



Good Samaritan Foundation
PO Box 2254
Moshi, Tanzania
Tel: 255 27 2753547
Fax: 255 27 2753598
pcourtright@kcco.net
www.kcco.net

Activities Report 1st quarter (January—March) 2011

DRS- Direct Referral Site services in the community in Kilimanjaro & Arusha

With continued support from Seva Canada and in collaboration with the Ministry of Health (MoH), the KCCO/KCMC - DRS programme continues to provide good quality accessible eye care services in Kilimanjaro Region and two districts of Arusha Region. In this quarter the team made 18 outreach visits and 1,963 people came for examination and treatment. A total of 190 people were identified with operable cataract, and 102 were transported to KCMC for cataract surgery.

Supporting VISION 2020 programmes in eastern Africa- Ten by Ten

Western Region, Burundi

A new OCO has joined the team, making two OCOs in total; this has contributed to an increase in the number of people being seen during outreach and at the base. A total of 2,359 patients (1,078 males, 1,281 females) were examined and treated, and 393 others (183 males, 210 females) received cataract operations.

North Shoa Region, Ethiopia

Mr Nyange visited Debre Berhan in mid-February to provide mentorship and support to the team there. Together, they reviewed previous work and discussed strategies for improvement. (Visit report is available.) The health extension workers who received training in the previous quarter were not as effective as expected; fewer patients came for examination during outreach and fewer were brought to the hospital for cataract surgeries. The program in Debre Berhan staged 10 outreach visits this quarter, resulting in 1,049 patients examined and treated (533 males, 516 females), 269 cases of operable cataract and 65 cataract surgeries (35 males, 30 females). The team in Debre Berhan has encountered difficulties with health worker participation, but is developing strategies to increase outreach sites and catchment areas. Plans are in progress to have the programme activities extended into 3 more districts (currently only 5 districts are covered). This may ensure increased accessibility to a number of people who have not previously received eye care service in the rural areas of North Shoa Region.

Luapula Region, Zambia

Shortages of staff and inadequate OPD and ward space seem to be the main challenges facing the Luapula programme, although apparently plans for extension of the existing outpatient clinic and renovation of the eye wards are underway. A Bill

of Quantity (BoQ) has been developed and the team there is in the process of lobbying for funds from the Ministry of Health and NGOs.

Community based activities in this quarter did not go as planned; it appeared that the team did not receive the funds for the quarter and thus no outreach activity was conducted. Furthermore, a planning team from Geneva Global (including KCCO) took up some of the team's time. The Luapula team managed to examine and treat a total of 1,094 walk-in patients (613 male, 481 female), and provide cataract surgery for 19 patients (13 male, 6 female). Training of community health workers is planned for the coming quarter with the goal of increasing the number of health personnel who would be assisting to mobilize clients during outreach and promoting awareness of community eye health.

Gulu Region, Uganda

Plans for V2020 programme activities in Gulu Region have now been finalized. Activities are expected to start during the second quarter of 2011.

Vakinankaratra Region, Madagascar

Dr Richard from Ambohibao (Tana) reported to Antsirabe SALFA Hospital to take over from Dr Lantoniaina Philippe. Dr Richard and Dr Irene are now leading the eye care team to give eye care services in Vakinankaratra region. This quarter the team made 9 outreach visits, screening and treating 1,244 patients (414 males, 880 females). Out of this number 49 cataract surgeries (25 males, 24 females) were performed. Additionally, 51 surgeries were done on walk-in patients.

Atsinanana Region, Madagascar

The team in Atsinanana continues to give eye care services as planned. Following a visit to Vatomandry by the Directeur Regionale de Sante and the regional ophthalmologist, the Vatomandry surgical centre has been brought up to speed; a computer has been provided to Vatomandry and the ophthalmologist is now "on line". The team made 5 outreach visits to communities. Both centres (Vatomandry and Toamasina) have managed to screen and treat 627 patients (267 males, 360 females). A total of 132 surgeries (62 males, 70 females) were done this quarter. Additionally, 102 cataract surgeries (54 males and 48 females) were performed on walk-in patients. The training of CSB workers continued this quarter. A total of 45 CSB workers from 10 CSBs have been trained. Equipment worth \$35,000 (Sherritt mining company contribution) has been ordered and will be delivered to MoH Madagascar in the next quarter.

Sava Region, Madagascar

In this quarter the team screened and treated a total of 1,900 patients, of whom 931 were males and 969 were females. 173 patients were diagnosed with operable cataract and 169 patients (93 males, 76 females) received cataract operations; 52 of those operated for cataract (32 males, 20 females) were walk-in patients. There seems to be a good collaboration between SALFA Hospital and MoH regional Hospital in Sava region.

Queen Elizabeth Central Hospital (Child Eye Health Tertiary Centre), Blantyre, Malawi

This quarter the childhood blindness project in Blantyre witnessed three training sessions for key informants (KI), resulting in 64 trained KIs (26 male, 38 female) from Machinga and Balaka districts. One screening outreach has been done at Balaka district in this quarter and a total of 43 children (23 boys, 20 girls) were screened. Of these children 15 (7 boys, 8 girls) were referred to hospital and 3 (2 boys, 1 girl) had cataract surgery.

At the hospital, a total of 1,325 (692 boys, 633 girls) were screened in this quarter. 127 of them (72 boys, 55 girls) were admitted to hospital and a total of 155 children (96 boys, 59 girls) received surgeries. The number of children who received surgery includes 28 children who were in the waiting list from previous quarter. 43 children (21 boys, 22 girls) needed unilateral or bilateral cataract surgery, resulting in cataract operations on 67 eyes (33 boys, 34 girls). 16 children (12 boys, 4 girls) returned for follow-up and 18 children received glasses.

Kitwe (Child Eye Health Tertiary Centre), Kitwe, Zambia

Furthering the goal of early identification and referral of cases to the paediatric eye clinic at Kitwe Central Hospital CEHTF, 15 key informants were trained in Copper belt Province during the quarter. The training of the key informants in the Northern Province will be conducted in the coming quarter.

484 children (251 boys, 233 girls) were examined during the quarter, of which 27 children (14 boys, 13 girls) received cataract surgery. Of the total of 27 children operated for cataract 17 were scheduled to come for review within one month and all turned up, yielding a follow up rate of 100%! The remaining 10 children are yet to come in the 2nd quarter. Eye glasses were distributed to 12 children.

Other VISION 2020 programmes

Mara Region, Tanzania

The Mara team continued to provide services through funding from SEVA Canada. This quarter the team held ten outreach visits screening and treating 1,005 patients (443 males and 562 females). A total of 258 surgeries (130 males and 128 females) were performed. An additional 1,240 patients visited the eye unit as walk-in patients out of whom 155 surgeries (81 males and 74 females) were performed. The programme received support from Zaf, a Canadian optometrist, for refractive services. Also, CBM Canada donated a vitrector to the programme. Thanks to all partners for their assistance to the Mara programme.

Lira Region, Uganda

The support from the Wilde Ganzen to Lira Regional Referral Hospital of Uganda came to an end, and another application has been made; support from the Lavelle Fund for the Blind will be sent cover activities in the 2nd quarter. The team managed to examine and treat 2,630 patients; 239 patients received cataract surgery as walk in patients.

Childhood blindness and low vision

This quarter 45 eyes (33 children, 15 girls and 18 boys) were operated for cataract at KCMC. Support for transport and other expenses is provided by Light for the World. Counseling and tracking activities are supported by Dark & Light Blind Care. 21 children who were diagnosed with glaucoma were also included in the project.

At KCMC the low vision specialist assessed 42 children with low vision (28 boys and 14 girls). Ten got their prescribed glasses and 6 received optical low vision devices. She also assessed 12 adults with low vision. The trained optometrists in Mara, Shinyanga, Mwanza and Kilimanjaro and Kagera assessed a total of 123 children and 41 adults with low vision.

At Longido Secondary School, in Longido District in Arusha region, 30 students in the annex for the blind were assessed by a low vision specialist from Mawenzi Regional Hospital and an MMed ophthalmology student from KCMC. Three students were referred to KCMC for cataract or retina surgery. Three students benefited from refraction and were advised to join the ordinary stream once they received their prescribed glasses. With glasses they have normal vision.

A group of 75 certificate student teachers from Patandi Teachers' Training College benefited from a one-day workshop organized by KCCO and facilitated by Mr. Rajabu Mtunge and Mr. Chalamaganza (from Patandi College), Dr. Elisante Muna (KCMC Eye Department) and Fortunate Shija and Elizabeth Kishiki from KCCO. The objective of the training was to provide practical low vision knowledge that will help support children with low vision in the classroom setting.

Further, a meeting with student teachers was held at Patandi Teachers' College to discuss the experience of the student teachers during their block teaching practice (BTP) at different schools. The discussion focused on the presence of visually impaired children in classes, their evaluations by an eye care specialist, their use of low vision devices, and challenges faced in assisting children with visual impairment.

The 10th International Conference on Low Vision (with the theme "Vision Rehabilitation – Towards Better Living") was held at the Kuala Lumpur Convention Centre in Malaysia in February this year and KCCO contributed to several of the presentations. Elizabeth Kishiki presented a poster on "The role of Childhood Blindness Coordinator in improved service delivery" and Karin van dijk presented the results from a 3-year low vision care pilot programme in Tanzania. The conference enabled KCCO staff and professionals across the world to share their experiences, to learn from one another, and network on low vision work.

Basic low vision training for teachers was held at Longido secondary school this quarter. 13 teachers were involved and the training was organized and facilitated by KCCO.

Marianne Kooij and Ms. Kishiki conducted follow up visits to Mwereni, St. Francis and Same Primary Schools. They observed good initiative from the teachers in bringing children for assessment at KCMC. Although children in St. Francis were not assessed in 2010 as the school could not afford the transport cost; in 2011 the

visiting optometrists from Canada assessed all children in St Francis and albino children were provided with sun glasses.

A meeting was held with Augusto Zambaldo of CCBRT Moshi office to discuss the possibility of holding low vision training for CBR workers. It was agreed this could be done in July this year.

At the request of ORBIS International, Dr. Courtright facilitated the Gondar (Ethiopia) Child Eye Health Tertiary Facility planning session.

Health Systems Strengthening

This quarter KCCO hosted a meeting on translating research into policy. This meeting brought together different research groups from Kenya, Uganda and Tanzania (that included Malawi as a project site) under the African Health System Initiative (AHSI). The meeting was funded by IDRC; Dr. Khumbo Kalua, with assistance by Mr. Eliah and Dr. Courtright, developed a primary eye care issue brief which Dr. Kalua will use for initiating discussions on evidence influence policy making in Malawi.

Mr. Eliah attended a workshop at LAICO in Madurai, India on strengthening of skills in consulting and mentoring.

Two other health systems strengthening initiatives started with KCCO engagement:

- The Hilton Foundation is starting to explore how to engage with addressing the “problem of cataract” in Africa and KCCO has been in communication with Hilton staff and have been tasked with compilation of some data for a meeting to be held in Baltimore at the end of next quarter.
- Considerable interest has been growing among a number of NGOs (FHF, OEU, CBM, ORBIS, Seva, and Seva Canada, among others) to determine the impact of primary eye care prior to scale up of programme efforts. With KCCO assistance plans were developed to hold a meeting of key individuals to outline the desired research outputs and methods.

Reducing gender inequity in blindness

Engaging microfinance to address gender inequity in blindness

Ms Finda and Ms Butcher analyzed data from baseline data questionnaires. They then selected microfinance health educators and staged training in eye diseases, diabetes, and general disability. The training, which took place in January, aimed to provide the women with the skills necessary to be effective health educators. In March CCBRT sponsored additional in-depth training in Moshi. One DRS visit has taken place in each of the two intervention wards, with pleasing outcomes thanks to the activity and industry of these women. Out of 400 total people who came to these two DRSs, 337 presented slips that showed they had been referred through the microfinance women.

The sentinels move on

The sentinels project came to a close at the end of 2010. Early in 2011 a group from Royal Roads University came to Moshi to conduct training in entrepreneurship. After

the Seva Canada supported entrepreneurship training, which lasted for six weeks, sentinels embarked on business ventures. Their projects include operating a salon, manufacturing and marketing cleaning products, bead-making and mushroom-growing. They have all been supplied with information cards to distribute to members of their communities who are in need of eye care services. KCCO will continue monitoring their districts to note increases or decreases in numbers of people presenting for treatment.

Trachoma

The Hilton and Lions supported research & implementation project proceeded well in Mali, Niger, and Ethiopia, following meetings at the Carter Centre in Atlanta. In Feb, the National Coordinator's Office in Tanzania pulled out of the project. Findings from Mali, Niger, and Ethiopia will be ready in the next quarter. Dr. Muna Elisante, KCMC ophthalmology resident, who was to carry out the field work in Tanzania, will be carrying out the project in Zambia instead.

KCCO is working with the MoH and partners in Zambia (with support from Geneva Global) to carry out a trachoma survey in two districts suspected of being endemic for trachoma. Plans were finalized this quarter and the survey activities start in May.

ITI requested KCCO input on the "Trachoma Global Road Map" (now referred to as "2020 InSight" and the development and pilot testing of the national Trachoma Action Plans. The pilot testing, with Dr. Courtright providing facilitation, was carried out in Kenya in March. The outcome will be presented at the upcoming GET 2020 meeting.

Other activities and news

Drs Lewallen and Courtright are partway through their sabbatical at Emory University. Dr. Courtright participated in the IAPB Africa meeting in Durban in February, giving a review of the IAPB Research Meeting and the newly established IAPB Research Working Group. In their absence, KCCO continues to run smoothly, supporting programmes and providing training.

Dr. Lewallen presented findings from her work on the eye findings in cerebral malaria at the Pasteur Institute in Antananarivo, Madagascar in January.

KCCO visitors & volunteers

Ms Emily Hero, UK

Ms Maryn Lewallen, USA

Dr Robert Geneau, Canada

Marianne Kooij, Visio/Sensis

Drs. Paul Chan, Grace Chan, Don D'Amico from Cornell University

A large team from Seva Canada: Tom Voss, James Lamb, Peter Mortifee, Anita Chambers, Lynn Buntain, Charles Anderson, Susan Ronalds, Gloria Sutcliffe, Ken Ronalds, Ann Harvey, Don Gardiner, Nancy Mortifee, Allan Connolly, Carol McKee, Diane Cote and Jane Harris