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KCCO



Kilimanjaro Centre for
Community Ophthalmology

ANNUAL REPORT 2006

Message from the co-directors



As of the end of 2006 we were well on the way. The top floor is for KCCO offices, the ground floor is lecture rooms and resource center and the middle is the new operating theatre required by the increasing numbers of patients and trainees at the KCMC Hospital Eye Department.



At a retreat in March, KCCO staff planned ways to use the space in the new building.

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.

KCCO, established in late 2001 has been functioning for 5 years at the time of this report. We've enjoyed a number of successes, a few disappointments, and growth has sometimes taken unexpected directions. Looking back at the original plan for KCCO development though, we feel satisfied that we're on the right track. The mission established at the beginning, in line with VISION 2020 goals was to eliminate avoidable blindness through the integration of programmes, training, and research, focusing on the delivery of sustainable and replicable community ophthalmology services. It's satisfying to realize that this is indeed how the time of KCCO staff is spent.

In the midst of this work, we've made major progress towards our new building, urgently needed for courses, training of students, the expanding resource centre, and KCCO staff. Ground was broken in late 2005 and we expect to move in early in 2007. No words suffice to thank Judie and Oliver Wilgress enough. This adventurous volunteer couple, retired building project manager and architect respectively, appeared at KCCO just when most needed and have spent over 3 months in Moshi. In between the hours spent pouring over blueprints, making calculations, hunting down special materials, and liaising with the local architects and contractors, they've enjoyed visiting places in Tanzania. A bonus is Oliver's great KiSwahili, learned when he was a volunteer in Iringa, Tanzania in the 1960s.

We're looking forward to a productive 2007!

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Sustainability Planning



Mr. Eliah's job of supervising from afar was made easier recently when he installed Skype and simple webcams, allowing him to conduct face-to-face weekly meetings with the projects. Poor communication is one of the major

Rural government hospitals demonstrate successes

Two of the three Regions in Tanzania with VISION 2020 plans mentored by KCCO have begun to produce data on increased productivity and cost recovery this year.

Mr. Edson Eliah spent many hours in 2006 working with the managers in the Singida and Mara Regional programmes, run from the Ministry of Health hospitals with support from HKI and ORBIS respectively. Both programmes are providing services in previously underserved areas and managing to show a small amount of cost recovery from patient fees and sales of spectacles. The costs in the calculations include outreach, all eye staff salaries, eye medicines, and surgical supplies. Patients pay 15,000 Tsh (about \$13) for service which includes transport to hospital, medicines, ECCE/IOL surgery and follow up. It is probably safe to say that this sort of information has never been available before from an eye programme at a government hospital in eastern Africa!

Region	Number of cataracts done	Number of patients examined on outreach	Cost recovery
Singida	514	6137	18%
Mara	470	2884	21%

Coaching in Uganda

In 2006 KCCO started helping Masaka Region in Uganda to try to put in systems to measure their cost recovery.

Dr. Lewallen and Mr. Eliah conducted a planning session in Masaka with our MoH partners. This was followed by a training session on strategies to improve uptake conducted by Mr. M'nganya and Ms. Nyange in November. This sustainability work is supported by the Lavelle Fund for the Blind. Additional support for programmes aimed at increasing utilization of services was obtained from Wilde Ganzen (Netherlands) in late 2006 and implementation will be carried out in 2007.

Partnering more effectively with Ministries of Health

For long term sustainability we recognize that NGOs and private donors must work alongside Ministries of Health, with all making contributions. In July Edson worked with volunteer consultant Megan Kell to document the process used by District Council Health Management Teams in Kilimanjaro Region to allocate funds, in particular for eye care.

Encouraging Districts (government) to support eye care will be essential to long term sustainability. CIDA, Seva Canada, and the Lavelle Fund for the Blind support this work. A report of the findings is on the KCCO website.



Photo courtesy of Wellcome Trust

Cell telephones are making it possible to improve communication with field workers, enhancing possibilities for working in more remote areas. Good communication is more than having a phone, but it's a start.

Childhood Blindness and Low Vision



Elizabeth helps a child try his new spectacles

Setting up a comprehensive system for children

The process of finding children who need eye services, getting them to a hospital for care, then persevering to ensure they get necessary follow up over the next few years is difficult. Good coordination among various organizations that supply each “piece” of the service is needed but all too often has not occurred in eastern Africa. Elizabeth Kishiki, KCCO Childhood Blindness Coordinator, works with many stakeholders including the Tanzania Society for the Blind, Kilimanjaro CBR, Ministries of Health and Education, and KCMC Hospital to ensure that children get what they need to restore vision. The tracking system she set up for children operated at KCMC has led to an increase in follow up from 43% to over 80% in 2006, ensuring that they get essential low vision and rehabilitation services after surgery.

A three part programme, primarily supported by Dark & Light Blind Care, outside the hospital was needed to pull together all the elements.



Optometrists learned about low vision at a KCCO training workshop in November

First, KCCO organized a meeting and training for district and regional eye coordinators from 7 northern Tanzanian regions (Kilimanjaro, Arusha, Singida, Manyara, Shinyanga, Mwanza, and Mara), covering a population of almost 12 million. The eye coordinators learned what follow up is needed after children have cataract surgery at KCMC and they developed a protocol for this, which has been adopted.

Next, Elizabeth organized training in basic low vision care for 9 Regional hospital-based optometrists from the same 7 Tanzania regions. Ms Karin Van Dijk (low vision specialist) came from Holland to run training assisted by Ms. Naomi Nsubuga (ICEE Regional Coordinator, based in Uganda) and Marianne Kooij, a Dutch special needs teacher (from Visio Sensus Groep) working at the Patandi School in Arusha. In Tanzania, where optometrists are plentiful, this cadre can be used as the backbone of basic low vision services in the regions. Elizabeth and Karin wrote about the training in the December 2006 IAPB News.



This girl, who has been inappropriately placed in a school for the blind, is bending over to get close so that she can actually use her eyes to read Braille. With proper low vision aids she could be attending a "normal" school and reading print. There are many social, economic and political reasons for inappropriate placement in the schools for the blind in eastern Africa.



Sylvia Shirima interviews a child and her mother after cataract surgery to find out how the surgery has changed her education and activities

Finally, Elizabeth and Marianne traveled to the schools for the blind in the Regions to provide training for the teachers. This was designed to help teachers understand what spectacles and low vision aids can do to help children who are not blind. They established a critical link between the teachers and the optometrists who were trained from each Region. A system was also established for these optometrists to obtain spectacles or low vision devices.

Research in childhood blindness and low vision

KCCO has undertaken several research projects aimed at understanding the impact of cataract surgery and low vision services in children. Ms. Annie Bronsard worked with Elizabeth, Sylvia Shirima (MPH degree candidate in London) and Mary Mosha (MPH degree candidate at Tumaini University) on qualitative data collection techniques to study education, quality of life, and social interactions before compared to after surgery. Preliminary findings show that, although parents report improved vision and ability to participate in household and social activities after surgery, many children are still attending or being newly admitted to schools for the blind after surgery instead of being integrated into "normal" schools. The political and social issues behind this will require careful analysis if we hope to change them. The work also documented the lack of clinical examinations of children prior to admission and includes pre - and post - intervention assessment of the visual function. Dark and Light Blind Care sponsor the research.

Findings from Seva Canada - supported research on follow up of children after cataract surgery were presented by Dr. A Hall at the ISGEO congress in February and were published in Ophthalmic Epidemiology.

Teaching and Training



Dr Mumba demonstrated a significant increase in use of eye care by diabetics at KCMC by starting a special counseling and free examination programme

“These skills have lessened my worries about the leadership job.”

“The skills acquired... will help me improve service delivery...and job satisfaction for all my team.”

Comments from ophthalmologists who attended the April course

Teaching and training at KCMC

KCCO, with support from CBM, provides training in community ophthalmology for ophthalmologists trained in the KCMC Eye Department. This includes modules on epidemiology for eye diseases, planning, management, and research methods. The cataract surgeon trainees receive a module on principles and planning for VISION 2020.

KCCO supervised three Master’s degree theses this year including studies on diabetics’ use of eye services at KCMC, a method to increase early detection of glaucoma through first degree relatives of patients, and follow up on patients who say they are too poor to pay for cataract surgery. All three theses were successfully defended by the candidates who did the studies. Manuscripts based on the work have been accepted into *Ophthalmic Epidemiology* and the *British Journal of Ophthalmology*.

KCCO also supervises candidates in selecting and presenting relevant medical paper reviews for the Eye Department weekly academic sessions and in preparing presentations for the annual meeting of the Ophthalmic Society of East Africa.

International courses at KCCO

“Harmonizing curricula and improving training in planning” was the name of the workshop sponsored by IAPB in April. Two ophthalmologists from each of 5 countries (Tanzania, Uganda, Rwanda, Ethiopia, and Kenya) worked to agree on effective planning and teaching methodologies to be used in their own countries for District VISION 2020 planning. Dr. D. Etyaale and Dr E. Rasikindrahona (from WHO Geneva and Brazzaville respectively) joined the workshop.

In April KCCO conducted a Fred Hollows Foundation-supported course aimed at demystifying management for heads of ophthalmology departments. Entitled, “How to work with a manager to get the support you need to achieve VISION 2020 goals,” the course was attended by 9 ophthalmologists from Tanzania, Kenya, Ethiopia, Zambia,



Eye care programme managers show their certificates in December

KCCO is also supervising two doctoral students.

Annie Bronsard is examining children's lives before and after cataract surgery for her PhD at Laval University.

Ahmed Mousa (from Egypt) is testing gender sensitive interventions to increase acceptance of cataract surgery for a PhD in Epidemiology at the University of British Columbia.

Rwanda, and Uganda. Dr Ciku Mathenge (Kenya) served as faculty.

In early November, KCCO ran a course on Bridging Strategies, sponsored by Seva Foundation, which included 9 students from the Nuffield course and 3 additional students from Sudan and Kenya.

KCCO's 2-week course, "Management training for eye care programme managers," sponsored by Fred Hollows Foundation, drew 9 participants this year from Tanzania, Uganda, Malawi, Kenya, and Rwanda. The course has been enriched over the years by visiting faculty from a number of countries and institutions, including LAICO. This year we were fortunate to have Dr Amir Bedri from Ethiopia, Dr Gerald Msukwa from Malawi, and Mr Tony Maynard, an Australian volunteer from Operation Eyesight Universal, as faculty.

The first 8-week certificate course in community ophthalmology in Moshi took place late in the year. National Prevention of Blindness Committees in 9 countries of eastern Africa nominated candidates for the course, who received scholarships from the Nuffield Trust and Operation Eyesight. Following excellent training from ICEH, KCCO's Genes M'ganya is now dealing with all course logistics. This includes international and local transportation, visas, accommodation, meals, allowances, and copying course materials - instructors are free to concentrate on teaching. Visiting faculty included Dr Bo Wiafe (Ghana), Dr Colin Cook (South Africa) and Dr Kahaki Kimani (Kenya)

Trachoma



KCCO's Margaret Somba spent many days participating in family life in villages to learn more about local hygiene practices

What can communities do to decrease trachoma?

This is the central question under study through the 3 year International Development Research Centre (IDRC) - supported research project, "Ecosystem approach to trachoma control in northern Tanzania," in 12 villages of Hai District. Work by our interdisciplinary team in year 1 documented the severity of trachoma, and factors associated with the disease. In the second year (2006) the team has been working with communities to define the strategies they feel are both practical and important to reduce trachoma in their communities. Working in partnership with the Hai District Ministry of Health and the Hai Water Project, KCCO is responding to the communities' suggestions and providing some resources for education and environmental change. The hope is that, since communities requested help in these areas, it will be accepted and lead to more long-term behavioural change. Dr. Geneau made multiple trips to Tanzania to assist the team with technical support, particularly in qualitative data collection and analysis.

Evidence from the field

Two studies completed by KCCO to be published in the *British Journal of Ophthalmology* in early 2007 provide down-to-earth information to help the fight against trachoma. First, KCCO reported positive changes in uptake of trichiasis surgery in three regions of Tanzania following implementation of community based approaches (through village leaders and school teachers). Findings from this ITI - supported research project indicate that a combination of approaches at the community level as well as at the provider level are necessary to increase utilization of trichiasis surgical service. Next, with support from HKI, we identified the factors that help or hinder trichiasis surgeons in the field to work effectively; it was not too surprising to learn that good management and outreach activities are important in increasing productivity.

In collaboration with HKI, KCCO completed an assessment of the impact of a newly adopted trachoma school curriculum in



Photo courtesy of Wellcome Trust

A new rapid test for trachoma, developed by the London School of Hygiene and Tropical Medicine and Cambridge University, was field tested in sites organized by the KCCO



Photo courtesy of Wellcome Trust

Patrick Massae takes a swab to test for Chlamydia, the organism that causes trachoma

Manyoni District in central Tanzania. This assessment showed positive changes in knowledge of hygiene and reported hygiene practices in students who use the curriculum.

Other trachoma activities

The DCI (Irish Aid)- and CBM Ireland-supported project, to assist trachoma-endemic communities in Rombo District to construct rainwater harvest tanks, was successfully completed. Mr. Patrick Massae supervised this project, which saw a total of 57 tanks constructed.

KCCO hosted a 3 day Carter Centre meeting of their African trachoma projects in Moshi in early October. Participants, from Sudan, Kenya, Nigeria, Ethiopia, and the US had a chance to see the IDRC programme.

In Egypt the KCCO is working with the Al Noor Foundation and Ministry of Health & Population (and other partners) to design a model trachoma control programme. The model project area is in Menia governorate in upper Egypt.

Research in 2005 and 2006 on a new “point-of-care” system for identifying people infected with *chlamydia trachomatis* was the subject of a BBC documentary called: “Kill or Cure? Chlamydia and Trachoma.”

VISION 2020 in eastern Africa



Balthazar Musoi registers a patient for cataract surgery on DRS.



Genes M'ganya helps staff from Tanga and Singida to learn basic computer skills needed for communication and reporting during a January training session supported by HKI. Optometrists and counselors were also trained to support the cataract surgeon from each region.

Outreach services in Tanzania

Kilimanjaro Region experienced an increase in the cataract surgical rate in 2006 (just over 1,000 per million population) compared to 2005. The KCCO-organized Direct Referral Site (DRS) outreach programme was responsible for bringing in one-third of the cataract patients operated at KCMC this year. Community optometry services, organized by Mr. Damas Mworira, continued to provide a valuable service to rural Tanzanians and help support the costs of DRS. Wilde Ganzen (and the Netherlands Lions Working Group) and Seva assisted with support for DRS activities in Kilimanjaro Region and Arumeru District of Arusha. The KCMC Eye Department (through SSI) also contributes to running costs. A visiting volunteer, Ms. Jessica Grignon, helped the team better define what routine data is essential to monitor the activities and how to use and report the data more effectively.

Besides Kilimanjaro Region, KCCO is helping 3 other Tanzania Regions (covering about 6 million people) to realize VISION 2020 plans. These include outreach activities to give rural patients access to medical, surgical, and refractive services, combined with improved management systems at 2 of the hospitals. In early 2006 KCCO trained staff from Tanga and Singida so that those programmes could expand their service areas. Ms. Sylvia Nyange, KCCO Counseling Coordinator, visited Mara in November to help refine promotion and counseling activities. Mr. Edson Eliah made a number of trips to mentor the managers in Singida and Mara and escorted ORBIS personnel to Mara so that they could see the programme there that they help support.

Testing new methods to engage communities

Eye Care Worldwide is supporting KCCO to train village leaders in villages served by the DRS in Kilimanjaro and Arusha. After discussions of eye problems, eye services, and what “too poor to pay” actually means, the village leaders learn how they can employ letters of verification to ensure that the poorest in their villages will receive cataract surgery.



Mr. M'ganya and Mr. Musoe have trained over 160 village leaders and early indications are that this is resulting in an increase in numbers of cataract patients coming for DRS. KCCO will continue to closely monitor the programme to see how well it helps patients.

KCCO and HKI are collaborating on a research project aimed at testing whether Ivermectin CDDs (community directed distributors) for the control of onchocerciasis can be effective in screening and identifying patients requiring eye care services and getting these patients to service providers.

Work in Uganda

KCCO helped the National Blindness Prevention Programme in Uganda to review progress on their first 5 year VISION 2020 plan (2000-5) and to develop their second plan. The workshop received widespread support from MoH and all of the local partners, who contributed to financing it. A summary of recommendations from the meeting were published in the September *IAPB News* and are on the KCCO website.

With support from Wilde Ganzen and the Netherlands Lions Working Group, KCCO began to help Masaka Region to increase their productivity and re-establish outreach activities. Following an exploratory visit by Dr Lewallen and Mr Eliah, Mr. Genes M'nganga and Ms. Sylvia Nyange traveled to Masaka, Uganda in early October to train staff there. Additional support from the Lavelle Fund allows KCCO to help supervise Masaka as they implement and monitor the new programme.

Gender and Blindness



Photo courtesy of Wellcome Trust

Women in many rural societies bear the responsibility for the life and health sustaining task of keeping enough water for the family



Photo courtesy of Wellcome Trust

KCCO and partners in Canada (Seva Canada and BCEIO) and the US (Seva Foundation and Women's Eye Health Task Force) have developed a more formal structure for the recently established IAPB Gender Working Group. It is hoped that this new structure will lead to more effective advocacy, programme development, research, and training focused on gender and blindness.

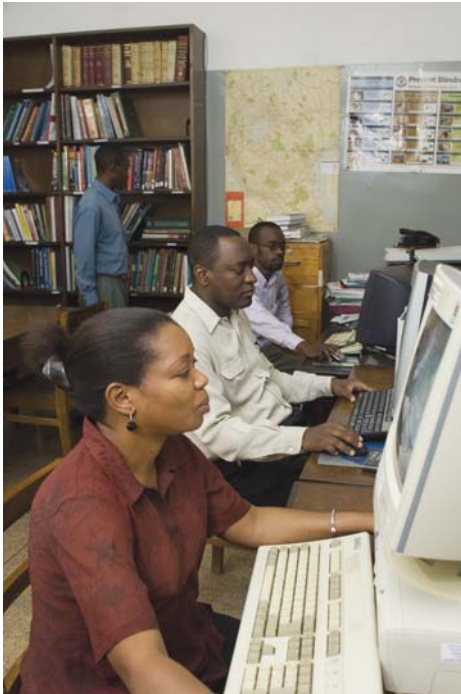
At the annual meeting of the German Ophthalmologic Society in Berlin this year, Dr. Lewallen made a presentation on the subject of special problems faced by elderly women in accessing eye care in developing countries.

The *Journal of Community Eye Health* published a short article on strategies to improve uptake of surgery by women, submitted from the KCCO; a copy is available on the KCCO website. Findings from our W.H.O. supported research on strategies to improve uptake of cataract surgery in Kilimanjaro region were accepted for publication by *Eye*.

KCCO partnered with BCEIO and the Al Noor Foundation to investigate gender-sensitive approaches to use of eye care services in rural Menia governorate in Egypt. The first two phases of this research (baseline survey and training of "health visitors") was successfully completed.

At the request of the WHO Gender & Women's Health Unit in Geneva, KCCO developed a document on gender and blindness for the "Gender in Health Research" series published by the WHO.

Ophthalmic Resource Centre for Eastern Africa (ORCEA)



Computer skills are essential for health care workers and ORCEA provides the opportunity to gain these.

ORCEA is the largest collection of up-to-date high quality textbooks and journals on clinical and public health ophthalmology in eastern Africa; it also serves as an online resource for anyone with internet access. ORCEA provides a peer-reviewed journal article retrieval service for doctors doing research in eastern Africa, a service that is critical to high quality work. Distance subscribers receive quarterly reviews of new trachoma research findings and information on low vision.

Within Tanzania, ORCEA distributes the *Journal of Community Eye Health* to over 700 recipients with inserts specific to Tanzania.

Eye care workers who visit ORCEA, including KCCO visitors and students attending trainings, have free access to internet. Makoye Pastory, the coordinator, also provides assistance to users with basic skills in email, Word, Excel, and Power Point.

The KCCO website (www.kcco.net), maintained by ORCEA and updated this year by Sally Parsley (ICEH) was recognized by the UK "Medical Teaching Resources for Africa" as a valuable site for eye care.

Supporting academic ophthalmology in eastern Africa

In 2006 ORCEA compiled binders with all eye care/ ophthalmology articles (1995-2006) published in the peer reviewed literature. By the end of 2006 binders had been completed for Tanzania, Kenya, Uganda, Ethiopia, Eritrea, Rwanda, and Djibouti and started for Malawi, Zambia, Sudan and Egypt. A complimentary copy of these was given to each national prevention of blindness office and to ophthalmology training programmes in each of the countries. The lists are also on the KCCO website and are a valuable tool for students in eastern Africa undertaking research. The British Columbia Centre for Epidemiologic & International Ophthalmology was instrumental in obtaining the articles which were not available through Hinari.

ORCEA is supported in part by SightSavers Int'l.



Human Resource Development

Assessment of the impact of cataract surgeons trained in eastern Africa

With support from SSI, KCCO convened a meeting of cataract surgeons from Tanzania in Dar es Salaam in January to discuss issues of productivity. The findings demonstrate the critical need for supportive supervision after training; they are available in a report on the KCCO website and will be published in the *Archives of Ophthalmology*.

Findings from the study of cataract surgeons were valuable in a number of presentations on human resource development for Africa at meetings. These included the IAPB meeting in Accra, Ghana in February, the ISGEO Congress in Sao Paulo, Brazil, in February, the Tanzania NGO Forum in Moshi in March, the IAPB Africa HRD Meeting in Geneva in September and a panel at the International Forum at the American Academy of Ophthalmology meeting in November.

Other HRD activities

KCCO, at the request of IAPB Africa, compiled a complete list of all eye care training programmes in Africa. The list of over 50 different training programmes is now on the KCCO website. Assistance provided from colleagues all over Africa was essential in the preparation of this list.

At the request of the Canadian Ophthalmological Society, Dr. Courtright spoke at the June COS meeting in Toronto on problems of human resource development in Africa. Points from these talks were reported on the December issues of *Eurotimes*. He also served as Rapporteur at the Geneva IAPB Africa HRD meeting in September, assisting with the preparation of reports. A copy of the report is in December IAPB News.

KCCO STAFF



Joseph Banzi and Edson Eliah spent a week in Nepal for a Seva- sponsored meeting of Community in Ophthalmology Centres. This network aims to build the capacity of centres for community ophthalmology in Africa, Asia & Latin America

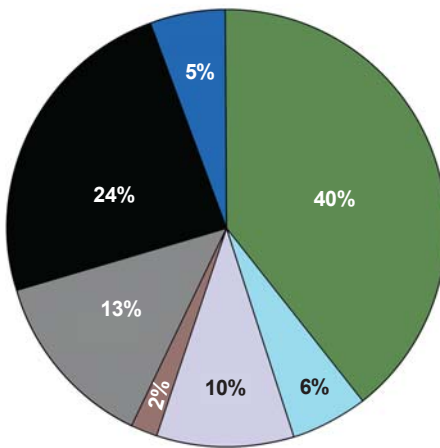
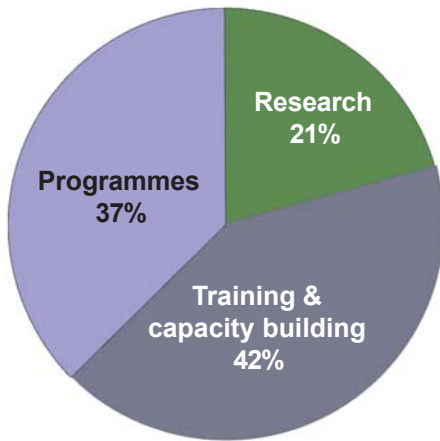
Mr. Joseph Banzi, sponsored by the Nuffield Trust, successfully completed his Masters at the London School of Hygiene & Tropical Medicine.

Dr. Robert Geneau and Ms. Annie Bronsard, now based at the University of Ottawa, Canada, continue to work with KCCO on a number of projects.

External faculty for KCCO in 2006 included Drs. Amir Bedri (Ethiopia), Ciku Mathenge (Kenya), Gerald Msukwa (Malawi), Colin Cook (South Africa), Bo Wiafe (Ghana), and Kahaki Kimani (Kenya). Their commitment to teaching at KCCO is greatly appreciated.

NAME	POSITION
Dr. Paul Courtright	Co-Director
Dr. Susan Lewallen	Co-Director
Mr. Joseph Banzi	Community coordinator
Mr. Michael Mahande	Research coordinator
Mr. Edson Eliah	Sustainability planner
Ms. Margareth Somba	Sociologist
Ms. Elizabeth Kishiki coordinator	Childhood blindness
Mr. Cuthbert Kabero	Sociologist
Mr. Patrick Massae	Survey coordinator
Mr. Makoye Pastory	ORCEA coordinator
Mr. Mworja Damas	Community Optometrist
Mr. Genes Mng'anya	Courses Administrator
Mr. Baltazar Mafung'a	Assistant Community
Mr. Gerard Kaaya	Coordinators
Ms. Sylvia Nyange	Community Counselor
Ms. Catherine Kayila	Intern
Ms. Janne Lasway	Data Clerk
Mr. Alex Pallangyo	Field Assistants
Ms. Rose Laizer	
Ms. Anna Laizer	
Mr. Kenedy Obiria	
Ms. Ester Kiboko	
Mr. Julius Mushi	
Mr. Peter Urio	
Ms. Agnes Amour	
Mr. Wilson Lukunay	
Mr. Phillip Mollel	
Mr. Fred Ngomba	Drivers
Mr. Doudie Laswai	

Finances



Many organizations and individuals support the work done by KCCO. In 2006 these included

	US\$
Christoffel Blindenmission	35,878
Dark & Light Blind Care	89,549
Irish Aid/ CBM Ireland	56,432
Helen Keller International	34,547
Foundation Eye Care Worldwide	11,808
Fred Hollows Foundation	19,773
International Development Research Centre	42,152
IAPB/London School Hygiene Tropical Medicine	30,338
Lavelle Fund for the Blind	25,193
Netherlands Lions Working Group/ Wilde Ganzen	15,284
Nuffield Trust	48,023
Operation Eyesight Universal	13,665
ORBIS International	48,027
Seva Canada	40,765
Seva Foundation	43,219
SightSavers International	24,796
Wild Rose	4,386
Others*	8,972
TOTAL	592,807

This shows KCCO expenditures from each source during 2006.

* Individual donors include Nadine and Jerry Popham, Nancy Smith, and Dave Cherry, Sue Stone, and Eileen Cherry

In addition, \$US 573,000 was received for the building fund. This came from Akef El-Maghraby, Paul & Diane Garrett, Google.org, Lavelle Fund for the Blind, Light for the World, Michel & JoAn Mauer, and Seva Foundation.

KCCO Visitors

As always, KCCO enjoyed a number of visits from well wishers, volunteers, and consultants who contributed to our work.

Prof. Henry Adala (Lions Club Regional Advisor, Nairobi, Kenya)

Mr. Amr, (Al Noor Foundation, Cairo)

Dr. John Bayne (University of British Columbia, Vancouver)

Dr. Amir Bedri (Addis Ababa, Ethiopia)

Adrienne Burrough (International Centre for Eye Health)

Kim and Judie Bush (Seattle, Washington)

Loes Brussen (Dark and Light Blind Care, Netherlands)

David and Diane Hardouin (Seva Canada)

Dr. Paul Emerson (Carter Center)

Dr. Daniel Etyaale (WHO, Geneva)

Paul and Diane Garrett (Better World Together Foundation)

Jessica Grignon (University of Washington)

Gopalkrishnan (LAICO, Madurai, India)

Dr. Sandra Johnson (Dartmouth University, USA)

Megan Kell (University California, Berkeley)

JoAn and Michel Maurer (Seva Canada)

Dr. Claude Michel (Cambridge University)

Tony Maynard (Operation Eyesight Universal)

Dr. Ciku Mathenge (Kenya)

Ms. Pavi Mehta (Aravind, Madurai, India)

Dr. Gerald Msukwa (Blantyre, Malawi)

Dr. Naomi Nsubuga (ICEE, Uganda)

Sally Parsley (International Centre for Eye Health, London)

Mr. Keerti Pradhan (LAICO, Madurai, India)

Dr. Erline Raskindrahona (WHO, Brazzaville)

Dr. Helen Roberts (Kwale Eye Care Programme, Kenya)

Patrick Saine (Dartmouth University, USA)

Sanil, (LAICO, Madurai, India)

Bahaa Sabry (Al Noor Foundation, Cairo)

Dr. Grace Saguti (National Eye Care coordinator, Dar-es, Salaam)

Ms. Amy Sherts (Seva Foundation, Berkeley)

Sue Stevens (International Centre for Eye Health, London)

Dr. Rosalind Stevens (Dartmouth University, USA)

Karin Van Dijk (Dark and Light Blind Care)

Dr. Venkatesh (LAICO, Madurai, India)

Dr. Richard Wormald (International Centre for Eye Health, London)

[Special thanks to volunteers who helped with capacity building of KCCO staff in the following areas](#)

Mr. Tony Maynard (leadership development)

Michel & Joan Maurer (organizational development)

Ms. Amy Sherts (layout for educational brochures)

Mr. Kim Bush (public speaking)

Publications from KCCO staff in 2006

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