

## **Activities Report 3rd quarter (July-September) 2009**

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

During the quarter there were 950 men and 907 women who were examined and treated on outreach. Among them 58 people were transported for cataract surgery.

### Rolling out VISION 2020 programmes in eastern Africa- Ten by Ten

The KCCO 10x10 initiative, with major funding from the Swiss Lions, aims to roll out 10 VISION 2020 programs in eastern Africa by the end of 2010. Other NGOs, as noted below are providing targeted support for individual programmes.

#### *Mbeya Region, Tanzania*

The Mbeya Region, with support from Eye Care Foundation in the Netherlands has continued to perform well, running outreaches as scheduled and sending in regular reports. Each site has been visited once and the team is now starting a second round of visits, emphasizing those that had good turnout on the first round. This quarter they examined 773 patients on outreach and brought 73 to the hospital for surgery. Titus Nyange visited the program in late July to help with reporting. In total, 131 patients had surgery at Mbeya Hospital during the quarter.

#### *Debre Berhan, Ethiopia*

Plans for the North Shoa Zone of Ethiopia were finalized this quarter and initial funding, provided by Lavelle Fund for the Blind, were sent to Debre Berhan.

#### *Fort Portal, Uganda*

The team has implemented activities, carrying out outreach visits in Kyenjojo and Kasese Districts in September, from which 81 cataract surgeries were done. In total, 132 cataract surgeries were done in the quarter. A challenge has been presented by Dr Edward Nkurunziza, the ophthalmologist at the hospital, who announced that he is leaving for another job in Mubende. In the short term, he will be visiting Fort Portal eye clinic at least twice a month and do surgery, while the outreach visits continue.

#### *Western Region, Burundi*

The plans for the Western Region, Burundi were finalized this quarter and funds have been disbursed to the programme. The first phase of the work include renovating the operating theatre at IHSP Clinic, training of nurses in operating

theatre assistance, and social agents in promotion and identification of people for cataract surgery.

#### *Other VISION 2020 programmes in Uganda*

KCCO has continued to support the programs in Masaka and Lira, neither of which now has an ophthalmologist, which seriously limits what can be done. These programs demonstrate one of the big challenges of working with Ministries of Health in Africa-- transfer of key personnel upon whom much often depends. For the doctor who is transferred, the change often brings a well deserved upgrade in position and salary, but the eye program may suffer as a result.

#### *National five year strategic plan for Eritrea*

At the request of the MoH Eritrea and WHO, Dr. Courtright spent 10 days in Eritrea working with the MoH and partners (primarily the Fred Hollows Foundation) to prepare a new five year national strategic plan for prevention of blindness. It is likely he will be back in Eritrea briefly in November to assist with detailed implementation planning for the zobas (districts).

#### What does the CSR need to be in Africa?

In August, a team comprised of several African ophthalmologists, mathematicians from Harvey Mudd College, and KCCO, met in Mombasa to review progress on building a model to estimate the cataract surgical rate needs in Africa. The discussion was lively and the mathematicians did a superb job of walking the ophthalmologists through the complex mathematics involved. Once this is subjected to peer review we will be using the new estimates to improve planning with Districts in eastern Africa.

#### Understanding glaucoma in a difficult setting

Interviews of all the patients identified as blind from glaucoma in the RAAB survey have been completed. Since differentiating glaucoma from other posterior pole causes of blindness (such as optic atrophy) can be a serious challenge in the field, we have decided to examine all patients with posterior pole blindness to ensure that no glaucoma patients were missed. This work, supported by Seva Canada and the Fred Hollows Foundation, should be completed in the next quarter.

#### Childhood blindness and low vision

##### *Childhood Cataract in Africa manual*

The Childhood Cataract in Africa manual has proved to be extremely popular and KCCO has virtually run out of copies from the first print run. AED kindly agreed to provide support for a second (English language) print run plus preparation of a French language version. We have learned through Karin van Dijk that CBM China will be preparing a Chinese version of the manual.

Separately, with colleagues in India and Malawi, KCCO drafted a manuscript on the need to reassess global childhood blindness; this manuscript is now in press in PLOS Medicine.

### *Course on setting up a programme for childhood blindness*

The annual course, supported by Dark & Light Blind Care, on developing a pediatric cataract program was successfully completed September 21-24 with 10 participants from 8 countries. It was especially gratifying that two participants who took the course in past years returned to give follow up on their activities and share what they had learned when they set up their own programmes.

### *Key informants to find children in need of surgical and low vision care*

Forty key informants were trained by KCCO field workers this quarter. Key informants are trained to find any children with visual impairment and on a pre-determined date they ensure that the children appear for a screening (including an ophthalmology resident and low vision technician) from KCMC and KCCO. Role playing has evolved as an effective way to train the key informants. Six screenings were held (two each in Babati, Karatu and Lushoto Districts) and 336 children were screened. Sixteen of the children, 7 with cataract, required referral to KCMC for further treatment. This work, supported by AED, has now covered all of Karatu District and efforts over the coming months will be to complete Babati and Lushoto.

With AED support, in Madagascar, two training and two screenings were performed. A total of 23 key informants were trained and 53 children identified and examined. Among these 3 were identified with congenital cataract and will receive treatment. Dr. Hoby Rasikhondra, started her training in paediatric ophthalmology at CCBRT this quarter and key equipment has now been purchased for the University Hospital in the capital, Antananarivo.

At a meeting in London in September, Dr Lewallen described how an estimate of childhood blindness could be “piggy backed” on a RAAB survey, using key informants. KCCO work on this is in press in the *British Journal of Ophthalmology*

### *Helping children with low vision*

On the low vision front, Fortunate Shija and Marianne Kooij visited Same and St. Francis primary schools for the blind for follow up after teacher training and low vision assessments for students at the schools. At Mwereni primary school, Elizabeth Kishiki and Marianne Kooij discussed management of children with low vision and planned another visit for a parent’s meeting at the end of term (December 2009) when the parents will come to collect their children from the boarding school.

Ms Fortunate Shija has begun to work with the new KCMC pediatric ophthalmologist (Dr Lee Woodward), a volunteer from the US who will be at KCMC for about 2 years. KCCO provides services to find children and help them get to KCMC for surgery, then keeps track of them after surgery, supporting them for the critical follow up visits. Transport for children and parents are provided by Light for the World.

### Getting gender and blindness on the global (and local) agenda

The World Sight Day Report 2009 (drafted by KCCO with input from around the world) describing the issue of gender and blindness, was released in August. KCCO is also helping the Kilimanjaro Regional Ministry of Health in planning for

World Sight Day activities and will support radio advertisements, which Dr Godfrey Furahini will make.

Various meetings and sessions were held with key stakeholders in the area of gender and blindness. These included meetings with the National Union of Women in Eritrea, the Gender and Women's Health Unit at the Eastern Mediterranean Regional Office (Cairo), and the Tanzanian Optometric Association meeting in Dar es Salaam.

Sadly, Ms Margaret Kessy, the KCCO Gender & Blindness Coordinator has had to leave Moshi indefinitely due to ill health. We are interviewing candidates to replace her now. Very fortunately, Ms Marcelline Finda volunteered to take the position during her "summer" holiday from university in the USA. Marcelline worked as an intern for KCCO for a year while she sought a place in university so she was already familiar with many of the activities and was able to "slot in" perfectly. She continued with data collection and made a number of visits to the "sentinel" ladies in intervention villages. When Marcelline returned for her senior year of University in the US, the KCCO administrator Ms Giselle Masswe filled in, visiting women in both Hai and Arumeru District.

Some of the sentinels have asked about having a car pick up their patients from their households, highlighting the problem that the elderly rural face in accessing health care.

#### Teaching and training

Drs Godfrey Furahini, Jason Pithwa, and Emmanuel Byamukama successfully defended their dissertations to Dr Simon Holland, visiting from University of British Columbia, Canada. "An excellent dissertation reporting new findings regarding prevalence of CMV retinitis" he wrote on Dr Pithwa's study. "...warrants publication in a high impact journal," was the comment about Dr Godfrey's. KCCO is supervising the doctors now in writing up additional manuscripts from their work.

Proposals for research toward the MMed degree from Dr Amadou Alfa-Bio and Dr. Marvice Okwen were both accepted this quarter and they started work in earnest. Dr Amadou will look at the impact of presbyopic spectacles on the visual quality of life of elderly rural Tanzanians. Dr Marvice (supported by the African Health Systems Initiative) will build on the work of Dr Emmanuel in assessing the potential of primary eye care.

Abstracts from the work of 4 MMed candidates supervised by KCCO were accepted this year for the Ophthalmic Society of Eastern Africa (OSEA) meeting in Mombasa.

CBM supports KCCO in their work with the residents

#### Assessing the impact of Primary Eye Care in Rwanda

With colleagues at the Fred Hollows Foundation, two manuscripts based upon the work in Rwanda were completed this quarter.

#### Trachoma control efforts

Drs. Courtright and Lewallen attended the Trachoma Scientific Meeting at WHO in mid July. Due to previous time constraints they only joined a half-day of the GET 2020 meeting.

Dr. Courtright also joined Dr. Danny Haddad, the new International Trachoma Initiative (ITI) director at various meetings in Dar es Salaam. The ITI has requested that Dr. Courtright be a member of the ITI Trachoma Expert Committee. KCCO is working with ITI to explore ways to improve knowledge transfer related to trachoma control in Africa as well as ways to strengthen national trachoma task forces.

#### Other activities

KCCO assisted ORBIS International by facilitating (with Dr. Amir Bedri, IAPB) the 3<sup>rd</sup> VISION 2020 workshop in eastern Africa; the meeting served as an IAPB regional meeting involving both MoH and NGOs.

#### Ophthalmic Resource Centre for Eastern Africa

Reduced funding continues to plague the ORCEA. It is likely that we will have to offer reduced hours of opening.

#### **KCCO visitors**

KCCO welcomed Alix Yule and Emily Poupart who came to do an evaluation of Seva Canada programmes at KCCO on behalf of the Canadian International Development Assistance (CIDA). As happens with well done evaluations, the process served as an excellent opportunity for KCCO to engage in self evaluation and identify ways to improve.

Ambassador Karel from the Netherlands, visited KCCO in July to learn about the wide range of activities supported by organizations from the Netherlands (Dark & Light Blind Care, Eye Care Worldwide, Sensis, Wilde Ganzen).

Dr. Danny Haddad, ITI Director, joined KCCO staff for meetings in Moshi in mid August.

In September a team from Fred Hollows Foundation, New Zealand (Dr. Garry Brian, Lucy Lee, and Jacqui Ramke) visited KCCO to discuss areas of common interest (e.g., primary eye care, planning, capacity building).

#### **KCCO Development News**

In August Dr. Courtright met with the MoH Chief Medical Officer (and Dr. Edward Kirumbi, acting National Coordinator for Prevention of Blindness) to discuss steps to finalize obtaining a letter from the MoH to WHO for KCCO to become a WHO Collaborating Centre for the Prevention of Blindness.

In September both Edson Eilah and Elizabeth Kishiki returned from their master's degree studies carried out at International Centre for Eye Health in London and KIT in Amsterdam respectively.