

Kilimanjaro Centre for Community Ophthalmology (KCCO)

5 year strategic plan to support VISION 2020 in eastern Africa (2005-2009)

Background

The KCCO was established in October 2001 at the Kilimanjaro Christian Medical College (KCMC) of Tumaini University. KCMC has a Department of Ophthalmology, which trains ophthalmology residents and assistant medical officers in ophthalmology (AMO-Os).

The focus of the KCCO will be on assisting relevant partners (MoH, NGOs, academic institutions, service clubs, and others) to achieve the targets set out in the VISION 2020 initiative. The primary activities of the KCCO will include training, programme development, and research. Programme activities will be geared to become models to be replicated elsewhere in Africa; testing, monitoring and documentation will be key components of all programmes. KCCO will bring together eye health professionals from a variety of disciplines to comprise its faculty.

Concentric circles starting with Kilimanjaro Region (population 1.4 million), Tanzania (population 35 million), and eastern Africa (Egypt to South Africa, population 300 million) are the primary regions of programme, research, and training activities for the KCCO.

The strengths of the KCCO are as follows:

1. KCCO uses critical expertise both within Tanzania and through collaboration with institutions such as LAICO, BCEIO, LSHTM, the World Health Organization, and international NGOs to deliver results.
2. The KCCO Board of Advisors has been established to help guide the establishment and expansion of the Centre. Members of the Board of Advisors do not represent organizations, but provide specific capacities critical for direction of KCCO activities.
3. KCCO builds on the success of existing programmes and institutions. Locating the KCCO at the Kilimanjaro Christian Medical College (KCMC/Tumaini University) in Moshi, Tanzania allows the Centre to build upon an existing institution. The University is firmly committed to the development of KCCO, providing the necessary space and administrative support for its operation.
4. KCCO brings the support of a network of nongovernmental eye care organizations (Seva Foundation, Seva Canada, IEF, Al Noor Foundation, HKI, CBM, Sight Savers, Dark and Light Blind Care, and others) to help expand programmes and share knowledge. This network allows KCCO to expand its model programmes of

community eye care beyond Tanzania. In addition, financial support has been obtained from members of this network, illustrating the importance of the Centre to the eye care community.

5. KCCO is committed to the people of Tanzania and eastern Africa. The establishment of a centre in Africa to meet the needs in the region is a critical first step to achieving the lofty goals set by VISION 2020.

Targets

Programmes

National VISION 2020 plans and district/region based programmes

KCCO will assist with the development, implementation, and (where needed) supervision of practical national and district VISION 2020 plans in countries in the region.

A fully developed, practical VISION 2020 programme (with a focus on cataract, trachoma, childhood eye diseases, and refractive services) is now in place in Kilimanjaro Region, supervised by the KCCO. Similar VISION 2020 programmes will be developed with other regions in Tanzania as well as within the eastern Africa region. The VISION 2020 programmes will all include a strong emphasis on empowering communities (referral and education) in order to create "bridges" between communities and eye care providers. Close monitoring and documentation of this programme will be on-going in order to learn how to continually improve services (part of Research).

An additional focus of KCCO in all VISION 2020 planning will be the identification of gender inequities and development of approaches to improve utilization of eye services by women.

VISION 2020 initiatives in eastern Africa will be supported through information gathering and dissemination throughout the region. Information sharing will be facilitated through an expanded, pro-active Ophthalmic Resource Centre for Eastern Africa (ORCEA).

Cataract surgical service delivery and sustainability planning

Although the KCCO does not directly provide eye care services, the KCCO-organized and implemented programmes (both hospital and community based) are designed to increase the number of cataract operations at KCMC from 750 per year (2001) to 2,000 in 2004 to 3,000 per year (by 2006). A programme to develop organizational and financial sustainability of cataract services has been put in place at KCMC. The KCCO will continue to monitor this programme and report to the international eye community on its progress. The KCCO will also assist other hospitals in the eastern Africa region to create and implement plans to increase their own organizational and financial sustainability

Childhood blindness

A KCCO-supervised programme aimed at identifying and referring children with cataract is now functioning in northern Tanzania. A low vision service has been established at KCMC. The programme will be expanded to include an individual case management system throughout northern Tanzania to ensure that children receive necessary follow up and low vision services. KCCO will work to replicate models for service delivery in other countries.

Refractive errors, trachoma, and other services

Good quality refractive services are now integrated into the Kilimanjaro community based screening programme and all VISION 2020 plans that KCCO helps to develop. KCCO will monitor and document the effectiveness of the refractive service and their potential for providing financial support to other eye care activities.

KCCO will work to ensure that trachoma control is fully integrated into national VISION 2020 plans and programmes. A national blindness prevention programme for leprosy patients will have been established by the end of 2007.

Training

KCCO has focused on training teams (existing manpower) to meet targets of comprehensive programmes. Training activities undertaken by the KCCO will focus on existing activities and existing personnel and will be engineered to ensure that information gained and skills acquired are supplemented by follow-up support and supervision.

Ophthalmology Residency Training

The KCCO will continue with training of KCMC ophthalmology residents. Within the next 5 years KCMC aims to increase the intake from 1-2 students per year to 5-6 students per year. Students from Zambia and Rwanda are in the current programme and it is the goal to increase intake from other countries in eastern Africa. A 2-year core curriculum (which includes sustainability, management, public health, supervision of AMO-Os) in community ophthalmology has been developed for KCMC and all ophthalmology residents will receive this training from KCCO. The KCCO will collaborate with other training facilities in eastern Africa to introduce, refine, and improve the curriculum. Collaborative relationships with other training institutes (particularly the other East Africa College of Ophthalmology centres and LAICO/Aravind) will include opportunities for collaborative projects and research.

Training of mid-level eye care personnel

The current two-year AMO-O training includes training in cataract surgery. A well-developed, comprehensive curriculum (which includes management and community ophthalmology) will be developed. Upon graduation, AMO-Os will have VISION 2020 implementation plans (based upon the needs of their catchment area).

Masters in Community Ophthalmology

A Masters in Community Ophthalmology programme will be established by the end of 2009. In the interim, an 8-week certificate course in community ophthalmology will be established at KCCO for eastern Africa.

Other training activities

An organized programme (with other institutes and foundations) will provide sub-specialists on a periodic basis to provide training for ophthalmology residents and others at KCMC.

The KCCO will run, in collaboration with LAICO, annual courses on VISION 2020 topics. These will include dedicated courses on management for national prevention of blindness programme managers, “bridging strategies” for increasing utilization of services, community optometry, and management for heads of eye departments. The KCCO will also conduct periodic courses in a variety of other areas (e.g., gender issues in blindness prevention, medical anthropology, eye care programmes for leprosy patients, survey methods, technology for improved information retrieval)

Research

The major research activities to be undertaken by the KCCO focus on questions necessary for the successful implementation of VISION 2020 in Africa. Much research is operational and thus is integrated into the programmes described above. Subjects include (but are not limited to) research on methods to improve uptake and follow up of services (cataract, trichiasis, childhood cataract), to improve uptake of services specifically by women, to eliminate trachoma as a public health problem, to increase efficiency and financial sustainability at the hospital, to determine how to estimate costs for services and the potential for cost recovery in the African setting, and to help guide the integration of leprosy patients into the general eye care infrastructure in Africa.

Outcome of services delivered at KCMC and at outreach (cataract, trichiasis, childhood cataract etc.) will be routinely monitored to help guide improvement in service provision and patient satisfaction.

In addition, some epidemiologic research will be completed. A population based survey of blindness, cataract (surgery, outcome, barriers), trichiasis (surgery, outcome, barriers), and childhood cataract in Kilimanjaro Region will be conducted by the end of 2008. The low vision needs of the population (children and adults) within Kilimanjaro Region will be assessed.

KCCO Organizational Development

Over the next 5 years a major focus of KCCO organizational development will be in building the capacity of KCCO faculty/senior staff to become leaders in prevention of blindness in eastern Africa. It is anticipated that by the end of the period KCCO faculty will be assuming leadership of KCCO.

Construction of a building to house KCCO activities and expanded KCMC Eye Department clinical and teaching activities is essential to achieve the targets set out in the strategic plan.