

Kilimanjaro Region VISION 2020

Annual report 2006

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION & LOCAL GOVERNMENT

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Dear all,

It is my great pleasure to say a few words in the 2006 report. This is the first year for the Kilimanjaro VISION 2020 Task Force to compile a report that comprises information from all partners in Kilimanjaro Region of Tanzania. I hope you will enjoy reading it. First of all let me start by highlighting few things.

2006 was a successful year in Kilimanjaro Region--we witnessed some achievements in the provision of eye care services in our region whereby eye care services were successfully provided reaching all the rural communities . This work was carried out in collaboration between MoH and partners such as the Lions Clubs of Moshi, Community Based Rehabilitation- Kilimanjaro (CBR), Kibosho Hospital, KCCO and KCMC Hospital.

World Sight Day 2006 was commemorated by radio messages and eye screening in Moshi municipality. Many people in town received eye care services; patients with eye problems were screened and treated and those who needed surgical management were referred to KCMC Hospital. World Sight Day was celebrated jointly with all VISION 2020 partners in the region. Many thanks to all, particularly to the Regional Medical Officer, who worked tirelessly.

For the past two years Ministry of Health (MoH), in collaboration with the KCCO, has been visiting districts to sensitize them to allocate more funds for eye care services in their districts. We are glad to see that some of the districts have shown positive responses by allocating funds for the eye care services. More efforts is needed to ensure that other districts allocate fund for eye care services

The cataract surgical rate (CSR) for the 2006 was 791 per million population; this is lower than the figure of 1,165 for the year 2004. However this is still a great achievement for the MoH and all partners. It is my great pleasure to send my sincere appreciation to all for the good work done.

In the year 2007/8 we look forward to strengthen the existing partnership, ensure that districts allocate fund for eye care in their districts and also increase the CSR from 791 to 1500 per million population.

Many thanks to all for the good job done to meet the VISION 2020 targets in Kilimanjaro region.

Dr Martha Temba, Kilimanjaro Regional Eye Coordinator

Background

Kilimanjaro region, in the northern part of Tanzania, is home to Mount Kilimanjaro. The capital of the region is Moshi, and it shares borders with the country of Kenya, and the Tanzanian regions of Arusha, Manyara, and Tanga.

Administratively Kilimanjaro region is divided into six districts: Hai, Same, Mwanga, Rombo, Moshi rural, Moshi urban. In 2007, Hai district was sub-divided to create a new district, Siha. According to the 2002 census Kilimanjaro had a population of 1,381,149, with average annual population growth estimated at 1.6 %. According to these estimates the total population at the end of 2006 was 1,472,000 and the distribution of the population by district is estimated as follows.

District	2002 Census			2006 estimated
	Male	Female	Total	Total
Hai	127,782	132,176	259,958	277,000
Moshi rural	192,998	209,433	402,431	429,000
Moshi urban	71,040	73,296	144,336	154,000
Same	103,520	108,805	212,325	226,000
Rombo	116,859	129,620	246,479	263,000
Mwanga	55,666	59,954	115,620	123,000
Total	667,865	713,284	1,381,149	1,472,000

Eye care services available in Kilimanjaro Region

Tertiary facility

The Kilimanjaro Christian Medical Centre Eye Department offers the full range of secondary and tertiary eye care services (including specialized services such as paediatric ophthalmology and surgical retina). It serves as the referral facility for approximately 12 million people in northern Tanzania.

Secondary facilities

There are two secondary facilities. Mawenzi Hospital, the regional facility, provides secondary eye care services, including extraocular operations. Kibosho Hospital, located 15 kilometers from Moshi, offers cataract surgery.

Primary facilities

The four district hospitals in Hai, Rombo, Mwanga, and Same provide primary eye care services.

Clinical manpower available in Kilimanjaro region

	KCMC	Mawenzi	Kibosho	District hospitals
Ophthalmologists	4	0	0	0
AMO-O (cataract surgeons)	0	0	1	0
AMO-O (general)	2	2	0	0
Optometrists	4	3	1	1
Ophthalmic nurses	9	6	1	3
Ophthalmic assistants	3	0	1	10

Community eye care services

Community eye care services are provided through the Ministry of Health (district eye coordinators, the Kilimanjaro Community Based Rehabilitation (CBR), and the Kilimanjaro Centre for Community Ophthalmology (KCCO). The MoH and KCCO jointly coordinate visits to selected sites throughout the region to provide comprehensive eye care services (including medical care, trichiasis surgery, refractive services, and counseling). Both programmes transport intraocular surgical cases (primarily cataract, glaucoma, and paediatric cataract) back to KCMC for surgery. Kibosho Hospital conducts screening around its catchment areas and patients who are identified with cataract are operated on at Kibosho Hospital

The MoH and its partners (KCCO, KCMC, Kilimanjaro CBR, and local Lions Clubs) have established the Kilimanjaro VISION 2020 Direct Referral site (DRS) programme which is the cornerstone of improved access to eye care services in the region.

Service delivery throughout Kilimanjaro Region

Throughout 2006 the total number of eye care service visits provided through the various providers was 47,158, divided as follows:

Service	Males	Females	Total
KCMC Hospital	10,487	9,154	19,641
Mawenzi Hospital	1,639	1,626	3,265
Kibosho Hospital	1,160	1,384	2,544
District hospital: Hai	726	841	1,567
District hospital: Rombo	809	1,363	2,172
District hospital: Mwanga	612	812	1,424
District hospital: Same	885	762	1,647
Kilimanjaro CBR	590	743	1,333
KCCO/MoH direct referral sites	6,287	7,278	13,565
Total	23,195	23,963	47,158

Cataract is the leading cause of blindness and cataract surgery accounts for the largest proportion of surgical services.

Cataract surgeries	Males	Females	Total
KCMC Hospital	928	749	1677
Kilimanjaro residents	540	463	1009
Residents from other regions	382	286	668
Kibosho Hospital	96	59	155
Total	1018	808	1826

Cataract patients are either walk-in or brought through community programmes. Overall, approximately 30% of patients from Kilimanjaro Region were walk-in, the remainder being brought through community programmes.

Cataract surgeries	Males	Females	Total
KCMC Hospital walk-in	266	103	369
Kibosho hospital	N/A	N/A	155
Community programmes			
Kilimanjaro CBR	N/A	N/A	143
KCCO/MoH direct referral sites	281	216	497

The cataract surgical rate is an estimate of service delivery, district by district and by sex from within the region. Overall, the CSR was 791 per million populations for the year 2006.

Cataract surgeries	Males	Females	Total	CSR
Hai district	115	82	197	711
Moshi urban	73	81	154	1000
Moshi rural	207	160	367	855
Rombo	115	72	187	711
Mwanga	39	47	86	699
Same	93	80	173	765
Total	642	522	1164	791

Other services provided in Kilimanjaro Region

Refractive services

Refractive services are available at KCMC Hospital, Mwenzi Hospital, Kibosho Hospital, and through the Kilimanjaro CBR and KCCO/MoH DRS programmes. During the year 10,368 people were assessed for refractive correction and 3,463 were provided with spectacles

Service	Screened for refraction	Provided refractive correction
KCMC Hospital	4706	1773
Mawenzi Hospital	1277	0
Kibosho Hospital	640	495
District hospital: Hai	385	0
District hospital: Rombo	521	0
District hospital: Mwanaga	364	0
District hospital: Same	21	0
Kilimanjaro CBR	407	312
KCCO/MoH direct referral sites	2,047	883
Total	10,368	3463

Childhood eye care services

Childhood eye care services focus on childhood cataract, the leading cause of blindness in the region. KCMC Hospital is the only surgical service provider for children from throughout northern Tanzania, however, most children who had surgery in 2006 came from Kilimanjaro Region.

	Boys	Girls	Total
Kilimanjaro Region	39	16	55
Hai	8	5	13
Moshi urban	5	6	11
Moshi rural	10	0	10
Rombo	7	4	11
Mwanaga	4	0	4
Same	5	1	6
Other regions	58	40	98
Total	97	56	153

Minor operations

The tertiary, secondary, and some primary facilities (as well as the KCCO/MoH direct referral sites) also provide minor operations (for trichiasis, other lid repair, etc.)

Service	Trichiasis surgeries	Other minor lid procedures*	Conjunctival mass
KCMC Hospital	53	311	98
Mawenzi Hospital	0	41	0
Kibosho Hospital	10	47	0
District hospital: Hai	0	0	0
District hospital: Rombo	35	21	0
District hospital: Mwanaga	1	21	0
District hospital: Same	0	12	0
Kilimanjaro CBR	0	0	0
KCCO/MoH direct referral sites	0	0	0
Total	99	453	98

* Chalazion, pterygium, lid repair

Other specialized surgical services

KCMC Hospital provides specialized surgical and medical services to residents of the region as well as surrounding regions.

	Males	Females	Total
Glaucoma surgery	61	27	88
Retinal surgery	137	44	181
Medical retina services	213	999	1212

Partnership and Coordination

The Kilimanjaro VISION 2020 Task Force was formed in 2004 and comprises the Ministry of Health (chair), KCCO, KCMC Hospital, Kibosho Hospital, Kilimanjaro CBR, and the three Lions clubs in the region.

Kilimanjaro Region benefits from support from a variety of organizations:

Ministry of Health	Christoffel Blindenmission	SightSavers Intl
Seva Foundation	Wilde Ganzen	Seva Canada
Local Lions clubs- Moshi		

World Sight Day 2006

KCCO, KCMC, CBR, Lions club, Kibosho Hospital and MoH worked closely to organize a very successful World Sight Day in Moshi town in the form of screening and treating eye patients. Many thanks to the Regional Medical Officer for working hand in hand with the team and Regional Eye coordinator for coordinating this event.

Appreciation goes to the Coca cola for supporting the activity and Hindu Mandal for providing the venue.

Training and new initiatives

Empowering village leaders to assist residents seek eye care services

Eye Care Worldwide provided support to the training of village leaders to help to increase the uptake of eye care services by addressing awareness, access and acceptance of cataract surgeries in Kilimanjaro. So far 250 village leaders have been trained. The uptake of eye care services have started to improve. Joseph Banzi conducted a study on how people receive information about the DRS programme and evaluated the promotion materials that are used by the DRS programme so as to conduct promotion in a better way. The findings showed that many people get information about the DRS programme from the church and mosques (accounting for 39.3%). The second most frequently mentioned source was posters (25.4%) followed by the radio, by health personnel, and by other sources (including village leaders).

Exploring strategies for improving local sustainability of eye care services

In March 2007 Mr. Edson spent his time to work with the MOH Regional Eye coordinator to give presentations to the Council Health Management Teams in the district that are served by the DRS. The purpose was to educate them to provide funds for MoH eye services.

In July Edson Eliah and Megan Kell a volunteer consultant, visited the districts to meet the Council Health Management Teams and documented the process used to allocate funds. They provided practical recommendations that ought to be used for eye care programmes everywhere when they request Ministries of Health to support eye care.