



Kilimanjaro Centre for
Community Ophthalmology

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Activities Report 3rd Quarter (July—September) 2011

DRS- Direct Referral Site services in the community in Kilimanjaro & Arusha

The Ministry of Health (MoH) and the KCCO/KCMC - DRS programme, with support from Seva Canada, continues to work together in providing eye care services in Kilimanjaro Region and two districts of Arusha Region. The MoH has started doing outreach services in one of the districts that was formerly under KCCO/KCMC. A negotiation is going on regarding how to work together for the best outcomes; especially how to best utilize the presence of sentinels in this district. Altogether 13 outreach visits were made this quarter. A total of 1843 (910 males and 933 females) were screened and treated. 335 (166 males and 169 females) people were identified with operable cataract, and 122 (62 males and 60 females) were brought to KCMC for cataract surgery.

Expanding VISION 2020 programmes in eastern Africa to meet the eye care needs of the population

Vakinankaratra Region, Madagascar

In this quarter there were some changes to the staffing of the hospital in Antsirabe. This quarter the team conducted 13 outreach visits, screening and treating 1054 patients (434 males, 620 females). A total of 109 cataract (68 males and 41) were identified, and 66 cataract surgeries (40 males, 26 females) were performed—although not large, this figure is about double the previous quarter. Moreover, 99 surgeries (49 males, 50 females) were done on walk-in patients.

Atsinanana Region, Madagascar

The MoH teams in Tamatave and Vatomandry made 11 outreach visits to communities in Atsinanana this quarter. In both centers 876 (427 males, 449 females) people were screened and treated. A total of 337 (161 males, 176 females) cataract surgeries were performed, out of which 34 were done on walk-in patients. The process of ordering additional equipment for Tamatave, donated by Sherritt International, is underway.

At the end of this quarter a team from KCCO did training for the Atsinanana Rapid Assessment of Avoidable Blindness (RAAB) survey and the survey has since started; it is the first survey of vision loss in Madagascar. There are 4 teams led by Dr. Naivo and assisted by Michele Anholt; the RAAB is being supported by Seva Canada.

Sava Region, Madagascar

The Sava Region team prepared an impressive case study of their progress since the start of the programme. A copy can be obtained from KCCO. The team conducted 6 outreach visits this quarter. Overall 1127 people (554 males and 203 females) were examined and treated. A total of 224 cataract cases were detected (121 males, 103 females), and 192 (104 males and 88 females) received cataract operations. The Sava team is well on their way to achieving their 2011 targets.

North Shoa Zone, Ethiopia

This being a rainy season in most parts of Ethiopia, getting people to attend outreach is difficult; many of people engage themselves in farming activities. In spite of these conditions faced, a total of 11 outreach visits were done, during which a total of 532 patients (275 men and 257 women) were examined. Among them 23 (14M/16F) patients were brought in to the base hospital for cataract surgery. 54 (17M/37F) additional cataract surgeries were done on the 2,498 (1,371M/1127F) walk-in patients examined and treated at the base hospital.

Gulu Region, Uganda

After a series of sensitization meetings with community leaders and districts health management teams, outreach activities for the Gulu V2020 programme started in this quarter. A total of 3 outreach visits were done in the quarter, examining and treating a total of 135 (66M/69F) patients, while providing 29 (11M/18F) cataract surgery. Other 2,722(1,634M/1,088F) patients were examined and treated at the base facility from whom 83 (45M/38F) cataract surgeries were done on walk in patients. These being the first three outreach visits done, patients turn over is very promising, however, massive community sensitization is still needed to ensure that information regarding cataract, available services and also promoting health- seeking behavior to the community, reach to all the population in Gulu region.

Western Region, Burundi

The KCCO Sustainability Planner, Mr Nyange, visited Burundi in mid-September to provide mentorship and support to the team there. Together, they reviewed previous work and discussed strategies for improvement. (visit report is available.) Plans are being made to extend the programme activities into other regions. At the moment, the programme covers only the three districts of the Western region (1.5 million populations). It has been noted that a number of people coming to the health facilities (University Hospital or at the ISHP clinic) as walk ins are from outside Western Region. This indicates that there could be a lot more poor people needing eye care services, but that they may not afford transport costs to and from the health facilities. Thus there is a need to bring eye care to their doorsteps.

An instrument technician from Western Region attended a three-week course on instrument maintenance conducted here at KCCO in June and July. Using techniques learned during the course, the trained technician has already begun to repair and

maintain a number of instruments that are not currently working, including the slit lamp used at the ISHP clinic.

Lira Region, Uganda

After funding from Wilde Ganzen came to an end in the previous quarter the Eye Care Foundation (ECF) generously took over and continued to fund the programme from this quarter. With the ECF support the programme covers two more districts of Dokolo and Amolatar. The team started working in the new programme districts by carrying out advocacy visits to the District Health Management Teams, two radio talk show and two community sensitization meetings in each district. A total of 6 outreach visits were carried out. In total 2,507 (916M/1,591F) patients were examined and treated for various eye conditions, out of which 1,240 (573M/667F) patients were identified with operable cataract, 230(112M/118F) were transported to the base facility and had their sight restored through cataract surgery. In addition, a total of 3,509 (1,134M/2,375F) people were examined at the clinic and 1,166 people (302M/864F) were identified with cataract. 260(83M/177F) were operated as walk-in patients.

Mara Region, Tanzania

Seva Canada continued to support outreach activities for the Mara programme. This quarter the team made 8 outreach visits examining and treating 1,517 patients (847 males, 690 females) performing a total of 164 surgeries (88 males, 76 females). Charles Gendo, the cataract surgeon in Mara, was on annual leave during the month of September. The other staff at the eye department continued with outreach examining and treating patients. Cataract patients were booked for surgery in October. While the cataract surgeon was on leave the Lions Club of Mwanza, a neighboring region, carried outreach in Tarime doing 40 cataract surgeries (24 males and 18 females) at Tarime District Hospital.

Luapula Province, Zambia

The optical shop that was opened in the previous quarter has continued its operation in this quarter, a number of patients with vision problems have had their refractive errors corrected by being given glasses; a total of 216 people were given eye glasses at the clinic while at outreach. 174 patients received eye glasses during outreach.

Inadequate ward space remains a challenge, especially when there are many patients brought in from outreach--some patients are sent to other wards nearby. One ophthalmic clinical officer is in training and he will be able to assist the team in patients' examination when he is back. During this quarter the team managed to examine and treat 1,341 people (725M/616F) while performing 100 (43M/57F) cataract surgeries. In addition, 1,407 (712M/695F) patients were seen at the base facility, and 75 (43M/32F) cataract surgeries were carried out for walk in patients. The non surgical outreach visits were supported by Swiss Lions, through KCCO, whereas surgical outreaches were supported by Geneva Global.

Northern zone, Burundi

KCCO facilitated the planning for the FHF supported VISION 2020 programme in Ngozi and Kayanza regions (Northern zone) of Burundi.

Beni Suef, Egypt

A meeting held in Cairo in September with colleagues from the Al Noor Foundation has led to the agreement that KCCO and Al Noor will prepare a plan to investigate the inclusion of Beni Suef Governorate in Egypt in the Swiss Lions/Seva supported Ten by Ten Initiative. Al Noor has been assisting Beni Suef for the past year and the actual design of support will come about through a visit planned for early 2012.

Childhood blindness and low vision

Childhood blindness & low vision in Tanzania

This quarter 19 eyes (17 children, 7 girls and 10 boys) were operated for cataract at KCMC. Six (5 boys and 1 girl) children were diagnosed with glaucoma and were included in the project. Light for the World funded transport and other expenses for the programme, and Dark & Light Blind Care supported counseling and tracking activities. The low vision specialist at KCMC assessed 24 children with low vision (16 boys and 8 girls. A total of 18 prescribed glasses and 12 optical low vision devices were dispensed to children). Additionally, 12 adults were assessed for low vision. The trained optometrists in Kagera, Mara, Manyara, Shinyanga, Singida and Kilimanjaro assessed a total of 151 children and 42 adults with low vision.

The second low vision workshop for CBR workers in Moshi (CCBRT branch) was held in Moshi this quarter. The aim of the workshop was to help CBR workers better understand the needs of the children with visual impairment. The participants were provided with low vision knowledge. The workshop was deemed a great success.

Two low vision follow up training sessions were held in Mwanza and Singida. These involved participants from all of the 8 regions in the Dark & Light supported low vision programme. A total of 32 participants attended the two sessions; the list included head teachers, heads of visual impairment units in annexes for the blind, district special needs education officers (SNEO) and the regional low vision specialists. There is growing collaboration between the schools, SNEO and the low vision specialists, all of which is helping children to receive the best possible clinical and educational services. Since most education officials at the district level are relatively new, the main challenge noted was a lack of understanding of how best to assist children and how to get services included in budget applications to district authorities.

Childhood blindness research in Tanzania, Malawi and Zambia

The eight month AED supported research project ended in July. At the end of July Ms Fortunate Shija, Dr Paul Courtright and Dr Susan Lewallen presented the

preliminary findings in Washington DC during a partners meeting. Data collection will continue till the end of 2011 to ensure adequate numbers. Altogether 148 children were brought to Kitwe (Zambia), Lions Sight First Eye Hospital (LSFEH) in Malawi and KCMC (Tanzania) for surgical intervention. Their parents were interviewed in order to identify the reasons for delaying presentation of the children to the hospital.

Ms Shija continued to monitor the trained health workers through phone calls and text messages. During this quarter health workers were contacted by cell phone to enquire about the number of children examined and referred to the tertiary facilities. In total, 1827 children were screened and treated in Zambia, Malawi and Tanzania.

Initiating child eye health services in Burundi

With support from Wilde Ganzen and Seva Canada, KCCO started work with colleagues in Burundi to lay the groundwork for sustained paediatric eye care activities in the country. An outreach is being planned for early 2012 and training of various personnel has started.

Training, screening, services, and follow up in Malawi

This quarter in Malawi, three key informants (KI) training sessions were conducted and 74 (27 male and 47 female) KIs were trained by the QECH team. One outreach clinic was conducted in which 47 (23 boys and 24 girls) children were brought for screening and treatment. Eight out of these were referred to Queen Elizabeth Central Hospital (QECH) for further treatment. A total of 1,492 children (788 boys and 704 girls) were seen at QECH during this period; among them 155 children (96 boys, 55 girls) needed various surgeries, 25 for cataract (39 eyes in 25 children; 19 boys, 20 girls). 18 children (13 boys and 5 girls) children returned for follow up and 15 children received eye glasses.

Expansion of child eye health services in Kitwe, Zambia

In Zambia there were two training sessions this quarter, attended by 60 KIs. There were two outreach clinics in which 241 children were screened and treated. 26 children were referred to Kitwe Central Hospital for surgical intervention, and 14 of these had cataract. The outpatient clinic at KCH received 704 (372 boys and 332 girls) children. 91 (55 boys and 36 girls) eyes were operated, 38 of which obtained cataract surgery. 31 children came back for follow up, and 27 children were provided with eye glasses.

Situational analysis in northern Zambia

In early September KCCO's Ms Shija went to Zambia to work with the team in Kitwe to conduct a situational analysis of the schools for the blind in order to start a project that would integrate educational and eye care services to make sure that children with visual impairment receive the best possible health care and educational services. The team visited three schools in Copperbelt and Luapula Provinces. Conditions at the schools suggested that all children need periodic follow up. A proposal for the project has been submitted to partners for possible funding. While

in Zambia Ms Shija also assisted with planning for the training of KIs in Lufwanyama District of Copperbelt Province.

Child eye health planning in Madagascar

Following the April national child eye health planning session in Madagascar (facilitated by KCCO) the first draft of the plan has been submitted to the MoH. In September Dr. Courtright worked with a small team to develop specific child eye health messages for the general public and for health workers; these are now undergoing review within the MoH. Since April the University Hospital has made some significant changes in how they manage patients and over the coming months a more detailed plan for improving paediatric eye care services will be developed.

Health Systems Strengthening

Inclusive education for albino children

The Tanzanian Ministry of Education (MoE) requested Ms Elizabeth Kishiki to represent KCCO at a workshop organized by the MoE in Morogoro. The workshop, funded by UNICEF, sought to generate guidelines on provision of educational services to children with skin problems and low vision. The panel included a total of 15 representatives from different stakeholders. The guidelines were prepared mainly for educating the stakeholders and the community on how to manage the challenges like separation, stigmatization, segregation, abuse and negligence, arising from implementation of national and international contracts, policy, laws and bylaws on provision of education to the children with special needs, especially those with skin problems and low vision (albino children) The draft of the guidelines was delivered to the MoE for review. Once approved, it will be translated to English and disseminated to all stakeholders and the community.

Community ophthalmology and research for KCMC Ophthalmology residents

The number of ophthalmology residents at KCMC has continued to grow over the past few years and there were 6 students in the current incoming group. KCCO is working with the KCMC Eye Department to continue supervising the dissertations and other training of residents. At the end of the quarter training in research methods started. KCCO continues to supervise a number of 2nd and 3rd year residents.

African Health Systems Initiative approaches to mid-level eye workers in eastern Africa

The AHSI project, which investigates task shifting among several cadres in Tanzania, Malawi and Kenya, is currently in its second year. The teams in the three countries continue collecting data on supportive supervision visits in Primary Health Care (PHC) and follow up on attrition and productivity among cataract and TT surgeons. In Kenya, one of the investigators, Dr Michael Gichangi who is also the National Eye Care Coordinator will be away for one year attending An MPH in Community Ophthalmology (formerly MSc in Community Eye Health) in London. Mr Barasa who

has been an assistant to Dr Gichangi has taken the lead in data collection/programme coordination with frequent consultations from Dr Gichangi.

Reducing gender inequity in blindness

Microfinance and Eye Health

The FHF supported microfinance project in Same District is going well. There was one DRS in Kisiwani, and among the 153 people that came for treatment, 120 presented the microfinance slips. Ms Finda continued to monitor their educational activities. A second evaluation meeting was held in July to discuss progress of the project. The women said that the project was going well and they asked about the possibility of spreading the health care education to other surrounding villages.

Exploring the possibility of engaging with microfinance programmes in Zambia

In the beginning of September Ms Finda travelled to Luapula in Zambia to explore the possibilities of extending the microfinance project in Mansa and Samfya districts of Luapula region. She met and interviewed leaders of 24 groups. A proposal is being finalized for a one-year pilot project.

Sentinels and Microfinance

Ms Harieth continued to follow up on the Sentinels regarding their microfinance and eye care educational activities. The microfinance activities have been going well, and the sentinels continue to promote DRS dates and to escort people to the DRS. Harieth has also been working on writing stories on "how community advocacy and entrepreneurship change the lives for women in Kilimanjaro Region". The stories have revealed that this project not only increased the income and status of the women in their communities, it has also given them hope for their children's future.

Trachoma research and other activities

Trachoma action planning in Zambia

KCCO facilitated a trachoma action planning (TAP) session in Zambia in July. The TAP session led to the development of a practical plan to take the MoH and its partners to the elimination of blinding trachoma by 2020. It was recognized that mapping of the country needs to start as soon as possible in order to prioritize areas for intervention.

Trachoma mapping in Chiengi District, Luapula Province, Zambia

The Geneva Global supported (through KCCO) survey of Chiengi District in northern Zambia was completed in the quarter. The prevalence of active trachoma in children was 28%, higher than the 18% detected in Nchelenge District just to the south. The SAFE strategy will be implemented in both districts with support from Geneva Global.

Best practices for antibiotic distribution for trachoma

KCCO is the lead partner in an International Trachoma Initiative supported project to document the best practices for mass drug administration (MDA) of Zithromax for trachoma. A small international working group is assisting KCCO on the work. During the quarter a literature review of MDA was carried out by Margaret Feller and a questionnaire for national programme managers was developed (English and French) and sent around to all national managers in Africa. Next will be some case studies in specific countries.

Trichiasis research in Mali, Niger, and Ethiopia

The Hilton Foundation/Lions Club International supported trichiasis research project in Ethiopia, Mali and Niger progressed well and all three parts of the research were completed. The situational analyses were also done and KCCO was fortunate to engage Dr. Amir Bedri as the external ophthalmologist to visit the programmes in Mali and Niger. The Carter Centre staff in Atlanta and in-country facilitated all of these activities. Research, situational analyses, and external ophthalmologist reviews for Ethiopia will be completed in the next quarter.

Trichiasis scientific meeting at KCCO in January 2012

KCCO, in collaboration with the World Health Organization, and funded in part by the Lions Club International, will be conducting a scientific meeting in late January 2012. During this quarter plans and agendas were developed.

Other activities and news

Ms Harieth assisted the KDP in developing a gender strategy. She participated in a stakeholders meeting aimed at assessing the impact of the programme to-date and to develop plans for the next phase. KCCO has officially joined the KDP partnership and will assist with technical issues, reporting, and research.

In July Drs. Courtright and Lewallen presented at the Georgia Ophthalmologic Society meeting, outlining some of the steps underway to assist the Department of Ophthalmology at Emory University to develop a "global vision initiative".

Dr. Courtright attended the International Agency for the Prevention of Blindness meeting in Dubai in September, chairing the IAPB Research Working Group and presenting on evidence for PEC at the IAPB Primary Eye Care Working Group.

The London School of Hygiene & Tropical Medicine returned to the KCCO facility in September for their 5 week Diploma in Tropical Medicine & Hygiene course. The group this year is 60, double last year.

Mr Edson Elish participated in the forum composed of the NGOs working in eye care in Tanzania. The forum requested help from KCCO in developing a study of willingness to pay for cataract surgery.

With sadness, KCCO bid farewell to Dr. Anthony Hall, the head of the Eye Department for the past 10 years. Dr Hall worked closely with KCCO from the

beginning to develop many eye services for people from northern Tanzania and markedly increase the outputs of the Eye Department. Dr. William Makupa has ably taken over as Head of the Eye Department at KCMC and we look forward to continuing activities with him.

We also said goodbye to Ms Maryn Lewallen, who has helped for the past year with writing reports and other tasks at KCCO.

KCCO visitors & volunteers

Dr Lionel Gizimani, Burundi