness and visual impairment on the country economy and development.

The affected peoples become unproductive but remain high consumers, as they also need a second full time person to take care of them. There are a lot of benefits in investing in eye care and preventing eye diseases before they are worse.

- Early detection of the problem allows early care at a less cost hence saving for future exorbitant price
- A restored vision allows the individual to work and boost on productivity
- Return on investment made is obtained by the high production by healthy peoples with good vision
- Investing in eye care is not only a priority but also an economic strategy for families, communities and for government, etc...

II. WHY GIFT OF SIGHT BY ROTARY

Rotary is a global network of more than 1.2 million neighbours, friends, leaders, and problem-solvers who see a world where people unite and take action to create lasting change – across the globe, in our

communities, and in ourselves.

Rotary members believe that we have a shared responsibility to take action on our world's most persistent issues. It has more than 45,000 clubs working together to:

- Promote peace
- Fight disease
- Provide clean water, sanitation, and hygiene
- Save mothers and children
- Support education
- Grow local economies
- Protect the environment

Mission:

We provide service to others, promote integrity, and advance world understanding, goodwill, and peace through our fellowship of business, professional, and community leaders.

Vision statement:

Together, we see a world where people unite and take action to create lasting change — across the globe, in our communities, and in ourselves.

The Structure of the Rotary organisation is well fit for gift of sight

Rotary is made up of three parts: our clubs, Rotary International, and The Rotary Foundation. Together, we work to make lasting change in our communities and around the world.

- Rotary clubs: Rotary and Rotaract clubs unite dedicated people to exchange ideas, build relationships, and take action.
- Rotary International: Rotary International supports Rotary clubs worldwide by coordinating global programs and initiatives.
- The Rotary Foundation: The Rotary Foundation helps fund our

humanitarian activities, from local service projects to global initiatives.

This rotary structure is well fit to help in prevention of blindness and restoration of sight to the communities in need, hence a creation of lasting positive impact on earth.

III. PROPOSED PROJECT ACTIVITIES

1. Eye screening in the community

Populated places in Lusaka province to be identified and an approach will be done to the local authorities and / or local organisations involved in the well-being of the residents. An eye camp/ mobile eye units will be proposed aiming in detecting those who are suffering with various eye problems.

- Those who need medical treatment will be assisted with free or cheaper medications during the same visits
- Those who are visually impaired because of lack of spectacles will be assisted on how to access to the spectacle (for reading of for distance vision) at a very affordable price.
- The third category of peoples are those who need surgical intervention, this will be listed, and their surgeries will be conducted in an experienced eye hospital in partner with the rotary club.
- The target population can be extended depending on the needs and demands.

2. Partnership with "Eye Hospital(s)"

The club(s) need to partner with an eye hospital for the manpower, instruments needed during the screening, expert opinion and for surgical procedures. The current proposed eye hospital is Dr Agarwal's Eye Hospital – Zambia. The joints eye screening programs to be executed at identified areas.

Here, a memorandum of understanding may be signed whenever it will be necessary.

3.Regular recognition of eye conditions by Rotarians and referrals for specialised treatment

Another type of screening is the one done by each and every Rotarian. Rotarians everywhere they live, they work, worship and entertain, they can be able to recognise some of those eye problems, then give a referral proposed sleep to the person with a problem, to present to the partner hospital, where the individuals will be seen at free of charge consultation (unless those who already have insurances cover). Those in need of more services (glasses, surgeries...) will be facilitated.

4.Fundraising activities for eye care of the vulnerable and less privileged:

The activities aims to rise fund to help those with serious eye problems and are vulnerable or very less privileged. The following are the categories of possible fundraising/ sources of funds:

- a. Rotarians who can give their contributions as per their capacity and heart.
 - b. Partner hospital will contribute in different ways, either by allowing a very discounted cost on surgeries, medications and or glasses, or by paying back to the rotary club an amount of 10 to 15 % to all referred patients who paid cash (privileged cases). This money paid back to rotary can then be relocated to the fund to organise more eye camp or help cover the bills for less privileged eye patients
 - c. Partner with other governmental or no governmental organisations:
- NHIMA can accept to cover bills for all identified senior citizens, disabilities cases, ... and if not yet registered with NHIMA.

- Private successful companies can give contributions or grants to this project, monthly or yearly.
- Other fundraising event can be organised conjointly to rise fund for various activities of the club (movies, tournaments, raffle tickets, Sales of goods...)
- Peoples/ individuals of good will: they can be approached and give their supports.

6. Motion - Observation:

The blindness and visual impairment in our communities is real and serious problem. We can simply say the eye care and vision is a real critical situation. It is often forgotten, not spoke about in comparison with HIV, Malaria, TB and others old or new pandemics. The rotary organisation can cover that gap.

○ 7. The rotary Four-Way Test:

If this project initiative is: Is it the TRUTH? Is it FAIR to all concerned? Will it build GOODWILL and BETTER FRIENDSHIPS? Will it be BENEFICIAL to all concerned?

Why don't we do it?

Prepared by Rtn Dr Celestin Habiyaakare

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ROTARY CLUB OF LUSAKA CENTRAL PROJECT REPORT 2025-26

Introduction

The Rotary Club of Lusaka Central, one of Zambia's longest-serving Rotary Clubs since its charter in 1970, continues to make a profound difference in communities across the country. From constructing the Zambian Italian Orthopaedic Hospital to implementing vital water and education projects, our legacy is one of enduring impact

Project are the main route to reach the needy people in the community. As a Project Committee we identify opportunities for projects which would increase our impact in the community. Our aim as a RCLC to commit ourselves to uplift the underprivileged in our community. As continued effect we are closing the rotary year 2025-26 in a good spirit.

Club Fundraising activities

Our Club also holds annual GolfTournaments for consecutive three years. The raised funds were used to fund our community projects. This year also we had a very successful golf tournament held on 19th October 2025. Last year we were able to raise about ZMW 200,000 and this year despite difficulties among the business communities we were able to raise ZMW 100,000.



Projects successfully completed 2025-26

The gift of sight in Partnership with Agarwal Eye Clinic, has successfully launched their Dr. Agarwal's Mobile Eye Hospital in Chainta ward. This occasion was graced by the Hon Minister Mike Mposha. This was a first kind of project launched by Dr. Agarwal and marking a significant step towards reducing preventable blindness and promoting eye health awareness in Zambia.



Our Club celebrated Christmas with the wonderful children at Little Asisi in Ng'ombe. Our club distributed toys, snacks and cakes, bringing smiles and joy to the children. It was truly heartwarming to see their enthusiasm as they learned, played, and enjoyed the festive spirit. We remain committed to supporting and uplifting our community, especially during this special time of the year.



Yellow bench Project in-partnership with Rotary club Maebashi East Japan. The Rotary Club of Lusaka Central continues to champion projects that uplift lives and strengthen public health systems across Zambia. Through collaboration with global Rotary clubs such as Maebashi East, these initiatives build sustainable healthcare improvements and empower communities.



Sponsoring Cataract operations in Partnership with Agarwal Eye Clinic. Our club sponsored about 20 underprivileged needy people to help them to bring back the vision through Cataract operations.

Training on Maternal & Child Health were conducted on 27th September 2025 at N'gombe Urban health Clinic. Our Trainer Ms Itsumi Marumo is a JICA volunteer and Registered Nurse from Japan. There were more than 50 participants benefited from this training program including, community members, nurses and other health care professional.





Global Grant Projects approved in June 2026

Our Club in partnership with Rotary Club of Goderich, Canada and other clubs submitted a Global Grant application for a Life Impact Training Centre, Maasabi Township In Itezi Itezi to Build 2 toilet blocks with 3 toilets , 3 handwashing stations, and 2 hygiene blocks with 2

showers, 2 toilets, 3 handwashing stations, increasing number of students who can access the training centre, Upgrading to 4 septic soak away system to protect the local ground water source and river water and Upgrading the water storage and delivery system. This was recently approved by the Rotary International in June 2026. The preparation works are underway.

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ROTARY CLUB OF LUSAKA CENTRAL

The only existing Rotary Club in Lusaka was the Rotary Club of Lusaka, in late 1969 the club decided to form another Rotary Club and the second Rotary Club in Lusaka was born.

The Rotary Club of Lusaka Central was chartered on the 9th of September 1970, the Charter was officially handed over to the Charter President Bob Davis-Berry at the Charter Dinner held on Thursday 24th September 1970 at the then Ridgeway Hotel now called Southern Sun Ridgeway the hand over of the Charter was done by the then District Governor Vanu Radia of District 220 which then comprised of Grande Comoro, Kenya, Malagasy, Mauritius, Reunion, Tanzania, Uganda, and Zambia. The Club had 33 Charter Members as of today there is only one Charter Member left Past President Kanti 'KP' Ranchhod who has clocked 54 years in Rotary.

Lusaka Central chartered Mbala Rotary Club and Chilanga Rotary Club both of which are active, we also chartered University of Zambia Rotary Club and Siavonga Rotary Club, but they have been terminated due to inactivity. Recently Lusaka Central Recently Chartered a new Rotaract Club of Eden University.

Rotary Club of Lusaka Central has been instrumental in the overseeing and conducting impactful rotary projects

"Water to Village" programme carried out in conjunction with the Rotary Club of Nordstrand of Norway and Rotary International (RI) and facilitated on a self-help basis. This involved digging approximately 140 wells, all wall-lined and

equipped with an India Mark II Handpump and a Windlass in three provinces, Copperbelt, Central and Lusaka. In areas where water was not readily reached within 10 metres, boreholes were drilled which was roughly 10-12 in number. The total cost of the Project was US\$750,000. The Project was spearheaded by PP Rt. Arne who was fundamentally instrumental in its successful completion.

"Book Distribution Project" spearheaded by CP PP Rtn. Kanti carried out in conjunction with suppliers of books from USA. Several container loads of books were received. and 30,000 to 40,000 volumes of books were distributed to schools throughout Zambia over a period of three years.

"Solar Cooking". This was introduced to the rural communities around Lusaka and was done in conjunction with the Rotary Club of Fremo in California, USA. The aim was to prevent cutting down of trees for charcoal and to educate in the use of solar power.

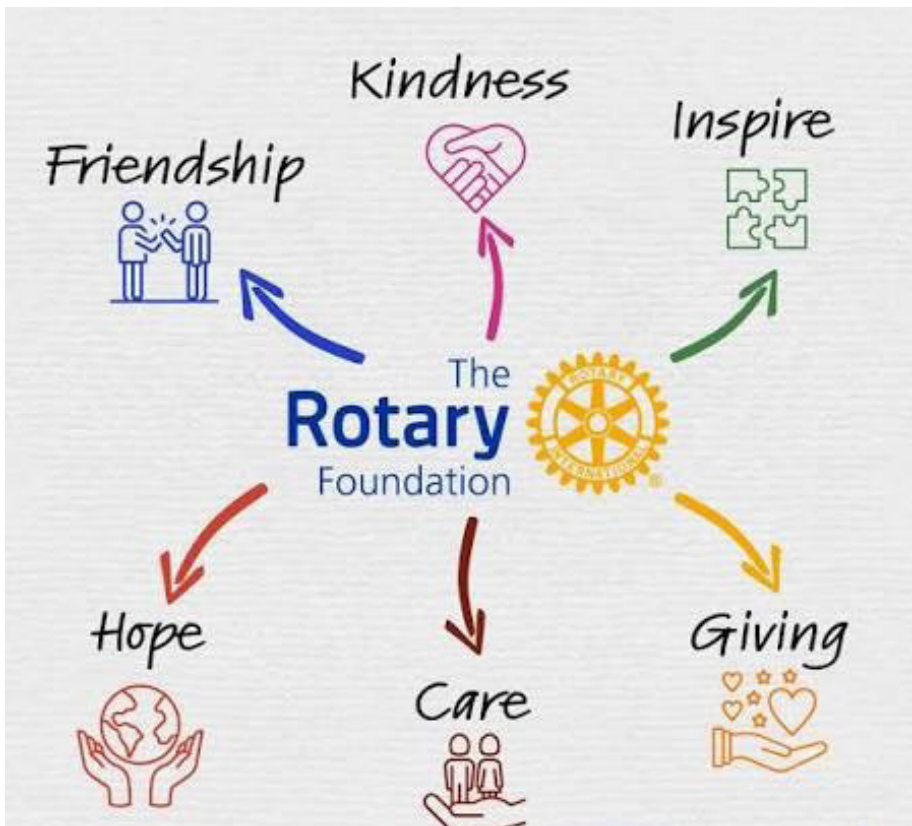
the "Skills Training Project" the Club undertook an intensive training scheme to enable school-leavers to become competent in tailoring, carpentry, welding and brick laying. This Project was a big success and a number of individuals were set up to become independent entrepreneurs.

"The Micro-Finance Project". Under this scheme overseen by PP Rtn. Nic, several women were given small amounts of cash as loans to set up whatever business they planned, generally retail sale goods bought wholesale. Over a two-year period, the programme was an immense success. Over 80% of the money lent was returned.

"Trees and Greening the Planet" was yet another programme aimed at conservation and education. Under this programme fruit trees and other indigenous trees were obtained from nurseries and Forest Department and subsequently planted mainly in schools around Lusaka. In order to ensure that the seedlings survived, each plant had to be adopted by a child in the school. This was another successful programme and some 12,000 trees were planted.

"Wheel Chair Distribution" was a Project that led to some three hundred wheel-chairs being received in kit form, assembled by Rotarians and distributed to needy institutions and individuals throughout the country.

Currently Lusaka Central has 24 members. We hope the membership drive will continue and the club is targeting 30 members by end of the Rotary year.



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CREATING LASTING IMPACT THROUGH STRONGER COMMUNITY HEALTH SYSTEMS

Across six districts in Zambia, the Rotary Healthy Communities Challenge (RHCC) is transforming access to life-saving healthcare for thousands of families. What began as an ambitious partnership to reduce child mortality has evolved into a model for sustainable community health, strengthening health systems, empowering frontline health workers, and creating lasting change in some of the country's most underserved communities. More importantly, RHCC demonstrates that creating impact is not measured simply by the number of people reached, but by the strength of the systems, partnerships, and local capacity that continue delivering quality healthcare long after project funding has ended.

Funded through a collaboration between The Rotary Foundation, the Gates Foundation, and World Vision US, the USD 5 million Rotary Healthy Communities Challenge is being implemented in Chisamba and Ngabwe districts in Central Province, and Chilubi, Kasama, Luwingu, and Mungwi districts in Northern Province. Working closely with Zambia's Ministry of Health, the National Malaria Elimination Centre (NMEC), Provincial and District Health Offices, PATH, World Vision Zambia, Malaria Partners Zambia, Rotarians, and Rotaractors, the project addresses three of the leading causes of death among children under five: malaria, pneumonia, and diarrhoea.

RHCC builds on Rotary's long-standing commitment to improving health worldwide. Following decades of success in PolioPlus and the achievements of the Partners for a Malaria-Free Zambia (PMFZ) Programme, the project represents another step in Rotary's journey of

creating sustainable impact. Rather than implementing isolated interventions, RHCC focuses on strengthening government-led systems and building local capacity that will continue improving lives for generations to come.

At the heart of RHCC is the belief that sustainable healthcare begins within communities. Rather than creating parallel systems, the project strengthens existing government health structures by equipping Community Health Workers (CHWs) with the knowledge, skills, and tools required to provide Integrated Community Case Management (iCCM). These trained volunteers now serve as the first point of contact for families living far from health facilities, providing early diagnosis, treatment, referrals, and health education directly within their communities.

Every trained Community Health Worker represents far more than an additional health volunteer. Each one is a lasting investment in Zambia's healthcare system, bringing essential services closer to families while strengthening the link between communities and health facilities. This is how Rotary creates impact, by investing in people who continue serving their communities long after project activities have ended.

To date, 2,089 Community Health Workers have been trained and deployed under the Rotary Healthy Communities Challenge (RHCC), contributing to a broader total of 6,145 Community Health Workers trained across Rotary Foundation-supported grants. These health workers continue to receive mentorship, quality assurance, and guidance to ensure adherence to national treatment guidelines. This investment has

significantly expanded access to quality primary healthcare, particularly in remote areas where distance and limited transport often delay treatment.

Beyond training, RHCC has invested in strengthening the systems that support service delivery. Community Health Workers have been equipped with essential iCCM commodities and job aids, while bicycles have improved their ability to reach households spread across difficult terrain. These practical investments have reduced barriers to healthcare access, enabled timely follow-up of sick children, and improved continuity of care at the community level. By removing one of the greatest barriers to healthcare distance, the project is creating lasting impact for families who previously struggled to access timely treatment.

The project has also strengthened health information systems through routine data quality audits, mentorship, and technical supportive supervision. Regular monitoring visits have improved the accuracy of community health data, strengthened reporting practices, and promoted evidence-based decision-making. Health facility staff and Community Health Workers now have greater confidence in using data to monitor disease trends, identify service delivery gaps, and improve patient outcomes. Stronger information systems mean better planning, better allocation of resources, and ultimately stronger health systems capable of responding to community needs.

One of RHCC's greatest strengths is its culture of partnership and volunteerism. Rotarians and Rotaractors have dedicated thousands of volunteer hours to supporting training, community engagement, advocacy, and programme implementation. Their commitment has strengthened community ownership while demonstrating Rotary's continued dedication to improving health

beyond its historic achievements in polio eradication.

Creating impact is truly a team effort. The success of RHCC is built on the collective commitment of the Ministry of Health, Rotary, World Vision Zambia, PATH, Malaria Partners Zambia, Community Health Workers, Rotarians, Rotaractors, traditional leaders, and local communities. Each partner contributes unique expertise, but together they are creating stronger and more resilient community health systems than any single organisation could achieve alone. Through this shared responsibility, RHCC is building a foundation that will continue improving child health long after the project concludes in August 2027.

Community engagement has been equally central to RHCC's success. Awareness campaigns, advocacy events, and community dialogues have empowered caregivers with knowledge on early care-seeking, disease prevention, and the appropriate use of community health services. Events such as World Malaria Day celebrations have brought together traditional leaders, government officials, health professionals, development partners, and local communities to reinforce the importance of collective action in eliminating preventable childhood illnesses. Lasting impact begins when communities become active participants rather than passive beneficiaries, taking ownership of their own health and wellbeing.

The project's achievements were also recognised on the global stage during the 2026 Rotary International Convention in Taipei, Taiwan. Through technical discussions and international knowledge-sharing sessions, Zambia's experience contributed to conversations on strengthening community health systems across the four RHCC countries. The Convention reinforced an important lesson:

creating sustainable impact requires strong partnerships, government ownership, local leadership, and continuous learning across countries. Zambia's collaborative approach was recognised as an example of how Rotary, government, implementing partners, and communities can work together to build stronger health systems.

The impact of RHCC extends far beyond the number of people trained or commodities distributed. It is reflected in stronger health facilities, more confident frontline health workers, improved collaboration among stakeholders, stronger community ownership, and health systems that are better equipped to prevent, detect, and respond to childhood illnesses. Every Community Health Worker trained, every partnership strengthened, and every community empowered represents another step towards a healthier and more resilient Zambia.

As RHCC continues its implementation, its legacy is already becoming evident. Stronger health systems, empowered communities, capable frontline health workers, and enduring partnerships are laying the foundation for healthier futures across Zambia's six implementation districts. By investing in local capacity and strengthening government-led systems, the Rotary Healthy Communities Challenge is not simply delivering healthcare today, it is creating lasting impact that will protect the health of future generations.

This is the lasting impact of RHCC: healthier children, empowered communities, stronger partnerships, resilient health systems, and sustainable solutions that continue saving lives every day. Because creating impact is not about delivering a project, it is about leaving behind stronger systems, local capacity, and communities that are equipped to continue improving health long after the project has ended.

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WHAT DO WE KNOW ABOUT THE WEALTH OF ZAMBIA?

The term WEALTH conjures up different things to different people. In general, it means an abundance of valuable possessions. To an individual, it is an abundance of material goods but to a nation or country it has many connotations but in general, what the country possesses in terms of goods and services. An economist values the wealth of the country by its GDP (Gross Domestic Product) which is a measure of the value of goods and services while GNI (Gross National Income) is a measure of income obtained through goods and services.

"Goods" is a very broad term and covers the natural resources the country is endowed with. Natural resource consists of materials and components found in nature that can be utilised for economic gain and human benefit including renewable and non-renewable resources. Therefore, it includes, minerals that can be traded as it can be converted into useful products; arable land, as it can be turned into cultivable fields for crops; forest cover that offer timber resource; water availability, as life depends on it; wildlife as it provides food and touristic income; and favourable climatic condition as it enables pleasant living. Services is the ability to turn the "goods" into products of value.

To make it happen you need people, so the population matters, a big population is an asset. However, that population needs to be healthy, educated or trained and be able, that implies of working or employable age.

There are 195 independent countries in the world and each is a sovereign state and possesses wealth, the level, of course varies and is dependent upon what "goods" it has and indeed the number of

employable people, "population". Just as natural resources, services do matter, as services produce wealth. Countries with modest natural resource but massive service facilities can be a wealthy nation.

Wealth and wealthiness are two different issues. Ability of converting wealth into wealthiness is dependent on people, their number and their ability. Population, education and cultural development therefore, matter. Wealthy nation states on per capita basis are: Luxembourg number one, followed by Singapore, Ireland, Macau and Bermuda in 6th position. Brunei, Australia and Russia are among countries most reliant on natural resources, Zambia is one such. Russia's estimated natural resources (fossil fuel, timber and metals) approximate to \$75 trillion, followed by USA with \$34 trillion Canada \$33 trillion and believe it or not, Iran around \$23 trillion. So, Iran by no means can be considered poor!

Some minerals are very essential for the modern information and space technology age. These, often are restricted in geographical distribution, in low concentration and in politically sensitive areas. Added to this are the challenges associated with their economic extraction. There is a list of 60 minerals that are used in cutting edge technology, weapons, wind turbines and semi conductors. Natural Graphite, Manganese, Rare Earths, Cobalt, Lithium, Copper, Nickel are some and Zambia, fortunately is host to all those named, in variable quantities. Concentrating and processing are important aspects USA has one Rare Earths mine but no processing capacity and relies greatly on imports from China. Democratic Republic of

Congo supplies 70% of the world's cobalt. Internecine wars and internal political strife and rivalries amongst ethnic groups have impeded investment, exacerbated extraction and indeed development. Rare Earth often referred as REE are a group of 15 chemically and physically similar elements and not that rare at all and are extensively used in modern technology. The screen on the smart phone and laptop is a thin ultrasensitive electrically conductive layer of indium tin oxide coating on the glass that responds to the finger movement. The intensity of colours on the high-definition TV owes its dazzling brilliance and vibrance to yttrium, indium, terbium and europium, all RE Elements. They are found in all sorts of modern devices, cameras, computer hard drives, magnets, batteries, smart phones and medical scanners to name a few.

The mineral development opportunities that Zambia has are plentiful. Geologically the country is well endowed. Search, extraction, processing demands knowledge, skills and capital. Attractive investment policies coupled with long term economic and political stability are essential components.

Wealth is not exclusively minerals but it is a significant component. Agricultural land and irrigation facilities are wealth. Zambia has potential to be the grain basket of southern Africa. Crops include, maize, rice, wheat, millet, coffee, tea, soya, cotton, sugar etc.

The country has a young and growing population of working age. What is required are right policies that provide good skills training, sound education, political and economic stability.

In short, Zambia is a wealthy nation and the future bodes well.

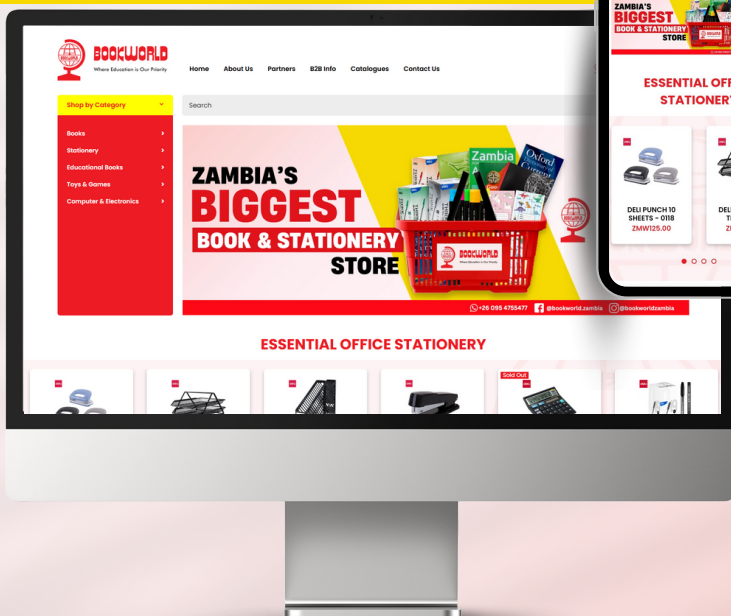
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THE MYSTERIOUS GAME WE CALL GOLF

Every year, as the Rotary Club of Lusaka Central prepares for its Annual Golf Tournament, a familiar transformation takes place. Respectable professionals, dignified Rotarians, and otherwise calm human beings suddenly begin behaving in ways that can only be described as... golf-induced madness.

Golf, after all, is the only sport where you can hit a perfectly good shot, watch it sail majestically through the air, land exactly where you aimed — and still feel disappointed. It is also the only sport where grown adults willingly chase a tiny white ball into bushes, anthills, and occasionally neighbouring fairways, all while insisting, *"I'm playing well today."*

The game teaches us many virtues: patience, humility, and the ability to smile politely while your playing partner's ball ricochets off a tree and somehow ends up closer to the hole than yours. Golfers call this "luck." The rest of us call it "a personal attack."

And yet, despite the lost balls, the mysterious hooks, the sudden slices, and the putts that defiantly stop one inch short of the cup, we keep coming back. Why? Because golf, like Rotary, is ultimately about fellowship. It's about spending a day outdoors, laughing at ourselves, celebrating each other's good shots, and pretending not to notice the bad ones.

Most importantly, it's about coming together for a purpose greater than the game itself. Every swing today — heroic or disastrous — helps support the Rotary projects that change lives in our communities. That alone makes every lost ball worth it.

So as you step onto the tee box this year, remember:

If your drive goes straight, congratulate yourself.

If it goes left or right, blame the wind.

And if it goes nowhere at all... well, that's why pencils have erasers.

Here's to Rotary Club of Lusaka Central's wonderful tournament, full of laughter, friendship, and just enough good shots to bring you back next year.

Enjoy the game — and may your golf balls behave themselves.

Prepared by CM, PP, Kanti 'KP' Ranchhod





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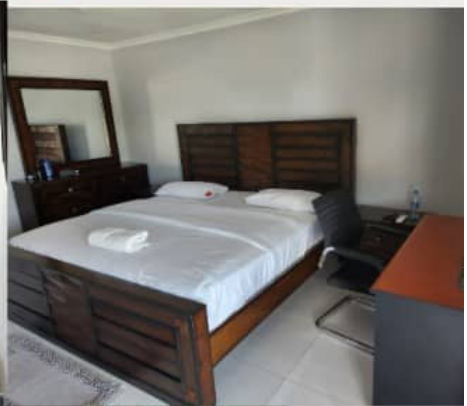
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The **first Rotaract Club** was formed in Charlotte, North Carolina.

United States holds the top spot worldwide with **over 270,000 members** across thousands of local clubs..

Arch Klumph established the "**Rotary Endowment Fund**" in 1917, when the Kansas City, MO Club donated \$26.50. In 1928, it became The Rotary Foundation.

In 1929, **The Rotary Foundation** made its first gift, \$500, to the International Society for Crippled Children.

Rotary first adopted the name "**Rotary International**" in 1922, when the name was changed from the International Association of Rotary Clubs.

Rotary first established **Paul Harris Fellowships** in 1957, for contributors of \$1,000 to The Rotary Foundation.

In 1968, the first Rotary **Club banner to orbit the moon** was carried by astronaut Frank Borman, a member of the Houston Space Center Rotary Club.

In 1979, Rotary began a project to immunize six million children against polio in the Philippines. This led to Rotary making **polio eradication** its top priority.

Rotary's **fiscal year** began the day after its conventions until 1913. Starting in 1913, it begins on July 1st.

January of 1911 was the first issue of *The National Rotarian*. The name was changed to **The Rotarian** in 1912, when Clubs were organized in Canada.

The **Rotary Club of Vijayawada Midtown** in India is the largest Rotary club in the world, boasting a membership of **over 750 active members**.

The **Rotary Club of Abuja Metro** in Nigeria is the largest Rotary club in Africa with over 200 members.

Prepared by CM, PP, Kanti 'KP' Ranchhod



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The image features a woman with short dark hair and bangs, wearing a red polo shirt and a red apron, smiling and holding two bottles of Soyola soybean oil. One bottle is in her right hand and the other in her left. To her right, a large bottle of Soyola is shown with a dynamic splash of oil around its base. The background is a bright yellow with a subtle pattern of oil droplets. The overall theme is purity and trust in the product.

ROTARY CLUB OF LUSAKA CENTRAL

CHARTERED 5th SEPTEMBER 1970 - CHARTER PRESENTED 9th SEPTEMBER 1970.

LIST OF PAST PRESIDENTS

NO	NAME	ROTARY YEAR
1	ROBERT DAVIS - BERRY	1970-71 (DECEASED)
2	ROBERT DAVIS - BERRY	1971-72 (DECEASED)
3	CHESTER DEAN	1972-73 DECEASED
4	ANNEL SILUNGWE	1973-74 (BECAME DG)
5	TOBY RANKOW	1974-75 (DECEASED)
6	DAVIDSON PHIRI	1975-76 (DECEASED)
7	KANTILAL RANCHHOD	1976-77
8	CHRIS OPARAOCHA	1977-78 (BECAME DG) (DECEASED)
9	WOLF JABS	1978-79
10	JOHN LYONS	1979-80 (DECEASED)
11	HELLINS CHABI	1980-81
12	CHRIS OPARAOCHA (PDG)	CHRIS OPARAOCHA (PDG) (DECEASED) SECOND TERM AS PRESIDENT
13	HARVEY GOLSON	1982-83 (DECEASED)
14	FRED TOMSIN	1983-84
15	ARNE LURING	1984-85
16	ARNE LUERING	1985-86 (SECOND TERM AS PRESIDENT)
17	JEFF HALL	1986-87 (DECEASED)
18	NICK MONEY	1987-88
19	ROEL VAN DELEN	1988-89 (DECEASED)
20	ASHOK GARG	1989-90
21	CHASYA SIWALE	1990-91
22	JAMES MALINKI	1991-92
23	WILFRED CHRISTIANSON	1992-93
24	DICK KATONGO	1993-94 (DECEASED)
25	ARUN MITTAL	1994-95 (DECEASED)
26	FRANCIS M. NDILILA	1995-96
27	HARSHAD DEVALIA	1996-97
28	SHARAD OZA	1997-98
29	HUGO MUBASHI	1998-99 (DECEASED)

NO	NAME	ROTARY YEAR
30	MAJID TICKLAY	1999-2000
31	DEV BABBAR	2000-01 (DECEASED)
32	JOE KALUWA	2001-02
33	ANNIQUE MATIPA	2002-03 (FIRST FEMALE PRESIDENT)
34	PRITHI DEZOSYA	2003-04
35	JAMSHID YAZAHMEIDI	2004-05
36	GEORGE NDUNGU	2005-06
37	KENNETH CHIBESAKUNDA	2006-07 (BECAME DG)
38	IRENE NDILILA	2007-08 (SECOND FEMALE PRESIDENT)
39	NORLENE LUERING	2008-09 (THIRD FEMALE PRTESIDENT)
40	PHIDELIA S. MWABA	2009-10 (FOURTH FEMALE PRESIDENT)
41	RAJAGOPALAN SRINIVASAN	2010-11
42	ANNESIE BANDA BOBO	2011-12 (FIFTH FEMALE PRESIDENT)
43	GILBERT CHIBAMBULA	2012-13
44	DALJEET SINGH	2013-14
45	JENNIFER CHIWELA	2014-15 (SIXTH FEMALE PRESIDENT)
46	EUNIKE PHIRI	2015-16 (SEVENTH FEMALE PRESIDENT)
47	ARUN MOHAN	2016-17
48	ONECHI LWENJE	2017-18
49	LAZAROUS LUOMBE	2018-19
50	TRISTAN PATEL	2019-20
51	TEJINDRA SINGH	2020-21
52	IRENE NDILILA	2021-22 (SECOND TERM AS PRESIDENT)
53	ARNE LÜRING	2022-23 (THIRD TERM AS PRESIDENT)
54	DR. FRANCIS NDILILA	2023-24 (THIRD TERM AS PRESIDENT)
55	MONIKA KUMAR	2024-25
56	ABHISHEK RAJ	2025-26
57	FUNWELL MALAKE	2026-27



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OUR MISSION

To curate and deliver world-class lifestyle experiences that inspire connection, celebrate African heritage, drive sustainable growth and create lasting value for our clients, partners and communities.



OUR VISION

To be Africa's leading lifestyle brand, renowned for creating exceptional experiences that connect people to nature, culture and each other – today and for generations to come.



OUR VALUES

- ✓ Excellence – We deliver beyond expectations
- ✓ Authenticity – We celebrate our African heritage in all we do
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GIFT OF SIGHT FUNDRAISING GOLF TOURNAMENT				Dr Agarwals Eye Hospital	
Rotary Club of Lusaka Central		VENUE : LUSAKA GOLF CLUB			
DATE: 19/07/2026					
FORMAT: TEAM EVENT IND. S/FORD		TEAM EVENT :		3 BEST SCORES TO COUNT	
FIRST TEE		TIME		TENTH TEE	
GIFT OF SIGHT		10:00:00 AM		MONEY MAESTRO 1	
GIFT OF SIGHT				BLUE CREST	
DRAKE & GORHAM		10:10:00 AM		DRAKE & GORHAM	
BLUE CREST				STORE SYSTEMS	
AMAZON ASSOCIATES		10:20:00 AM		KIRAN&MUSONDA	
ALTUS INSURANCE				STORE SYSTEMS	
ACTION AUTO		10:30:00 AM		DIGITAL LEGENDS	
KIRAN&MUSONDA				AMAZON ASSOCIATES	
DIGITAL LEGENDS		10:40:00 AM		SYCAMORE FARM	
COMPASSIONATE CAUSES				ACTION AUTO	
TEAM HOKMA		10:50:00 AM		TEAM AJ	
TEAM AJ				ALTUS INSURANCE	
MONEY MAESTRO 1		11:00:00 AM		COMPASSIONATE CAUSES	
TEAM TS				EMI	
SYCAMORE FARM		11:00:00 AM		TEAM HOKMA	
EMI				FABRIBUILD	
TEAM TS		11:20:00 AM			
FABRIBUILD					

PLAYERS TO REPORT TO THE MASTER STARTER 15 MINUTES BEFORE TEE OFF

NEAREST TO THE PIN HOLE NUMBER 9

LONGEST DRIVE ON HOLE 01

PLAYERS NOT YET REGISTERED ON HNA MAXIMUM HANDICAP FOR LADIES 36 AND 24 FOR MEN

PLAYERS WHO ARE NO LONGER ON HNA TO PLAY OFF MAXIMUM HANDICAP OF 18 FOR LADIES AND 12 FOR MEN



ROTARY CLUB OF LUSAKA CENTRAL - FUND RAISING GOLF TOURNAMENT 2026

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IMPACT OF BLINDNESS ON THE ZAMBIAN ECONOMY

The proportion of vision impairment attributable to unoperated cataract is higher in low- and middle-income countries than in high-income countries. In high-income countries, diseases such as glaucoma and age-related macular degeneration are more common. Among children, congenital cataract is a leading cause of vision impairment in low-income countries, whereas in middle-income countries it is more likely to be retinopathy of prematurity. Uncorrected refractive error remains a leading cause of vision impairment in all countries amongst both children and adult populations.

Blindness and visual impairment remain a major public health concern in Zambia, with up to 80% of cases being preventable or treatable. Over the years, the country's prevalence of blindness has hovered around 1% to 4.5% of the total population, with cataracts, glaucoma, and trachoma consistently ranking as the leading causes.

In the 1980s and 2000s, specific regions like the Luapula Valley faced extraordinarily high blindness rates (up to 3.6% in 1985) heavily driven by nutritional deficiencies (such as Vitamin A), measles, and local trauma. Similarly, trachoma became hyper-endemic in rural zones like Gwembe.

Historically and presently, the primary driver of blindness in Zambia is cataracts. Cataracts remain the primary cause of blindness across Zambia today, accounting for roughly 43% to 60% of all cases, particularly among the elderly. As life expectancy improves, chronic conditions like glaucoma have become a growing concern, now affecting approximately 6% of the population over

40. Other major contributors include glaucoma, uncorrected refractive errors, and corneal scarring.

In the late 20th century, regions like the Luapula Valley suffered catastrophic rates of childhood blindness. This was driven by poor nutrition (diets lacking vitamin A), low immunization rates, and traditional practices like applying harmful ointments to eyes.

Medically, blindness is the absence of sight or the inability to detect light. It exists on a broad spectrum, ranging from low vision (partial sight) to complete blindness. It is defined based on how effectively a person can see, even with the best possible corrective lenses or medical treatments. Globally, the leading causes of vision impairment and blindness are:

- refractive errors
- cataract
- diabetic retinopathy
- glaucoma
- age-related macular degeneration.

Impact of vision impairment

Personal impact

Young children with early onset irreversible severe vision impairment can experience delayed motor, language, emotional, social and cognitive development, with lifelong consequences. School-age children with vision impairment can also experience lower levels of educational achievement.

Vision impairment severely impacts quality of life among adult populations. Adults with vision impairment can experience

lower rates of employment, higher rates of depression and anxiety, social isolation, difficulty walking, a higher risk of falls and fractures, and a greater likelihood of early entry into nursing or care homes.

Economic impact

Productivity Loss: Visual impairment heavily restricts adults of working age (50-64 years) from participating in the labor force and causes significant losses in GDP. In Zambia. Sight loss and blindness affect rural farmers and artisans who rely entirely on their sight to cultivate crops and produce goods. The key drivers of the impact on productivity include:

- **Labor Force Exit & Reduced Employment:** Vision loss severely limits work participation. Many visually impaired adults face premature exit from the labor market or are confined to low-paying jobs (such as switchboard operating).
- **Societal Stigma and Barriers:** Cultural prejudice and discrimination from employers and co-workers prevent many blind or visually impaired Zambians from obtaining and retaining employment.
- **Dependence on Aid:** Research on visually impaired individuals in Zambia indicates a high dependency rate. Many rely on begging or family support to meet basic needs, effectively removing them as tax-paying, economically active citizens.
- **Caregiver Opportunity Cost:** Because access to specialized care or mobility training is often limited, family members are frequently forced to step out of the workforce to act as full-time caregivers for blind relatives, compounding the national productivity deficit.
- **Preventable Causes:** Many cases

are highly rectifiable but stem from malnutrition (e.g., Vitamin A deficiencies in places like Luapula Valley), measles, and uncorrected refractive errors. Because they largely affect working-age adults, these preventable issues directly drain the country's economic potential.

Impact on Education

Children living with unaddressed vision impairment face up to five times lower odds of remaining in formal education. This drastically reduces their future earning potential, trapping families in intergenerational cycles of poverty. Only about 7% of visually impaired learners progress to senior secondary school, and just 6% graduate high school.

Studies on the impact of blindness on the Zambian education system outline the following core issues:

- **Resource Scarcity:** Despite policy provisions, classrooms frequently lack Braille textbooks, tactile diagrams, and modern assistive technologies like screen readers. This makes subjects like mathematics and science—which rely heavily on visual and spatial concepts—extremely difficult to grasp.
- **Teaching Challenges:** Research indicates that general educators struggle to modify teaching methods for visually impaired learners. Standard classroom practices like group work and visual demonstrations become ineffective without proper specialized adaptation.
- **Social Stigma:** Visually impaired students frequently face discrimination, bullying, and a lack of social acceptance from sighted peers and teachers.

- Limited Career Pathways: Due to a lack of structured career mentorship, visually impaired students are disproportionately funneled into a limited number of professions, primarily teaching.

In conclusion, Preventing blindness in Zambia acts as a powerful economic catalyst by boosting workforce productivity and reducing healthcare cost.

Prepared by Rtn Anuradha Jayaraman





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