

KCCCO

Kilimanjaro Centre for Community Ophthalmology

ANNUAL REPORT



2018

About KCCO

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	MISSION	IMPACT
<p>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.</p>	<p>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.</p>	<ul style="list-style-type: none">◇ Capacity Building◇ Facilitation of planning and change implementation at different levels of the health system◇ Epidemiological and operational research to inform practice, programme and policy.

Message from the Directors

KCCO continued in 2018 to assist governments, NGOs, hospitals, and communities to develop and manage organizationally sustainable eye care programmes serving the needs of their population. We are grateful to our donors for the support provided, without which thousands of community members with cataract across the 10 countries that we support would still be blind or severely visually impaired. In 2018, the KCCO team made great strides in helping districts in Northern Tanzania to achieve their trichiasis elimination target. Through a new research grant from the Coalition for Operational Research on NTDs and the publication of new trachoma-related preferred practices manuals, the KCCO has continued to play a strong technical role for trachoma elimination in sub-Saharan Africa. KCCO is also pleased to announce that the Division of Ophthalmology at the University of Cape Town (UCT) has been designated as a WHO Collaborating Centre (WHO CC) for Trachoma. KCCO staff and collaborators who are also serving as Honorary Professors in the Division of Ophthalmology at UCT will provide technical support to the WHO CC in the areas of operational research and capacity strengthening for elimination of trachoma as a public health problem. With funds from the Champalimaud 2015 Vision Award, KCCO supported staff members from Tanzania and South Africa are acquiring new skills and academic qualifications in fields that are relevant to the work of the organization.

Dr. Robert Geneau

Executive Director, KCCO International



Mr. Edson Eliah

Director, KCCO Tanzania



Highlights

It has been a busy and productive year for activities related to elimination of trachoma as a public health problem:

- KCCO has expanded its **trichiasis (TT) case finding work in Northern Tanzania**, and more than 500 people benefitted from surgery in that area. These KCCO activities are supported by Sightsavers International and the End Fund.
- KCCO, with the support of the International Trachoma Initiative (ITI), conducted two **“Train the Trainers” workshops** about supportive supervision for Mass Drug Administration (MDA). KCCO and ITI also facilitated **Trachoma Action Plan workshops** in the Central African Republic, Papua New Guinea, Zanzibar and Zimbabwe.
- KCCO **supported Nourseen, a local NGO in Egypt**, for the development of its strategic plan (with support from Seva Foundation) and planning upcoming programmatic activities for trachoma elimination.
- KCCO is pleased to announce that the **Division of Ophthalmology at the University of Cape Town has been designated as a WHO Collaborating Centre for Trachoma**. KCCO staff and collaborators who are also serving as Honorary Professors in the Division of Ophthalmology at UCT will provide technical support to the WHO CC in the areas of operational research and capacity strengthening for elimination of trachoma as a public health problem.

Many other activities also occurred throughout the year, such as:

- Through KCCO supported VISION 2020 programmes, **over 104 000 people (with women representing more than half) were screened and treated**, and **more than 10 000 patients received cataract surgery** this year. KCCO is **mentoring 10 partner hospitals** in the following countries: Benin, Ethiopia, Madagascar, Tanzania and Uganda. In support of outreach activities in Tanzania and Ethiopia, **microfinance initiatives were further scaled up** with the basic eye health training of 115 new members. Thank you to our funding partners Seva Canada and Seva Foundation.
- **Partner Child Eye Health Tertiary Facilities** in Burundi, Madagascar, Malawi and Uganda have **screened over 38 000 children (19 000 girls), conducted around 1300 surgeries**. 228 new Key Informants were trained in Uganda and Malawi. These activities benefitted from the support of our funding partners Seva Canada and Seva Foundation.

- With the support of Seva Foundation and Wilde Ganzen-Netherlands, KCCO organized **basic low vision training for teachers and a clinical low vision training session for low vision therapists** in Uganda (with participants also coming from Burundi for the clinical training).
- KCCO delivered its **Management and Bridging Strategies courses** twice this year, in Moshi, Tanzania and Kampala, Uganda with participants from Tanzania, Mozambique, South Sudan, Nigeria, Sierra Leone, Congo, Cameroon and Uganda



Left: Participants from one of the courses KCCO offered in Moshi in 2018.

Reducing Gender Inequity in Vision Loss

KCCO has been the lead organization promoting gender equity in eye care service delivery in Africa. To help address the gender gap in eye care, KCCO continued to work with its partners to develop and implement gender-sensitive strategies.

Efforts this year focused on consolidating, expanding and/or monitoring the microfinance groups model. The activities in Mara and Mwanza (Tanzania) were evaluated to determine if the model is still relevant and effective and to see how it can be improved. We also sought to track the level of retention and the medium to long term involvement of the trained MF group members in supporting outreach activities.



Left: This collage shows some of the microfinance highlights from 2018, including training sessions taking place, members at the market and a young boy who had cataract in both eyes. He was found by MF members and received surgery about two years ago.

Microfinance and Gender

KCCO, with support from Seva Canada, trained microfinance women groups in Tanzania and Ethiopia about basic eye care and identification of common eye conditions. New groups were trained in Mara and Arusha Region (Tanzania), as well as in Adet District (Ethiopia), for a total 115 new trainees (80 in Tanzania, 35 in Ethiopia).

KCCO provides these microfinance groups short-term technical support to develop and grow microfinance activities (with advice from a professional microfinance consultant). An interesting example of MF activities is in Ngorongoro, where microfinance women groups were involved both in the identification of TT cases and in making local epilating forceps.

The number of patients, particularly women seen in outreach camps continued to increase in the different areas, suggesting an overall positive impact of the MF model.

Table 1. Summary of outreach activities with microfinance groups in Northern Tanzania & Ethiopia – number of patients.

Site		# of community members referred by MF*		# of cataract patients operated		# of TT patients operated	
		Male	Female	Male	Female	Male	Female
Tanzania	Mara	350	337	81	70	Not endemic	Not endemic
	Mwanza	219	251	86	66	Not endemic	Not endemic
	Ngorongoro	200	461	26	26	10	41
Ethiopia	Bahir Dar-Adet	147	177	15	21	0	4
Total		916	1226	208	183	10	45

* This refers to a direct referral to the outreach camps, where the role of the MF for the referral has been stated explicitly.

Supporting and Expanding VISION 2020 Programmes in Africa

KCCO continued its mentorship role with Vision 2020 programmes, supporting 10 mentee hospitals in Benin, Ethiopia, Madagascar, Tanzania and Uganda as part of the Global Sight Initiative (GSI).

KCCO supported all programmes in their efforts to pursue and improve their outreach activities and management practices, as well as with the purchase of essential consumables and equipment.

Representatives from the Tanzania, Uganda and Benin programmes, with KCCO's programme coordinator and Dr. Ken Bassett (Seva Canada/Seva Foundation) participated in a three days cross-learning meeting in Dodoma, Tanzania. The

programmes presented a SWOT analysis of their respective activities. This meeting was an opportunity for the participants to work together, share experiences and discuss solutions to common challenges.

In May 2018, Dr. Marty Spencer, an ophthalmologist based in Vancouver (Canada), and a board member of both Seva Canada and Seva Foundation, visited two of our partner hospitals for additional mentoring on clinical care and quality of care improvement: the Bugando Hospital in Mwanza (Tanzania) and the Felege Hiwot Referral Hospital in Bahir Dar (Ethiopia). Dr. Spencer volunteered his time and we thank him for his invaluable contributions. He worked alongside two of our local medical advisors - Dr. Honest Maro from the KCMC hospital in Tanzania and Dr. Ben Watmon from the Gulu Regional Referral Hospital in Uganda.



Above and right: Seva Canada's Dr Ken Bassett, and KCCO Programme Coordinator Peter Kileo, leading the cross-learning meeting in Dodoma, Tanzania for representatives from Benin, Uganda and Tanzania.





Above: Participants at the cross learning meeting shared their experiences, learnt from each other, and took their lessons back to their respective programmes.

Table 2. Summary of VISION 2020 programme activities - number of patients.

VISION 2020 PROGRAMMES		Screened and treated			Cataract surgeries		
		Male	Female	Total	Male	Female	Total
Madagascar	Vakinankaratra Region	4915	6143	11058	316	288	604
	Atsinanana Region	1219	1675	2894	526	534	1060
	Sava Region	3732	4428	8160	323	310	633
Tanzania	Mara Region	5851	6153	12004	304	242	546
	Singida Region	3046	3221	6267	633	580	1213
	Mwanza Region	4007	3909	7916	409	332	741
	Dodoma Region	2016	2223	4239	307	278	585
Ethiopia	Bahir Dar	10122	7996	18118	409	331	740
Uganda	Lira Region	10250	11832	22082	1043	1271	2314
Benin	Bourgou Region	6320	5331	11651	1198	1011	2209
All sites combined		51 478	52 911	104 389	5468	5177	10 645

KCCO and Seva Canada visited the programme in Bahir Dar, Ethiopia. During that visit, they attended an outreach camp where 766 patients were screened in one day – around 200 of them were identified and referred to the camp by the trained microfinance group. Inspiring individual stories from patients and information from the eye department’s management and clinical team as well as from key people in the field were collected to show current and future donors what can be achieved with their contributions. This trip was also a good opportunity for the KCCO Childhood Blindness and Low Vision Coordinator and KCCO Senior Advisor to get a better understanding of the challenges, strengths and needs of this specific programme.

establishment of pediatric services in the hospital. Programmes in Madagascar pursued their regular, well-organized outreach activities and data collection in their respective areas.

We are grateful to Seva Canada and the Seva Foundation for their continuous support for the growth of these programmes.

The programme in Benin has transitioned to a fully operational information management system. An A-scan was purchased with financial support from the Seva Foundation-GSI, improving the quality of service provided. Patient services coverage continued to increase, and CBM is supporting the



Above and right: KCCO and Seva Canada visited the Vision 2020 programme at the Felege Hiwot hospital in Bahir Dar, Ethiopia. Dr Degineh Hiwot, pictured attending to a patient, leads a team of highly motivated and professional staff, which KCCO and Seva Canada mentors.

(Right picture credit: Ellen Crystal)

Strengthening Health Systems and Building Capacity in Africa

KCCO pursued its commitment to ensure that the needs in qualified human resources are met and that they receive the required training to help them provide high quality eye care services.

- KCCO offered its annual **Management and Bridging Strategy** courses in Moshi early in the year, with **6 participants** from Tanzania, Mozambique, South Sudan. Another session was held in November in Kampala, Uganda, with a total of **13 participants**, coming from Nigeria, Sierra Leone, Congo, Cameroon and Uganda.
- KCCO and Seva Canada met with **partner hospitals in Madagascar** and attended their **annual technical meeting** with the Ministry of Health and other local eye health organizations.
- Dr. Geneau visited Zambia on behalf of the David and Molly Pyott Foundation. KCCO has been mandated to **document the current situation of the eye health system in Zambia**, for the purpose of exploring potential partnerships between the Foundation and the Ministry of Health.

Trachoma capacity building

On behalf of Sightsavers Dr. Courtright attended meetings in the UK (for programme review) and France (for Chad) in January. He participated in annual review meetings in Uganda, Malawi, and Kenya, and conducted a capacity building session in Zambia. He also helped develop the documentation for trachoma transition planning, material to help facilitate the transition post elimination. He also facilitated an Ethiopian national level capacity building session related to trichiasis in Addis Ababa.

Drs. Courtright and Lewallen co-facilitated, and Dr. Geneau participated in a week-long capacity building session for Francophone ophthalmologists in Dakar, Senegal. The goal was for these ophthalmologists to become TT technical advisors for Sightsavers-supported trachoma programmes in West Africa.

Dr. Geneau attended the meeting of the RAFET (*Réseau Francophone des Experts sur le Trachome*) in Ouagadougou, Burkina Faso. He facilitated a session about the capacity building needs of national trachoma programmes and implementing partners in Francophone African countries.

Research and Evidence

All KCCO activities are evidence-based and KCCO conducts operational research to generate evidence used to improve policies, programmes and practices. KCCO is also involved in teaching graduate students, in building research capacity of KCCO Tanzania staff and of local health professionals and researchers. KCCO is sharing findings, transferring knowledge and raising awareness through presentations and publications.

- KCCO is **leading an ethnographic study on equitable access to Mass Drug Administration for trachoma elimination to understand the factors associated with low coverage in some areas of Kenya and Tanzania**. This project is conducted in collaboration with the Ministries of Health of Kenya and Tanzania, the National Institute for Medical Research and the African Institute for Health and Development (Kenya). Financial support comes from DFID, through the Coalition for Operational Research on Neglected Tropical Diseases.
- Drs. Lewallen and Courtright presented at the **UBC Grand Rounds in Vancouver, Canada**. Their presentations, on **cerebral malaria and trachoma**, were carried through the ORBIS network to ophthalmologists globally. Dr. Courtright also gave a talk on **gender and blindness** to Seva Canada donors and other interested parties.
- An MPH student from the **University of Cape Town**, supervised by Dr. Geneau, started data collection in Nigeria for his dissertation work. **Using a WHO standardized tool, the student is conducting a health systems analysis of diabetes and diabetic retinopathy services in Akwa Ibom State, Nigeria**. Another UCT MPH student, supervised by Dr. Courtright, completed her dissertation (on **adoption of recommended trichiasis outcome assessment and audit guidelines in Africa**). She presented findings at the 3rd WHO Global Trachoma Scientific Meeting.
- **Ophthalmic Epidemiology published, as a special issue, the final group of Global Trachoma Mapping Project surveys**. Dr. Courtright served as a guest editor and organized the special issue, which featured over 25 articles. All articles are open access and can be accessed [here](#).
- **The Expert Review of Ophthalmology published a review about Childhood Cataract in sub-Saharan Africa**. The paper was written as a collaboration between KCCO (Dr. Bronsard, Dr. Geneau and Dr. Courtright) and colleagues from Nigeria, Burundi and Uganda.

Childhood Blindness and Low Vision

KCCO continued to play a leadership role in the development of comprehensive childhood blindness activities and to support Childhood and Eye Health Programmes in Burundi, Madagascar, Malawi and Uganda.

Activities this year included community and school screening outreaches, surgery of the identified children, follow-up of the children after surgery and provision of optical services to these children.

KCCO encourages the programmes to offer quality services throughout the continuum of care and recognizes the importance of low-vision services and of connecting with the education system and services.

With the support of Seva Foundation and Wilde Ganzen- Netherlands, KCCO conducted a clinical

low vision training session for low vision therapists (for the Uganda and Burundi programmes) and trained teachers about basic low vision (in Uganda).

For identification and referral of visually impaired children, the Key Informants (KIs) model is still an effective way of mobilizing people in the community to identify children with severe visual impairment and blindness and getting people to attend outreach activities. It was observed that for programmes that do not have an outreach component with KIs involved, such as in Burundi, it was more challenging to reach children, especially in poor remote communities.

Around 228 new KIs were trained this year in Uganda and Malawi, and there are plans to implement that model in Burundi in 2019.



Above : KCCO provided clinical low vision training for low vision therapists. We also continued to train teachers and key informants in the basics of low vision.

The table below summarizes the numbers of screenings and surgeries performed on children by partner Child Eye Health Tertiary Facilities across the four countries.

Table 3. Summary of Child Eye Health Tertiary Facilities activities - number of patients.

Site	Children screened			Children who had surgery		
	Boys	Girls	Total	Boys	Girls	Total
Tororo, Uganda	2485	2048	4533	262	210	472
Blantyre, Malawi	4076	3563	7639	278	194	472
Burundi	7895	8129	16024	147	73	220
Madagascar	4323	5560	9883	100	92	192
CEHTF combined	18 779	19 300	38 079	787	569	1356

Addressing Trachoma Globally

KCCO supports elimination of trichiasis as a public health problem in Tanzania

Programmes in Manyara and Arusha regions are approaching their trichiasis elimination thresholds. They have been very active throughout the year with improved case finding through house-to-house screening with the assistance of influential community leaders and trained case finders.

Data show that the commitment of case finders had a significant impact on the number of cases managed.

Activities were also started in a new district (in Arusha region).

The strong collaboration between the KCCO and the Tanzanian Ministry of Health at the district and regional levels has been one of the key drivers of success in running the activities.

Thank you to DFID, the END Fund and the Queen Elizabeth Diamond Jubilee Trust for their support.



Left: A play on the importance of face washing and assessment of TT, performed in Arusha on World Sight Day

Right: KCCO developed a Trainers Guide manual, funded by ITI, for Zithromax MDA, as well as a manual on Supportive Supervision for MDA as part of the Trachoma SAFE Strategy Series of the International Coalition for Trachoma Control. The guides are available in English and French.



Zithromax[®] Mass Drug Administration Trainers Guide

ICTC International Coalition for Trachoma Control



Supportive Supervision for Mass Drug Administration for PCT-NTDs

ICTC International Coalition for Trachoma Control

Table 4. Summary of TT elimination activities in Tanzania – number of patients

Site	Number of patients who had Trichomatous Trichiasis surgery	
	Men	Women
Manyara Region Kiteto and Simanjero Districts DFID programme	86	171
Arusha – Monduli and Longido Districts Queen Elizabeth Diamond Jubilee Trust Programme	11	85
Arusha – Ngorongoro District The END Fund Programme	30	107
Arusha- DC Queen Elizabeth Diamond Jubilee Trust Programme	22	16
All sites	149	379

Strengthening organizational capacity for the implementation and evaluation of trachoma elimination programmes

The Division of Ophthalmology at the University of Cape Town (UCT) is now a WHO Collaborating Centre for Trachoma. The KCCO will support the research and capacity building activities of the new WHO CC. Dr. Geneau serves as the Director of the WHO CC through his affiliation with UCT.

On behalf of Sightsavers, Dr. Courtright assisted the Ministries of Health in Senegal and Cote d'Ivoire with their trachoma elimination planning. He also contributed to the planning for all of the 11 accelerate countries. Full programme activities will start in early 2019.

After working on developing trachoma transition planning documents for the different components of the SAFE strategy, Dr. Courtright facilitated an ICTC meeting on transition planning (supported by Sightsavers) in London in April. Dr. Geneau facilitated the session on capacity building for transition planning. Dr. Courtright continued to provide technical support to Sightsavers for the

Trust and DFID programmes in nine countries in Africa.

KCCO and ITI facilitated a Trachoma Action Plan workshop in the Central African Republic. The workshop took place in Bangui and brought together the national programme team and relevant local stakeholders, such as representatives of trachoma endemic districts, the national NTD unit as well as WASH partners. KCCO and ITI also facilitated Trachoma Action Plan workshops in Papua New Guinea, Zanzibar and Zimbabwe.

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Staff Contact Details

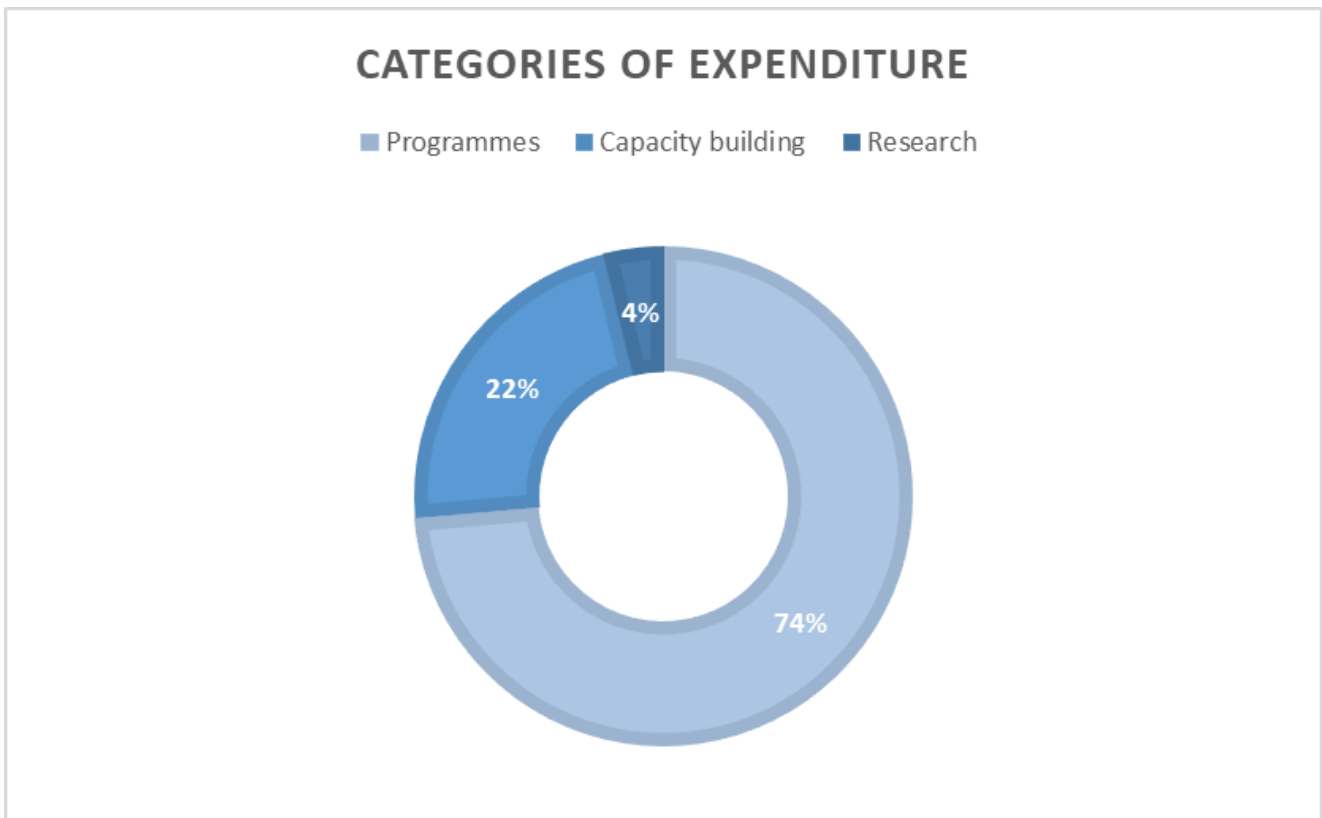
Name	Position	Email
Robert Geneau	Executive Director KCCO US	rgeneau@kcco.net
Edson Eliah	Director – KCCO Tanzania	eeliah@kcco.net
Annie Bronsard	Senior Advisor	abronsard@kcco.net
Peter Kileo	Programme Coordinator	pkileo@kcco.net
Elizabeth Kishiki	Childhood Blindness & Low Vision Coordinator	ekishiki@kcco.net
Genes Mng'anya	Administration & Course Manager	genes@kcco.net
Fortunate Shija	Microfinance & Eye Care Coordinator	fshija@kcco.net
John Minde	Accounting Assistant	jminde@kcco.net
Edmund Kamazima	Programme Assistant	ekamazima@kcco.net
Agnes Lucumay	NTD Programme Officer	alucumay@kcco.net
Robert Tumsifu	NTD Programme Officer	rtumsifu@kcco.net
Saning'o Kimani	NTD Programme Officer	skimani@kcco.net
Petra Adams	Programme Administrator	admin@kcco.net
Paul Courtright	Founder and Consultant	pcourtright@kcco.net
Susan Lewallen	Founder and Consultant	slewallen@kcco.net

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Seva Canada	\$ 294 785.59
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Champalimaud Foundation	\$74 969.77
The END Funds	\$ 48 961.00
David and Molly Pyott Foundation	\$ 28 901.39
Coalition for Operational Research on NTDs	\$ 18 460.58
Wilde Ganzen	\$12 991.62
Partnership for Global Research and Development	\$7021.21
Light for the World	\$2125.00
Fred Hollows Foundation	\$2100.00
Total	\$1 548 513.34



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Kilimanjaro Centre for Community Ophthalmology

www.kcco.net | admin@kcco.net

KCCO Tanzania

P.O. Box 2254

Moshi, Tanzania

+255 27 275 3547

KCCO International

H53 OMB Groote Schuur Hospital

Observatory 7925, South Africa

+27 21 650 2462