

Kilimanjaro Centre for Community Ophthalmology



ANNUAL REPORT

2014

Message from the Directors

It has been a busy year once again for KCCO. In 2014 we are pleased to have evolved into three legal entities, each with its own Board of Directors and individual strengths. Mr Edson Elish is now the official Director of KCCO Tanzania where he supervises our growing staff there and where the lion's share of programmes and activities are supported. KCCO International is based in Cape Town and affiliated with the University of Cape Town, providing a useful academic link. Finally KCCO is now a registered 501c(3) in the US, providing a strong and stable infrastructure for funding and organizational oversight.

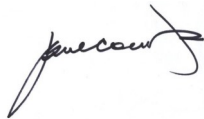
Our three core activities -- training, programme mentoring and support, and research -- remain the same. We look forward to another productive year ahead with our many partners and supporters.

Enjoy reading about the activities!



Edson Elish

Director, KCCO Tanzania



Paul Courtright

Director, KCCO International

About KCCO

The Kilimanjaro Centre for Community Ophthalmology (KCCO) was established in 2001 in response to the VISION 2020 initiative, which is 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.

Our vision for eye care in Africa is a continent where all Africans can access high quality patient-centered effort toward sustainable and quality eye care services that are provided by Africans for Africans.

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 key areas of impact are:

- **Capacity Building**
- **Research Planning and Facilitation**
- **Change Implementation**

Strengthening Health Systems and Building Capacity in Africa

KCCO provides short, sharply focused training sessions to build personal capacity in eye health providers at all levels. Hosted by the Blantyre Institute of Community Ophthalmology (BICO) in Blantyre, Malawi, KCCO provided its ever popular *Management and Bridging Strategy Courses* this year. Drs. Watmon Benedicto, Khumbo Kalua, Gerald Msukwa and KCCO's Edson Elish and Peter Kileo facilitated these. Participants observed that "There was excellent communication between trainers and trainees, and all participants were welcome to com-

ment". Another participant suggested that it "should be extended to all medical personnel... to open their eyes". The Fred Hollows Foundation supported the *Management course*, and Seva Foundation supported the *Bridging Strategies* course. National NTD or prevention of blindness coordinators from five countries came together in Cape Town in October for *Leadership and Management for Trachoma Elimination*. The course, supported by the International Trachoma Initiative (ITI) also included Dr. Caleb Mpyet to assist with additional capac-

ity strengthening activities in West Africa. A new course this year was "*Epidemiology & Evidence for Eye Care Programmes*". This unique course is designed to help high level decision makers understand the scientific evidence (and gaps in evidence) behind VISION 2020 and GET 2020 priorities in Africa. Colin Cook joined the faculty for this joint KCCO and University of Cape Town (UCT) course.



Left, right and below: KCCO remains committed to help strengthen health systems through our courses and assistance with building capacity for effective programme planning.



Expanding VISION 2020 Programmes in Eastern Africa

KCCO assists both government and non-government programs in 10 VISION 2020 “district” sites, of 6 countries with planning, training, implementation, and mentoring.

This year, with support from the Seva Foundation, a new women’s micro-finance programme in Iringa, Tanzania and Zomba, Malawi was added. The Swiss Lions and Seva Foundation also sustained the Ten by Ten Initiative in 7 Vision 2020 “districts” across Madagascar, Burundi, Ethiopia, and Uganda to meet the eye care needs of the population. Seva Canada provided support for the VISION 2020 work in Mara, Tanzania and in a number of settings in Madagascar, while the Seva Foundation TOMS programme supported work in Ethiopia, Uganda, and Tanzania.

Here is a brief look at each programme’s progress this year along with comprehensive data on individual site productivity.

Vakinankaratra Region, Madagascar

Following the good service delivery throughout 2013, the Vakinankaratra programme increased its outreach visit numbers from 46 to 52 in 2014.

Atsinanana Region, Madagascar

Atsinanana started 2014 strong by training 30 community agents to help in identifying patients with eye problems and refer them for services.

Sava Region, Madagascar

Mr Tantely Rakotondramamojoy, the Sava programme manager, was in charge of a cost recovery study which was successfully conducted in Madagascar in 2014 and was then extended to other regions in Tanzania. The Sava outreach programmes continue to grow from strength to strength.

Mara Region, Tanzania

In this year, the team in Mara continued to train and engage women in microfinance groups as community activists to influence health seeking behaviour among women in Mara Region. While conducting community outreach, the team continued to train more women in identifying people with vision problems. The women microfinance groups have been responsible for referring 278 patients at outreach.

“There was a significant increase in the Toamasina population gaining access to our service thanks to the heavy promotion of eye health, as well as the treatment of patients using the drugs sold in the center. This is very important for the population for the slightest movement, good satisfaction for drugs at low cost. ”

Hery Andriamanjato, Programme Manager in Atsinanana, Madagascar

Iringa Region, Tanzania

Iringa's new partnership with KCCO was off to a good start with 7 outreach activities in the region, with screenings continuing throughout the year. KCCO's Titus Nyange, visited the programme towards the end of the year help the team explore ways to improve acceptance. Challenges such as changing practices and improving willingness to pay for services will take time and ongoing mentoring.

Zomba, Malawi

A Vision 2020 planning meeting was held in Zomba in the latter half of the year. The meeting was attended by the Ministry of Health staff from 6 districts (the South West Zone), the National Eye Care Coordinator, two staff from Zomba Hospital eye department and two staff from Blantyre Institute of Community Ophthalmology (BICO). The meeting was facilitated by KCCO's Edson Eliah. The programme became operational in the last quarter of 2014.

North Shoa Zone, Ethiopia

TOMS support has allowed for a range of treatments and surgeries (with focus on trichiasis) throughout this area. KCCO continues to support outreach and surgery uptake is strong. Edson Eliah from KCCO visited the programme in Debre Berhan. Among other things Mr Eliah discussed the next steps following Swiss Lions funds ending in December of 2013. Outcomes included the agreement that the team start capturing financial data and set systems for cost recovery. The team also started reporting cataract surgical outcome.

"It was a market day when we visited the outreach screening at Tere health center, North Shoa. When we passed through the market, someone called us from the back and we went directly to that person. Fortunately, she was one of our previous outreach patients who was bilaterally blind because of cataract and we had operated on her eyes with the assistance of KCCO. She said 'you were the one to take me and operate my eyes'. She could see very well and she was selling her farm products at the market. We bought some of her products at a good price! We were lucky to see this kind of patient that can help herself and her family. We believe from those 775 patients that were operated, through the outreach activities, in the year 2014, there will be many patients that can now help themselves and others too. The additional advantage that the KCCO's assisted outreach activities has given to us is an increase flow of walk-in cataract patients to the hospital just by hearing information from their neighbors who received services from the outreach. Last year alone, 761 walk in cataract patients were operated in our hospital."

Alemayehu Bayou, Programme Manager in Debre Berhan, Ethiopia

Western Region, Burundi

KCCO's initiatives have enabled the establishment of the first ever national comprehensive Child Eye Health Tertiary Facility (CEHTF) in Burundi. With funds from the Korean organization, the Heart to Heart Foundation (HtHF), the three-year long programme will put effort to establish active case-finding system and follow-up service system in Burundi. KCCO's role on the programme is to provide an overall professional consultation in the programme for the whole pro-

gramme period that includes the establishment and management of the facility; community outreach services; capacity building and monitoring and evaluation as well as general mentoring.

Gulu Region, Uganda

With the continued support of TOMS, the Gulu programme activities were able to continue. Additionally, the KCCO team visited the Gulu programme to assess and strengthen the cost recovery and data collection systems.

Lira Region, Uganda

This is another region in which outreach, treatment, and surgery activities have remained strong. Support from TOMS has enabled the Lira team to perform trichiasis surgeries and to treat other eye conditions as needed.



Community Eye Centres

Seva Canada and KCCO are working with colleagues in Burundi, Malawi, and Congo-Brazzaville to develop and monitor the impact of Community Eye Centres (CECs). In areas with no eye care service delivery, these CECs have been very successful in providing good quality eye care to thousands within a few months. Private enterprises, run by mid-level eye care personnel with strong oversight by ophthalmologists; these centres offer an opportunity for cost recovery beyond what is possible in most hospital eye departments. Much credit is due to our innovative ophthalmologist partners Drs Khumbo Kalua (not pictured), Freddy Gerand (back left), Levi Kandeke (back right) and Gerald Msukwa (front right). (KCCO's Peter Kileo and Edson Elish are standing front left and centre)

VISION 2020 Programmes	Screened and Treated			Cataract Surgeries		
Site	Male	Female	Total	Male	Female	Total
Vakinankaratra, Madagascar	3,027	5,139	8,166	337	346	683
Atsinanana, Madagascar	1,898	1,905	3,803	344	358	702
Sava, Madagascar	4,267	4,581	8,848	415	453	868
Mara, Tanzania	3,550	3,440	6,990	474	514	988
Iringa, Tanzania	1,866	2,131	3,997	181	146	327
Western Region, Burundi	7,353	10,375	17,728	327	438	765
North Shoa, Ethiopia	8,976	9,336	18,312	682	690	1,372
Gulu Region, Uganda	9,267	8,886	18,153	769	809	1,578
Lira Region, Uganda	7,741	8,679	16,420	574	561	1,135
All sites combined	47,945	54,472	102,417	4,103	4,315	8,418



Left: Madagascar group planning with all stakeholders



Right: Patients awaiting care in Moroantsetra, Madagascar



Left: Patients wait to be screened in Debre Berhan, Ethiopia

Childhood Blindness and Low Vision

The Swiss Lions and Seva Foundation supported various comprehensive services child eye health tertiary facilities (CEHTF) in Tororo (Uganda), Kitwe (Zambia), and Blantyre (Malawi). In all sites, the projects train community volunteers and health workers to identify children with visual impairment, provide screening and referral services for the identified children, and enable follow up after surgery. While the projects' focus is mainly on children with cataract, children with other eye disease also receive services as needed.

Tororo, Uganda

Key informants have been very important in improving the child eye health programme here. Follow-up rates after surgery are promising. A XOVA award is instrumental in allow-

ing KCCO to help with this project.

Blantyre, Malawi

The Queen Elizabeth Central Hospital in Blantyre conducted a number of training sessions in collaboration with KCCO. These were aimed at training various cadres to identify children with visual impairment in the community and developing efficient referral systems for the children. All training sessions were immediately followed by screening sessions.

Kitwe, Zambia

The program has continued to offer high quality and equitable pediatric eye care services to the population of Copperbelt, Luapula, north-western and Northern provinces of Zambia. A training of teachers in schools provided skills in how to assist children with low vision to make good use of

their remaining vision. Parents were also trained on how to handle children with low vision at home.

The Childhood Blindness and Low Vision Coordinator supported by KCCO, tracks children after surgery, telephoning their parents regularly. With this system, Kitwe reported follow-up of children after surgery at 100%. The Coordinator also made several home visits, which revealed that there are still problems in compliance with spectacle wear after surgery. Both parents and teachers must work to improve this situation.

All training sessions were immediately followed by screening sessions.

Summary of Work from Child Eye Health Tertiary Facilities

Site	Total Screened		Total Surgeries	
	Boys	Girls	Boys	Girls
Tororo, Uganda	1,961	1,567	474	310
Kitwe, Zambia	1,552	1,322	260	176
Blantyre, Malawi	2,672	2,388	292	176
CEHTF combined	6,185	5,277	1,026	662

Madagascar: Child Eye Care Services Receive a Boost

In early February KCCO, with Seva Canada support, assisted with the expansion of eye care activities for children in Madagascar. Plans were developed for 4 regions to add services for childhood vision loss to their existing outreach activities, which are supported by KCCO. Community based key informants were critical elements in these systems, ensuring that 2,024 children from the 4 regions with eye problems were identified and examined at nearby outreach visits and received surgery.



Above: Two brothers in Madagascar who were screened and treated for congenital cataract

Burundi National Child Eye Health Programme

KCCO's initiatives have enabled the establishment of the first national comprehensive Child Eye Health Tertiary Facility (CEHTF) in Burundi supported by Heart to Heart Foundation (HtHF). KCCO assists with community outreach services, key informant training of trainers capacity building and monitoring and evaluation.



Left: KCCO's Peter Kileo embracing a child during a visit to establish the first national comprehensive CEHTF in Burundi

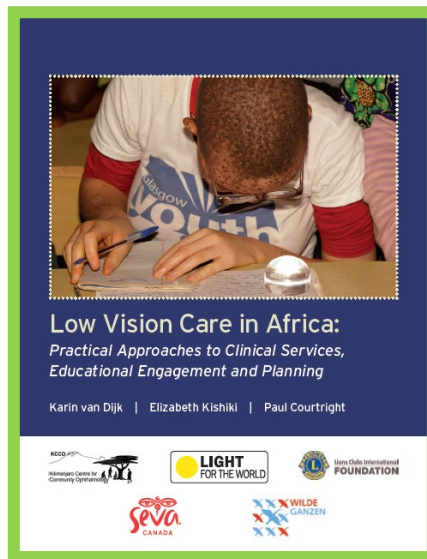


Right: A young child after receiving surgery on both eyes in Tororo, Uganda

Generating evidence for Childhood Vision Planning

In late 2014 KCCO started a project supported by USAID to document evidence for programmes addressing childhood blindness; these include strategies for case identification, school screening and referral ensuring good follow up after surgery, and development of mobile tools for planning and reporting. The project includes partnerships with the University of British Columbia, Emory University, and the Aravind Eye Hospitals. Also starting in late 2014, with support from USAID, the KCCO Tanzania team is expanding its low vision capacity building and service provision in Tanzania.

As part of our work in generating evidence and informing policies, KCCO contributed expertise on building capacity for the reduction of childhood cataract at the March International Childhood Cataract Symposium, organized by Emory University.



Left: KCCO produced a low vision training manual this year. With support from Netherlands Lions, Seva Canada and Wilde Ganzen, the *Low Vision Care in Africa* manual was published and will be used during future low vision courses.



Left: A child takes a vision test in Tororo, Uganda

Below: A visually impaired child in Uganda reads close to the page



Reducing Gender Inequity in Vision

The pioneering use of microfinance (MF) groups, which are mostly comprised of women, as vehicles to spread eye health education and provide support to elderly women who have trouble accessing eye services expanded in 2014. The MF groups in Mara, Tanzania enjoyed training on entrepreneurship alongside sessions on eye health. In

Ngorongoro District of Tanzania MF members were trained in raising awareness about how to access surgery for trachomatous trichiasis.

While in Debre Berhan, Ethiopia 43 microfinance groups were selected from three kebeles in Kiwot District; representatives from each of these were trained in identification, promotion, and referral procedures for

people with vision complaints. Seva Canada has enthusiastically supported all of this work.

Below: A woman awaits treatment in Gulu, Uganda

Below: A woman in Tanzania struggles to walk with blindness simulating glasses



Addressing Trachoma Globally

KCCO's Paul Courtright, as the Technical Lead for Sightsavers for the Queen Elizabeth Diamond Jubilee Trust (Trust) and DFID grants, facilitated trachoma planning and capacity building in Kenya, Malawi, Uganda, Mozambique, Nigeria, Tanzania, Zambia, Chad and Ethiopia.

This work received considerable support from Mr. Chad MacArthur and others. Additional technical support was provided to Burundi and Yemen for their elimination plans .

Morbidity Management & Disability Prevention (MMDP) due to Trachoma and Lymphatic Filariasis Grant

The significant burden of morbidity due to trachoma and LF is the focus of a new project for KCCO, in partner-

ship with HKI, RTI/Envision and the African LF Foundation. KCCO's role in the 5-year project is primarily technical, including strengthening management capacity to implement trachiasis programmes. Priority countries are Cameroon, Burkina Faso and Ethiopia.

Global Trachoma Mapping Project Activities

KCCO continued to assist with GTMP activities. In 2014, Cambodia, Zimbabwe and Egypt were added to the list of countries that KCCO has helped with GTMP. Supported by RTI/Envision and FHI 360, Drs Lewallen and Courtright assisted with training for the Cambodia surveys and for impact assessments in Vi-

etnam. KCCO worked with a number of partners to develop and apply a methodology for investigating "potential hot spots" of trachoma infection. At the request of the MoH/Laos and FHI 360 they returned to Laos in September to plan and train for a potential hot spot investigation.

Below: People in a village in Egypt during trachoma mapping activities



Above: Grader training taking place in Egypt as part of the GTMP activities

KCCO Tanzania was selected as the partner (with the MoH) for trichiasis surgical service delivery in Manyara Region, Tanzania under the DFID grant. Under the expanding Trust grant, KCCO Tanzania will also be the partner for Arusha Region. The 5-year goal of the project is to ensure that the burden of trichiasis is significantly reduced. KCCO's Fortunate Shija leads this work.

Preferred Practice Materials for Trachoma Elimination

KCCO took the lead in developing a number of preferred practice manuals for trichiasis and Mass Drug Administration (MDA). Most of these

were completed with only one still under preparation. The manuals are being used in all of the Trust, DFID and MMDP countries to guide training efforts.

Reaching People with Trichiasis in Difficult Settings in Tanzania

On behalf of the END Fund, KCCO and the MoH in Tanzania organized a day-long educational event on trachoma and other NTDs for individuals hiking Mt. Kilimanjaro. The successful educational event led the End Fund to provide grants to the MoH and to KCCO for specific NTD related activities. The migratory nature of the population (primarily Masai) in the target

district (Ngorogoro) and the long distances to travel make this a difficult but necessary undertaking.

Below: Trichiasis outreach for the Masai population in the Ngorogoro District



Seeking & Using Evidence for Action

KCCO considers it a core function to generate and disseminate evidence for guiding eye health policy, programmes, and practices in Africa. To this end, KCCO is actively involved in a diverse range of collaborations, presentations, and publications throughout the year.

Factors Associated with Cataract Service Delivery in Africa

The Factors Associated with Coverage and Outcomes (FACO) study, with funding from FHF and Sight Savers wrapped up this year. The study helped to unravel the complexity of providing cataract surgical services; how the human resources, physical infrastructure, technology, outreach management and functioning systems contribute to high cataract surgical coverage in different settings.

Improving Financial Sustainability

To plan for future financial sustainability, KCCO has been undertaking--with support from Seva Foundation and Seva Canada--an assessment in three Madagascar programmes. In an example of the South-to-South collaboration that KCCO likes to foster, Mr Tantely Rakotondramamojo from

Sambava, Madagascar, then helped two programmes in Tanzania to set up similar assessments. Financial sustainability in Madagascar and Tanzania ranged considerably, based on a variety of factors.

Evidence for Planning Human Resources for Eye Care in Africa

How well does task shifting work in eye health care? KCCO's 3 year research study funded by the Global Health Research Initiative (GHRI) came to a close this year and resulted in 4 publications. With collaborators in Kenya, Malawi and Tanzania we studied the role of enhanced supervision on primary eye care delivery, and provided evidence to inform stakeholders on the effectiveness or lack thereof of training non-traditional cadres to do cataract surgery and trichomatous trichiasis surgery.

With support from the International Development Research Centre (IDRC) in Canada, KCCO worked with the Ministry of Health in Kenya to conduct a meeting of key MoH staff and partners to discuss the evidence for primary eye care in Kenya. The outcome of the January meeting is help-

ing the MoH and partners plan more effective evidence-based approaches.



Above: KCCO is on the forefront of trying to find new ways to help malaria clinicians examine eyes. Here, in a project supported by Medecins sans Frontieres in Mali, a pediatrician is investigating the use of new smart phone technology (from the London School of Hygiene and Tropical Medicine) to examine a very sick child for malaria retinopathy.

Staff News and Development

New staff

KCCO welcomed three new staff members in 2014. Peter Kileo is working on the Seva Foundation Global Sight Initiative project and some Ten by Ten programmes along with Titus Nyange. Petra Adams joined the Cape Town office as KCCO Programme Assistant, while John Minde joined the Tanzanian office as Accounting Assistant.

KCCO USA granted 501-c-3 status

In July KCCO was granted 501-c-3 status in the US which will simplify management procedures. Deborah Moses and Giri Sastromihardjo are providing organizational and financial support in the US. We are very grateful for the

support from the Seva Foundation over the past 13 years.

XOVA Vision Award

Elizabeth Kishiki was awarded an Excellency in Ophthalmology Vision Award for KCCO by XOVA. The award ceremony was held in Istanbul, Turkey. The funding from XOVA will be used to supplement the pediatric programme in Tororo, Uganda.

KCCO Staff Capacity Building

Titus Nyange represented KCCO in the Global Sight Initiative (GSI) meeting and Peter Kileo attended the four weeks management course, both at LAICO in Aravind in India. Petra Adams joined the Association for Health and Libraries in Africa (AHILA)

Congress in Dar es Salaam in October, as part of a Seva Foundation and Elsevier grant. She is providing support to KCCO and partners for the KCCO virtual resource centre.

Strengthening KCCO

With assistance from the Canadian IDRC KCCO is undergoing a number of steps to strengthen the organization and transition leadership. With help from a South African based accounting consultancy group, a new financial system using Quickbooks was developed for KCCO Tanzania, KCCO International (South Africa), and KCCO US.

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Paul Courtright	Director - KCCO US & KCCO International	pcourtright@kcco.net
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John Minde	Accounting Assistant	jminde@kcco.net
Petra Adams	Programme Administrator	admin@kcco.net

KCCO Publications

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Volunteers and Visitors

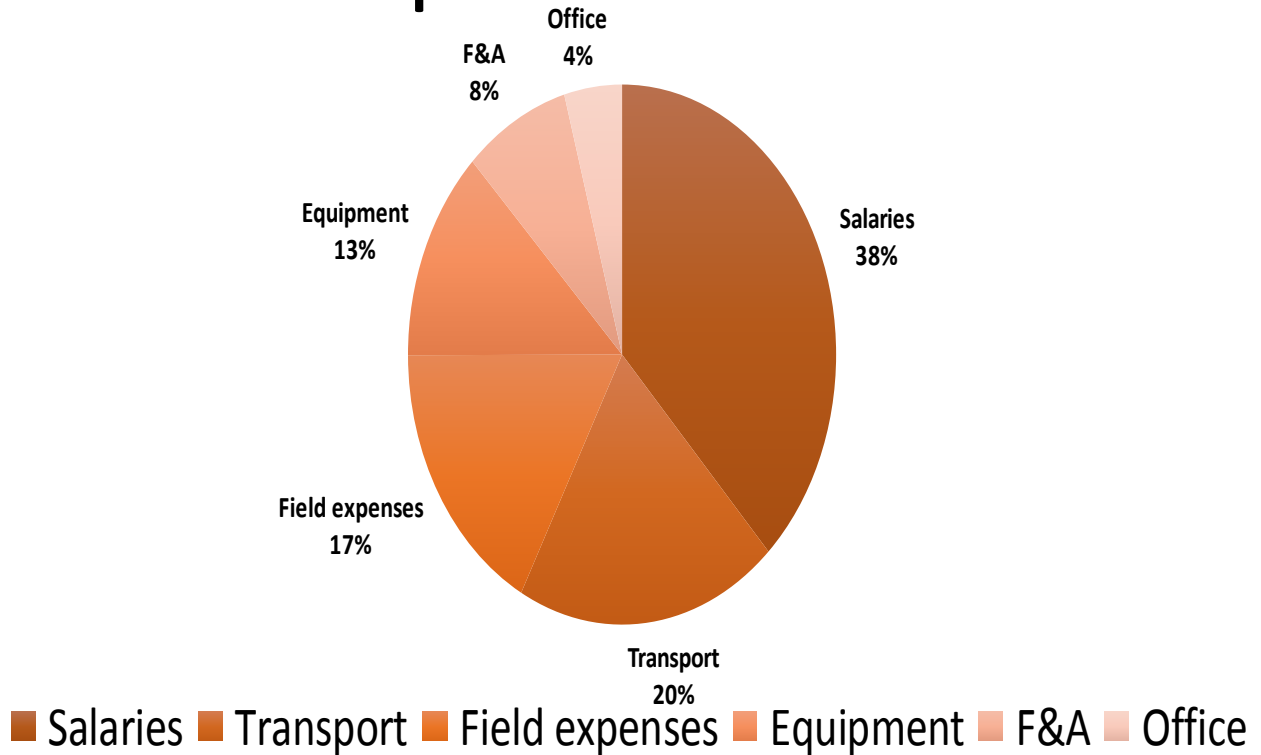
KCCO Tanzania	KCCO International
Cam Kilgour, Canada	Mariam Abdala, Mozambique
Suzane Dane, Canada	Abdou Amza, Niger
Tantely Rakotondramamojy, Madagascar	Amir Bedri, Ethiopia
Elisa Baring, US	Teshome Gebre, Ethiopia
Lomnyaki Saitabahu, Tanzania	Caleb Mpyet, Nigeria
Frank Sandi, Tanzania	Martin Kollmann, Kenya
Thomas Prater, US	Chad MacArthur, US
Kellen Msseemaa , US,	Phil Hoare, UK
Bryn Prater, US	Renee du Toit, South Africa
Petra Taylor , Germany	Ilene Gipson, US
Marjon Tuinsima, Tanzania	Doug Postels, US
Sue Rumsey, South Africa	Upendo Mwingira, Tanzania
Stephanie Jin Kyung, Korea	Ernest Wanyama, Kenya
	Uwaezuoke Onyebuchi, Nigeria
	Michael Masika, Malawi
	Carmichael Nduri, Kenya
	Consuela Moorman, UK
	Wasihun Toli, Ethiopia
	Menbere Alemu, Ethiopia
	Paul Binot, Kenya
	Hortance Manjo, Cameroon
	Anthony Vivian, UK

Financial Overview

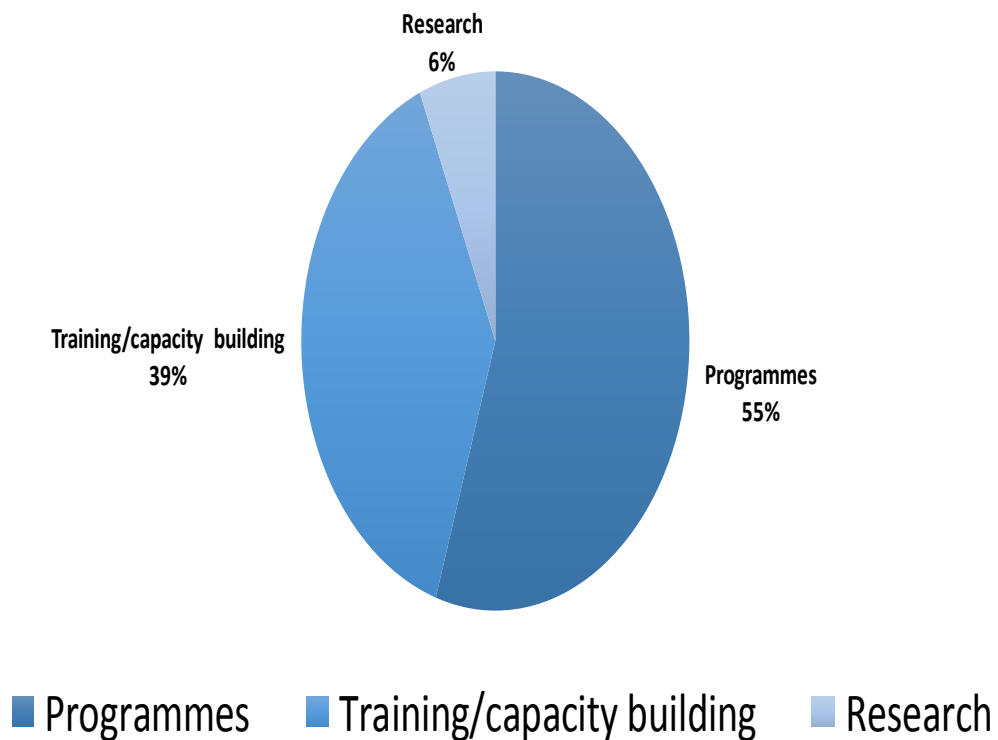
Donor	US\$
Lions/Netherlands Lions/Wilde Ganzen	278,607.68
Seva Foundation	232,388.23
Sight Savers International	226,769.57
Seva Canada	203,090.01
International Trachoma Initiative	132,325.71
Fred Hollows Foundation	103,044.95
International Development Research Centre	56,486.92
University of British Columbia and others	48,548.07
Helen Keller International	13,139.77
Medecins sans Frontieres	13,139.20
Heart to Heart	6,298.23
XOVA	4,187.04
Visio	2,102.73
PGRD	1,841.03
Total	1,321,969.14

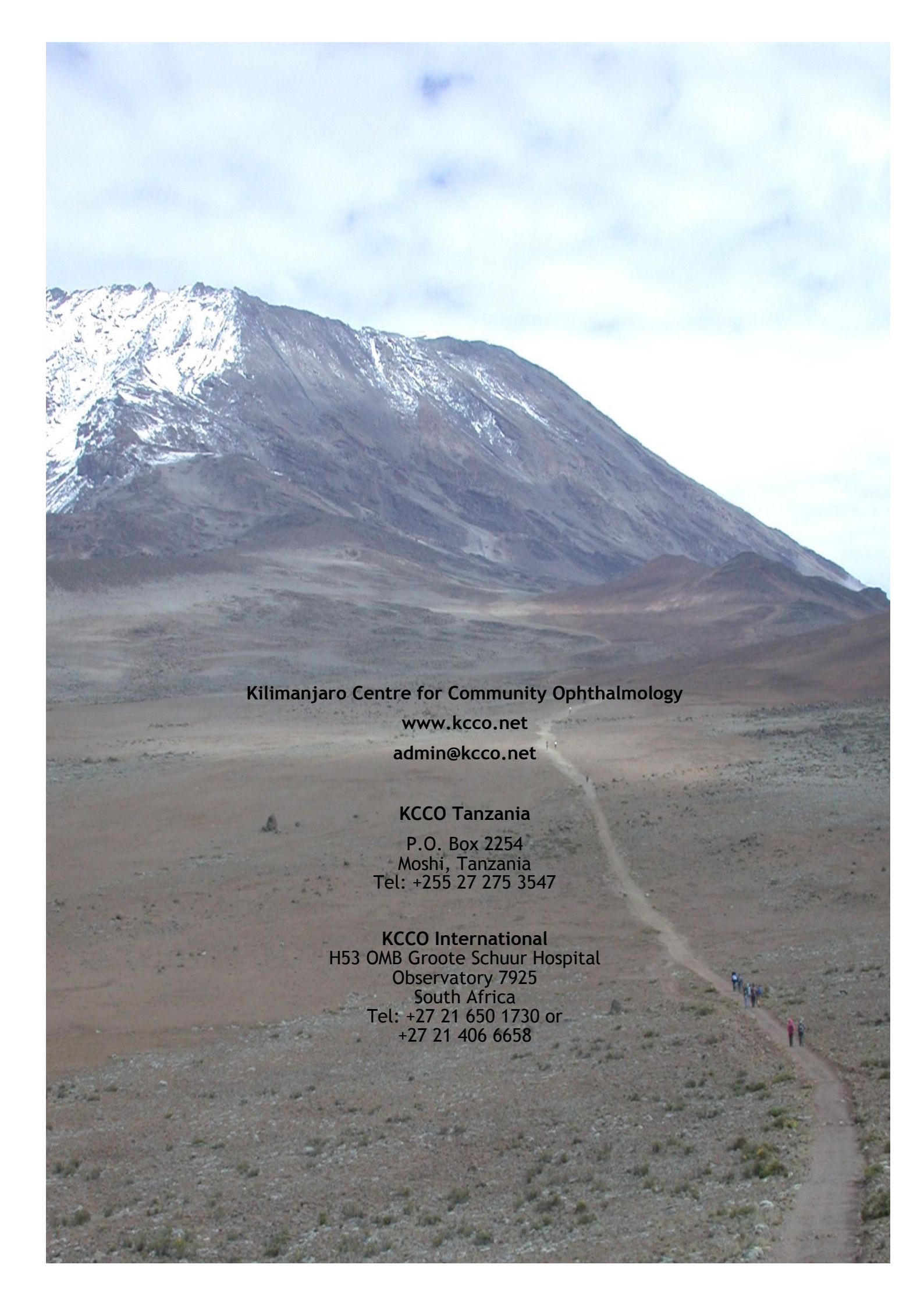
We thank all our donors and partners for their generous support.

Expense Allocations



Categories of Expenditure





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