

# Kilimanjaro Centre for Community Ophthalmology [KCCO]

## Annual Report 2002

The Kilimanjaro Centre for Community Ophthalmology (KCCO) at Tumaini University/KCMC in Moshi, Tanzania was established in October 2001. This is our first annual report. KCCO activities were supported by start up grants from the Al Noor Foundation, Helen Keller International (HKI), International Eye Foundation (IEF), International Trachoma Initiative (ITI), and the Seva Foundation. Additional support for specific projects has been provided by CBM, HKI, ITI, Seva Canada, and WHO. Project Impact provides administrative support to the KCCO. We at the KCCO are grateful for all of the support we have received from these organizations and from individual donors.

### ACTIVITIES AT KCMC HOSPITAL

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#### *“Karibuni Macho”*

This large, long term project is aimed at increasing the financial and organizational sustainability of the cataract service at KCMC. In 2002, with guidance from David Green and John Barrows the KCCO completed a detailed assessment of the Eye Department, including analysis of productivity, management, and finances. Based on this assessment, Dr Lewallen and others developed a comprehensive plan named Karibuni Macho (Kiswahili, best translated as “Welcome to the Eye Department”). The goal is to increase the number of cataract surgeries done at KCMC (700 in 2001) to 3,000 within the next 3 years, while recovering most of the cost of providing the surgery. This plan involves changes at the hospital to allow a high volume, high quality, efficient service to be run. The hospital changes are a major undertaking, requiring extensive planning to inspire a vision of the possibilities in both the Eye Department and the main hospital administration, build a consensus for common goals, find solutions to many seemingly insolvable problems (e.g., staff motivation, wages, work ethics and hours, management skills) and follow through on the tasks that need to be done. At the end of 2002 there are some positive changes. The Eye Department has a professional manager for the first time and she plus a team from the Eye

Department have all received training at Aravind Eye Hospital in India (courtesy of IEF, IAPB, Seva, and LAICO). The Directors of the Good Samaritan Foundation (which oversees KCMC) and KCMC Hospital have been inspired to lend their considerable support to “Karibuni Macho”. The Eye Department has an agreement to control its own medical records for the first time in the history of the hospital (a critical factor in efficiency) and will be implementing a computerized system to register eye patients in 2003.

Many more hours of planning are still ahead for 2003, but we will also begin to see more implementation of the plans. The IEF is the principal donor for this project.

#### *Monitoring the outcome of cataract surgery*

This project, is intended to put into place a routine monitoring system for determining the outcomes of cataract surgery at KCMC. In 2002 we developed with KCMC faculty a standard form and began using it within the department. As in a couple of other sites where outcomes have been measured, we find that only about half of our patients have good vision (defined by WHO criteria) after surgery without any additional correction. The outcome system is not functioning ideally yet and will require some modifications in the next year to be compatible

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with the new computer record system. Our efforts in 2002 however, have convinced us that a routine monitoring system will be possible.

### ***Training and capacity building at Tumaini University/KCMC***

In 2002 we initiated or assisted various training programmes for MMed (Ophthalmology) residents, Assistant Medical Officer-Ophthalmology students, Advanced Ophthalmic Nursing students, and degree Nursing students. KCCO has assumed responsibility for supervision of all dissertations for the ophthalmology residents. The KCCO supervised Dr. Hemed Kilima on his study of willingness to pay for cataract surgery and is working with Dr. Judith Mwende on her project on childhood cataract surgery. These projects are helping to refine strategies to improve utilisation of available services at KCMC.

With Dr. Anthony Hall (Head of Department of Ophthalmology) twice-weekly sessions on relevant topics for all faculty, students, and staff were initiated. This has evolved into a more structured teaching programme for ophthalmology residents and paramedical staff focused on providing the necessary skills for implementing Vision 2020 goals. Training activities have been supported by a grant from Christoffel Blindenmission (CBM).

In November and December Ms. Trixie Usselman and Ms. Wilimina Sennema (volunteers from Canada) provided training in various aspects of information technology for Tumaini University faculty and students as well as faculty from Muhumbili University in Dar es Salaam.

Dr. Robert Geneau and Ms. Annie Bronsard, KCCO medical anthropologists also provide training in medical anthropology to nursing students.

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## **TANZANIA BASED ACTIVITIES**

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### ***Kilimanjaro Regional Cataract Strategy***

The recognition that considerable confusion had been generated in rural areas by the variable practices of groups (some working at cross-purposes) who are involved in getting cataract patients to KCMC for surgery, led to the development of the Kilimanjaro Regional Cataract Strategy. The strategy aims to bring all potential partners together with a consistent approach. The basic strategy follows the model developed by LAICO at Aravind; local research helped refine the strategy to meet the needs and conditions of rural Africa. To date 2 districts (Hai and Same) in Kilimanjaro have been included in the programme. Each district MoH health team has decided upon screening sites (generally 6 per district) and screening site visits have been implemented.

The strategy is based upon a number of basic principles:

- Community based promotion is essential to providing the awareness and acceptance of cataract surgery by the elderly population.

- Transporting cataract patients to the base hospital is cheaper, more efficient and provides better outcomes than taking a surgical team to the rural areas. Patients must also be taken back after surgery.
- The price of surgery must be within the capacity of most families. The price must also be presented as a “package” (no hidden charges)
- Decision on surgery needs and counseling of potential patients must be done in the field to ensure convenience and acceptance.

The strategy continues to evolve, based upon the experiences in the field. Mr Joseph Banzi, the KCCO community coordinator, is developing his skills in conflict resolution, planning, and promotional activities in the communities. His warm personality and enthusiasm will be paramount in moving the programme forward.

At the end of 2002 we carried out 6 community screening site visits, combining efforts of local Lions groups, Ministry of Health, and personnel

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from other organizations here. The Seva Foundations (US & Canada) are the primary source of support for the programme.

### ***Childhood cataract***

The KCCO has taken on the issues of childhood cataract in 2002. In Tanzania many children with congenital or developmental cataract come to hospital either too late or not at all. Only one-third as many girls have surgery as boys. To address these problems we have started some research activities to understand better how children are brought to hospital and what either encourages or limits their presentation. In addition, we have instituted a routine system for monitoring the outcome of surgery in these children. Dr. Judith Mwendu and Ms. Annie Bronsard (KCCO) are in charge of these activities with start-up funding provided by Seva Canada.

### ***Vision 2020 Tanzania National Planning Workshop***

In October 2002 it was decided at the Tanzania Prevention of Blindness Committee meeting that the KCCO and HKI will be responsible for organizing the plans for the May 2003 Tanzania national Vision 2020 plan, workshop, and launch. Plans are underway.

### ***Improving uptake of trichiasis surgical services in Tanzania***

KCCO initiated a research project aimed at testing different approaches to improving uptake of trichiasis surgical services. This project entailed survey of populations in Hai

district, Monduli district, and Singida district to identify trichiasis patients and to investigate reasons for a failure to use the available services. KCCO also assisted a Tumaini University MPH student (Dr. Edward Kirumbi) to conduct his study of barriers to trichiasis surgery. The research project is in collaboration with the MoH, ITI, Tanzania and HKI and is supported by ITI.

### ***Gender sensitive approaches to increase cataract surgical services***

Women account for most cataract patients yet fewer women have cataract surgery compared to men. We are conducting a study of various community based promotion approaches (village leaders, women's groups, schoolteachers, surgical motivators) to improve uptake of cataract surgery. This study is underway throughout Kilimanjaro Region as well as at KCMC; information being generated is already helping to refine our intervention strategies. This project is supported by the World Health Organization.

### ***Measuring the impact of the SAFE strategy in Rombo district***

Trachoma is endemic in Rombo district of Kilimanjaro region. It is currently thought that trachoma represents an isolated focus of disease. The KCCO is partnering with the London School of Hygiene & Tropical Medicine and Huruma Hospital to conduct research to provide the evidence base for successful programmes to control blinding trachoma. This research is supported by the ITI.

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## **EASTERN AFRICA REGION BASED ACTIVITIES**

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### ***The eye in cerebral malaria in children***

Dr. Lewallen's research project on the histopathology of the ocular pathology of cerebral malaria in children in Malawi continued in 2002. New ophthalmologists from Germany and the UK worked in the project this year, as well as Dr. Brian Hoar, a Canadian "regular. Findings were presented at the Multilateral Initiative on Malaria meeting in

November.

### ***Capacity building for blindness prevention and trachoma control in Egypt***

The KCCO continued trachoma and prevention of blindness activities in Egypt, work started at the British Columbia Centre for Epidemiologic & International Ophthalmology. Dr. Courtright helped organize the October World Sight Day in

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Cairo in which over 300 attendees participated in discussion of all aspects of Vision 2020 in Egypt.

The KCCO has partnered with the Al Noor Foundation and MoH in Egypt for a study of blindness and trachoma in el Menia governorate.

Our collaborative study (with the Al Noor Foundation) of trichiasis surgery outcome, previously supported by the Edna McConnell Clark Foundation, now supported by a grant from ITI, continued enrolling patients in 2002. A manuscript is under preparation.

Dr. Robert Geneau also spent time in Egypt in 2002 working with Al Noor staff on an assessment of the community perception of trachoma and SAFE interventions.

### ***Vision 2020 workshops & capacity building***

In February Dr. Courtright assisted with conducting a Vision 2020 workshop for southern Africa in Pretoria.

In June, the KCCO (supported by CBM) organized and ran a one week Vision 2020 workshop with teams from Ethiopia, Egypt, Chad, Kenya, Zambia, and 3 districts in Tanzania. This was a new approach to the workshops in which invited teams were expected to develop a district-based prevention

of blindness plan during the workshop. While not perfect (some districts do not have adequate follow up support), this approach was successful enough that we will use it again in future and others plan to adopt it. A slightly shortened version of the workshop was run in November for three other district teams from Tanzania, supported by HKI. Since these Districts will all have follow up support from HKI we look forward to seeing real implementation of the plans.

### ***Ophthalmic Resource Centre for East Africa (ORCEA)***

Start up funding for this centre came from the ICEH, CBM and SightSavers International (before KCCO arrived) and HKI has generously supported its growth and supervision by the KCCO. ORCEA receives over 12 ophthalmology and public health periodicals, has many new textbooks in both its public health and clinical ophthalmology sections, offers free internet access for ophthalmology residents, and now has three computers for use of students in allied ophthalmology fields. ORCEA maintains an up to date file of all peer reviewed trachoma literature and will, from early 2003, start an information service for Africa. Visiting volunteers (Ms. Trixie Usselman and Ms. Wilemina Sennema, Seva and HKI supported) organized the holdings and set up a simple system for cataloguing them.

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## **INTERNATIONAL ACTIVITIES**

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### ***Gender & blindness***

In June 2002 the KCCO co-hosted (with the BCEIO) an international meeting on gender and blindness in Moshi. The meeting was attended by participants from the region as well as from India, Nepal, Canada, and Switzerland. The summary and recommendations from the meeting are being disseminated through IAPB News. Support for the meeting was provided by a Canadian consortium.

Dr. Courtright was invited (November 2002) by the World Health Organization as a "gender expert" to help develop WHO's 5 year strategy

and priorities for mainstreaming gender into health activities.

Drs. Courtright and Geneau (and Dr. Bassett from the BCEIO) presented findings from collaborative work at the Global Forum for Health Research in Arusha.

### ***Collaboration with the British Columbia Centre for Epidemiologic & International Ophthalmology (BCEIO) for research in Vietnam***

The KCCO continued to provide assistance to the BCEIO for the operational research and evaluation activities related to the surgery

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component of the SAFE (trachoma control) strategy in Vietnam. Data from the one year follow up of surgical cases is being analysed and prepared for publication.

### ***Collaboration with BCEIO for programmes & research in Tibet***

Because of the events of September 11, 2001 the Tibet prevention of blindness planning workshop had to be postponed until 2002. Dr. Courtright facilitated the May workshop, which led to the adoption of a 5-year plan for improving both the quality and quantity of cataract surgery in the province.

### ***Lagophthalmos research in Myanmar***

With support from the W.H.O. Tropical Disease Research (TDR) programme the KCCO worked with the Ministry of Health in Myanmar to test gender-sensitive approaches to improving uptake of lagophthalmos surgery in Myanmar. This research project, combined with an American Leprosy Missions programme to initiate large-scale prevention of blindness activities for leprosy patients in Myanmar, was initiated in 2001 but delayed in implementation due to changes in personnel. Dr. Essam el Toukhy, our Egyptian colleague, provided training in surgical management in Myanmar in 2002. Dr. Courtright visited Myanmar in May to assist with additional training of leprosy programme staff.

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## **ADMINISTRATION**

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### ***Administration***

The Memorandum of Understanding between the KCCO and Tumaini University/KCMC was prepared in 2002 and is expected to be signed by all relevant partners in 2003.

Financial support for KCCO activities is administered through Project Impact, a US-based 401(c)3 non-profit agency. Project Impact receives organizational and individual contributions to KCCO activities

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### ***Publications by KCCO staff in 2002***

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