

ANNUAL REPORT 2022

KILIMANJARO CENTRE FOR COMMUNITY
OPHTHALMOLOGY



ABOUT KCCO

Eliminating Avoidable Blindness in Africa

The Kilimanjaro Centre for Community Ophthalmology (KCCO) was established in 2001 in response to the VISION 2020 initiative, a global campaign aimed at eliminating avoidable blindness by the year 2020, the product of a series of consultations between the WHO and NGOs working toward blindness prevention.

VISION

Our vision for eye care in Africa is a continent where all Africans can access high quality, patient-centered eye care, provided by Africans in well-functioning systems.

IMPACT

KCCO contributes to develop, implement and evaluate evidence-based eye health programs to :

- Reduce the burden of visual impairment and avoidable blindness in sub-Saharan Africa
- Increase gender equity in eye care

MISSION

Our mission is to strengthen African health systems and partnerships through the provision of eye health training, the conduct of research, the facilitation of planning, and change implementation to achieve the goals of VISION 2020 and GET 2020.



LEFT

A woman in Mwanza, Tanzania has her visual acuity tested during an outreach.

MESSAGE FROM THE DIRECTORS

For KCCO, 2022 was a year marked by a reset but also by consolidation and growth. It was a reset for many community eye health activities as countries progressively scaled down their COVID-19 public health measures. The KCCO-mentored eye health partners resumed their regular activities, consolidated their gains, and continued to make incremental progress towards reducing the burden of visual impairment and avoidable blindness in the communities that they serve. It was also a year of growth, with the scale-up of a childhood blindness program across the entire Lake Zone of Tanzania, and the launch of four new regional programs in Tanzania thanks to new international partnerships.

We continue to be amazed by the resilience of our partners in the countries where we work. The COVID-19 pandemic was only one of many challenges faced in 2022, along with natural disasters, rising inflation and worsening economic conditions as well as other public health threats such as the plague.

We thank our partners for the incredible work accomplished and for their constant thirst for new knowledge and improvements. We know through our interactions with them that their energy and dedication come from knowing that our international partners and donors are fully behind them and are keenly following the progress made. Thank you to all KCCO supporters! We are, indeed, stronger together.



ROBERT GENEAU

KCCO Executive Director



EDSON ELIAH

KCCO Tanzania Director

OUR WORK IN NUMBERS



Mentoring and supporting 18 local eye health programs in 7 countries in sub-Saharan Africa – in Benin, Burundi, Ethiopia, Madagascar, Malawi, Tanzania and Uganda



204 388 adult consultations (50% females)



15 329 adult cataract surgeries (50% females)



998 child cataract surgeries (48% females)



6677 other eye surgeries (50% females)



16 868 spectacles distributed (56% females)



16 eye department staff trained or in training and 960 community volunteers trained and mobilized

COMMUNITY-ORIENTED EYE HEALTH PROGRAMS

Key service delivery statistics in 2022 include (see Table 1 for details):

- **201 732** adults screened, of which **49%** were women
- **15 329** adults received cataract surgery, of which **50%** were women
- **46%** increase in adults screened compared to previous year
- **35%** increase in overall cataract surgeries performed compared to previous year
- **16 868** spectacles were provided, **56%** were to women
- **6677** adults received other surgeries, of which **50%** were women

Table 1. Screening and surgical interventions for adults at 10 KCCO-supported sites

Community-oriented eye health program	Screened and treated			Cataract surgeries		
	Female	Male	Total	Female	Male	Total
Bourgou Region, Benin	8 762	15 783	24 545	1 383	2 018	3 401
Amhara Region, Ethiopia	15 020	19 487	34 507	1 356	981	2 337
Vakinankaratra Region, Madagascar	9 254	5 905	15 159	333	266	599
Sava Region, Madagascar	4 985	3 927	8 912	265	263	528
Atsinanana Region, Madagascar	2 826	2 001	4 827	489	488	977
Mara Region, Tanzania	5 197	4 811	10 008	791	781	1 572
Mwanza Region, Tanzania	13 518	14 397	27 915	654	715	1 369
Mbeya Region, Tanzania	12 654	12 090	24 744	539	564	1 103
Dodoma Region, Tanzania	5 647	4 863	10 510	555	421	976
Singida Region, Tanzania	4 812	4 094	8 906	314	301	615
Kagera Region, Tanzania	3 703	3 320	7 023	174	159	333
Manyara Region, Tanzania	5 117	4 170	9 287	266	225	491
Tanga Region, Tanzania	3 897	3 281	7 178	212	140	352
Mtwara Region, Tanzania	1 710	1 642	3 352	65	68	133
Lira Region, Uganda	2 576	2 283	4 859	294	249	543
All sites combined	99 678	102 054	201 732	7 690	7 639	15 329

The different partner hospitals and programs continued to operate successfully with support from KCCO in the form of mentoring visits and cross-learning meetings, capacity building (effective management, service delivery, and use of data for quality improvement) and equipment acquisition, replacement or repairs where necessary.

KCCO does not only work with hospitals, but also with Community Eye Centres (CeC). In 2022, a Community Eye Centre was set up in Ambilobe, Madagascar, staffed by rotating teams from the base hospital in Sambava. This new CeC increases access to eye care services (including eye surgeries) for local populations since it takes approximately 6 hours on a bad road to travel from Ambilobe to Sambava.

This was a year of expansion in Tanzania for partnerships with KCCO. New programs were launched in four new regions: Mtwara, Tanga, Manyara and Kagera. In addition, an optical workshop was inaugurated at the Kagera Regional Referral Hospital.



ABOVE AND LEFT

Screening and treatment during a surgical outreach in Mara, Tanzania.

CHILDHOOD BLINDNESS AND LOW VISION

Key service delivery statistics in 2022 include (see Table 2 for details):

- **30423** children screened at CEHTF, of which **50%** were girls
- **752** children received cataract surgery, of which **48%** were girls
- **8920** people benefitted from USAID-supported activities, including children and adult trainees
- **246** children received cataract surgery from USAID-supported activities, of which **48%** were girls

Table 2. Screening and surgical interventions for children at 5 Child Eye Health Tertiary Facilities (CEHTF).

Summary of screening and surgical interventions realized during 2022 for the 5 CEHTF sites.										
Sites	Total Screened		Total surgeries							
			Cataract Surgeries		Glaucoma Surgeries		Other Surgeries		Total Surgeries	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
BEH/Tororo, Uganda	2438	1928	95	59	17	12	205	158	312	226
LSFEH/ Blantyre, Malawi	2440	2647	50	51	9	4	146	104	205	159
Burundi	2974	2931	59	65	6	9	112	98	177	162
Madagascar	4135	4963	28	26	2	2	48	45	78	73
Mwanza, Tanzania	3160	2807	159	160	0	0	115	149	274	309
Total	15147	15276	391	361	34	27	626	554	1046	929

KCCO continued to mentor and assist 4 CEHTFs (Malawi, Tanzania, Burundi and Uganda) to expand the scope and reach of their childhood blindness programs in their respective catchment areas. In Madagascar, pediatric activities at four sites aim to serve children who otherwise do not receive any specialized eye care services given the geographical and transportation barriers preventing families to reach a CEHTF in the capital city.

The majority of the outreach and surgical activities for the USAID-funded Childhood Blindness Program project “Reducing the burden of childhood blindness in the Lake Zone of Tanzania” was done this year. The project aims to expand the availability and accessibility of high-quality pediatric eye health services along the full continuum of care in the following four of six regions of the Lake Zone – Kagera, Mara, Mwanza, and Simiyu regions.

We aimed to screen, over 20 months, 17950 children through outreach screenings from the base hospital at Bugando Medical Centre in Mwanza, as well as screenings in schools and schools for the blind. This project is strengthening the whole eye health system in the Lake Zone of Tanzania, and as such the activities are conducted collaboratively in partnership with a wide range of providers and partners. KCCO has managed to navigate these partnerships and reach the majority of targets, with the grant officially set to close in 2023.



LEFT

The USAID grant included a school screening component, where teachers were trained how to identify eye problems in their students.

RIGHT

A child being screened during an outreach in the Lake Zone of Tanzania. This USAID grant enabled KCCO to reach almost nearly 10 000 more children than it would have in 2022.



REDUCING GENDER INEQUALITY

In the four Tanzanian regions where programs partnered with microfinance (MF) groups this year, 44% of the total community members referred for treatment were done so by members of MF groups. Moreover, the MF members have helped in bridging the gender gap as in all areas the number of women receiving the service has increased. KCCO set incentives for well-performing MF members through receiving entrepreneurship training as a motivation for their continuous engagement with the outreach activities and for referring cases to the base hospitals.

Table 3. Screening and surgical interventions in Tanzania in areas with women microfinance members trained as case finders.

Site	Total patients		Nb of community members referred by MF		Total cataract		Nb of cataract patients operated	
	Male	Female	Male	Female	Male	Female	Male	Female
Mwanza	2383	2089	732	858	420	318	160	151
Mara	2521	2854	1376	1427	820	792	492	497
Kagera	61	96	61	96	11	15	5	8
Manyara	202	267	41	49	30	46	9	12
Total	5167	5306	2210	2430	1281	1171	666	668

RESEARCH AND EVIDENCE

List of KCCO publications for 2022:

1. Aboe A, Joof BM, Kanyi SK, Hydera A, Downs P, Bush S, Courtright P. The Gambia has eliminated trachoma as a public health problem: Challenges and successes. *PLoS Negl Trop Dis*. 2022 Mar 28;16(3):e0010282.
2. Flueckiger RM, Stelmach R, Burgert-Brucker CR, Courtright P, Kabona G, Mosher AW, Mwingira UJ, Harding JC, Simon A, Ngondi J. Evaluating Precision of a Trichomatous Trichiasis (TT) Super Survey with Modulating Sample Sizes in Tanzania. *Ophthalmic Epidemiol*. 2022 Aug;29(4):394-400.
3. Hall CE, Hall AB, Mallya J, Courtright P, Kok G. Developing comic strips promoting diabetic retinopathy screening in Kilimanjaro, Tanzania, using Intervention Mapping. *Eye (Lond)*. 2022 May;36(Suppl 1):25-32.
4. Hall CE, Hall AB, Mallya J, Courtright P, Kok G. Establishing a screening programme for diabetic retinopathy in Kilimanjaro Region, Tanzania using intervention mapping. *Eye (Lond)*. 2022 May;36(Suppl 1):17-24.
5. MacCormick IJC, Lewallen S, Beare N, Harding SP. Measuring the Impact of Malaria on the Living Human Retina. *Methods Mol Biol*. 2022;2470:731-748.
6. May E, Arach P, Kishiki E, Geneau R, Maehara G, Sukhai M, Hamm LM. Learning to see after early and extended blindness: A scoping review. *Front Psychol*. 2022 Oct 27;13:954328.
7. Shrestha R, Merbs SL, Bayissasse B, Sisay A, Beckwith C, Courtright P, Gower EW. Characteristics and perspectives of patients with postoperative trichiasis in Hadiya Zone, Ethiopia. *Int Health*. 2022 Apr 6;14(Suppl 1):i49-i56.
8. Ul Hassan E, Kelly M, Waititu T, Olobio N, Kabona G, Mkocho H, Kivumbi P, Mwale C, Mubangizi A, Mugume F, Baayenda G, Mayeku R, Massangaie M, Mbofana MA, Cumaio M, Sisay A, Mersha T, Courtright P. Productivity, efficiency and gender equity of community mobilisation approaches in trichiasis campaigns: analysis of programmatic data from seven sub-Saharan African countries. *Int Health*. 2022 Apr 6;14(Suppl 1):i24-i28.

KCCO conducted **two operational research projects**, for which the manuscripts will be submitted to international peer-reviewed scientific journals in 2023.

1. Explaining the continuing high prevalence of trichomatous trichiasis unknown to the health system in Evaluation units: a mixed methods explanatory study in four trachoma-endemic countries.
2. Understanding the role of gender in trichiasis case finding in Tanzania.

As part of a research grant from Lions SightFirst to KCCO, Dr. Frank Sandi (University of Dodoma Medical School) and KCCO's project coordinator Mrs. Frida Matawa, have led a phase of qualitative data collection in different districts of Dodoma Region as part of the project "The Dodoma Community Cataract Acceptance Trial (DoCCAT)". The study aims to identify effective community-based interventions to increase the acceptance rate of cataract surgery in the central part of Tanzania. The first phase began with identification of four districts, namely Kondoa, Chemba, Mpwapwa and Bahi, in which the randomised trial of community-based interventions method will be implemented. Community meetings were conducted in those districts to introduce the study and identify members to participate in a co-development process of the interventions. Qualitative data collection (interviews and focus group discussions) was also conducted.



ABOVE LEFT AND RIGHT

An open community meeting in Kondoa, Dodoma region, Tanzania addressed by the village leader during the DoCCAT data collection phase; focus group discussions at Kondoa with the study coordinator.

RIGHT

An open community meeting with villagers in Mpwapwa, Dodoma Region, Tanzania.



ADDRESSING TRACHOMA GLOBALLY

KCCO continued in 2022 to contribute to trachoma elimination efforts in Tanzania and globally. In Tanzania, KCCO is an implementing partner working with the Ministry of Health to identify and manage all trachomatous trichiasis (TT) cases in specific districts.

Trichiasis case finding activities continued with the aim of accomplishing full geographical coverage (FGC) in all the districts by June 3rd, 2023.

At the global level, KCCO, as a WHO Collaborating Centre for Trachoma, hosted the **Third Global Scientific Meeting on Trachomatous Trichiasis** which took place in Cape Town on December 7, 8 and 9. The GSM brought together WHO, partners of the International Coalition for Trachoma Control, academic experts, and representatives from national trachoma programs. The WHO meeting report is forthcoming. KCCO also completed this year a number of operational research projects (page 9).

Table 4. Screening and surgical interventions realized during 2022 for all trachoma programs in Tanzania.

Sites	Total Screened at outreach		TT cases		Number accepted surgery		Operated eyes	Number epilated		Number refusing any service	
	M	F	M	F	M	F	M&F	M	F	M	F
Kilindi	444	579	19	72	7	46	85	1	3	9	23
Monduli	132	296	23	94	13	49	84	4	10	3	23
Karatu	271	383	6	39	6	38	76	0	1	0	0
Longido	179	372	26	114	14	70	109	0	1	9	25
Total	1026	1630	74	319	40	203	354	5	15	21	71

OTHER NEWS AND ACTIVITIES

KCCO (Robert Geneau and Edson Eliah) contributed to the end of the project independent evaluation of the program Future in Sight implemented by Light for the World in the Democratic Republic of Congo, Rwanda and Tanzania. Dr. Geneau was the team lead for the consultancy firm Tropical Health.

FINANCIAL OVERVIEW

Sightsavers International	\$520,969.00
Seva Canada	\$367,789.00
Seva Foundation	\$328,950.00
Fred Hollows Foundation	\$305,367.00
USAID	\$90,468.60
Moran Foundation	\$31,000.00
WHO - ESPEN	\$6,500.00
Individual donations	\$6,195.91
Total	\$1,657,239.51

Thank you to our donors and partners!



LEFT

As KCCO activities expanded into four more regions of Tanga, Manyara, Kagera and Mtwara the KCCO's Tanzania Director delivered remarks during the equipment handover to the Minister of Health at Tanga Regional Referral Hospital.

RIGHT

The Third Global Meeting on Trachomatous Trichiasis was held in Cape Town.

BELOW

KCCO's Microfinance & Eye Care Coordinator, Fortunate Shija, attended The END Fund's 10th Anniversary Learning Summit, in Nairobi, Kenya





LEFT

KCCO's Genes Mng'anya accepted the new plan for Neglected Tropical Diseases from the Tanzanian Ministry of Health at the official launch in Dodoma.

RIGHT

KCCO joined the World Sight Day celebrations at Bugando Medical Centre, where a new ophthalmology department was also opened.



LEFT

Long time partner, the Felege Hiwot Hospital in Bahir Dar, Ethiopia, presented a certificate of appreciate to KCCO program officer, Peter Kileo, for the partnership with our organisation.

KCCO TEAM

We are always happy to answer any questions and can be contacted as below:

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KCCO publishes more detailed quarterly reports of our activities. Please email **admin@kcco.net** if you would like to be added to the distribution list.

For general enquiries, please also email **admin@kcco.net**.

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