

2020 ANNUAL REPORT

**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.

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.

Impact

Building capacity to strengthen existing eye health systems and to spur local innovation

Facilitation of planning and change implementation at different levels of the health system

Epidemiological and operational research to inform practice, program and policy



Above: A Tanzanian patient after cataract surgery.

MESSAGE FROM THE DIRECTORS



Above: A Tanzanian patient preparing to receive cataract surgery.

KCCO carried out its multipronged mission (research, program and capacity strengthening) across Africa in 2020 despite the challenges posed by the COVID-19 pandemic. We wish to thank the different donors that supported the purchase of locally available items for COVID-19 public health prevention measures (soap, hand sanitizers and Personal Protective Equipment). KCCO was able, in its different countries of operation, to support the implementation of prevention measures aligned with international and national standards so that partner hospitals could keep patients and staff safe.

In the fight against trachoma, KCCO continued its activities as a local implementing partner to support trachoma elimination efforts in three districts in Tanzania. KCCO also initiated two operational research projects (covering Tanzania, Ethiopia, Kenya and Nigeria) in 2020 related to trichiasis case finding and outreach campaigns.

These research projects are part of our portfolio of activities under the umbrella of the WHO Collaborating Centre for Trachoma at the University of Cape Town (UCT) where a number of KCCO staff and collaborators serve as Honorary Professors in the Division of Ophthalmology.

Regarding the development of sustainable eye care programs in Africa – a key strategic pillar for KCCO and its partners – some programs (but not all) did report delivering less services than originally planned in 2020 due to the COVID-19 pandemic. But many programs adjusted, for example by bringing services closer to the communities through surgical outreach camps. Travel restrictions also meant that KCCO staff engaged in more virtual mentoring activities than ever before, paving the way for new modes of collaboration with local implementing partners working in areas where internet connectivity is gradually improving.

All in all, 2020 was still a good year from a program perspective despite COVID-19 – with 109,801 people examined and served across our seven countries of operation.

Robert Geneau and Edson Eliah



Above: A mother in Tanzania accompanies her daughter to the hospital.

2020 HIGHLIGHTS

85,671

**ADULTS WERE
SCREENED FOR EYE
DISEASES**

7,666

**ADULTS RECEIVED
CATARACT SURGERY**

24,130

**CHILDREN WERE
SCREENED FOR EYE
DISEASES**

555

**CHILDREN RECEIVED
CATARACT SURGERY**

VISION 2020

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

Vision 2020 program	Screened and treated			Cataract surgeries		
	Male	Female	Total	Male	Female	Total
Vakinankaratra Region, Madagascar	4,140	6,851	10,991	245	207	452
Atsinanana Region, Madagascar	1,000	1,411	2,411	322	294	616
Sava Region, Madagascar	2,112	2,479	4,591	152	95	247
Mara Region, Tanzania	3,392	3,252	6,644	120	116	236
Singida Region, Tanzania	2,798	2,875	5,673	334	391	725
Lira Region, Uganda	3,714	5,238	8,952	275	354	629
Amhara Region, Ethiopia	8,415	5,862	14,277	341	276	617
Mwanza Region, Tanzania	6,452	6,226	12,678	599	477	1,076
Bourgou Region, Benin	8,442	6,644	15,086	1,593	1,161	2,754
Dodoma Region, Tanzania	1,835	2,533	4,368	142	172	314
All sites combined	42,300	43,371	85,671	4,123	3,543	7,666

The COVID-19 pandemic and associated public health measures affected the programs most directly between March and September, but by the end of the third quarter most had partially or fully transitioned to a “safe restart” mode.

Through help from our donors, we were able to provide financial support to partner hospitals for the local procurement of soap/hand sanitizer and personal protective equipment.

We have observed a 22% decrease in patients screened and a 17% decrease in cataract surgeries compared to 2019.

Many thanks to **Seva Foundation** and **Seva Canada**.



Left and above: After hard lockdowns, activities resumed in most programs with preventative measures in place.

VISION 2020



Left: Hand sanitizer and face masks arrive in Vakinankaratra, Madagascar.

Right: A health worker wears a face shield in Vakinankaratra, Madagascar.



Left: A procedure is performed during an outreach in the Manyoni district of the Singida region, Tanzania.



CHILDHOOD BLINDNESS AND LOW VISION

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

Sites	Total Screened		Total surgeries							
			Cataract Surgeries		Glaucoma		Other Surgeries		Total Surgeries	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
BEH/Tororo	2414	1945	93	53	37	6	229	131	359	190
LSFEH/ Blantyre	1330	1262	132	71	24	18	152	118	265	182
Burundi	3762	4401	56	48	5	1	125	96	186	145
Madagascar	3922	4508	32	26	4	5	26	20	62	51
Mwanza	591	586	26	18	0	0	26	15	52	33
Combined (Total)	11428	12702	339	216	70	30	532	365	872	568

KCCO observed a 28% decrease in the number of children screened at our CEHTF compared to 2019. Lockdowns and school closures affected both outreach and follow up capabilities. There was, however, an overall increase in the number of cataract surgeries (from 416 to 555), with a slight decrease in total surgeries (12%).

Uganda: Our partner, the Benedictine Eye Hospital, expanded the number of districts served by our pediatric eye health program. Despite interruptions of school screenings and outreach camps, it is worth noting that for the outreaches which were able to be held, an overwhelming number of adults presented themselves for assistance and some were helped when possible.

Malawi: Demand for services increased towards the end of the year despite ongoing lockdowns. The program was also challenged by a low turnout of patients, especially walk-ins, due to the rising cost of bus fares.

Burundi: An agreement was reached and initiated with the Ministry of Health for a pilot program to enhance community activities through school screenings with a focus on low vision. Surgical offerings were also upscaled by adding another day at the site and a half-day for low vision.

Madagascar: Pediatric activities were allowed to continue alongside adult programs, in part with the help of the PPE purchased with funding from **Seva Canada** and KCCO.

Tanzania: The Bugando Medical Centre was added as a KCCO CEHTF in the last quarter of 2020. During this quarter, 705 children were screened. Of those, all 30 children who were referred for cataract surgery received it.

USAID Childhood Blindness Program - Uganda

The project "Following up child cataract patients in Uganda" is implemented with funding from **USAID**, and co-funding from **Seva Foundation** and the **David and Molly Pyott Foundation**. By the end of 2020, more than half of the 100 children slated for follow-up who previously admitted to BEH with bilateral cataract were visited and, where necessary, referred for additional services. The team also set the groundwork for the many key informant trainings and screenings which form part of the services component of this project.



Above, right and below: Most of the home visits for the two-year project "Following up child cataract patients in Uganda" took place in 2020. Children were chosen through a retrospective chart review. During the visits, the children, as well as their caregivers and teachers where possible, were interviewed. The project will be completed in early 2022.

Our thanks to the team from Benedictine Eye Hospital, led by Dr. Proscovia Arach (right) and Caroline Adiko (below).



REDUCING GENDER INEQUALITY

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

Sites		Total patients		Nb of community members referred by MF		Total cataract		Nb of cataract patients operated		Total TT		Nb of trachomatous trichiasis (TT) patients operated	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Tanzania	Mara Region	1393	1254	12	22	28	34	5	11	0	0	0	0
	Ngorongoro District	320	608	38	117	0	0	0	0	8	24	0	10
Total		1713	1862	50	139	28	34	5	11	8	24	0	10

A refresher training on eye health was offered to 30 members of microfinance groups previously trained by KCCO in 2015. KCCO also offered these groups a new round of training on entrepreneurship and microfinance to support their income-generating activities.

As most of outreach activities were stopped due to the COVID-19 outbreak, microfinance and eye health activities were also affected. The referred cases were only found in the first quarter and the first month of the second quarter when outreach activities were active.

Thank you to Seva Canada for supporting this initiative.



Above: During the training the members had a chance to share their experiences of being case finders in their communities. They were also reminded of their roles as eye health ambassadors. KCCO has been working with microfinance women groups for more than 6 years and they have had regular refresher trainings and added more MF members since the beginning of the project.

STRENGTHENING HEALTH SYSTEMS AND BUILDING CAPACITY

KCCO was offered a new consultancy assignment by the Fred Hollows Foundation. The overall mandate is to support the development of a new National Plan for Blindness Prevention in Burundi (2022-2026). KCCO works in partnership with the Burundi Ministry of Public Health and the Fight Against AIDS. KCCO initiated in 2020 the situational analysis exercise, which will be followed in 2021 by a stakeholder workshop to draft the key sections of the Plan.

The annual cross-learning meeting for the mentees of the Global Sight Initiative (Seva Foundation) was held in the Mwanza region, Tanzania. The programs shared experiences on implementation, especially in adjusting to the COVID-19 situation. The use of routine data to improve program practices, as well as the sustainability of services were also discussed. Colleagues had an opportunity to spend time together in the outreach, and doctors exchanged skills in the theater while conducting surgeries. The Lira program (Uganda) and HOSAT (Benin) joined the meeting remotely as they were unable to travel to Tanzania due to COVID-19.

Our thanks to **Seva Foundation**, through GSI support, for always making this meeting possible.



Top left: Participants from the Singida and Mwanza programs were able to meet physically at the GSI cross learning meeting.

Bottom left and above: Patients are seen at an outreach that co-incided with the meeting.

ADDRESSING TRACHOMA GLOBALLY

Table 4. Summary of screening and surgical interventions realized during 2020 for all trichiasis programs in Tanzania.

Sites	Total Screened		TT cases		TT Surgeries		Epilation	
			M	F	M	F	M	F
Manyara	37677	37985	1	5	1	5	0	0
Arusha	320	608	8	24	6	13	1	3
Kilimanjaro	41	77	13	33	8	30	5	3
Tanga	71	86	8	12	7	4	0	4
Combined (Total)	38109	38756	30	74	22	52	6	10

After a busy first quarter in 2020 filled with intense geographical coverage of case-finding activities, trachomatous trichiasis elimination activities were suspended in April following the the outbreak of the COVID-19 pandemic.

Project activities resumed in the fourth quarter. This required three-to-six months follow-up cases of the patients who had surgeries earlier in the year. These activities were conducted in Korogwe, Rombo and Ngorongoro districts where the TT elimination projects still operate.

Dr. Geneau and Dr. Courtright also remained involved in several trachoma-related projects as consultants for different partners and donors.



Left: When case finders find patients, the screener visits the areas for screening to confirm the cases and set a surgical outreach day based on the number of confirmed TT cases.

RESEARCH AND EVIDENCE

KCCO co-authored two scientific articles this year:

- Mwangi, G., P. Courtright and A. W. Solomon (2020). "Systematic review of the incidence of post-operative trichiasis in Africa." *BMC Ophthalmol* 20(1): 451.
- Mwangi, G., P. Courtright and A. W. Solomon (2021). "National approaches to trichiasis surgical follow-up, outcome assessment and surgeon audit in trachoma-endemic countries in Africa." *Br J Ophthalmol* 105(7): 904-908.

Research for multiple publications expected to be produced from the project "Following up child cataract patients in Uganda" continued throughout 2020 and into 2021.

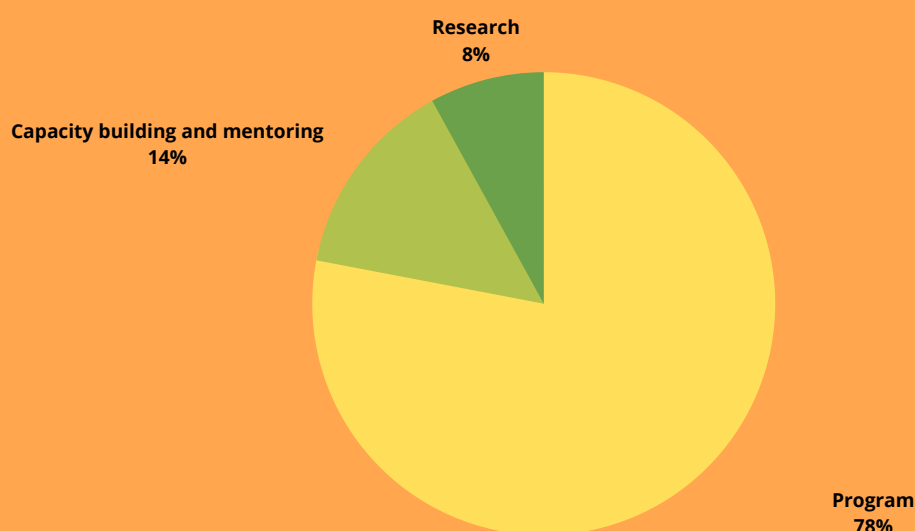
In August, KCCO learned that its research grant application submitted to the Lions SightFirst was successful. The project "Increasing Cataract Surgical Utilization in Central Tanzania: Alternate Community Based Intervention" started late 2020. The research team is comprised of Dr. Frank Albert (Benjamin Mkapa Hospital in Tanzania), Dr. Robert Geneau (KCCO), Dr. Gareth Mercer (McGill University in Canada) and Dr. Ken Bassett (Seva Canada/Seva Foundation).

FINANCIAL OVERVIEW

EXPENDITURES BY DONOR

US DOLLARS

Seva Foundation	\$416,023.00
Seva Canada	\$319,449.80
Sightsavers International	\$133,281.80
The END Fund	\$72,920.48
Lions SightFirst	\$49,998.00
USAID Childhood Blindness Program	\$49,972.00
Indirect costs from grants (where applicable)	\$49,291.37
Coalition for operational research on neglected tropical diseases (COR NTD)	\$14,246.20
Light for the World	\$6,720.00
Task Force for Global Health	\$3,745.00
Magrabi ICO Cameroon Eye Institute	\$3,380.00
Wilde Ganzen COVID-19 support	\$1,106.46
Private donations	\$200.30
Total:	\$1,120,334.41



Acknowledgements: Pictures from the cover and last page are by Ellen Crystal Photography. Pictures on pages 1 and 2 are by Joe Raffanti. All other pictures are taken by KCCO and program staff on the ground.

KCCO TEAM

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

Robert Geneau - Executive Director, KCCO International rgeneau@kcco.net

Edson Eliah - Director, KCCO Tanzania eeliah@kcco.net

Peter Kileo - Program Coordinator pkileo@kcco.net

Elizabeth Kishiki - Childhood Blindness and Low Vision Coordinator ekishiki@kcco.net

Genes Mng'anya - Administration and Course Manager genes@kcco.net

Fortunate Shija - Microfinance and Eye Care Coordinator fshija@kcco.net

John Minde - Accounting Assistant jminde@kcco.net

Edmund Kamazima - Program Assistant ekamazima@kcco.net

Agnes Lucumay - NTD Program Officer alucumay@kcco.net

Robert Tumsifu - NTD Program Officer rtumsifu@kcco.net

Saning'o Kimani - NTD Program Officer skimani@kcco.net

Petra Adams - Program Coordinator admin@kcco.net

Paul Courtright - Founder and Consultant pcourtright@kcco.net

Susan Lewallen - Founder and Consultant slewallen@kcco.net



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