



KCCO

Kilimanjaro Centre for
Community Ophthalmology



2024

Annual Report



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About KCCO

The Kilimanjaro Centre for Community Ophthalmology (KCCO) was founded in 2001 to address the urgent need for sustainable, locally led solutions to avoidable blindness in Africa. Initially inspired by the VISION 2020 initiative, KCCO has since evolved into a trusted partner for governments, hospitals, NGOs, and donors working to strengthen eye health systems across the continent.

Eliminating Avoidable Blindness in Africa



Our Vision

A continent where all Africans can access high-quality, patient-centered eye care, provided by Africans in well-functioning systems.



Our Mission

To strengthen African eye health systems and partnerships by building capacity and advancing sustainable, equitable, and gender-responsive solutions to eliminate avoidable blindness and vision loss.



Our Values

EQUITY: Eye care for all, regardless of income, gender or location

EMPOWERMENT: Investing in local leaders for long-term change

EVIDENCE-BASED: Guided by research, focused on results

COLLABORATION: Building trusted partnerships with government ministries, local hospitals, communities, and donors

TRANSPARENCY & ACCOUNTABILITY: Every resource, every result—open and measurable



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Message from the Directors

Dear Friends, Partners, and Donors,

In 2024, the momentum behind our shared mission continued to build. Across seven countries, the Kilimanjaro Centre for Community Ophthalmology (KCCO) and its partners worked together to expand access to high-quality, equitable eye care. The volume of cataract surgeries and other essential services delivered through KCCO-supported programs continued to rise year over year—demonstrating steady gains that reflect the strength and impact of our partnerships.

This progress is made possible by the collective efforts of many. We are deeply grateful to our donors for their steadfast support. We also extend our thanks to the ministries of health, partner hospitals, and eye care professionals who lead this work on the ground every day. And we recognize the essential role of community partners—especially members of women’s microfinance groups and community health workers—who help raise awareness and connect people to care, often reaching those most at risk of being left behind.

It is this collaboration across systems and communities, across clinical care and public engagement, that is steadily reducing the burden of avoidable blindness and vision loss in Africa. Thank you for being part of this journey with us.

Warm regards,

Robert Geneau
Executive Director

Edson Eliah
Tanzania Director

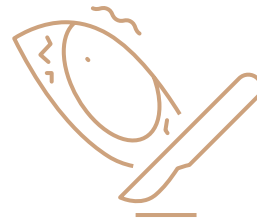
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Community-oriented eye health programs

Key service delivery statistics for 2024 include (see Table 1 for details):



246 782 patients were screened, of which 54% were women.



18 904 sight-restoring cataract surgeries were done, of which 51% of the beneficiaries were women.

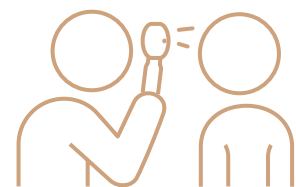
5934 other eye surgeries were done, of which 51% of the beneficiaries were women.



24820 spectacles were distributed, of which 56% of recipients were women.

38% increase in the number of cataract surgeries performed from 2023 to 2024.

5% increase from 2023 to 2024 in the number of patients examined and served.



Funding per program ranges from \$25,000 to \$50,000 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.

Community-oriented eye health programs (continued)

Eye health outreach continues to be a vital strategy for reaching individuals in rural areas who might otherwise go without care. In 2024, a total of 403 outreach camps were conducted across our programs. Approximately 27% of all patients examined and served were first managed through these community outreach efforts.

The total number of cataract surgeries performed across our supported programs rose by 38% in 2024 vs 2023.

Closing **the gender gap in eye care** is a core priority for KCCO. In 2024, 54% of those screened and 51% of those receiving cataract surgery were women. We continued to deploy gender-sensitive interventions across our programs. KCCO provided basic eye health training to 120 Women’s Microfinance (MF) Group members, who played a key role in referring other community members to attend KCCO-sponsored outreach camps. The last quarter of the year was a significant period for the Maasai communities in Ngorongoro District, as it marked the return of surgical outreach services. Held at two different sites, the outreach attracted a large number of people, many of whom benefitted from life-changing cataract surgeries. As always, strong collaboration with women’s MF groups was a key factor in the success of these efforts. Underpinning the progress across all our programs is KCCO’s **sustained commitment to capacity building**—an iterative, partnership-driven process that strengthens the people and systems essential to delivering high-quality, equitable eye care.

In 2024, KCCO supported the different programs through both in-person mentoring visits (25 visits) and remote mentoring sessions, as well as through a cross-learning meeting designed to facilitate peer-to-peer learning. KCCO also held a regional capacity-building workshop in Moshi, Tanzania, combining its “Bridging Strategies” and “Management of Eye Health Programmes” courses. The training brought together 23 participants from four KCCO-supported countries (Benin, Ethiopia, Tanzania, and Uganda) and partner NGOs, and was accredited by the Tanzania Ophthalmology Society for 40 Continuing Professional Development points.



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A growing challenge in ophthalmology training programs across Tanzania – there are just 2 – is that some trainees fall short of the national requirement to complete 150 cataract surgeries before graduation—a gap made more pressing by increasing enrollment, including international students. In response, KCCO coordinated a national network of hospital-based cataract surgical camps in underserved areas through new collaborations. Ten final-year trainees and four senior supervisors participated, with each trainee performing up to 55 surgeries. The initiative not only increased cataract surgical volume in underserved areas, but also improved post-operative outcomes and surgical efficiency through a supportive supervision model—better preparing trainees for success in their future clinical practice.

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)	19 466 (45% female)	2 798 (44% female)	510 (34% female)	1 565 (51% female)
Felege Hiwot Hospital – Ethiopia (Bahir Dar region)	32 140 (51% female)	4 105 (50% female)	1 474 (51% female)	0
SALFA Hospital – Madagascar (Vakinankaratra Region)	22 556 (61% female)	691 (51% female)	371 (46% female)	4 784 (67% female)
SALFA Hospital – Madagascar (Sava Region)	7 423 (56% female)	362 (48% female)	82 (54% female)	1 155 (64% female)
Community Eye Centre – Madagascar (Sava Region)	1 910 (54% female)	140 (55% female)	9 (63% female)	383 (70% female)
SALFA Hospital – Madagascar (Atsinanana Region)	5 079 (63% female)	561 (58% female)	114 (53% female)	253 (63% female)
SALFA Hospital – Madagascar (Toliara Region)	7 385 (45% female)	349 (27% female)	104 (47% female)	1 705 (63% female)
Musoma Regional Referral Hospital – Tanzania (Mara Region)	7 404 (53% female)	487 (51% female)	24 (46% female)	260 (44% female)
Bugando Medical Centre – Tanzania (Mwanza Region)	29 440 (53% female)	1 396 (55% female)	526 (53% female)	662 (51% female)
Mbeya Zonal Referral Hospital – Tanzania (Mbeya Region)	25 844 (53% female)	1 216 (51% female)	1 588 (55% female)	5 185 (53% female)
Benjamin Mkapa Hospital – Tanzania (Dodoma Region)	15 206 (56% female)	1 600 (57% female)	177 (54% female)	2 765 (62% female)
Singida Regional Referral Hospital – Tanzania (Singida Region)	10 840 (53% female)	929 (54% female)	76 (42% female)	1 565 (54% female)
Bukoba Regional Referral Hospital – Tanzania (Kagera Region) ³	12 212 (52% female)	843 (50% female)	412 (47% female)	1 112 (50% female)
Manyara Regional Referral Hospital – Tanzania (Manyara Region) ³	13 560 (53% female)	1 307 (56% female)	70 (56% female)	1 284 (54% female)
Tanga Regional Referral Hospital – Tanzania (Tanga Region) ³	10 530 (54% female)	738 (56% female)	80 (54% female)	1 275 (52% female)
Mtwara Regional Referral Hospital – Tanzania (Mtwara Region) ³	10 152 (56% female)	650 (50% female)	186 (56% female)	494 (47% female)
Lira Regional Referral Hospital – Uganda (Lira Region)	15 635 (54% female)	732 (55% female)	131 (48% female)	373 (53% female)
TOTAL	246 782 (54% female)	18 904 (51% female)	5 934 (51% female)	24 820 (56% female)

Community-oriented eye health programs (continued)

Story of a woman from Benin (outreach patient), blind because of cataracts



Bio is jubilant after the patch removal.

Bio Sori Bariki, a 60-year-old mother of five from the remote village of Gamia in Benin, had to stop selling spices and farming when cataracts left her blind. With her husband also blind and unable to accompany her, she was entirely dependent on her children and unable to access care.

In November, she heard a radio announcement about a KCCO-supported outreach program. Her son brought her to the site, where her vision was assessed as “Hand Motion” in both eyes. She underwent cataract surgery and experienced a remarkable improvement—regaining her sight by the very next day.

Her recovery has inspired her family. They now plan to bring her husband for treatment and are encouraging others in their community to seek care. Bio's story reflects the life-changing impact of bringing quality eye care to underserved areas.

Story of a woman from Madagascar, saving for cataract surgery

Samarina Molidette, 60, lives in Ambariomihambana, a village near Sambava in northern Madagascar. The eldest of six siblings, she supported herself by selling bananas at the market—until cataracts left her nearly blind. Unable to travel safely, she sold what little she could from her doorstep.

Determined not to lose her independence, she saved for three months to afford cataract surgery at a subsidized rate through our program. “I was really motivated by the fear of going blind and having no one to help me,” she said.

After a successful first surgery, our partner hospital, Sambava SALFA Eye Hospital, offered a second operation free of charge. Today, Samarina is back at work, crossing streets with confidence and living independently again.



Successful surgery restored Samarina's sight.

Childhood blindness and low vision programs

Key service delivery statistics for 2024 include (see Table 2 for details):



37 811 children
were screened,
51% of whom were girls.



901 sight-restoring cataract surgeries
were performed,
with girls accounting for 49%
of the beneficiaries.

1 720 other eye surgeries were carried out,
also with 49% of the beneficiaries being girls.

2 069 pairs of spectacles were
distributed, with girls making up 53% of the recipients.



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Childhood blindness and low vision programs (continued)

In 2024, KCCO continued to mentor and support the delivery of pediatric eye care services across five countries: Burundi, Madagascar, Malawi, Tanzania, and Uganda. That support expanded further in Tanzania with the launch of a new pediatric eye health program at Mbeya Zonal Referral Hospital.

Early identification and timely surgical intervention are essential to achieving the best visual outcomes for children with cataract. To support this KCCO continues to train village/community volunteers—known as Key Informants—to identify and refer children with visual impairments. In 2024, a total of 522 Key Informants were trained across our programs.

Table 2: Screening and surgical interventions for children at 7 Child Eye Health Tertiary Facilities (CEHTF)

Programs	# of patients screened & treated	Surgeries	Spectacles	Low Vision Devices
BEH Tororo	5 869 (47% female)	Cataract - 164 Glaucoma - 41 Others - 425 630 (39% female)	407 (62% female)	8 (44% female)
LSFEH (Blantyre, Malawi)	6 181 (50% female)	Cataract - 108 Glaucoma - 40 Others - 311 459 (44% female)	104 (46% female)	26 (44% female)
Burundi (CTSOE)	10 270 (50% female)	Cataract - 317 Glaucoma - 59 Others - 300 676 (47% female)	173 (52% female)	0
KCMC (Moshi, Tanzania)	213 (51% female)	Cataract - 7 Glaucoma - 1 Others - 24 32 (50% female)	2 (50% female)	0
Madagascar	8 194 (54% female)	Cataract - 40 Glaucoma - 4 Others - 137 181 (44% female)	666 (59% female)	0
Mbeya (MZRH)	2 384 (52% female)	Cataract - 40 Glaucoma - 0 Others - 140 180 (57% female)	548 (55% female)	0
Mwanza	6 838 (51% female)	Cataract - 225 Glaucoma - 0 Others - 238 463 (60% female)	169 (48% female)	0
TOTAL	39 949 (51% female)	Cataract - 901 Glaucoma - 145 Others - 1575 2 621 (49% female)	2 069 (53% female)	34 (44% female)

Childhood blindness and low vision programs (continued)

Story of Mary, operated for congenital cataract in Tanzania

In 2024, KCCO officially launched a specialized pediatric eye care program at Mbeya Zonal Referral Hospital in Tanzania.

Among the first patients treated was two-year-old Mary Nyirenda from Songea Region—an eight-hour journey from Mbeya. Mary was diagnosed with congenital cataracts after her older sibling noticed something unusual about her eyes and alerted their mother. Fearing the risk of permanent vision loss, Mary's mother sought medical attention, which led to a referral to Mbeya Zonal Referral Hospital.

Following a successful surgery, she expressed immense joy and relief. Mary's vision has now greatly improved—and so has her future.



Mary being examined.



Mary on the day of her cataract surgery.

Eliminating trachoma as a public health problem

In 2024, KCCO continued its efforts to support trachomatous trichiasis (TT) elimination in Ngorongoro District, contributing to the national goal of eliminating trachoma as a public health problem. Additional fieldwork was conducted to document how a trained community-based counselor model is being used to improve surgical uptake—particularly among women. Program activities also included training [X] community volunteers as “trichiasis case finders,” who identified individuals with TT and referred them for free surgical treatment (see Table 3).

Table 3: Screening and surgical interventions realized during 2024 for the Ngorongoro trachoma program in Tanzania

District	# screened at outreach	# confirmed with TT	# of TT patients managed	
			Surgery	Epilation
Ngorongoro	874 (69% female)	177 (81% female)	41 (75% female) (total of 115 operated eyes)	22 (83% female)



TT outreach in Ngorongoro, 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 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.

Research and evidence

In 2024, the Dodoma Community Cataract Acceptance Trial (DoCCAT) project successfully completed its training phase, equipping hundreds of community health volunteers with basic eye health knowledge and cataract case-finding skills across 42 intervention wards. Outreach and data collection activities continued throughout the year in both intervention and control wards, supporting ongoing evaluation of the program's impact. This KCCO research project is implemented in partnership with Benjamin Mkapa Hospital in Dodoma and is supported by multiple donors.

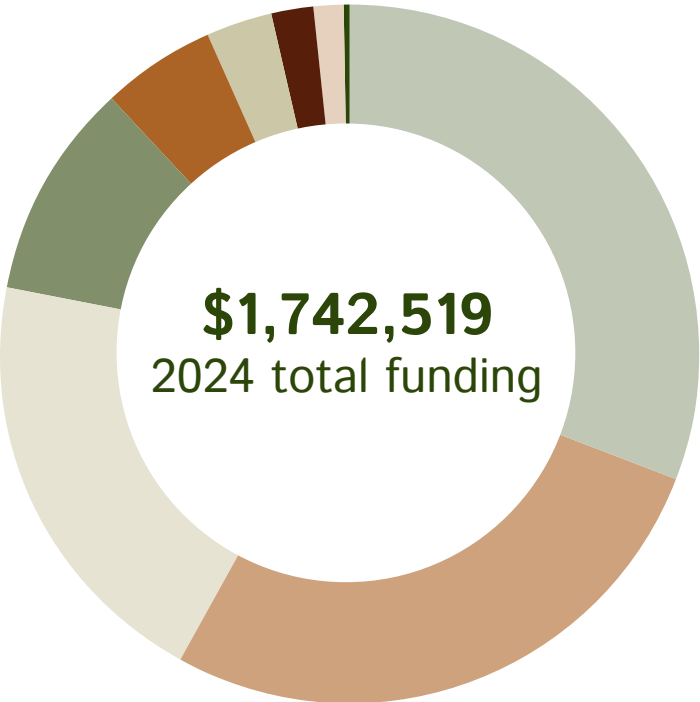
This year, KCCO also supported research activities by ophthalmology trainees at Kilimanjaro Christian Medical Centre (KCMC). With KCCO's support an MMed student at KCMC/Tumaini University conducted data collection for a dissertation titled "Primary Pediatric Eye Health Practice and Productivity Predictors Among Health Workers in Hai and Mwanga Districts, Kilimanjaro Region. Some past projects are now in the knowledge translation phase. The list of KCCO peer-reviewed scientific articles published in 2024 is presented on the right.

1. Sandi F, Mercer G, Geneau R, Bassett K, Bintabara D, Kalolo A. (2024). Alternative community-led intervention to improve uptake of cataract surgery services in rural Tanzania-The Dodoma Community Cataract Acceptance Trial (DoCCAT): a protocol for intervention co-designing and implementation in a cluster-randomized controlled trial. *Biol Methods Protoc*, 8;9(1):bpae016. doi: 10.1093/biomethods/bpae016. PMID: 38566775; PMCID: PMC10987207.
2. Shu'aibu, J., Ajege, G., Mpyet, C., Dejene, M., Isiyaku, S., Tafida, A., Kelly, M., Emereuwa, I., & Courtright, P. (2024). Optimizing Trichiasis Case Finding to Attain the Elimination of Trachoma as a Public Health Problem. *Trop Med Infect Dis*, 9(7). <https://doi.org/10.3390/tropicalmed9070157>



The KCCO office is based at KCMC Hospital, where we support both eye care programs and research activities conducted by ophthalmology residents. © Ellen Crystal Photography

2024 financial overview



- \$ 537,735 Seva Canada
- \$ 477,944 Fred Hollows Foundation
- \$ 344,886 Seva Foundation
- \$ 175,000 Sightsavers International
- \$ 91,947 KCCO consultancies
- \$ 49,997 Lions SightFirst
- \$ 37,112 Charity Aid Foundation
- \$ 22,728 Task Force for Global Health
- \$ 15,170 Individual donations



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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.



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