

**EYES FOR EAST AFRICA (UK)**  
**REGISTERED CHARITY NO: 1053222**  
**WINTER 2001 NEWSLETTER**

**PATIENT NUMBERS**

Since opening in 1993 patient numbers have increased dramatically: -

**1994** 700 new patients and 72 surgical operations

**1995** 1,279 new patients and 155 surgical operations

**1996** 1,556 new patients and 194 surgical operations

**1997** 1,534 new patients and 148 surgical operations (numbers reduced due to this years unrest in Kwale)

**1998** 2,219 new patients and 263 surgical operations

**1999** 2,754 new patients and 398 surgical operations

**2000** 3,057 new patients and 695 surgical operations

**2001** 3,016 new patients and 1,057 surgical operations

**Report on Building Work at KDEC**

Thanks to a major funding grant from Sight Savers International many improvements to the buildings and facilities at the Kwale District Eye Centre are being undertaken. These include the construction of an additional ward that will allow male and female patients to be accommodated separately. The ward (shown in the picture) was completed in



early October and furnished with new beds and mattresses by a donor from Nairobi. Other improvements that will

have become available by the time you read this, will be in place and the building completed. This will



include a new Outpatients department and better facilities for the Community based field workers.

**A TRUE STORY**

**Charo Kadenge**  
**Case History**  
**by**  
**Edward Mangale**

“Charo Kadenge had been blind for 5 years when he was identified by Kwale District Eye Centres area Community Based Worker Mr Edward Mangale. Charo was blind from cataract and he told the story that blindness slowly crept into his life robbing him of his property and dignity in the community. In attempting to solve this problem Charo went from one traditional healer to another spending most of what he had. His wife and six children could no longer rely on him as the breadwinner and decision maker of the family, neither could they effectively run family issues. His homestead had lost direction and food security. The eldest child Kadenge is only 15 and the youngest 3 years. Three of his children had night blindness and none of them attend clinic for neither immunization nor schooling. After counselling, the field officer found out that there is

another person who works to help family farming to secure food. The only problem is that this outsider has taken advantage of the situation and is now the decision maker and leader of the family. It is the person who influenced the wife not to agree to medical intervention by KDEC for this might ruin his stay. Thus the man was negatively influenced and refused treatment. Three months later, KDEC trained Village Health Committees (volunteers) to create awareness in their villages. During this exercise there was a 14-year-old boy who was identified to be blind from cataract and diabetic, very sick and dirty, and hidden family members. He had quit school and was being taken from one traditional healer to another. At the end of the VHC training, the boy had been to KDEC, treated, and back to the village (Lungalunga).



That created such an impact in the village. It made it easy for the VHC member in that village to use her local language and influence to get Charo treated. On the following mobile outreach clinic in

the area, Charo was among the nine cataract patients that were prepared by the VHC. He had his surgery and the next day he could see. Charo then went back to his home and saw his children, some for the first time. He resumed his rightful place as head of his family and his dignity was restored”.

### **EXCHANGE RATES**

In our society, it appears that on the remoter parts of Kenya, money has no place: often it is neither understood nor used. When it comes to paying their consultation fee (about 90p), or for glasses (about £2.20) patients from rural areas sometimes therefore find this difficult. The Eye Centre, always trying to keep in tune with the community, has adapted accordingly and many fees have been paid in eggs, chicken, fruit or even grass mats.

### **WHICH DOCTOR?**

An unlikely and unstated alliance is gradually forming between Witchdoctors (or ‘Traditional Healers’ as they are now known) in Kwale and the Eye Centre. Typically if someone in the bush suffers from, say, blindness caused by cataract, the first reaction is to go to a Herbalist, these are cheap and readily accessible. When this fails they seek out a Traditional Healer and the more astute of these are now beginning, after due deliberation and ceremony, to advise that, if the patient goes to a certain place (the Eye Centre) they

will have a certain procedure carried out and, 24 hours later will be cured. (Rather akin to referral to a specialist by our GP in a way.) This has the effect of making everybody happy. The healer is given the main credit for the cure – after all, he forecast the place to go and even prophesied the time a cure would take, so his prestige in the community soars. The Eye Centre achieves another blind patient cured and of course the patient is happiest of all, he can see again.

### **R. I. P.**

It is with mixed feeling that we report the passing of two of the oldest residents of Kwale District Eye Centre. The giant fig tree close to the rear of the buildings, whose shade in the early days formed the patients ‘waiting room’ has been home to two enormous, and very venomous, Black Mambas for, Dr Helen reckons, at least the last eight years. The new women’s’ ward, just completed, lies partly under this tree, so the staff called in officials of the Kenya Wildlife Service for advice. They came on 18<sup>th</sup> October and promptly shot both snakes. As they observed you may see them each day, but where do they go at night?, and of course they may breed... When she heard about this Dr Helen said that she’d hoped they could have been caught and released elsewhere, but confessed that she couldn’t think of any volunteers for the job.

### **HOW WE SPENT YOUR MONEY LAST YEAR**

- £7,383 instruments for operating theatre and medical equipment
- £500 mobile phones

### **HIGHLIGHTS OF 2001**

Signed protocol agreement with Sight Savers International.

Built additional inpatient hostel so that men and women no longer have to share accommodation

KDEC has greatly increased cataract ops, breaking all records and expected targets, almost doubling it again as they have done for the past 3 years.

Gone into areas further afield which are really poor and underserved.

Dr Helen Roberts, Medical Director of Kwale District Eye Centre receiving an MBE.

### **WEB SITE**

The address is:  
[www.eyesforeastafrica.org](http://www.eyesforeastafrica.org)

### **DONATIONS**

Should be sent to Eyes for East Africa (UK)  
C/o Jane Burrage,  
28 Cross Road, Southwick,  
West Sussex, BN42 4HF

### **FURTHER INFORMATION CAN BE OBTAINED FROM**

The above address

Or email

[jab@jburrage.freeserve.co.uk](mailto:jab@jburrage.freeserve.co.uk)