



KCCO



Kilimanjaro Centre for  
Community Ophthalmology

## ANNUAL REPORT 2009



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## Message from the Co-Directors

Due to the global economic crisis, many NGOs and Ministries of Health have reduced or stopped financial support for eye care services. Eastern African countries are experiencing the impacts of this recession. However, we are pleased to report that KCCO staff, as well as funders, have been resourceful and creative in finding ways to adapt to changing financial challenges. We hope you will enjoy reading about activities in 2009 in this Annual Report.

One of the issues that has been very much on our minds this year is succession planning. As a husband and wife team--Drs Paul Courtright, epidemiologist, and Susan Lewallen, ophthalmologist--we established the Kilimanjaro Community Ophthalmology Centre (KCCO) in Moshi, Tanzania in October 2001. Our goal was to develop a centre to provide training, conduct relevant research, and help programmes in eastern Africa plan appropriately to achieve the VISION 2020: The Right to Sight goal of eliminating avoidable blindness. Ultimately, improvements in eye health care for Africans must come from African leaders themselves; KCCO has always worked to build capacity in this area. The task of shifting to new leadership within KCCO will take several more years and require a number of organizational changes. We have started developing a new strategic plan, which we expect to finalize in the first half of 2010, and this plan will take into account the changes in leadership we envision for KCCO during the transition period.

For the immediate future, KCCO has a strong and capable staff, healthy partnerships and clear goals to take us forward. Our mission remains unchanged: building capacity to achieve VISION 2020 in Africa.



## Ensuring Gender and Blindness is on the Global -- and Local -- Agenda

In the developing world, women and girls are less likely to receive assessment and care for all kinds of health issues, including vision loss. KCCO wants to change this, and we've been at the forefront of advocacy and research in this area.

### *Women sentinels to improve use of eye care services*

In the early part of the year, Margaret Kessy, KCCO Gender Coordinator, met with village "sentinel" women who have been trained as volunteers to raise awareness among women and men about vision loss and refer them to the nearest outreach services (see DRS in Kilimanjaro on page 11). The challenges rural elderly and women and girls face in accessing health care of any kind are exemplified by the situation described by one woman: she needed funds for transport for her treatment, but didn't want to be a burden by asking husband and children for help.

Over the summer, KCCO enjoyed the services of two volunteers, Priyam Chibber and Marceline Finda, who worked with the sentinel project. Early indications from this jointly supported program (CIHR and Dark & Light) are that sentinels do increase use of services by women – and also by men!

### *Regional Advocacy*

Furthering the goal of getting this topic on the international agenda, Ms Kessy prepared advocacy material on gender and blindness. The material has been used to raise awareness and encourage advocacy for women with national prevention of blindness committees in eastern Africa, the Tanzanian Optometric Association, the National Union of Women in Eritrea, and the Gender and Women's Health Unit at the Eastern Mediterranean Regional Office in Cairo.



*Marceline Finda with women sentinels in Arumeru District*



### ***World Sight Day theme: “Gender and Eye Care”***

KCCO collected documentation from around the world to prepare the World Sight Day 2009 report which had “Gender and Eye Health” as its theme.

KCCO provided presentations for World Sight Day at events in Vancouver organized by Seva Canada, at the University of British Columbia, at CIHR’s Institute for Gender & Health, and at CIDA in Ottawa. A presentation was video-taped for a World Sight Day national event in Peru.

To focus donors and the public on blindness in women and girls for World Sight Day, Seva Canada held a contest for young people to develop short videos on the theme, “Her Sight is Worth It” The winners, which show clips of KCCO, can be seen at [www.seva.ca](http://www.seva.ca)

### ***Bringing US NGOs together around gender***

KCCO, along with colleagues from Helen Keller International, the International Eye Foundation, and Seva Foundation, organized a press briefing at the National Press Club in Washington, DC in April to highlight the burden of blindness among women and girls. This was followed by presentations on the topic at the Association for Research in Vision and Ophthalmology meeting in Florida.



*KCCO helped to put together several publications this year on gender and blindness.*

## Health Systems Strengthening

Much of KCCO's work to assist development and mentoring of VISION 2020 programmes in Africa entails strengthening fragile or dysfunctional health systems. This service includes training people, both managerial and clinical, at many levels and helping them to implement the systems that are necessary to an overall well-functioning health system.

### *Public health training for ophthalmology residents in Africa*

One component of developing human resources for Africa is KCCO's training programmes in public health aspects of ophthalmology for MMed (Residents in Ophthalmology) at KCM College. Support for KCCO's work with the residents comes from CBM. In 2009 the two year course provided by KCCO focused on epidemiology of important causes of blindness including cataract, glaucoma, trachoma, onchocerciasis, as well as covering goals and programmes of the VISION 2020 initiative.

In addition, as part of this ongoing programme, basic research methodology is taught and the residents are supervised as they do their dissertations research.

This year residents' accomplishments included:

- Drs Godfrey Furahini, Jason Pithwa, and Emmanuel Byamukama, 3rd year residents, successfully defended their dissertations to Dr Simon Holland, visiting from University of British Columbia, Canada. Dr Furahini's work, which received additional support from Grant Number D43TW006732 from the Fogarty International Center through Duke University, was accepted for publication in *Ophthalmic Epidemiology*. Manuscripts for the other studies have been submitted to other journals.



*Dr. Amadou checks near vision*



*Dr. David De Wit provided training for MMed and KCCO staff in STATA, a statistics programme used to analyse data*

- Dr Amadou Alfa-Bio (from Benin) is studying the impact of presbyopic spectacles in elderly rural Tanzanians, which is part of the CIHR supported gender and blindness research project .
- Dr Marvice Okwen (from Cameroon), supported by the African Health Systems Initiative, is evaluating the short term impact of enhanced supervision on primary eye care services in Mwangi District of Kilimanjaro Region.

### ***Certificate Course in Community Ophthalmology: A Nuffield Foundation - supported course***

In its 4th and final year, this course was run in a new way in 2009. KCCO recognized that it really takes a team to implement changes in eye care. So, rather than focusing on individual training, the course was offered to teams of four: ophthalmologist, hospital director, manager, and head nurse. Teams came for this training from Sava Region, Madagascar; North Shoa Region, Ethiopia; Dodoma Region, Tanzania; and Gulu Region, Uganda. One result of this new approach was concrete VISION 2020 plans developed by the teams for each region. Another result was a better understanding among participants of the differences between providing comprehensive eye services for a VISION 2020 region, or “district,” and simply running a hospital service.

The Nuffield Foundation also supported Edson Eliah’s MSc programme in London, England, and he led much of the course programme this year using his newly acquired knowledge and skills. This is an example of capacity building! A new application is being submitted to the Nuffield Foundation.

*“... We expected the course to be simple and relaxing but it turned out to be tough. The homework, which appeared simple, was actually very difficult... because we had to simplify ophthalmology to suit the understanding of the chief executives or medical doctors in our hospitals.”*

*- From a Nuffield course participant*



*Participants at a KCCO course learn what it is like to navigate with low vision during a simulation*

***Bridging strategies to link communities with eye care services: a Seva Foundation supported course***

KCCO conducted its 5th annual course on bridging strategies in November. Participants were varied, including colleagues from Tibet who came by special request. Dr Edward Nkurunzuza from Uganda served as an external faculty member and Penny Lyons, Executive Director of Seva Canada, assisted as well.

***Management for Ophthalmologists: Working with a Manager to Achieve VISION 2020 Goals: a Fred Hollows Foundation (FHF) supported course***

This popular course was attended in April by seven ophthalmologists from Uganda, Rwanda, Kenya, Madagascar, and Ethiopia. Dr Amir Bedri from Ethiopia helped with teaching. Participants appreciated the value of organizational charts, job descriptions, and performance evaluations and they worked hard on designing these tools. They also went home planning to implement participatory staff appraisals, another new concept to them that can improve management in eye departments.

***Management for VISION 2020: a FHF supported course***

In addition to some team members from the Nuffield course, eye health workers from Kenya, Uganda, Madagascar, Tanzania, Rwanda, South Africa, Ethiopia, and Nigeria attended this course in November. Dr Gerald Msukwa from Malawi served on the faculty again and Edson Elish took on a greater role. This course has become so popular that plans were made to offer it again in February 2010.

The FHF conducted an evaluation of activities it supports at KCCO, primarily the management course, and interviewed many previous participants. (Some of their comments are here in the boxed text.) Findings were very positive and a copy of the evaluation can be obtained from FHF Eastern Africa.

*"... learned that leadership is not telling people what to do and standing aside, but it is supporting, guiding and monitoring the team,"*

*- participant at Management for VISION 2020 course*

*"The most important thing I learnt is that performance evaluation needs to be done by both the employee and the supervisor."*

*- from a doctor at the Management for Ophthalmologists course*

*"This was a very interactive week with experiences shared from different parts of the world. The lectures revealed real life situations from the different groups."*

*- Doctor at management course*

***National Eye Coordinators (NEC) Workshop:  
an International Agency for the Prevention of Blindness  
(IAPB) supported course***

Assisted by Drs Daniel Etyaale and Amir Bedri, KCCO hosted a four-day course for NECs from Tanzania, Kenya, Burundi, Rwanda, and Uganda. Materials were then made available for translation for a similar course in central African countries run by Drs Etyaale and Joseph Oye. This capacity building exercise was the first of its kind and will serve as a framework for developing a manual for NECs.

***Strengthening Research Capacity in Eastern Africa***

This one week FHF-supported course was new this year and focused on research methodology. Each of the seven participants from Tanzania, South Africa, Zambia, Kenya, Madagascar, Burundi, and Uganda came with a research question which he or she developed into a proposal over the week. Drs Ciku Mathenge and Andreas Mueller served as external faculty.

***Health systems research conducted by KCCO***

KCCO worked closely with the Fred Hollows Foundation to compile findings from an assessment of the impact of a primary eye care programme in Rwanda. Findings from the two year long assessment showed complex interactions between factors such as expectations of the population, skills of the health workers, and supervision by the eye care staff. Findings will be presented in two papers in Tropical Medicine and International Health in 2010.

In collaboration with SSI/Tanzania, KCCO held meetings with the MoH in Mwanza District in Kilimanjaro to review findings of a skills assessment of health workers in eye care. This work is forming the baseline in Tanzania for our African Health Systems Initiative (AHSI) grant, initiated in late 2009. The AHSI project will assess existing task shifting strategies and test approaches to strengthen service delivery at the primary level in the MoH in Kenya, Malawi, and Tanzania. This research is supported by a competitive grant award from the International Development Research Centre (IDRC) in Ottawa, Canada.



## Sustainability Planning and VISION 2020 in Eastern Africa

### *The Ten by Ten Programme*

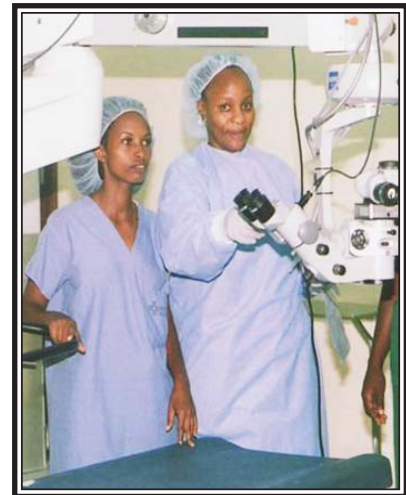
In 2009, KCCO launched the “Ten by Ten” initiative, which has major funding from the Swiss Lions Clubs MD102. This ambitious programme aims to roll out 10 VISION 2020 programmes in Eastern Africa by the end of 2010. The initiative will be carried out in partnership with Ministries of Health (MoH), and non governmental organizations. Through Ten by Ten, KCCO offers help with planning, addressing specific training needs, funding to fill gaps in implementation, and monitoring results. Among these 10 programmes, there will be seven to eight “district” VISION 2020 programmes, each serving 1-2 million people and two or three pediatric ophthalmology programmes, each serving a population of about 10 million. Descriptions of the first five sites follow.

### *Western Region, Burundi*

Planning meetings among partners began early in the year to develop a “district” programme for the Western Region of Burundi. Dr Levi Kandeke, an active participant in the KCCO Nuffield course in 2008, was enthusiastic about implementing changes to serve more patients with vision problems in Burundi. Health officers in three districts, as well as representatives of other organizations came on board to serve a population of 1.5 million in the Region. The first step was to renovate the tiny operating theatre in Bujumbura accomplished on time and within budget! Next step was training six nurses from Burundi in the KCMC eye theatre. The team began providing outreach services in late 2009.



*New eye theatre in Burundi*



*Burundian nurses at KCMC*

### **North Shoa Region, Ethiopia**

In a country where drought and extreme poverty are issues facing people everyday it may seem that eye care services would not be a top priority. However, the Ethiopian National Prevention of Blindness Committee is one of the best organized in Eastern Africa, with all the stakeholders represented and committed to work together. In June KCCO responded to a request from the Federal MoH to work with team leader Dr Alemayehu Bayu to plan for the North Shoa region (2.5 million people) centered in Debre Berhan.

Initial plans to target 900,000 people in 8 woredas (districts) were finalized in the fall and three members of the team were trained at KCCO in management and bridging strategies. This team then trained local woreda workers, health extension workers, and others. Bringing the planning process down to the woreda level is a new approach in Ethiopia and everyone is keen to learn from the successes and challenges. Lavelle Fund for the Blind supported the initial planning activities.

### **Fort Portal, Tooro Region, Uganda**

Lavelle Fund for the Blind made possible the first ever planning meeting involving all the stakeholders in this Region to discuss how they could coordinate activities for the 2.2 million people who live here. At the meeting an ophthalmic clinical officer was surprised to learn there was a health worker doing eye work a few kilometers from his hospital and they had not been aware of each other! Good communication and coordination among all concerned across regions is essential and the purpose of planning meetings such as these is to establish it.

Dr Edward Nkurunziza, who trained at the Nuffield course at KCCO 3 years ago, facilitated the planning and initial development of services for Tooro. Unfortunately, shortly after the planning session, Dr Nkurunziza, the only ophthalmologist at the hospital, was transferred to another part of Uganda. (See text box page 12)



*Titus Nyange helps an Ethiopian doctor use existing data to plan services for the future. Gathering accurate information for planning is often challenging*

### ***A child tertiary referral centre at Queen Elizabeth Central Hospital in Malawi***

KCCO was pleased to assist the hospital team and partners at Queen Elizabeth Central Hospital in Blantyre to develop a plan for a Child Eye Health Tertiary Facility that will serve the needs of that catchment area in the southern half of Malawi. The plan builds on work carried out by Dr Khumbo Kalua as part of his PhD dissertation. Various partners will support different activities. KCCO, with support from Seva Canada, will work on systems to identify and refer children in need of services, and improve follow up after surgery. Fortunata Shija from KCCO spent a week with the field team learning about the similarities and differences in the settings in Malawi and Tanzania.



*Fortunata in the field in Malawi with Dr Kalua*

### ***Antsirabe, Vakinankaratra Region, Madagascar***

KCCO is collaborating with the Fitsaboana Maso Loterana Hospital and the Ministry of Health in increasing the utilization of eye care services in the Vakinankaratra Region of Madagascar. The newly established VISION 2020 Committee met in November to review progress and, with KCCO's assistance, to develop a 2010 plan for further improvements. Strengths in this programme are the growing confidence of the team and the partnership between the MoH and SALFA (the implementing NGO). Seva Canada provided financial support to the team to implement more outreach services in the large region. In 2009 the hospital performed 832 cataract surgeries.



### ***Direct Referral sites in Kilimanjaro***

KCCO continues to support the Direct Referral Sites (DRS) in Kilimanjaro Region, along with increased organizational support to DRS from the KCMC Eye Department. This system of outreach ensures that rural people in all districts in Kilimanjaro Region, plus Arumeru District of Arusha Region, enjoy easy access to eye services at KCMC.

In the Kilimanjaro DRS 7,598 patients were examined and treated and 381 were brought back to KCMC Hospital for cataract surgery. Transportation to hospital for those needing cataract surgery is especially beneficial to women, who otherwise have trouble traveling from their villages. In 2010, the Eye Department will add special diabetic retina screening when DRS are held at the District Hospitals.

### ***Singida Region moves on***

The Singida MoH and Helen Keller International (HKI) now organize and support programmes in this region in central Tanzania. The transition of funding and oversight to a committed NGO and MoH is a good model for what is expected to occur in other programmes that KCCO helps to mentor.

### ***Mbeya Region Programme***

In the Mbeya Region, with support from the Lavelle Fund for the Blind, Titus Nyange, one of KCCO's sustainability planners, assisted local stakeholders and the Ministry of Health to plan and implement an outreach programme to boost the numbers of cataract operated at the Regional Hospital. Running costs of the programme were provided by Eye Care Foundation in the Netherlands. Mbeya was selected for support because Dr Hemed Kilima, an ophthalmologist trained at KCMC several years ago, had demonstrated the leadership skills necessary to run such a programme. Staff from Mbeya Regional Hospital and the District hospitals planned 12 outreach visits over the year, during which 3,106 patients were examined and 288 transported to Mbeya for cataract surgery.

Dr Kilima and the programme manager provided timely financial and other reports throughout the year, demonstrating what is possible when a management structure is in place. This is a critical part of building sustainability in the regions.

### ***Mara Region pulls through***

Although financial support from ORBIS for the Mara Region came to an end in March due to the global financial crisis, KCCO managed to continue mentorship throughout the year. In the 4th quarter Seva Canada provided funding for outreach activities. Most heartening was that the Mara team themselves managed to secure some support from one of the district councils where they provide service. The team examined and treated 12,242 people and provided 648 surgeries.

### ***Uganda***

KCCO also worked with several programmes in Uganda outside the Ten by Ten initiative. Unfortunately, the ophthalmologist in Masaka was transferred and not replaced, so surgical activities stopped there. Fortunately, the understanding and flexibility of Wilde Ganzen allowed funds ready for Masaka to be put to good use in buying needed surgical instruments for other programmes. In Lira Region, with funding support from Wilde Ganzen and thanks to a well trained and energetic manager and a cataract surgeon, the programme provided examinations to 9,654 people, and cataract surgery to 614. About 75 percent of the patients came to hospital as “walk ins;” the rest were provided with transportation. In December, KCCO’s Edson Elish met with the Gulu Regional ophthalmologist, Lions Aid Norway, and the Uganda national prevention of blindness coordinator to explore ways that KCCO could assist in further developing Gulu programme which serves about 2.5 million people in northern Uganda.

*Realities create challenges for eye care service delivery in Eastern Africa. Providing eye service in Africa is not simply a matter of training doctors and nurses, creating clinics, and generating a steady supply of patients – although that is a challenge in itself! A variety of other human resource issues such as productivity and retention of staff must be addressed to develop sustainable services. An example of an unanticipated turn of events affected two KCCO - supported programs in Uganda in 2009. The ophthalmologists who were providing eye care were transferred and no replacements were assigned. Without these key team members, one site has essentially ceased services and the other is providing much reduced services using an itinerant surgeon. These experiences are not unusual in Africa. Key personnel are transferred for a number of reasons. The changes may bring well deserved upgrades in position and salary for the individual medical professional, but the eye program may suffer as a result.*

### **Rwanda**

Rwanda is a country that is rebuilding energetically after devastating problems 15 years ago. KCCO welcomed a request from the Fred Hollows Foundation (FHF) to facilitate the planning for the Western Region in Gisenyi, on beautiful Lake Kivu in early December.

### **Eritrea**

At the request of the Ministry of Health in Eritrea and the World Health Organization (WHO), Dr Courtright helped to prepare a five year strategic plan for prevention of blindness. Other key partners were the Fred Hollows Foundation.



*Planning with partners*

## Childhood Blindness and Low Vision Activities

Identifying and treating children with vision problems is a priority in building healthy communities for the future. KCCO's activities to increase understanding of issues in childhood visual disability in Africa are carried out in collaboration with many different groups.

KCCO works in communities to identify children who need ophthalmic care, facilitates their transport to a surgical centre, and then ensures that they return for essential follow up after surgery. A total of 114 children received cataract surgery in 2009 at the KCMC Eye Department. The satisfying partnership of KCCO with the Eye Department, the new pediatric theatre completed in early 2009, and funding from Light for the World and Dark and Light Blind Care, all contribute to the high coverage rate, excellent surgery and good follow up for children in northern Tanzania.

### *Key informants help us identify children needing eye services*

Finding the children in the communities has been part of the Academy for Educational Development (AED) - supported project, competently managed by Fortunate Shija. "Key informants" are village people in selected districts in five regions of Tanzania. After training in how to collect names of children with vision problems, Fortunate works with the key informants to ensure that the children get to one of the periodically scheduled visits in their communities by a team from KCCO and KCMC. Role playing has proved an effective way of training key informants as shown by their success in identifying 734 children in Tanzania and 313 children in Vakinankaratra, Madagascar. Optometric and low vision services are also part of the outreach services.



### ***Pediatric outreach to Mwanza***

Ms Shija organized a special eye surgery outreach for children in Mwanza Region this year, supported by the Heart to Heart Foundation. Together with Lucas Kaji, the Regional Eye Coordinator of Mwanza, they recruited 339 children who needed eye services, of whom 109 received cataract surgery. Dr Lee Woodward, a volunteer pediatric ophthalmologist at KCMC, worked with pediatric ophthalmologists from CCBRT (Dar es Salaam) to perform the surgery.

### ***Strengthening low vision services in Tanzania***

Critical to successful vision restoration in children is the follow up and rehabilitation after surgery. This requires well trained professionals including optometrists, low vision therapists, and teachers for the visually impaired. Karin van Dijk has worked with KCCO since 2006 in a three year pilot project funded by Dark and Light Blind Care to improve these services for children in northern Tanzania (population of 11 million). Marianne Kooij, supported by Sensis, has made KCCO a base and worked alongside KCCO's Elizabeth Kishiki and Fortunate Shija to train, supervise and monitor the services for low vision children. School teachers gained skills in supporting children with low vision in the classroom and optometrists learned more about assessing children with low vision. Educational sessions were also held with parents of low vision children to show how to involve their children in daily living activities and how to assist them in caring for their glasses and low vision devices. After working with Ms van Dijk and Ms Kooij for some time, Ms Kishiki has enough experience to run most of the training on her own. An end-of-project report from Ms van Dijk is available on the KCCO website. Ms Kooij returned to the Netherlands in late 2009 she will be missed but her work has increased the skills and capacity of eye care providers, teachers, and KCCO staff.



*Simple measures such as good natural light, a low tech reading stand, and a magnifier can make reading much easier for children with low vision. Here, Fortunate Shija helps a student make use of his residual vision.*

Ms Karin van Dijk facilitated the Second Tanzania National Low Vision & Inclusive Education Stakeholders meeting in Dar es Salaam in June. This was co hosted by KCCO and the Ministry of Health and supported by Dark and Light Blind Care.

### ***Services for children in Madagascar***

The Antsirabe team in Madagascar summarized their experiences at the Vakinankaratra Regional VISION 2020 meeting and obtained commitment from the MoH to support childhood blindness activities in that area. In preparation for the return of newly trained pediatric ophthalmologist, Dr Hoby Randrianarisoa, KCCO initiated a collaborative meeting with University Hospital in Antananarive, MoH, CBM, and the Lions Club to plan the launch of pediatric eye care services in Antananarive. KCCO arranged funding through AED for Dr Randrianarisoa's training at CCBRT.



## KCCO Addresses other Causes of Blindness

### *Trachoma Control Efforts*

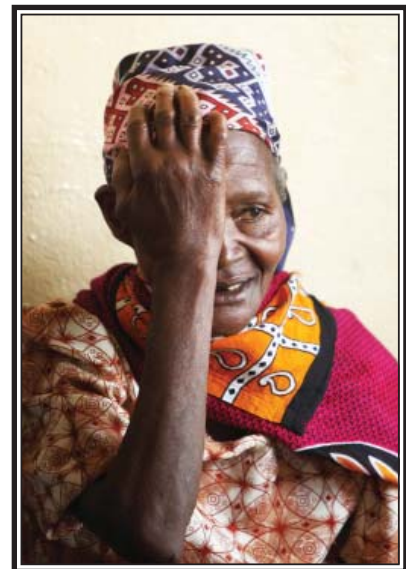
Trachoma, an infectious disease, still continues to cause blindness in pockets of populations around Africa. With the merger of International Trachoma Initiative (ITI) and the Task Force for Child Survival and Development, there is new impetus for improved planning and partnerships. KCCO signed an agreement with ITI to re-start the Trachoma Information Service (TIS).

KCCO collaboration with the Carter Centre resulted in the launch of a jointly prepared manual on women and trachoma. KCCO helped facilitate a trip for the National Public Radio (NPR) journalist Odette Yousef to report on trachoma control efforts in Ethiopia. Her compelling stories are at [www.pba.org/blogs/](http://www.pba.org/blogs/).

Trachoma research by the London School of Hygiene and Tropical Medicine team continued throughout 2009, led by Dr Matthew Burton who is based at KCCO.

### *Understanding Glaucoma in a Difficult Setting*

Glaucoma is usually associated with raised pressure in the eye and slow loss of peripheral vision, which often goes unnoticed by patients until it is too late to save the eye. Even when patients come early for treatment, the treatment is not nearly as successful as cataract surgery – and it only halts the progress of disease rather than restoring lost vision! With this triple whammy against it glaucoma is very difficult to manage in Africa – but it is the second cause of blindness and deserves some attention. Dr Ahmed Al Attas completed a project begun last year in which he interviewed rural patients who were blind from glaucoma to understand their “journey of care.” In contrast to other reports from Africa on this disease, his study showed that every patient had sought eye care from a health worker and had been diagnosed correctly at some point. This finding validates the importance of accessibility of services to rural people and is a tribute to the role played by the direct referral sites in Kilimanjaro Region (described on page 11).



Access to services is an important piece of the solution to glaucoma blindness. What is needed now is ways to find patients earlier in the disease and more effective treatments to prevent blindness from it. Dr Al Attas' research was supported by Seva Canada and the FHF.

### ***Estimating target cataract surgical rates in Africa***

A group of African ophthalmologists led by KCCO and a mathematics team from Harvey Mudd College in California invested considerable effort this year in developing a model to predict target cataract surgical rates (CSR) in Africa that is, how many cataract surgeries actually need to be done to eliminate blindness and visual impairment? The team reviewed the work in Mombasa in August and submitted the findings for peer review in October. The new estimates indicate that the numbers are not as daunting everywhere as some have supposed and this model will be very valuable for planning services. FHF provided partial support for the work.



## Institutional and Staff Development

### *Staff Changes*

During the year Sylvia Shirima left to take a position in Dar es Salaam. Reports of some of our work in Kilimanjaro reached a wider audience through the publication of her study of childhood blindness in the British Journal of Ophthalmology.

Harrieth Mganga joined us as the new gender coordinator to replace Margaret Kessy.

### *Professional development*

An important part of developing a sustainable service in Africa is opportunities for staff to further their educations:

- Edson Eliah completed a master's degree at the International Centre for Eye Health in London.
- Elizabeth Kishiki completed her master's studies at the Royal Tropical Institute in Amsterdam.
- Titus Nyange and Fortunate Shija completed a short course on epidemiology in Edinburgh, Scotland.

Name	Position
Dr. Paul Courtright	co-director
Dr. Susan Lewallen	co-director
Mr. Edson Eliah	Sustainability planner
Mr. Titus Nyange	Sustainability planner
Ms. Elizabeth Kishiki	Childhood blindness/ low vision coordinator
Ms. Fortunate Shija	Childhood blindness/ low vision coordinator
Ms. Sylvia Shirima	AED childhood coordinator
Ms. Margaret Kessy	Gender coordinator
Ms. Harrieth Mganga	Gender coordinator
Mr. Genes Mng'anya	Courses Administrator
Mr. Makoye Pastory	IT Director
Ms. Gisella Massae	Administrator
Mr. Fred Ngomba	Driver
Mr. Daudie Laswai	Driver
Mr. Jeremiah Bakaria	Custodian

## Visitors to KCCO in 2009

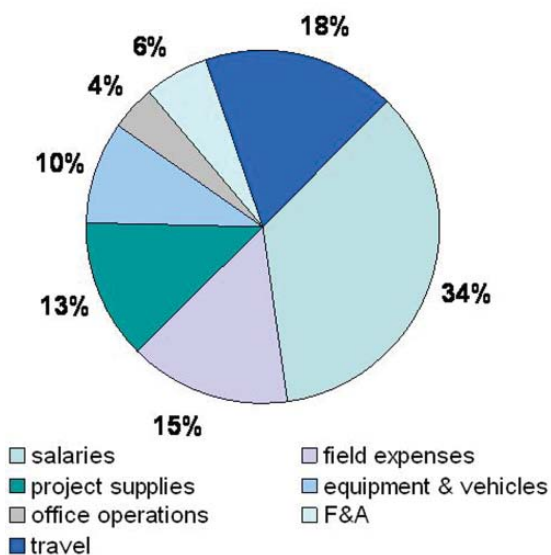
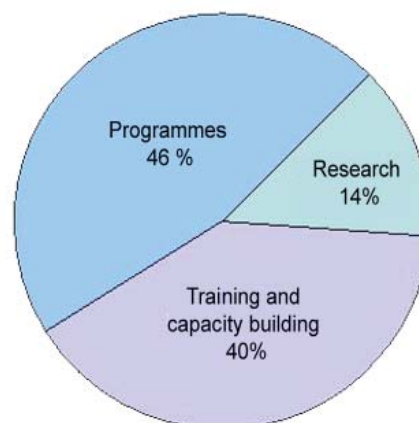
Dr Ken Bassett, University British Columbia, Canada  
John Bickel, W2, England  
Daniel Blaesi, Swiss Lions MD102  
Amelia Chamberlain, ORBIS International, New York, USA  
Elizabeth Couzens, Fred Hollows Foundation, East Africa  
Dr Garry Brian, Fred Hollows Foundation, New Zealand  
Lucy Lee, Fred Hollows Foundation, New Zealand  
Jacqui Ramke, Fred Hollows Foundation, New Zealand  
Dr David de Wit, Netherlands  
Dr Marius den Boon, Eye Care Foundation, Netherlands  
Dr Paul Emerson, Carter Centre, Georgia USA  
Dr Daniel Etya'ale, WHO, Geneva, Switzerland  
Dr Robert Geneau, International Development Research Centre, Canada  
Dr Suzanne Gilbert, Seva Foundation, USA  
Dr Danny Haddad, International Trachoma Initiative, Georgia, USA  
Sanil Joseph, Lions Aravind Institute for Community Ophthalmology  
Ambassador Karel, Netherlands  
Penny Lions, Seva Canada  
Ingrid Mason, CBM Nairobi, Kenya  
Dr Ciku Mathenge, Fred Hollows Foundation, East Africa, Kenya  
Dr Gerald Msukwa, MoH, Malawi  
Dr Andreas Mueller, Fred Hollows Foundation, Australia  
Alice Mwangi, Fred Hollows Foundation, East Africa, Kenya  
Dr Colin Nelson, Victoria, Canada  
Dr Edward Nkurunzunza, MoH Uganda,  
Rochelle Payes, Academy for Educational Development, Washington, DC  
Emily Poupart, Canadian International Development Agency  
Dr Saul Rajak, London School of Hygiene and Tropical Medicine  
Karin van Dijk, Dark and Light Blind Care, Netherlands  
Dr Tiru Venkatakrisnan, Lions Aravind Institute for Community Ophthalmology  
Dr Richard Weiss, One World Sight Foundation, USA  
Colin Williams, W2, England  
Alix Yule, Canadian International Development Agency

## Finances

*The following organizations contributed to KCCO work in 2009*

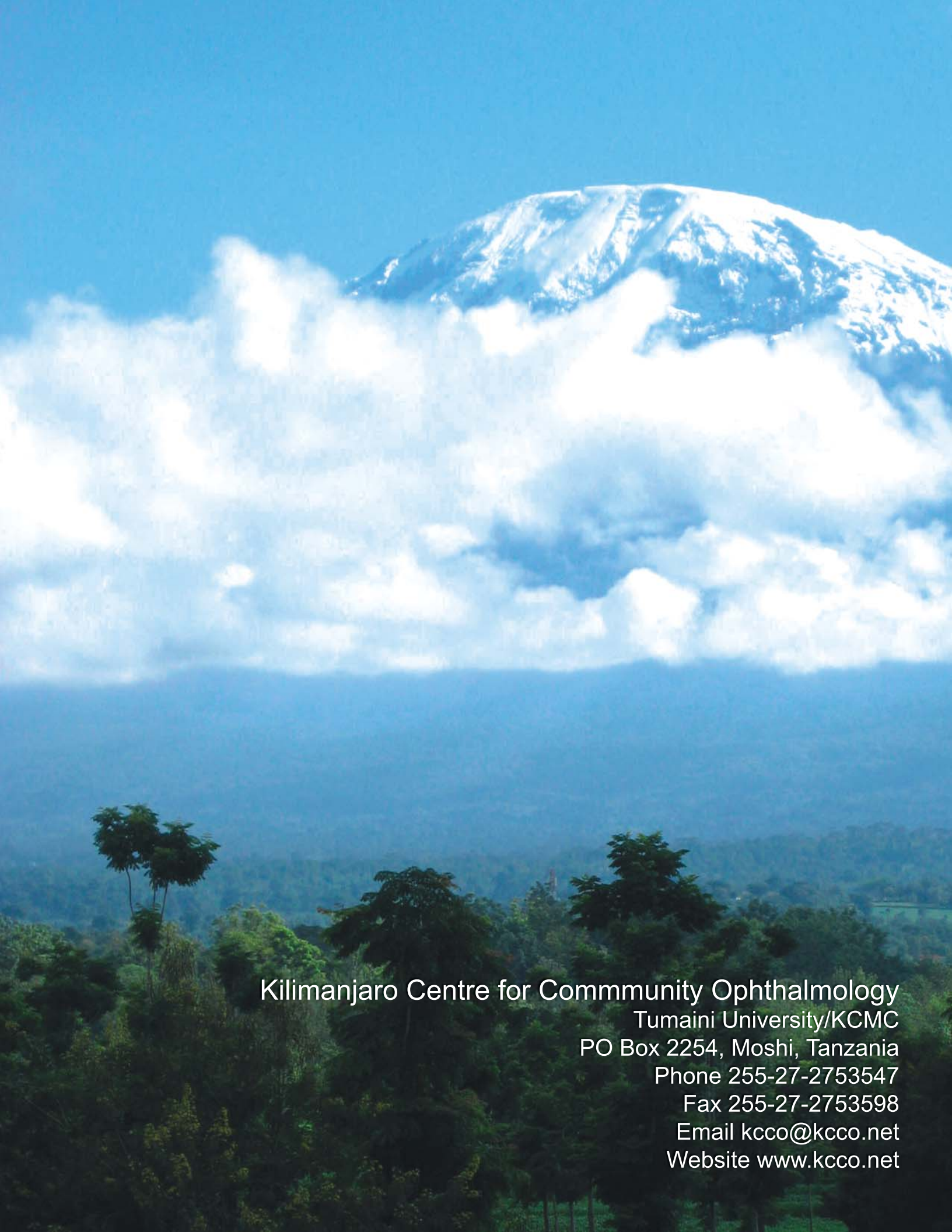
	US\$
Academy for Educational Development	199,901
Carter Centre	12,964
CBM	21,224
Canadian Institutes for Health Research	18,606
Dark & Light Blind Care	103,307
Duke University	20,951
ECF	20,487
Fred Hollows Foundation	48,637
Heart to Heart Foundation	21,075
International Agency for Prevention of Blindness	12,088
Lavelle Fund for the Blind	38,827
Light for the World	18,562
Swiss Lions	86,491
Nuffield Foundation	36,297
ORBIS	6,429
Visio Sensis	6,805
Seva Canada	93,580
Seva Foundation	45,616
Sight Savers International	5,619
Wilde Ganzen	7,507
Other	16,468
<b>TOTAL</b>	<b>841,442</b>

*KCCO expenditure categories are shown for 2009*



## KCCO Publications in 2009

1. Beare NA, Harding SP, Taylor TE, Lewallen S, Molyneux ME. Perfusion abnormalities in children with cerebral malaria and malarial retinopathy. *Journal Infectious Diseases* 2009;199(2):263-271.
2. Bisiki T, Courtright P, Geneau R, Kasote A, Chimombo L, Chirambo M. Self treatment for eye diseases in Malawi. *African Journal of Traditional, Complementary and Alternative Medicines* 2009;6:23-29
3. Bronsard A & Shirima S Cataract surgery: ensuring equal access for boys and girls. *Journal of Community Eye Health*. 2009;22:28-29
4. Courtright P. Gender and blindness: taking a global and local perspective. *Oman Journal of Ophthalmology* 2009;2:55-56
5. Courtright P & Lewallen S. Gender and eye health. *Journal of Community Eye Health*. 2009;22:17-19
6. Courtright P. Turning a blind eye: Why should we care that women account for almost two-thirds of the blind people in the world? *Worldview*. 2009;22:14-16
7. Courtright P. Understanding our eye care human resources better: Are there gender issues? *Journal of Community Eye Health*. 2009;22:30
8. Courtright P. World Sight Day 2009 Report. International Agency for the Prevention of Blindness. London, 2009.
9. Cromwell E, Courtright P, King JD, Rotondo LA, Ngondi J, Emerson PM. The excess burden of trachomatous trichiasis in women: a systematic review and met-analysis. *Transactions of the Royal Society of Tropical Medicine & Hygiene*. 2009; 103:985-992
10. Cromwell E, Courtright P, Emerson PM. Women and trachoma: Achieving gender equity in the implementation of SAFE. Carter Center. Atlanta. 2009
11. Gogate P, Kalua K, Courtright P. Blindness in Childhood in Developing Countries: Time for a reassessment? *PLOS Medicine* 2009 Dec;6(12):e1000177
12. Kalua K, Patel D, Muhit M, Courtright P. Productivity of key informants for identifying blind children: evidence from a pilot study in Malawi. *Eye* 2009;23:7-9.
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14. Lewallen S, Mousa A, Bassett K, Courtright P. Cataract surgical coverage remains lower in females. *British Journal of Ophthalmology* 2009;93:295-298
15. Lewallen S, Kello AB. The Need for Management Capacity to Achieve VISION 2020 in Sub-Saharan Africa *PLoS Medicine* 2009; Dec 6 (12): e1000184
16. Msukwa G, Njuguna M, Tumwesigye C, Shilio B, Courtright P, Lewallen S. Cataract in children attending schools for the blind and resource centres in eastern Africa. *Ophthalmology* 2009; 116:1009-1012
17. Njuguna M, Msukwa G, Shilio B, Tumwesigye C, Courtright P, Lewallen S. Causes of severe visual impairment and blindness in children in schools for the blind in eastern Africa: changes in the last 14 years. *Ophthalmic Epidemiology* 2009;16:151-155
18. Shirima S, Lewallen S, Kabona G, Habiyakire C, Massae P, Courtright P. Estimating numbers of blind children for planning services: findings in Kilimanjaro, Tanzania. *British Journal of Ophthalmology* 2009;93:1560-1562
19. Tumwesigye C, Msukwa G, Njuguna M, Shilio B, Courtright P, Lewallen S. Inappropriate enrolment of children in schools for the visually impaired in east Africa. *Annals of Tropical Pediatrics* 2009; 29: 135-139
20. White VA, Lewallen S, Beare NA, Moyneux, ME, Taylor TE. Retinal pathology of pediatric cerebral malaria in Malawi. *PLoS ONE* 2009 (4) e4317 doi: 10.1371/journal.pone.0004317



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