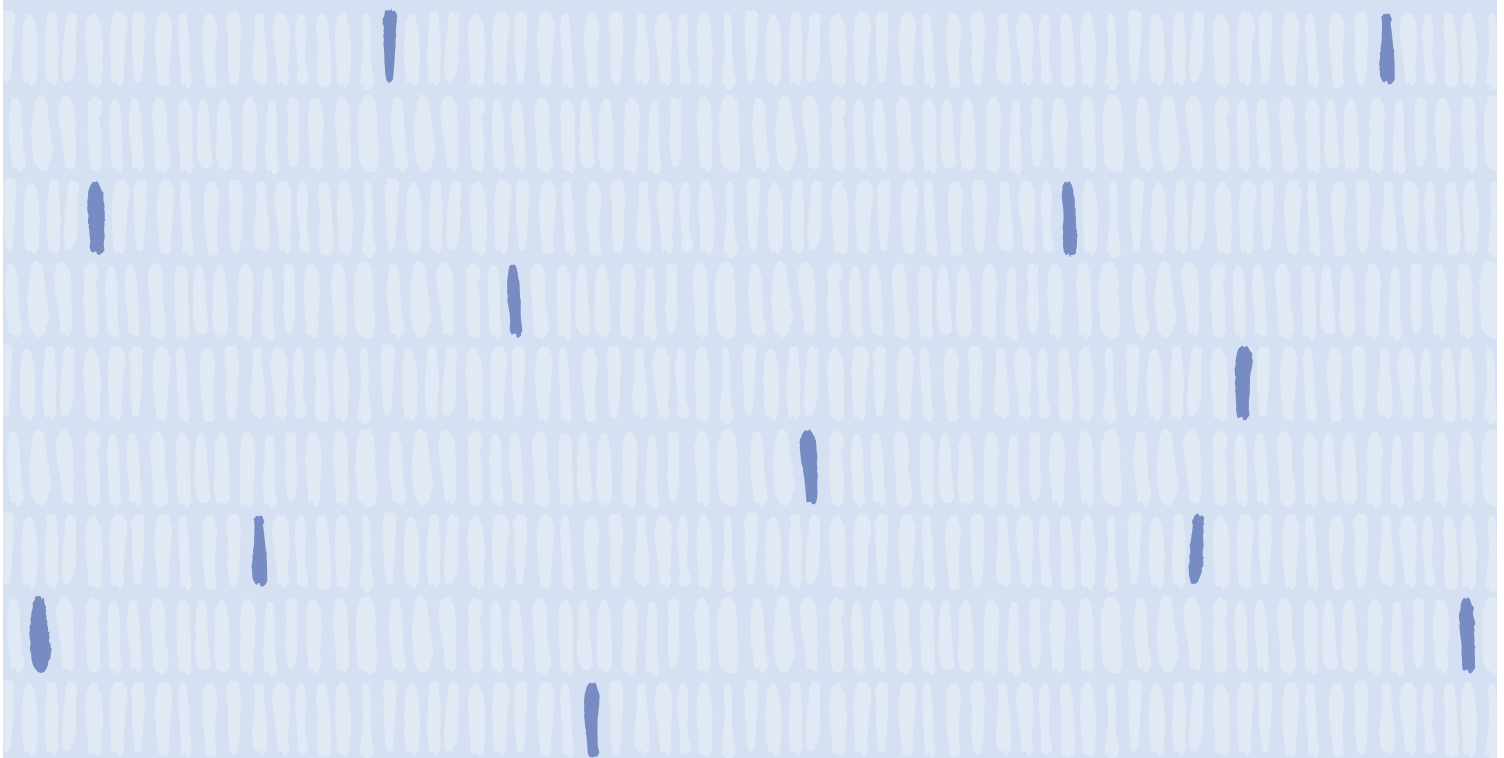


# 2023 ANNUAL REPORT

Kilimanjaro Centre for Community Ophthalmology



# About KCCO

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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.



## Eliminating Avoidable Blindness in Africa



**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.



**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.



**OUR IMPACT** is KCCO's contribution to develop, implement and evaluate evidence-based eye health programs to :

- 1) Reduce the burden of visual impairment and avoidable blindness in sub-Saharan Africa;
- 2) Increase gender equity in eye care.

# Message from the Directors

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Dear Friends, Partners, and Donors,

As we reflect on the past year, we at the Kilimanjaro Centre for Community Ophthalmology (KCCO) are filled with gratitude for your unwavering support. Your commitment has been instrumental in our pursuit to eliminate the burden of avoidable blindness across Africa.

2023 has been a year of both challenges and triumphs. Thanks to our partners and donors, we have expanded our reach and deepened our impact in communities most in need. Our efforts have been multifaceted—from increasing access to high-quality eye care services to enhancing the training and capacity of local ophthalmologists, vision care workers and eye health program managers.

We brought vital eye care services to remote areas through outreach programs, reducing the barriers of distance and cost that many face. Additionally, our community mobilization efforts and campaigns

have raised awareness about preventable and treatable conditions, empowering individuals with the knowledge to seek care.

As we look ahead, we are excited about the opportunities to further our mission. With your continued partnership, we are confident in our ability to drive change and bring us closer to a future where no African is left in the dark due to preventable blindness.

Thank you once again for your dedication and support.

Warm regards,



Robert Geneau  
*Executive Director*



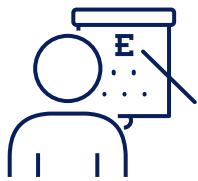
Edson Eliah  
*Tanzania Director*



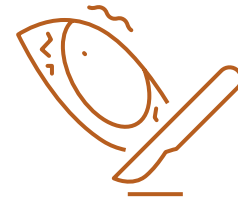
From left to right John Minde, Edmund Kamazima, Elizabeth Kishiki, Peter Kileo, Edson Eliah, Genes Mng'anya and Fortunate Shija. Our office is now located on the compound of the Kilimanjaro Christian Medical Centre (KCMC). A new Memorandum of Understanding was signed in May 2023 between KCCO and KCMC.

# Community-oriented eye health programs

Key service delivery statistics in 2023 include (see Table 1 for details):



**233 792 patients were screened**, of which 52% were women.



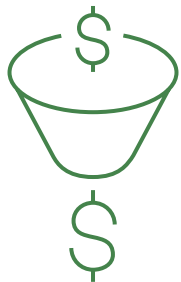
**13 710 sight-restoring cataract surgeries were done**, of which 50% of the beneficiaries were women.



**23 154 spectacles were distributed**, of which 56% of recipients were women.

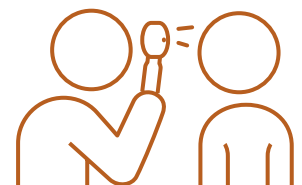


**7390 other eye surgeries were done**, of which 51% of beneficiaries were women.

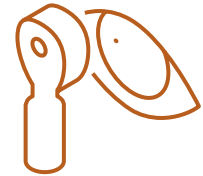


**Funding per program ranges from \$25,000 to \$35,000 per year**, underscoring the fact that a modest investment in eye health programs yields substantial benefits and dramatically improves access to essential eye care services for vulnerable populations in rural areas.

**The number of patients examined and served increased by 16% in 2023 vs 2022.** There are several factors behind this increase: efficiency gains, addition of a new program in Toliara (Madagascar) and 4 programs in Tanzania that scaled up their activities in 2023 after a launch and mentoring phase in 2022.



Eye health outreach activities remain an effective strategy to reach people in need of eye care services in rural areas. **A total of 445 outreach camps were held across our different programs.** Of all patients examined and served, approximately 30% were first managed at a community outreach.



**The total number of cataract surgeries performed across our various programs decreased by 10.6% in 2023 vs 2022.** While some new programs quickly scaled up surgical services (e.g. an increase of 460% in the number of cataract surgeries in Mtwara region in Tanzania), other faced challenging situations.

In Ethiopia, the program in Amhara region, and the local populations in its catchment area, were greatly affected by recurrent armed conflicts in 2023. Other programs had to contend with a temporary decrease in surgical capacity (e.g. ophthalmologists away for further training, maternity or medical leaves, etc.). The program in Mara region in Tanzania is currently depending on visiting ophthalmologists from neighboring regions, but two doctors (one supported by Seva Canada) will soon complete their ophthalmology training (one in 2024 and the other in 2025) and they will then report back to the base regional hospital.

**KCCO supported the different programs through both in-person mentoring visits (22 visits) and remote mentoring sessions,** as well as through a cross-learning meeting designed to facilitate peer-to-peer learning.



**For KCCO, closing the gender gap in eye care remains a priority. In 2023, 52% of those screened and 50% of those receiving cataract surgery were women.**

We continued to deploy gender-sensitive interventions across our programs.

KCCO provided basic eye health training to 260 Women's Microfinance (MF) Group members, who played a key role in referring other community members to attend KCCO-sponsored outreach camps. KCCO incentivized high-performing MF members by providing them with business training to motivate them to continue to participate in outreach activities and refer cases to the base hospitals on an ongoing basis and not just in the context of outreach activities.

# Community-oriented eye health programs (continued)

**Table 1: Screening and surgical interventions for adults at KCCO-supported sites**

PROGRAMS	# OF PATIENTS SCREENED & TREATED	CATARACT SURGERIES	OTHER SURGERIES	SPECTACLES
HOSAT – Benin (Borgou region)	21803 (39% female)	2687 (42% female)	572 (40% female)	1001 (48% female)
Felege Hiwot Hospital – Ethiopia (Bahir Dar region)	23309 (48% female)	1244 (52% female)	1236 (53% female)	0 (0% female)
SALFA Hospital – Madagascar (Vakinankaratra Region)	20541 (62% female)	805 (51% female)	382 (53% female)	5330 (66% female)
SALFA Hospital – Madagascar (Sava Region)	7224 (57% female)	514 (58% female)	83 (66% female)	1386 (63% female)
Community Eye Centre – Madagascar (Sava Region)	1490 (56% female)	118 (48% female)	11 (82% female)	369 (54% female)
SALFA Hospital – Madagascar (Atsinanana Region)	5477 (62% female)	633 (51% female)	114 (55% female)	335 (64% female)
SALFA Hospital – Madagascar (Toliara Region)	5135 (55% female)	285 (39% female)	78 (58% female)	1895 (64% female)
Musoma Regional Referral Hospital – Tanzania (Mara Region)	8816 (49% female)	364 (44% female)	59 (46% female)	447 (57% female)
Bugando Medical Centre – Tanzania (Mwanza Region)	29957 (52% female)	1218 (51% female)	648 (50% female)	1355 (54% female)
Mbeya Zonal Referral Hospital – Tanzania (Mbeya Region)	29653 (51% female)	535 (51% female)	1427 (54% female)	3075 (56% female)
Benjamin Mkapa Hospital – Tanzania (Dodoma Region)	12481 (55% female)	1218 (58% female)	101 (60% female)	2578 (59% female)
Singida Regional Referral Hospital – Tanzania (Singida Region)	7850 (52% female)	819 (51% female)	54 (50% female)	1208 (51% female)
Kagera Region, Tanzania	15966 (52% female)	849 (50% female)	311 (46% female)	1491 (50% female)
Manyara Region, Tanzania	9267 (54% female)	623 (57% female)	55 (62% female)	933 (52% female)
Tanga Region, Tanzania	11798 (51% female)	755 (55% female)	115 (50% female)	1291 (52% female)
Mtwara Region, Tanzania	13532 (53% female)	748 (50% female)	2047 (48% female)	422 (46% female)
Lira Regional Referral Hospital – Uganda (Lira Region)	9493 (61% female)	295 (59% female)	97 (44% female)	38 (55% female)
<b>TOTAL</b>	<b>233792 (52% FEMALE)</b>	<b>13710 (50% FEMALE)</b>	<b>7390 (51% FEMALE)</b>	<b>23154 (56% FEMALE)</b>



**Nurdin, a 23-year-old man, was born in the Bukoba region and has been blind since the age of 4 years old.**

His relatives were ashamed of his blindness and usually hid him in the house. He was later sent to live with his aunt in Ikungi District, in Singida Region, to attend a school for the blind.

When his aunt heard the Singida Regional Referral Hospital announce an outreach near their village, she decided to take him for screening. Upon diagnosis, he was found to have bilateral cataracts. During counselling, he was advised to have surgery on one eye and the other eye six months later. He accepted surgery and was very excited to have his sight back after being blind for a very long time. He was even willing to have the second eye operated on the same day. He is grateful to the staff at Singida Regional Referral Hospital and to the donors who made it possible for him to have this life-changing surgery.

KCCO and its partner hospitals are now expanding outreach programs so that children with cataracts, unlike Nurdin who was operated on as an adult, can be identified and treated as early as possible to ensure the best visual outcomes.

“His relatives were ashamed of his blindness and usually hid him in the house.”



Nurdin (right) being examined pre-surgery.



Nurdin (right) accompanied by his aunt (left) at the cataract surgical outreach.



Nurdin's successful surgery.



# Childhood blindness and low vision programs

Key service delivery statistics in 2023 include (see Table 2 for details):



**29 235 children screened**, of which 52% were girls.

**698 sight-restoring cataract surgeries were done**, of which 45% of the beneficiaries were girls.

**1438 other eye surgeries were done**, of which 43% of the beneficiaries were girls.



**1171 spectacles** were distributed, of which 51% of recipients were girls.



**Janet is a four-year-old girl in Uganda. Her mother first noticed a problem with her eyes when she was nine months old, but because she was otherwise normal, she did not seek medical attention.**

When she started pre-school at the age of four, teachers became concerned that she could not see the blackboard. Janet was eventually referred to the Benedictine Eye Hospital in Tororo and diagnosed with bilateral congenital cataracts. She received surgery and glasses. Upon follow-up, Janet's mother reported that her vision and mobility had greatly improved and she was now able to interact freely with other children. Her caregiving burden as a mother has also reduced. Moving around is no longer difficult for Janet because she can see where she is going. More importantly, Janet is happy to be back at school learning. She can join her friends in games and play freely without fear.

**"Moving around is no longer difficult for her."**

Inset photo: Janet sits with her mother after her successful surgery.

Main photo: Spectacle correction is part of the treatment for bilateral congenital cataract.

In 2023, KCCO continued to mentor and support the delivery of pediatric eye care services in Burundi, Madagascar, Malawi, Tanzania, Uganda.

Early identification and surgical intervention are crucial for children with congenital cataract to ensure the best visual outcomes. This is why KCCO continues to train village/community volunteers (Key Informants) to identify and refer children with visual impairment. **In 2023, a total of 1043 Key Informants were trained.**

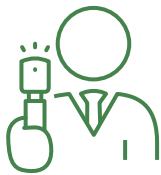
**Table 2: Screening and surgical interventions for children at 5 Child Eye Health Tertiary Facilities (CEHTF)**

PROGRAMS	# OF PATIENTS SCREENED & TREATED	CATARACT SURGERIES	OTHER SURGERIES	SPECTACLES
<b>BEH Tororo</b>	4379 (46% female)	Cataract - 126 Glaucoma - 38 Others - 388 552 (35% female)	353 (57% female)	21 (66% female)
<b>LSFEH (Blantyre, Malawi)</b>	6027 (52% female)	Cataract - 130 Glaucoma - 36 Others - 340 506 (45% female)	85 (42% female)	33 (34% female)
<b>Burundi (CTSOE)</b>	6073 (52% female)	Cataract - 217 Glaucoma - 26 Others - 231 474 (46% female)	89 (56% female)	0 (0% female)
<b>Madagascar</b>	7991 (56% female)	Cataract - 49 Glaucoma - 9 Others - 121 179 (49% female)	*-	*-
<b>Mwanza</b>	4765 (49% female)	Cataract - 176 Glaucoma - 4 Others - 245 425 (48% female)	644 (50% female)	216 (45% female)
<b>TOTAL</b>	<b>29235 (52% FEMALE)</b>	<b>CATARACT: 698 GLAUCOMA: 113 OTHERS: 1325 2136 (44% FEMALE)</b>	<b>1171 (51% FEMALE)</b>	<b>270 (48% FEMALE)</b>

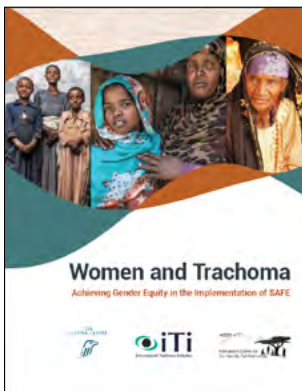
\*data unavailable at time of publication

# Eliminating trachoma as a public health problem

KCCO worked in several trachoma-endemic districts in Tanzania to help them reach the goal of eliminating trachoma. People with trachomatous trichiasis were then offered free surgical management (see Table 3 for details).



**631 community volunteers** trained as “trichiasis case finders” in Tanzania.



KCCO is a member of the **International Coalition for Trachoma Control**, a **multistakeholder collaboration platform** for non-governmental organizations (NGOs), academia, donors, and industry working together with the explicit goal to reach global elimination of trachoma as a public health problem by 2030. KCCO worked with other ICTC partners and collaborators to develop the second edition of the manual **“Women and Trachoma”**.

**KCCO also works in Africa as a World Health Organization Collaborating Center (WHO CC) for Trachoma**, based at the University of Cape Town in South Africa. As a WHO CC, KCCO organized, with support from donors and partners, regional capacity building workshops on trachoma elimination dossier. The aim was to strengthen the capacity of national trachoma elimination programs to prepare their dossier before its submission to WHO. To be declared as having eliminated trachoma as a public health problem, countries must have their dossier (containing all epidemiological data and data on the impact of interventions) evaluated by independent reviewers and validated by WHO.



Representatives from Eritrea, Ethiopia, Guinea-Bissau, Kenya, Mozambique, Nigeria, South Sudan, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe attended the workshop in Addis Ababa.

**Table 3: Screening and surgical interventions realized during 2023 for all trachoma programs in Tanzania**

PROGRAMS	# SCREENED AT OUTREACH	# CONFIRMED WITH TT	# OF TT PATIENTS MANAGED	
			SURGERY	EPILATION
<b>Meru</b>	245 (59% female)	81 (65% female)	55 (67% female) (total of 77 operated eyes)	10 (50% female)
<b>Monduli</b>	321 (65% female)	76 (84% female)	47 (87% female) (total of 69 operated eyes)	8 (75% female)
<b>Karatu</b>	430 (57% female)	15 (73% female)	15 (73% female) (total of 22 operated eyes)	0 (0% female)
<b>Longido</b>	679 (70% female)	92 (85% female)	51 (80% female) (total of 72 operated eyes)	8 (100% female)
<b>Ngorongoro</b>	335 (67% female)	73 (90% female)	35 (91% female) (total of 56 operated eyes)	6 (100% female)
<b>TOTAL</b>	<b>2010 (65% FEMALE)</b>	<b>337 (81% FEMALE)</b>	<b>203 (80% FEMALE) (TOTAL OF 296 OPERATED EYES)</b>	<b>32 (78% FEMALE)</b>



Ngoije pictured during her follow-up visit, 3 months after her successful TT surgery.

**Ngoije Kishile, a 61-year old female from Longido District, Tanzania, had been suffering from the discomfort of her eyelashes touching her eyes for more than 15 years.**

She was suspected of having trachomatous trichiasis (TT) in both eyes by one of the trained community case finders who later brought her to the screening site, and she was identified as having TT by the KCCO program-trained eye surgeon.

Previously, she had only relied on epilation to relieve the discomfort. Ngoije underwent TT surgery at the district hospital.

The KCCO team found Ngoije in her ward for her 3-6 month follow up and she had no post-operative complications. Her vision had improved, and she was very happy to see that the team had kept their promise to follow up with her after 3 months.

Ngoije's treatment was part of a program that allowed her surgery to be performed free of charge. She was motivated to encourage others in her village who she knew had TT to come to the hospital for treatment.

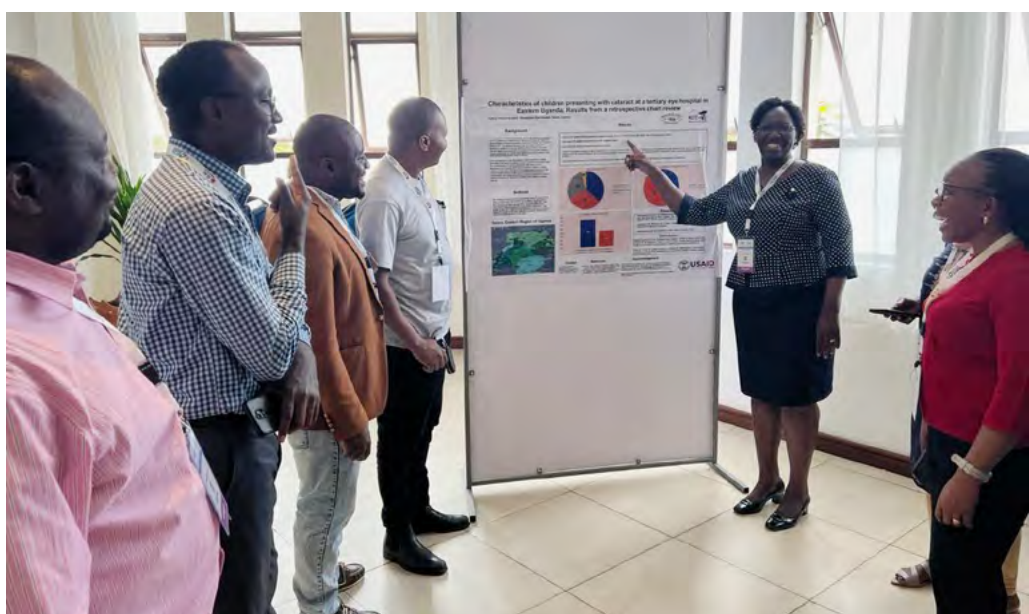
# Research and evidence

**Through a grant from Lions SightFirst to KCCO, the “The Dodoma Community Cataract Acceptance Trial (DoCCAT)” project is now in its implementation phase. The study aims to identify effective community-based interventions to increase access and acceptance of cataract surgery in the central part of Tanzania.**

Several past projects are now in the knowledge translation phase. The list of KCCO peer-reviewed scientific articles is presented below.

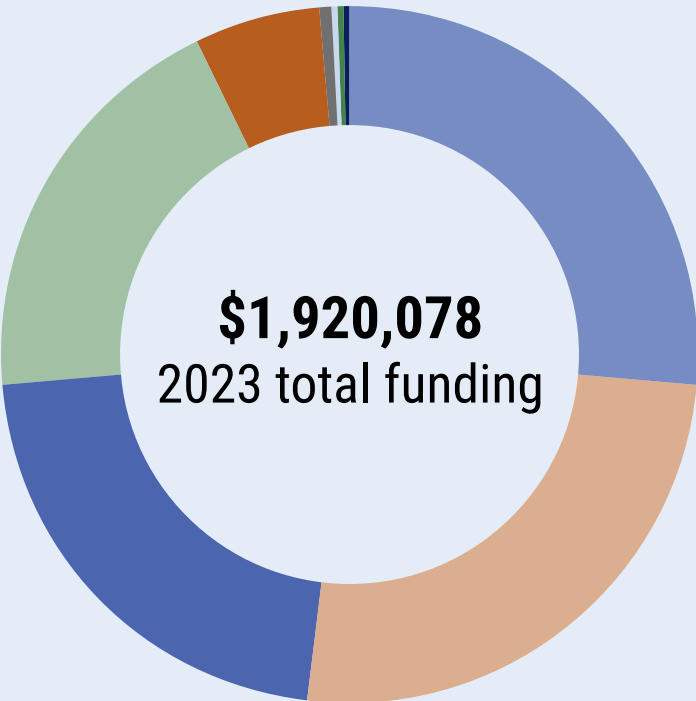
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**KCCO staff and partners also presented scientific results at eye health conferences and events.**



Dr. Proscovia Arach, from the Benedictine Eye Hospital in Uganda, presented some of the results from a KCCO-led and USAID-funded project that ended in 2022. The presentation and scientific poster focused on the characteristics of children presenting with cataract in Northern Uganda.

# 2023 Financial Overview



- \$ 509,818 Fred Hollows Foundation
- \$ 488,736 Sightsavers International
- \$ 419,844 Seva Canada
- \$ 364,778 Seva Foundation
- \$ 111,090 USAID
- \$ 12,300 Individual donations
- \$ 7,118 Moran Foundation
- \$ 5,000 CBM
- \$ 1,394 Task Force for Global Health





**We are grateful to our donors and partners.  
Thank you for your support.**

Please join us in our work to prevent and cure blindness  
in Africa by contributing to our fundraising campaign.

**KILIMANJARO CENTRE FOR COMMUNITY OPHTHALMOLOGY**

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