



KCCO



Kilimanjaro Centre for  
Community Ophthalmology

ANNUAL  
REPORT 2004

## Message from the Co-Directors

*Our third year, 2004, has been a good one, with growth in our staff and in the number and scope of projects, programmes, and research activities. Our partnerships with NGOs and Ministries of Health in eastern Africa have also grown stronger. Most satisfying to us has been to see the capacity of the KCCO Tanzanian staff grow as they take on increasing responsibilities. We hope you will appreciate that increased capacity as you read this report of our activities for 2004.*

*The Kilimanjaro Centre for Community Ophthalmology (KCCO) was established in 2001 in Moshi, Tanzania. The 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.*

*KCCO is a centre within Tumaini University's Kilimanjaro Christian Medical College which is an academic institution of the Good Samaritan Foundation (GSF).*

*Co-directors:*



*Dr. Paul Courtright*



*Dr. Susan Lewallen*

Kilimanjaro Centre for Community Ophthalmology  
Tumaini University/KCMC

PO Box 2254

Moshi, Tanzania

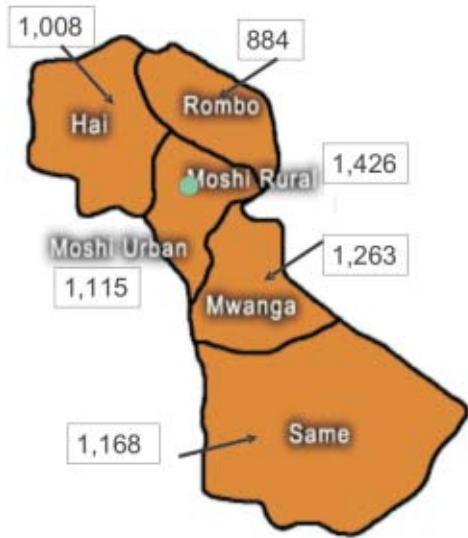
Phone 255-27-2753547

FAX 255-27-2753598

Email: [kcco@kcco.net](mailto:kcco@kcco.net)

Website: [www.kcco.net](http://www.kcco.net)

# VISION 2020 in Kilimanjaro Region



## Kilimanjaro Region

(1.4 million)

CSR by district for 2004

CSR = 1,165

● Hospital

In the first full year since inauguration of the Kilimanjaro VISION 2020 Task Force we are enjoying ever-strengthening partnerships which include the Ministry of Health (MoH) Community Based Rehabilitation (CBR), KCMC Eye Department, local Lions Clubs, and the KCCO. KCCO's Joseph Banzi is an important member of the Task Force and the 88 visits to Direct Referral Sites (DRS) in 2004 are a credit to the organizational abilities of the staff he manages.

In 2004 Kilimanjaro Region boasted a cataract surgical rate (CSR) of 1,165 per million people, one of the highest cataract surgery rates in Tanzania. Almost every village in every District has equal access to the service. The CSRs are similar for each District in the Region, showing equal access.

16,613 patients, many of whom would never have received eye care or come to KCMC hospital on their own, were examined and treated at DRS in 2004.

In addition, 830 cataract patients were identified and transported directly for surgery from the DRS. Besides cataract, the programme also provided services for people with glaucoma, childhood cataract, trichiasis, and general primary eye care.

Patients examined and treated			Average number of patients per visit (88 DRS visits)
Men	Women	Total	
6,881	9,732	16,613	188

Compared to the hospital walk-in patients, the DRS programme achieved greater gender-equity in services.

% of patients accepting cataract surgery		
Men	Women	Total
394/466	436/513	830/979
84.5%	85%	84.8%

We also added a community optometry component to the Kilimanjaro VISION 2020 programme in 2004. In the first 6 months of the programme 939 pairs of reduced price

spectacles were sold (mostly adult reading glasses) to rural residents; these individuals had no access to refractive services except through the community optometry programme. The community optometry programme has been self-sustaining and, in the coming year, we will assess the degree to which it can support the regional VISION 2020 programme. The community optometry programme was developed in collaboration with the International Centre for Eye Care Education (ICEE).

The MoH Regional Eye Care Coordinator, Martha Temba and Joseph Banzi from KCCO, worked with the District Ministry of Health planning committees to commit government “basket funds” to the DRS in 2005 - a big step towards full Integration. Capacity building of district health authorities in eye care planning has helped to place blindness prevention on the District Health Management Team’s agenda. This work was supported by Seva Canada and CIDA.

In late 2004 we were fortunate to have the services of Ms Claudette Hall to do an evaluation of the DRS. She and Joseph Banzi are preparing a manual, to be printed in mid-2005, on how to set up “bridging strategies” like the DRS in sub-Saharan Africa.

The DRS programme received support from Seva Foundation, Seva Canada, Christoffel Blindenmission (CBM), and Sight Savers International (SSI). Local Lions Clubs supported the cost of a number of DRS in Kilimanjaro and Arumeru in 2004.



## Expansion of DRS programme to Arumeru district of Arusha region



2004 saw the expansion of the VISION 2020 programme into Arumeru District of Arusha Region, supported by the Wild Rose Foundation (Alberta, Canada) and Seva Canada. Arumeru, a large, populous (over one-half million residents) district, adjoins Kilimanjaro Region, and has been without systematic eye care service.

% of patients accepting cataract surgery in Arumeru		
Men	Women	Total
74/80	76/84	150/164
92.5%	90.5%	91.5%



KCCO brought various partners together to provide eye services for the district. This started with helping the partners to understand the magnitude of the problem, including the burden of disease in women and children. KCCO then helped the partners to plan appropriate strategies to meet the needs and to provide training for the field workers who are now implementing the plans. KCCO and KCMC Hospital provided training for the newly identified Arumeru District Eye Coordinator. Mr. Gerald Kaaya was hired by KCCO to assist with running DRS activities in Arumeru.

Since the establishment of the DRS in July, the programme has continued to evolve based on the needs of the population. From July to December 2004, 10 DRS were initiated in Arumeru district and 283 people received cataract surgery.

As in the Kilimanjaro programme, we demonstrated that women were more likely to have access to surgery through the DRS compared to self-presenters at the hospital.

In addition to cataract surgeries in adults, 15 children (5 girls and 10 boys) were identified with congenital or developmental cataract and received surgery at KCMC Hospital.

Additional sites have been identified and added to the 2005 programme. We successfully engaged a local Lions Club to support two of the DRS and we will start working with the Ministry of Health to ensure that government district funds go to support the eye care activities in the District. These connections help to ensure the sustainability of the service.



### Patients examined and treated in Arumeru

Men	1,314
Women	1,429
Total	2,743

# VISION 2020 planning for other Regions of Tanzania and Collaboration in Eastern Africa



*Mara regional health planning team with Dr. Saguti from MoH (on left) and Mr. Banzi from KCCO (on right) during regional planning session in Musoma.*

In 2004, KCCO took the lead in helping 3 other Regions of Tanzania develop comprehensive VISION 2020 plans for the 4.1 million population. This began with a week-long planning workshop supported by the International Agency for Prevention of Blindness (IAPB) in April. Further meetings with the Regional Eye Coordinators and collaborating agencies in each region were held to iron out details. Strong relationships with regional MoH, HKI and ORBIS partners have been developed during the planning and implementation process while regional personnel are empowered to run their own VISION 2020 programmes.



*Participants from Singida, Tanga, and Mara regions at VISION 2020 planning workshop*

## Mara Region

Support from IAPB/Africa assisted with further planning and training carried out in Mara Region, prior to the start of the ORBIS supported activities. Charles Sagwa Genda, the MoH Regional Eye Coordinator for Mara, started training in district-based planning at KCCO and in cataract surgery at KCMC in July. He is expected to complete his training in August 2005, after which he will return to Mara to start up the Mara Regional VISION 2020 programme.

## Singida & Tanga Regions

Visits by joint HKI and MoH teams from Singida and Tanga Regions to KCCO led to the development of regional “bridging strategies” programmes. Training at KCMC was arranged for a cataract surgeon for Tanga; upon graduation in 2006 a comprehensive eye care service will be fully developed. KCCO started training of Tanga MoH staff in various aspects of running a DRS programme to improve the efficiency of outreach surgical services provided by KCMC Hospital and CCBRT Hospital.



*Dr. Courtright teaching at IAPB supported and KCCO organized regional VISION 2020 planning workshop.*

Region	Population	Collaborating agencies
Mara	1.4 million	ORBIS International & Ministry of Health
Singida	1.1 million	Helen Keller International & Ministry of Health
Tanga	1.6 million	Helen Keller International, KCMC Hospital, CCBRT Hospital, & Ministry of Health

## Kwale District Eye Centre

KCCO and Kwale District Eye Centre (Kenya) collaborated to compare our methods and learn more about strategies that work in the communities to increase the number of cataract patients receiving service. A manuscript documenting the findings will be published in 2005.

## Human Resource Development Planning

At the request of IAPB, in collaboration with various partners, KCCO is working to plan for improved human resource development in eastern Africa. An assessment of human resource capacities in the region has started with Tanzania and is expanding to include Malawi, Zambia, Uganda, Kenya, and Ethiopia. While there are unique characteristics country to country, there are many similar issues which need to be addressed throughout eastern Africa. KCCO started developing plans for a human resources development (HRD) planning meeting, to be held in collaboration with the MoH (Tanzania) in early 2005. KCCO started planning a similar HRD meeting with colleagues in Ethiopia, to be held in Addis Ababa directly following the Tanzania meeting.

Although it was outside our eastern Africa regional mandate, KCCO accepted a 3 week commission from Sight Savers International to lead an evaluation team in Pakistan. This was a great opportunity to build the skills of local KCCO staff in evaluation and to see how a programme works outside Africa.



*KCCO staff working on vision2020 planning*

## Sustainability planning for hospitals and eye care programmes

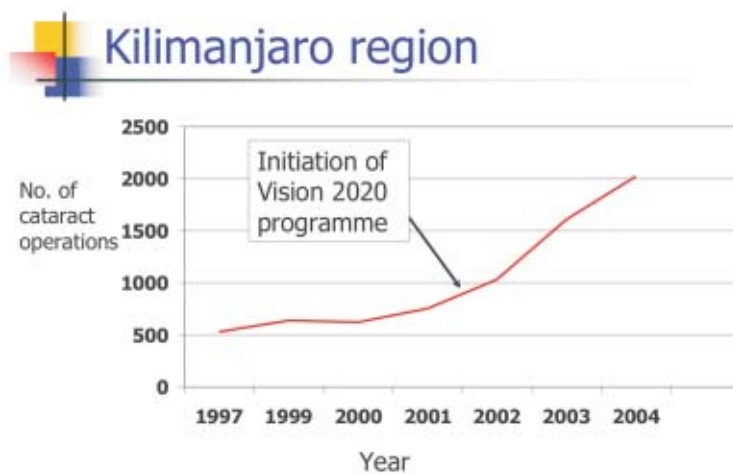
The International Eye Foundation (IEF) continued to support the major change initiative, “Karibuni Macho, “ led by the KCCO, to improve efficiency, accountability, and service in the KCMC Eye Department. The change initiative began in 2002, with help from Aravind Eye Hospitals and the IEF. Some of the improvements are shown in the table. Thanks to the careful planning, the Eye Department achieved the large increase in service with only a small increase in numbers of staff. Improved service and efficiency are creating a new

sense of pride and work satisfaction among the staff. The tripling of the number of cataract surgeries carried out at KCMC Hospital (see figure) is testament to the success of improved efficiency and the adoption of “bridging strategies”.

The Eye Department now offers 3 levels of accommodations for cataract, serving the poorest to the most wealthy with high quality surgery in the accommodation they choose themselves. Computerized accounting and registration systems allow the Eye Department to monitor patient statistics, income, and expenditures on a monthly basis.

KCCO sent the head of the KCMC computer unit to India for one month to train for expanding the use of the registration system in the KCMC Eye Department. Staff are beginning to understand how information can be analyzed and used in planning. We can calculate the cost recovery in the Eye Department and have begun to consider how this might be usefully compared to other centres in eastern Africa in order to advance our knowledge of the potential for cost recovery in the African setting .

KCCO has worked with the KCMC Eye Department to change the old “surgical outreach” system which was costly and not productive. Eventually, as VISION 2020 plans are developed for each Region in Tanzania, KCMC will be able to decrease these visits .



Indicator	2001	2004
Number of cataract operations	752 (plus 786 on outreach)	2,026 (plus 734 on outreach*)
Number of other surgeries	668	979
Kilimanjaro Region CRS	402 per million	1,124 per million
# Cataract operations at KCMC/staff surgeon	188	492 (not including cataracts done on outreach)
Total number of Eye Department staff	47	58
# trainees	5 residents; 4 cataract surgeons	9 residents; 5 cataract surgeons
Management information system	Yearly reports produced by nurses	Monthly statistics from clerks and computerized system used to monitor progress towards goals
Cost recovery	No system to calculate	Monthly reports of income and expenditure show approximately 40% recovery of running costs



## Childhood Cataract: Project and Research Activities



Childhood blindness is a priority of the VISION 2020 initiative. Cataract is an important, potentially curable cause of childhood blindness and is the focus of a Dark and Light-supported project underway at the KCCO.

In late 2003 the KCCO hired and trained a Childhood Cataract Coordinator, Mary Masha. In 2004 we started to raise awareness of childhood cataract by:

- Training district and regional eye coordinators from 5 regions in Northern Tanzania (Kilimanjaro, Arusha, Tanga, Manyara, and Mara) in May
- Establishing referral procedures so that community eye workers, (including Tanzania Society for the Blind and CCBRT workers) could efficiently get children into the KCMC Eye Department for surgery
- Integrating the childhood cataract programme into the Kilimanjaro region VISION 2020 programme. (Most children receiving surgery in the first year were from the Kilimanjaro region)

Developing and distributing a brochure (English and KiSwahili) on childhood cataract that can be used by health care workers to inform parents and others about childhood cataract. This brochure is also available on the KCCO website ([www.kcco.net/orcea](http://www.kcco.net/orcea))

Childhood cataract operations (eyes) November 2003-October 2004		
Boys	Girls	Total
109	49	158

The programme allows all children with congenital or developmental cataract to receive a surgical fee waiver and free transport for follow up visits after surgery and free spectacles. Although the target of the programme was only 100 surgeries in the first year, 158 congenital/developmental surgeries were carried out during this period. The patients included 70 boys and 33 girls.

Creating a “whole child approach” to childhood cataract has been an important success of this programme. Far too often, programmes only focus on surgery. Once the surgery is performed, much follow up and rehabilitation is necessary after cataract surgery in children if the final result is to be good vision.

Additionally, through support from Seva Canada and CIDA Ms Annie Bronsard continues research at KCCO towards her PhD in medical anthropology, investigating the complex factors a family faces in helping their cataract-blind child receive surgery and rehabilitation. Findings from a study of the delay in presentation for childhood cataract surgery, carried out over the past two years, were analysed and a manuscript is being prepared for publication. Recognition of the long delay in presentation (average = 34.3 months) and reasons for prolonged delay has led to changes in programme activities.

*A four year old child with congenital cataracts; the parents noticed that the child was deaf too*



## Trachoma Activities



*Dr. Courtright & Ms. Manisha Tharaney (HKI) at VISION 2020 planning workshop in Moshi.*

### Mapping trachoma in the Kilimanjaro region and Arumeru district of Arusha region

A KCCO team, working with the Ministry of Health, Huruma Hospital, and the London School of Hygiene & Tropical Medicine (LSHTM) demonstrated that trachoma is a serious public health problem in previously unmapped areas of Kilimanjaro, particularly in Hai, Rombo, and Moshi Rural Districts. Parts of Arumeru district were also mapped this year. Data from mapping in Rombo, compiled by colleagues at LSHTM, has helped with prioritization of villages for intervention. This work was supported by the ITI and Wellcome Trust.

### Trachoma research in Rombo district

Research in Rombo district carried out over the year has shown that, in a mesoendemic area, trachoma infection can be reduced over a two year period if a high coverage of antibiotic (>95% of residents) can be achieved.

### A national school curriculum for trachoma

The KCCO began collaborative work with Helen Keller International to study the impact of a recently adopted national school curriculum on trachoma. The study includes assessment of knowledge, attitudes, and practices (KAP) and of prevalence in the pilot school programme in Manyoni district of Singida Region. In 2004 KCCO carried out the baseline trachoma prevalence study among schoolchildren in 20 schools. A KAP study of schoolchildren and teachers was also completed. This will be repeated in 2005 following implementation of the curriculum. Qualitative investigations among schoolteachers will be carried out in early 2005 to supplement the quantitative data.



*Dr. Courtright and Rose Mwangi (HKI) with participant at the joint KCCO/HKI schoolteacher eye health training course.*

### Assessment of the impact of trichiasis surgeons

KCCO started work with Helen Keller International (HKI) to assess the impact of their trichiasis surgery training programme in Kongwa. Questionnaires sent to the 124 trained Tanzanian surgeons are being compiled and will be

supplemented with in-depth interviews with selected trichiasis surgeons. Information from the assessment will assist HKI and others to refine the selection, training, placement, supervision, and support of trichiasis surgeons.

## Trachoma Information Service

The trachoma information service, started in 2003 through the Ophthalmic Resource Centre for Eastern Africa (ORCEA), now reaches over 500 people in Africa and internationally through email and post. The service provides up-to-date information on trachoma, keeping people informed of new developments in the field.

## Utilisation of trichiasis surgery study

The ITI supported study of the utilisation of trichiasis surgery was completed in 2004 with the final follow up of the cohort of trichiasis patients in Singida Region, Arusha Region and Kilimanjaro Region. Community based strategies which relied upon village leaders and school teachers were effective in increasing utilisation of services from a baseline of 6% in some areas to almost 50% in most areas.

## Egypt

KCCO and the Al Noor Foundation continued their collaboration to strengthen trachoma control activities in Egypt. This included continuation of anthropologic work in Fayoum Governorate related to factors that enable people to change behaviours.

Part of our Canada Fund-supported collaborative gender and blindness project in Menia Governorate includes community based strategies to improve utilization of trichiasis surgery.

We also completed a study of the outcome of trichiasis surgery, which has been submitted for publication.

## Ophthalmic Resource Centre for Eastern Africa (ORCEA)



Dr. Courtright and Prof. Allen Foster (ICEH, London) distributing certificates at VISION 2020 planning workshop in Moshi.

ORCEA, supervised by the KCCO, contains the largest up-to-date library in eastern Africa on clinical and public health ophthalmology as well as a large collection of audio visual materials and internet access for eye care workers. ORCEA underwent a number of changes in 2004 and a mark of those changes is that the skills required to run ORCEA now include a high level of computer knowledge. In August we sought and hired a director with a background in Information Technology (IT). His first job was to get our new website up and running; it can be found at [www.kcco.net](http://www.kcco.net). Makoye Pastory now maintains the growing computer network at KCCO, retrieves state-of-the-art medical literature from the web for doctors and researchers, as well as keeping the ORCEA library in order. Core support for ORCEA is provided by Sight Savers International.

### Knowledge transfer throughout Tanzania

Working with the International Centre for Eye Health (ICEH), ORCEA distributes the *Journal of Community Eye Health* within Tanzania. The distribution reaches approximately 700 health workers in Tanzania. Tucked into each mailing is an update on VISION 2020 activities in Tanzania, including such topics as national planning, childhood cataract, and trachoma. This provides a new way to keep health workers in the most rural sites “in the loop” of activities in VISION 2020.

### Tele-ophthalmology comes to Kilimanjaro

With support from ORBIS International, ORCEA also installed the first telemedicine unit at KCMC Hospital. Residents and faculty can photograph and email unusual cases to ophthalmologists in North America and Europe for their opinions. This will increase the doctors’ sense of “connectedness” with the outside world and help maintain good continuing medical education.

## Gender and Eye Care



Many people still do not realize that blindness affects women disproportionately. In the developing countries this is largely because women do not enjoy equal access to services that could prevent or cure blindness. KCCO staff have worked to bring this issue to the attention of the prevention of blindness world. We maintain a strong commitment to researching the problem and to finding ways to equalize access.

The WHO-supported gender and cataract research project came to a close at the end of 2004. Findings from our research are being prepared for publication. We are pleased to be able to demonstrate a significant increase in the numbers of women accessing surgery. In 2004 we reduced the gender inequity somewhat with the DRS programme. Still, women are underrepresented among cataract patients.

We continue to see a strong gender bias in presentation of childhood cataracts. Although there is no biological reason to expect more congenital or developmental cataracts in boys than in girls, among those who come for surgery, boys outnumber girls almost 2:1. This remains an area requiring community based research and programmes.

KCCO staff, at the request of WHO/Geneva, organized a one-day workshop in at WHO/Dar-es-Salaam in January. In February, Dr Courtright was an invited speaker on trachoma and gender at the International Conference on Women and Infectious Diseases in Atlanta. Dr. Courtright also presented a talk on the topic of gender and blindness at the IAPB meeting in Dubai in September.

The KCCO assisted the Al Noor Foundation, supported by the Canada Fund, to initiate a gender and cataract/trachoma project in Menia Governorate, Egypt. The project, based upon findings from research in both Menofiya and Menia, aims to engage community members to identify and promote surgical correction of cataract and trachomatous trichiasis, especially among women, thereby reducing blindness in Egyptian communities.

We continue to work closely with Seva Foundation, Seva Canada, LAICO, and the BCEIO on all issues related to gender and blindness.

## Teaching and Training



*HRH The Countess of Wessex and Dr. Lewallen and Tumaini University ophthalmology residents (from Zambia) at book donation.*

In addition to the training that is part of many of our projects, the KCCO conducts regular programmes for trainees within the KCMC Eye Department with support from CBM and also offers special programmes and lectures at the request of various organizations. In 2004 the KCCO prepared Tanzanian ophthalmology residents to present original work at the Ophthalmologic Society of East Africa congress in Dar es Salaam and at the International Society for Geographical and Epidemiological Ophthalmology congress (ISGEO) in Dubai. KCCO provided lectures outside the Eye Department this year for

- Tumaini University medical students
- Tumaini University occupational therapy students
- Students and visiting doctors from Sweden and Germany.
- CBM co-workers in Tanzania
- Students of the International Centre for Eye Health in London

In collaboration with the British Columbia Centre for Epidemiologic and International Ophthalmology (BCEIO) in Vancouver, KCCO arranged the admission and supervision of Mr. Ahmed Mousa to the University of British Columbia PhD programme in Epidemiology. Dr. Courtright serves as one of Mr. Mousa's advisors.

With supervision from the KCCO, medical students from Norway and the UK worked alongside Tanzanian counterparts on studies of childhood cataract, glaucoma, and trachoma.

### Masters Degree Dissertations at Tumaini University

The KCCO co-Directors supervise the Master's in Medicine (MMed) dissertations required of the ophthalmology residents at Tumaini University. We use this opportunity to build the capacity of future ophthalmologists to undertake research and to guide the doctors into research with relevance to community ophthalmology. Two doctors successfully completed and defended their dissertations this year.

Dr Hemed Kilima completed a population-based survey of leprosy patients in Tanzania, detailing their eye care needs. Working with the National TB and Leprosy programme, his work provided valuable new information that the National programme will use to plan new programmes.

Dr Chibuga examined acceptance of cataract surgery among a group of cataract patients identified a few years ago. Some of these have never had surgery, in spite of good access to a service. Dr Chibuga traced them to their villages to learn what factors still prevent them from receiving surgery.

Both Drs. Kilima and Chibuga presented findings from their work at the ISGEO congress in Dubai in September.

Third year residents, Dr. Hassan G Hassan and Dr. Sidney Mwala both strated work, supervised by KCCO, for their dissertations. Dr. Hassan has established a glaucoma clinic at KCMC Hospital and is testing the impact of the newly established clinic on services provided. Dr. Mwala is measuring post-cataract surgery follow up (2 week and 10 week) and interviewing patients to determine the factors associated with failure to return for follow up. He is also studying the uptake of 2<sup>nd</sup> eye cataract surgery.

## Other activities

Research on the retinal changes in cerebral malaria with the Blantyre Malaria Project begun by Dr Lewallen in 1990, continued this year. The February issue of *Nature Medicine* reported our recent finding that the retinal changes are the most useful sign in making a definitive diagnosis of cerebral malaria among children who die with presumed malaria in an African setting.

In collaboration with ICEH in London and the University of Cape Town, KCCO was a recipient of a five year Nuffield Trust grant to develop an 8 week community ophthalmology diploma course at Tumaini University. The course will build the capacity within eastern Africa to establish and implement practical district-based prevention of blindness programmes.

Dr. Courtright serves as the Executive Secretary of the International Society for Geographical and Epidemiological Ophthalmology. In 2004 the 18<sup>th</sup> Congress of the ISGEO was successfully held in Dubai with participation from 27 countries and 115 members.

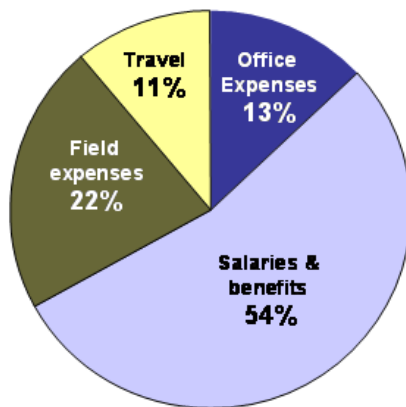
### Two European publications featured work by KCCO:

**The Eurotimes**, (February 2004) reported on the work of KCCO to reduce gender disparity in the field of blindness.

**Ocular Surgery News** (November 2003) reviewed the way KCCO is using women counselors to speak to other women about the problem of blindness.

The Royal College of Ophthalmologists in the U.K agreed in 2004 to recognize training undertaken in the KCMC Eye Department by individuals wishing to take further training in the UK. Training in epidemiology and research methodology, a strong research culture and an excellent Resource Centre were listed as particular strengths of the programme.

# Finances



In June Ms Deborah Moses (Seva Foundation) spent a week with KCCO staff to reorganize accounting at KCCO. She set up new systems and trained a number of staff in their use. The result is that considerably less time is needed now to produce regular, accurate reports. The 2 figures here show how the KCCO spent money in 2004. Frugality and careful planning allow us to accomplish a lot for relatively little.

For information about how to support the KCCO please contact one of the co-Directors at [pcourtright@kcco.net](mailto:pcourtright@kcco.net) or [slewallen@kcco.net](mailto:slewallen@kcco.net) Contributions (tax-deductable) to support the work of KCCO may be sent to KCCO

c/o Seva Foundation  
 1786 Fifth Street  
 Berkeley, CA 94710 USA  
 Att:Deborah Moses ([dmoses@seva.org](mailto:dmoses@seva.org))

### Donors in 2004

CBM	34,595
Dark and Light	23,649
HKI	19,649
ICEE	7,262
IEF	37,000
ITI	35,128
LSHTM	15,473
Seva Foundation	39,587
Seva Canada	25,145
SSI	36,136
Wild Rose	25,165
St Francis Leprosy	12,168
WHO	12,298
Other	2,384
<b>Total</b>	<b>\$325,639</b>

# KCCO Staff Development



*KCMC Eye Dept staff preparing for strategic planning session by Seva Canada volunteers, Michel and JoAn Maurer*

Mr Mahande received a scholarship and started an MPH degree in September. His thesis work will be supervised by KCCO. Mr Mahande and Ms Moshia participated in a Dark and Light programme planning seminar in Nairobi. All KCCO staff benefited from training and discussions with organizational developers JoAn and Michel Maurer, Seva Canada volunteers who spent 3 weeks building capacity in the KCCO as well as the KCMC Eye Department.

<b>NAME</b>	<b>POSITION</b>
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 and Project Coordinator
Mr. Makoye Pastory	ORCEA Coordinator
Ms. Mary Moshia	Childhood Cataract Coordinator
Mr Patrick Massae	Trachoma research coordinator
Mr.Mworia Damas	Community optometrist
Mr. Baltazar Mafung'a Mr. Gerard Kaaya Mr. Genes Mng'anya	Assistant Community Coordinators
Ms. Jane Lasway	Data Clerk
Mr. Alex R. Pallangyo Ms. Rose Laizer Ms. Anna Laizer	Field assistants
Mr. Fred Ngomba	Driver

Sadly, we lost Sr Ishekande Ndossi, our patient counselor, in November. She set an unforgettable example of good patient counseling and patient-centred care.

## Donors & Visitors



*HRH the Countess of Wessex with  
Dr. Paul Courtright and Prof. John Shao,  
Executive Director, GSF at KCCO*

We are very grateful to donors for their generous contribution to KCCO. Without such generosity we would be unable to continue our activities.

In particular we want to acknowledge the gratifying relationship we enjoy with the KCMC Eye Department. KCCO does not provide clinical services; a portion of our Kilimanjaro based work depends on the services provided by the Eye Department, its faculty and trainees, under the dynamic leadership of Dr Anthony Hall.

In addition to the donors whose financial contributions to KCCO are shown in the financial report, KCCO enjoyed visits from a number of individuals (in order of appearance), many of whom personally provided valuable technical advice, teaching and help in 2004.

In July the Patron of VISION 2020, HRH the Countess of Wessex, visited KCCO. The trip, her first overseas trip on behalf of VISION 2020, helped highlight the importance of well-developed prevention of blindness activities. A copy of her speech, following her visit to KCCO, can be found at (<http://www.royal.gov.uk/print/page3296.asp>).

### Visitors to KCCO in 2004

Dr Ken Bassett, Vancouver  
Ms Mercedes Juarez, Geneva  
Mr. John Caffrey, New York  
Mr. Andy Fisher, New York  
Dr Essam El Touky  
Dr. Sarah Polack, London  
Prof Allen Foster, London  
Dr. Anthony Solomon, London  
Dr. Patricia Weir, Bristol  
Mr. Chad MacArthur, New York  
Mr. Mike Whitlam, London  
Ms Jo Humphries, London  
Ms. Karin van Dijk, Amsterdam  
JoAn and Michel Maurer,  
Vancouver  
Ms Susan Buergi, Nairobi  
Ms Deborah Moses, San  
Francisco

HRH the Countess of Wessex  
Mr. Tom Hubbard, London  
Ms Lucy Dyer, London  
Mr. Tom Wynne, London  
Mr. Kavin Naidoo, Durban  
Mr. Tony Koslowski, San  
Francisco  
Mr Ronnie Graham, Nairobi  
Mr Johnson Ngorak, Nairobi  
Mr. Joseph Munsante, Lusaka  
Ms Claudette Hall, Moshi  
Ms Ingrid Cox, Nairobi  
Dr Essam El Toukhy, Cairo  
Dr John Pratt-Johnson,  
Vancouver  
Mr. Ben Fox, Vancouver  
Mr. John Eriksen, Bergen

Kilimanjaro Centre for Community Ophthalmology  
Tumaini University/KCMC  
PO Box 2254, Moshi, Tanzania  
Phone 255-27-2753547 FAX 255-27-2753598  
Email: [kcco@kcco.net](mailto:kcco@kcco.net)  
Website: [www.kcco.net](http://www.kcco.net)

