



KCCO



Kilimanjaro Centre for
Community Ophthalmology

ANNUAL REPORT 2005

Message from the Directors

KCCO celebrated its fourth full year in October 2005. The KCCO Tanzanian staff has grown in size and, more importantly, in capacity. Several staff have completed further education, including one master's degree, and all have grown in their ability to address the challenges that reaching VISION 2020 targets presents. The expanding managerial and leadership skills of our Tanzanian staff have been the key component in the success of the programmes described in this annual report.

Our successes mean that we have outgrown the space provided to us in the KCMC Eye Department. This year we started plans for a new building, which will include facilities for the increasing number of training courses we give, an expanded Ophthalmic Resource Centre for Eastern Africa (ORCEA) as well as badly needed office space.

The KCCO is a centre within Tumaini University's Kilimanjaro Christian Medical College, which is an academic institution of the Good Samaritan Foundation (GSF). KCCO works closely with the KCMC Department of Ophthalmology.

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Our Mission :

KCCO is dedicated to the elimination of avoidable blindness through programmes, training, and research focusing on the delivery of sustainable and replicable community ophthalmology services.



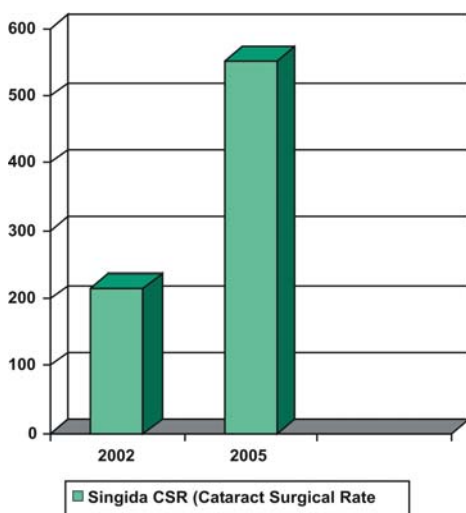
Planning for VISION 2020 in Eastern Africa



Mr. Mosoi with cataract patients being discharged from KCMC



Ms. Nyange counseling patients at DRS



Kilimanjaro Region maintains quality service

The Direct Referral Site (DRS) programme continued to serve Kilimanjaro, providing an essential “bridge” between the communities in the Region and the KCMC Hospital. Cataract patients and others who need surgery are provided with transportation to the hospital the same day, then brought back to the community after surgery. In addition, non-surgical patients at DRS are examined and treated and optical services are provided. With the International Center for Eye Education (ICEE), the KCCO is monitoring the potential for using spectacle sales to help fund the DRS, while providing a much-needed service in the community.

Mr. Banzi and the MoH Regional Eye Coordinator worked with district health management teams to include eye care services as part of their district comprehensive health plans. Eye care is now included in plans in the Region. This work was supported by Seva Canada.

KCCO and the region benefited from support by the three Lions Clubs in Moshi as well as the Tanzania Plantation Corporation, which supported a number of DRS during the year.

Singida Region takes off

The KCCO led planning for VISION 2020 in the Tanzanian Region of Singida, (population of 1.1 million) in 2004 and we’ve begun to see the results in 2005. Following team training by KCCO in January, outreach and surgery started in Singida in February 2005, supported by the MoH and HKI. Using the successful Kilimanjaro DRS model, Singida Regional Hospital has already increased the CSR to 552. Two of four districts are served now and the regional team will add a third in early 2006. The Singida experience may serve as a learning tool for developing models for working with government hospitals. (See section on Sustainability).



Testing vision in Masai patients



Dr. Shilio inaugurating the Mara VISION 2020 programme

Mara Region opens up

With support from ORBIS International, the KCCO helped Mara Region to create its own VISION 2020 plan this year. KCCO arranged training in the KCMC Eye Department for nurses and a cataract surgeon (Charles Gendo), who finished in 2005. KCCO conducted a team training that included community optometry, promotion, counseling, and DRS organization. Dr. Courtright visited Mara in June to work with the regional and district health management teams to strategize for local support for eye care. In November the programme officially opened, with 63 surgeries in the first 4 days. With KCCO assistance the Mara MoH established a bank account for their VISION 2020 programme and will hire and train a programme manager. We look forward to seeing this programme grow substantially in 2006.

Tanga Region moves toward full services

The cataract surgeon destined for Tanga finished her first year of training in Moshi and will graduate in June 2006. In early 2005 the KCCO trained teams for 3 districts of Tanga; they have been very active, bringing patients for visiting CCBRT and KCMC Hospital surgical teams. When Tanga-based cataract surgeons replace the traveling teams in 2006, we look forward to further increases in service delivery from Tanga. The DRS in Tanga is supported by HKI.





Arumeru District of Arusha Region

Adjacent to Kilimanjaro Region, the 450,000 people of Arumeru District enjoy DRS service linking them with KCMC Eye Department with support from the Wild Rose Foundation and Seva Canada.

Uganda receives KCCO assistance

The MoH of Uganda invited the KCCO (with support from IAPB/ICEH) to help them with their VISION 2020 district planning. During a weeklong meeting, Dr Courtright and Ugandan counterparts led four districts through the process of developing practical VISION 2020 implementation plans.



Other activities in Eastern Africa

Dr Courtright served as a resource person for other VISION 2020 activities including a CBM regional planning meeting in Nairobi and a strategic planning meeting for Al Noor Foundation in Cairo, both in January.



KCCO, on behalf of the Eye Department at KCMC, applied for and secured a Lavelle capacity building grants from the Lions Aravind Institute for Community Ophthalmology (LAICO). This will allow a team from LAICO to visit KCMC Hospital and a team from KCMC Hospital to visit LAICO in 2006.

“This type of practical grassroots planning process breathes real life into the initiative to combat global blindness. The approach we took of a systematic breaking down of each stage of the planning process made it very do-able and enjoyable at the same time - the key for learning as far as I am concerned.”

Participant at KCCO organized Uganda district planning workshop, Masaka



Training & Capacity Building



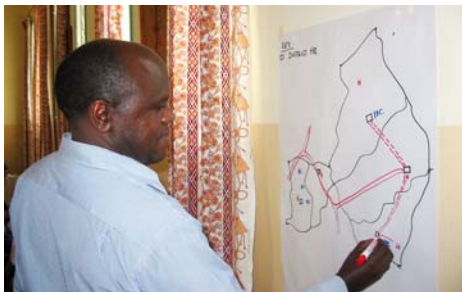
Participants at bridging strategies course

It is becoming increasingly clear that inadequate management infrastructure in many African eye care programmes and hospitals leads to low productivity. This may be just as important as lack of personnel as a constraint to reaching VISION 2020 goals. KCCO is taking on this problem with a view to improving basic management skills in eye care programmes.



Management course participants

KCCO held a training course, “*Organizational & Financial Management to Achieve VISION 2020 in Africa*” on November 7-18, 2005 in Moshi, sponsored in collaboration with Fred Hollows Foundation, LAICO, and IAPB. Faculty included Drs. Lewallen and Courtright from KCCO and Dr Ciku Mathenge from Kenya, Dr Amir Bedri-Kello from Ethiopia, and Dr Gerald Msukwa from Malawi. There were 10 participants from Ghana, Ugandan, Rwanda, Kenya, and Tanzania. The objective was to provide practical (African-tested) strategies for either developing or strengthening management systems for eye care services. Evaluations from participants were very positive and this course will become a regular offering.



Dr. Musana mapping service delivery in northern Uganda

In December, the KCCO ran a week-long course supported by the Seva Foundation, called “*Bridging Strategies to Achieve VISION 2020*”. Participants came from Gambia, Nigeria, Ghana, Tanzania, Uganda, Kenya and Rwanda. KCCO staff were assisted by Dr Suzanne Gilbert (USA) and Ms Catherine Howett (Canada). The course focused on the strategies necessary to bridge communities with hospitals. Participants developed some practical plans, based on their local environments.

“I will [now] be confident to be a ‘change manager’ for the programme.”

“Before coming here I was somehow confused about my job. Now I...have ideas...how I can use my skills.”

- quotes from participants at the November course.



In January, with support from ICEE, KCCO organized a two-day session on community optometry for key optometrists and other VISION 2020 partners in Tanzania. The session benefited by the participation of Dr. Kavin Naidoo and Ms. Daveena Brain, from ICEE, South Africa.



KCCO was responsible again in 2005 for the training in community ophthalmology for students in the KCMC Hospital Eye Department. Cataract surgeons are trained in basic principles of VISION 2020. The modular curriculum for the cataract surgeons and residents includes principles of VISION 2020, research methodology, management principles for ophthalmologists, and epidemiology of eye diseases.



Two third year residents successfully defended their Master's theses, supervised by KCCO. Dr. H.G. Hassan demonstrated that a simple and inexpensive intervention lead to improvements in the way doctors examined glaucoma patients at KCMC Hospital. Dr S. Mwala demonstrated that distance from the clinic was the most important factor that prevents cataract patients from returning for follow up after surgery. The time consuming but rewarding work of supervising the theses is supported by CBM.

Dr. Courtright supervised two PhD candidates, Ms. Annie Bronsard (medical anthropology at Laval University, Canada) and Mr. Ahmed Mousa (epidemiology at the University of British Columbia, Canada).



KCCO arranged for Dr James Standefer (supported by ORBIS) to spend 2 weeks in December providing an intensive course on glaucoma for Tanzanian and Ugandan ophthalmologists.

Dr. Henry Nkumbe, an ophthalmologist from Cameroon, spent a 6 month community ophthalmology internship at KCCO which entailed work on HRD in Eastern Africa, costing of outreach, development of a video for patient awareness, and analysis of DRS data.

Childhood Blindness



Once again, we saw an increase in the number of cataract surgeries in children at KCMC Hospital compared to the previous year. In 2005 there were 194 surgeries in 150 children. Achieving gender equity, however, is proving to be difficult. Boys accounted for 65% of the children brought for cataract surgery.

The *British Journal of Ophthalmology* reported some of our findings about the major problems in dealing with childhood cataract. The average delay between the time a caregiver recognizes an eye abnormality until the child gets to the hospital for surgery is almost 3 years.



With support and assistance from Dark & Light Blind Care and the KCMC Hospital Eye Department, KCCO ran a training workshop for regional and district eye coordinators from Singida, Shinyanga and Mwanza Regions, all of which refer pediatric cases to KCMC Hospital. The focus was on earlier identification and referral of cases.





An audit of children who have had cataract surgery at KCMC, executed by Dr. Debbie Carmichael and Mr John Eriksen with help from KCCO revealed a disturbing tendency last year for children to be lost to follow up after surgery. Ms Annie Bronsard (medical anthropologist) and volunteer Ms Sylvia Shirima spent hours in the field tracing patients after surgery to understand why this happens. These research activities are supported by Seva Canada.



Putting research results into practice, KCCO developed a new team approach to rehabilitation of children after cataract surgery at KCMC Hospital. Ms Elizabeth Kisiki joined KCCO in December to coordinate the programme, which is supported by Dark and Light Blind Care. Every child who has cataract surgery will be assigned a “case manager” (field workers from the MoH, Kilimanjaro CBR, Tanzania Society for the Blind, and KCCO) to ensure that he or she returns for the critical follow up needed after surgery. Refraction and low vision assessment will be provided at KCMC. Spectacles and surgery will continue to be provided free by Dark and Light Blind Care.



In November KCCO organized and SSI sponsored a meeting of lead ophthalmologists from Kenya, Uganda, Malawi and Tanzania to start planning for a survey of schools for the blind in these countries.



The Ophthalmic Resource Centre for Eastern Africa (ORCEA)



With support from SSI, ORCEA continued to provide an excellent service throughout 2005 with an ever-expanding collection of high quality books and journals, and improved access to on-line materials. Over 300 distance subscribers receive quarterly reviews of relevant trachoma and low vision research by email. The *Journal of Community Eye Health*, published in London, is distributed to over 700 health workers throughout Tanzania every quarter with relevant updates of Tanzania's own VISION 2020 activities enclosed.



ORCEA has over-flowed the existing space; 3 computers with internet links are now in the lecture room. There are 6 computers in the main room, all with full-time internet access. ORCEA carries all of the major eye journals as well as a number of public health and epidemiology journals.

In December ORCEA benefited from a 2 week visit by Ms Catherine Howett a research associate with the BCEIO who is currently finishing her Master's in Library Science. Her task was to do a needs assessment but she went much further than this, orchestrating a much-needed cull of the current collection and providing training for KCCO staff as well as producing a comprehensive list of recommendations.



ORCEA has experienced heavy use throughout 2005

Sustainability Planning



Mr. Edson Elich and Mr. Mahande working on plans for field work



Team planning on programme sustainability at the December workshop

It is clear that donors cannot provide all the support needed to sustain the health sectors of developing countries. We know from examples in places like Aravind (India) that it is possible for eye care services to be run efficiently enough that a substantial portion of the costs can be recovered by offering special high priced services to those who want them while serving the poor at subsidized rates. Is this possible in Africa? A team led by Dr Lewallen finished a comprehensive report (available at www.KCCO.net) on the International Eye Foundation -supported "Karibuni Macho" programme, describing our efforts to improve productivity and sustainability in the KCMC Eye Department. We demonstrated that around 40% of costs of cataract surgery can be recovered from patient fees when the poor pay a small fee (\$14) for surgery, subsidized by patients who pay a premium for phacoemulsification surgery.

Our goal now is to study to what extent improving management systems in smaller private and government hospitals across Africa will increase sustainability. Mr Edson Elich joined the KCCO in 2005 as the KCCO Sustainability Planner to carry out this work. With a background in teaching and economics, he is well suited for this position. After receiving training at Aravind he started late in 2005 to help small government hospitals in Tanzania to look at the issue of cost recovery in their eye care services. Training personnel in concepts of cost recovery and efficiency, then opening a dedicated bank account, and introducing accounting and stores systems are the first big steps needed.



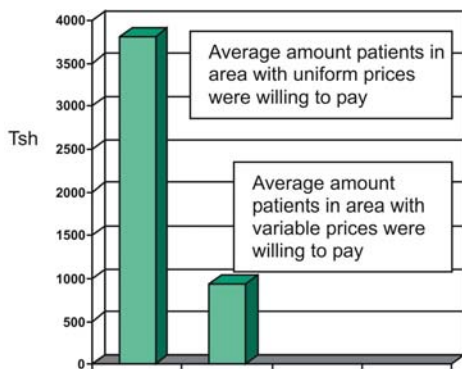
This patient waited two years before coming for cataract surgery and paid the equivalent of US\$15. She is a widow living with one of her sons. She has a small income of around \$35 per year. She contributed \$8 (selling maize) for the surgery and her sons provided \$7. She feels that \$15 is a reasonable price that most people in her community can pay. She would have been willing/able to pay up to \$40 for cataract surgery because, she said, without vision one can even have difficulties listening to people (her children).

Are poor Tanzanians willing and able to pay for cataract surgery?

With support from SSI, the KCCO completed a major report this year looking at the issue of whether rural Tanzanians have the capacity and willingness to pay some amount for cataract surgery. We studied available reports for information on income and expenditure among rural Tanzanians as well as information on willingness to pay for other (non eye) health care services, and then conducted 2 field studies in 3 Regions of Tanzania. We learned that approximately 80% of rural Tanzanians *can* and *will* pay around \$US 15 for surgery with IOL. However there are many qualifiers to this: patients must feel a *personal need* for surgery or they will not accept it regardless of the price. When prices are clear and well known, patients are more likely to be willing to pay

Most elderly have to rely on *help from children and relatives* to pay for surgery, so multiple people are involved in the decision. *Competing priorities* influence immediate ability and willingness to pay. A service that is reliable and easy to access helps ensure that patients can use it when they have the money on hand. Patients' beliefs that they are getting *good value and fair treatment* for their money are important in determining whether they are willing to pay for surgery. The full report is available on www.KCCO.net.

This information will help programmes to design services that patients will value.



Gender and Blindness



Testing for near vision during a DRS: women have specific presbyopic needs



Ms. Somba transcribing detailed interviews with women regarding their use of eye care services

Dr Emeritus Chibuga completed the second year of a cohort study of 98 cataract patients from Hai district to assess the uptake of surgery following establishment of the DRS programme. Findings are being compiled; in this (primarily Masai) population uptake remains low.

KCCO and the BC Centre for Epidemiologic & International Ophthalmology (BCEIO) have revived the Gender and Eye Care Initiative, started in Vancouver in 1999. The Initiative focuses on improving knowledge transfer regarding issues on gender and blindness and links eye care providers and researchers from around the globe. Dr. Bassett (bassett@chspr.ubc.ca) is leading this effort.

At the request of the World Health Organization Department of Gender, Women & Health, the KCCO prepared a publication on gender and blindness for the "WHO Gender & Health Series". This publication and a revised WHO Gender & Blindness Fact Sheet will be printed in 2006.

The BCEIO, KCCO and Seva Canada worked together in 2005 to prepare a layperson's document on gender and blindness to help with promotion of interventions to reduce the burden of eye diseases and blindness among women and girls.

At the IAPB meeting in Hanoi, Dr. Courtright and Dr. Jill Keefe (Australia) were charged with setting up a gender and blindness task force within IAPB.



Human Resource Planning



Participants at HR meeting in Dar es Salaam

Human Resource Planning Meetings

With IAPB support, the KCCO and the Tanzanian MoH facilitated a meeting in Dar-es-Salaam to identify gaps in manpower and training needed for VISION 2020. A similar meeting in Addis Ababa, addressed HR needs in Ethiopia. Representatives from Zambia, Malawi, Uganda, and Kenya, sponsored by Sight Savers International, attended the meetings. A report, prepared by Dr. Henry Nkumbe, can be found on www.kcco.net.



KCCO and ICEE planning meeting on community optometry

Cataract Surgeon Impact Assessment

At the request of Sight Savers International, KCCO carried out a study of the productivity of cataract surgeons trained in Eastern Africa. The collaborative study engaged the training programmes in Kenya, Malawi, and Tanzania. Findings from the quantitative assessment were supplemented with meetings in Nairobi of cataract surgeons and trainers from Malawi, Zambia, Uganda, Kenya, and Ethiopia. A similar meeting will be held in January 2006 for Tanzania surgeons.



KCCO monthly planning meeting with field workers

Productivity of TT surgeons

At the request of Helen Keller International, this year KCCO undertook an assessment of the productivity of the 123 TT surgeons who have been trained in their Kongwa (Tanzania) programme over the past 10 years. Questionnaires were retrieved from 94 surgeons and revealed interesting findings. There is a large variation in productivity among surgeons but the median (10 surgeries per year) is low. Only 14% of surgeons meet MoH annual targets. Most productive surgeons are based at district hospitals rather than small health posts where they may not get the support and supervision they require. In November, Mr. Mahande presented and discussed the findings in a meeting sponsored by MoH, ITI, and HKI.

Trachoma Activities



Construction of rainwater harvest tank in Rombo



Completed rainwater harvest tank



Dr. Khandekar (BCEIO) and Dr. Courtright discussing hygiene issues for trachoma control



Dr. Awan (SSI-Pakistan) and Dr. Courtright facilitating the EMRO meeting in Cairo

Can communities improve hygiene and decrease the trachoma burden?

KCCO received a grant from the International Development Research Centre, Canada (IDRC) to assess the impact of community-directed hygiene approaches to trachoma control. There is a large anthropologic component to this 3-year grant, which will be supervised by Mr. Mahande and Dr Geneau. We began in February when KCCO met with stakeholders, including villagers from the Hai District study area. Focus group discussions in May were followed by baseline epidemiologic assessments in August-October. Mr. Cuthbert Kabero and Ms. Margreth Somba are conducting the qualitative assessment. The BCEIO is our Canadian partner for this work.

Manyara Region school curriculum

KCCO helped HKI to assess the impact of a new Ministry of Education school curriculum on trachoma for primary school children. Baseline data were gathered in 2004, the curriculum was implemented, then follow up data were generated in late 2005. The final report will be ready in early 2006.

Trachoma in the EMRO Region

Dr Courtright was invited by WHO to facilitate a meeting in Cairo in November of countries in the Eastern Mediterranean Regional (EMR) Office to identify strategies necessary to eliminate trachoma from this large, diverse region.

Harvesting Rainwater

Local artisans are building tanks to harvest rainwater in Rombo District, with support from KCCO, Irish Aid and CBM Ireland in order to reduce the burden of Trachoma. As of December 18 tanks were completed and education in water use was provided. Communities form local committees to maintain and regulate water use from the tanks.

Other Activities



Participants at costing workshop

Leprosy and the Eye

In January, the KCCO organized a symposium on ocular leprosy within the African Leprosy Congress in Johannesburg. Dr Courtright and colleagues from Egypt and India presented. KCCO sponsored Dr Hemed Kilima to attend and present his dissertation findings.

Drs Lewallen and Courtright revised the *Prevention of Blindness in Leprosy* manual for the American Leprosy Mission and this should be published in 2006.

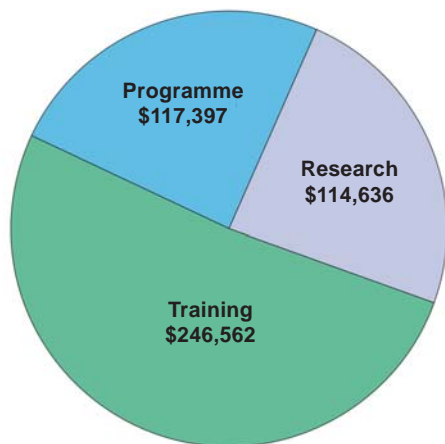
The Eye in Cerebral Malaria

The KCCO was awarded a subcontract in a renewal of the National Institutes of Health-funded research programme, Severe Malaria in African Children (SMAC). This will allow clinicians from several African malaria research centres to be trained to recognize the unique ocular fundus findings in cerebral malaria. Dr Lewallen participated in a meeting of international experts on severe malaria in Malawi in March.

Determining the cost of bringing patients to hospital for cataract surgery

Eye care programmes from Tanzania, Kenya and Zambia convened at KCCO in December to discuss meaningful ways to measure the cost of bringing in patients from rural areas to receive cataract surgery (supported by the International Eye Foundation and assisted by the Seva Foundation).

Finances

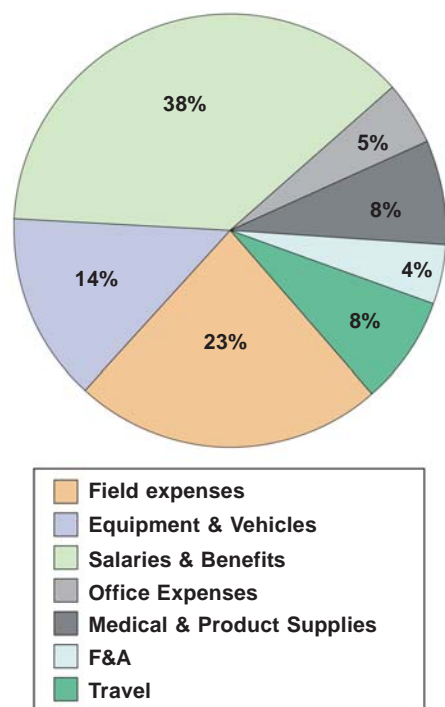


KCCO benefited from updated accounting systems, set in place in 2004. The two figures show the basic breakdown of KCCO expenses. More detailed reporting is available from Ms. Deborah Moses or one of the KCCO co-directors.

We are very grateful to the donors who support KCCO work. Many of our donors are also our colleagues and we enjoy a very healthy and collaborative working relationship with many of these and other organizations. Contributions (tax-deductible) to support the work of the KCCO may be sent to:

KCCO
 C/o Seva Foundation
 1786 Fifth Street
 Berkeley, CA 94710, USA
 Attn: Deborah Moses (dmoses@seva.org)

Donors in 2005 (US\$)



Christoffel Blindenmission	30,018
Dark & Light Blind Care	31,156
Irish Aid/CBM Ireland	47,584
Helen Keller International	27,192
International Centre for EyeHealth Education	15,541
Fred Hollows Foundation	19,370
International Development Research Centre	79,621
International Eye Foundation	5,639
Lavelle Fund for the Blind	24,848
IAPB (through ICEH/LSHTM)	39,084
Seva Foundation	39,234
Seva Canada	31,659
SightSavers International	30,238
St. Francis Leprosy Guild	1,782
ORBIS International	49,114
Wild Rose Foundation	21,948
Others*	12,547

Total **\$ 506,575**

*Individual donors included JoAn & Michel Maurer, Dr. Rick Weiss, Nancy Smith, David Cherry, Sue Stone, Eileen Cherry.

KCCO Staff

KCCO staff grew in size and capacity in 2005. Mr Michael Mahande returned to KCCO with his newly awarded MPH degree in September. Mr Joseph Banzi left for a year at the London School of Hygiene and Tropical Medicine where he is working towards his MSc in Community Ophthalmology (supported by the Nuffield Trust and Seva Foundation).

With support from the Lavelle Foundation, KCCO and MoH staff visited the Kwale district programme (Kenya) to share experiences in strategies to provide comprehensive community based eye care.

KCCO staff traveled to Singida, Tanga, and Mara Regions, working MoH and HKI staff there to build up organizational capacity.

Mr. Mahande and Dr. Cardiff (Canada) participated in Canadian government supported research training in Ifikara, Tanzania.

NAME	POSITION
Dr. Paul Courtright	Co-Director
Dr. Susan Lewallen	Co-Director
Dr. Robert Geneau	Research associate
Ms. Annie Bronsard	Research associate
Mr. Joseph Banzi	Community coordinator
Mr. Michael Mahande	Research coordinator
Mr. Edson Eliah	Sustainability planner
Ms. Margareth Somba	Sociologist
Ms. Elizabeth Kisiki	Childhood blindness coordinator
Mr. Cuthbert Kabero	Sociologist
Mr. Patrick Massae	Project coordinator
Mr. Makoye Pastory	ORCEA coordinator
Mr. Mworja Damas	Optometrist
Mr. Baltazar Mafung'a Mr. Gerard Kaaya Mr. Genes Mng'anya	Assistant community coordinators
Ms. Sylvia Nyange	Community counselor
Ms. Janne Lasway	Data clerk
Ms. Marcelene Finda	Intern
Mr. Allex Pallangyo Ms. Rose Laizer Ms. Anna Laizer Mr. Kenedy Obiria Ms. Ester Kiboko Mr. Julius Mushi Mr. Peter Urio	Field assistants
Mr. Fred Ngomba	Driver

KCCO Visitors

We enjoyed a number of visitors again this year, all of whom contributed in one way or another to our work. In alphabetical order these were:

Prof. Adenike Abiose, Nigeria	Dr Margreet Hogeweg, Netherlands
Mr. Nat Bascom, Kenya	Ms Catherine Howett, Canada
Dr Ken Bassett, Canada	Mr Mike Lewallen, USA
Dr Amir Bedri, Ethiopia	Ms Penny Lyons, Canada
Ms Ana Boischo, Canada	Dr Ciku Mathenge, Kenya
Ms. Daveena Brain, South Africa	Ms Quin McKinley, USA
Ms Paulien Brujin, Netherlands	Dr. Claude Michel, UK
Dr Matthew Burton, UK	Dr. Andrew Mis, Canada
Dr. Karen Cardiff, Canada	Ms Brenda Mitchell, Canada
Mr Mohammed Cofie, Ghana	Dr Gerald Msukwa, Malawi
Ms Ingrid Cox, Kenya	Ms Alice Mwangi, Kenya
Dr. Renaud Deplaen, Canada	Dr. Henry Nkumbe, Cameroon
Ms Cath Elderton, Australia	Mr Kovin Naidoo, South Africa
Dr Hannah Faal, the Gambia	Ms Sonia Pelletreau, USA
Mr Christian Garms, Germany	Mr Raheem Ramathullah, USA
Diane and Paul Garrett, USA	Ms Sylvia Shirima, Tanzania
Dr Claire Gilbert, UK	Dr Anthony Solomon, UK
Dr Suzanne Gilbert, USA	Dr James Standefer, USA
Dr. Stephan Gottet, Switzerland	Mr Dan Ward, Kenya
Dr David Heiden, USA	Ollie and Judie Wilgress, USA

Publications from the KCCO in 2005

1. Geneau R, Lewallen S, Paul, I, Bronsard A, Courtright P. The social and family dynamics behind the uptake of cataract surgery: findings from Kilimanjaro Region, Tanzania. *British Journal of Ophthalmology* 2005; 89:1399-1402
2. Lewallen S, Roberts H, Hall, A, Onyange R, Temba M, Banzi J, Courtright P. Increasing cataract surgery to meet VISION 2020 targets; experience from two rural programmes in East Africa. *British Journal of Ophthalmology* 2005 ;89:1237-40.
3. Courtright P, Banzi J, Lewallen S. Budgeting for a district VISION 2020 programme. *Journal for Community Eye Health*. 2005;18:90-91.
4. Lewallen S. HIV/AIDS: What is the impact on prevention of blindness programmes? *Journal for Community Eye Health*. 2005; 16:3334
5. Lewallen S, Kello AB, Courtright P. Challenges for VISION 2020 in Eastern Africa. *IAPB News*. April 2005; 46:3-5
6. Hirneiss C, Klauss V, Wilke M, Kampik A, Taylor T, Lewallen S. Ocular Fundus Changes in Cerebral Malaria - Results from the Blantyre Malaria Projects. *Klin Monatsbl Augenheilkd*. 2005 Sep;222(9):704-708
7. Bassett KL, Noertjojo K, Liu L, Dunzhu S, Wang FS, Tenzing C, Wilkie A, Santangelo M, Courtright P. Cataract surgical coverage and outcome in the Tibet Autonomous Region of China. *British Journal of Ophthalmology*. 2005;89:5-9.
8. Conner-Spady BL, Sanmugasunderam S, Courtright P, Mildon D, McGurran JJ, Noseworthy, TW, Steering Committee of the Western Canada Waiting List Project. The prioritization of patients on waiting lists for cataract surgery: Validation of the Western Canada waiting list

- project cataract priority criteria tool. *Ophthalmic Epidemiology* 2005;12:81-90.
9. Nirmalan P, Bassett K, Noertjojo K, Courtright P, Anderson D. RESIO revisited: visual function assessment and cataract surgery in British Columbia. *Canadian Journal of Ophthalmology*. 2005;40:27-33.
 10. Mwendu J, Bronsard A, Mosha M, Bowman R, Geneau R, Courtright P. Delay in presentation to hospital for surgery for congenital and developmental cataract in Tanzania. *British Journal of Ophthalmology* 2005;89:1478-82
 11. Alemayehu W, Melese M, Fredlander E, Worku A, Courtright P. Active trachoma in children in central Ethiopia: Association with altitude. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 2005;99:840-843
 12. Conner-Spady BL, Sanmugasunderam S, Courtright P, Mildon D, McGurran JJ, Noseworthy TW. Patient and physician perspectives of maximum acceptable waiting times for cataract surgery. *Canadian Journal of Ophthalmology*. 2005;40:439-47.
 13. Naidoo K, Courtright P. The Tanzanian Community Optometry Programme. *IAPB News*. April 2005;46:6-7.

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