



Eyes for East Africa (UK)

Spring 2004 Newsletter

Registered Charity No: 1053222

Food for Thought

Jenny Opie, a teacher at Kingswood School in Bristol, has produced wonderful little recipe book that is full of simple but scrumptious dishes.

All proceeds go to EFEA
The book costs £3.50 inc. P&P
from: Jane Dean,
6 Lysander Court
Gunwharf Quays
Portsmouth PO1 3TB
Please make cheques payable to
Eyes for East Africa (UK).



Blindness is all too common in Kenya

Some Amazing Statistics taken from the KDEC Annual Report – 2004

- * 8,833 patients have been seen at the Kwale District Eye Centre during 2004
- * 1,767 operations have been performed in 2004 - of which 1,508 were cataract operations
- * 235 outreach clinics reached 10,389 people in 2004
- * 14 newly trained Village Health Committees are now established and functional



A typical school which accommodates a KDEC Outreach Clinic

Safaricom Diani Rules 2004

This KDEC organised event took place on the beach over the June bank holiday weekend and all had a great deal of fun. Many KDEC supporters and friends including Safaricom sponsored the event. A remarkable Kenya Shillings 750,000/- was raised (approx. £5,500 pounds sterling).

Website

Please take a moment to visit our updated, new look website at:
www.eyesforeastafrica.org

MOHAMMED MBWANA KISUA

Mohammed was identified as blind due to cataract during a Village Health Committee (VHC) training at Lunga-Lunga organized by Kwale District Eye Centre.

At this workshop 25 VHC members of Lunga-Lunga Dispensary were trained. On the third day the VHCs organized screenings in their areas and were able to identify serious eye diseases in the community.

Lunga-Lunga borders Tanzania. The residents are a mixture of Digo, Kamba, Duruma, and other ethnic groups from Tanzania. The town is small but the dispensary has a large catchment area. The road to the town is rough and there are other problems such as a lack of water and food, most of the community are illiterate and there are outbreaks of cholera, malaria and viral diarrhoea.

The trainees saw the cataracts as soon as they examined Mohammed. His cataracts were very dense. Mohammed was very dirty and thin and it was obvious that he had another problem in addition to his blindness. He had dropped out of school at five because he couldn't see.

After a long discussion the parents allowed us to take him to the clinic for surgery. Mohammed left home and was taken to Kwale District Eye Centre for the operation. He had right eye operated on and referred to Msambweni Hospital for diabetes. He was able to see the next day and could not wait to get home.

Mohammed got home the same day he was discharged and the first stop was at the VHC training hall. There was suddenly a big excitement that drew people from the village to come and see. He had his sight restored. He had improved from seeing only hand motion at the time he arrived at KDEC to seeing 6/9 (the line above the normal) with one eye.

Now Mohammed is going to school. He is on medication to control his diabetes.

A cold way of fundraising for the Eye Centre

Last autumn Rick Ashley made a sponsored climb of Mt Kilimanjaro, Africa's highest mountain, in very bad weather conditions, in support of the Eye Centre. Dr Helen Roberts and EFEA would like to thank all those who made donations. Dr Helen thanked Rick & said this was an energetic and novel way to raise money for those who need the help provided by Kwale District Eye Centre. *More details of the climb and a photo are available on the website.*

Eye Go Fishing Competition

Another KDEC fund-raising regular was held on 21st November 2004 at Mtwapa on the North Coast of Kenya.



The centre raised Ksh188,600/- (approx. £1,500 pounds sterling).



Community based worker (CBW) teaching VHC's how to use eyechart

THE STORY OF MZEE CHENGO WA MATSUNGU

Mzee Chengo wa Matsungu lives in Taru Location, Samburu Division of Kwale District. He, being an elderly person, commanded a lot of respect in the community. He slowly lost his vision and was reduced to being a person who depended on others for everything, even going to the bathroom. Gradually he started to become a source of irritation to the family because he would bark out orders. He was afraid of losing his position of respect.

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Continued from page 1

The family, through Village Health Committee (VHC) trainees, heard that there would be a mobile eye screening at the Taru Dispensary organized by them and KDEC.

It was the first time such information had ever filtered into an outlying village like Matsungu. It was even better because the community heard it from their own people in their own language. They could now ask questions and get answers.

Mzee Matsungu, however, only believed in traditional healing. He associated his inability to see with witchcraft. There was no way his family and the VHC could convince him otherwise. He opted to try a local witch doctor. His eyes were not painful and, therefore, it never occurred to him that his condition might be medical.

The day of screening came and the VHCs gathered at the dispensary waiting for patients to arrive. The vehicle from KDEC found the VHCs ready to start work. But no patients! They agreed that they go back to the villages to actually bring the patients to the screening.

Some hours later they returned one by one carrying their blind patients on their bicycles. By noon the team had brought in 11 people who were all blind due to cataract.

Just as the KDEC team were leaving another VHC member arrived, tired and sweaty with Mzee Chengo wa Matsungu on the back of his bicycle.

Mzee Chengo was not even able to see light. He had dense cataracts in both eyes and some corneal scars from traditional eye medicines.

He was given antibiotic eye drops immediately and joined the group going to Kwale District Eye Centre for cataract surgery.

Three days later Mzee Chengo wa Matsungu was driven back to the village with the other patients. Mzee Chengo got out of vehicle in Taru holding a black paper bag with his eye drops and instructions. He started walking home as everybody in the little town watched in amazement.

After he was treated the trainees tested his vision. They were impressed. Using the illiterate E chart he pointed to the direction where each letter faced.

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However they knew that the easy part was over and the hard part was just beginning. The VHCs follow their patients up and make sure that they adhere to their instructions correctly. They know to report any complication especially if the sight becomes bad or there is pain.

Even when that is done and the patient is considered healed the trainers need to ensure that their patients are active in their homes and not behaving as blind anymore.

Donations

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

jab@jburrage.freemove.co.uk

Making the most of your donations to EFEA

Standing Order. If you would like to make regular monthly donations by Standing Order to Eyes For East Africa (UK) please ask Jane Burrage (address above), for the necessary details to fill in your bank 's form.

Gift Aid. Donors are reminded that EFEA (UK) can increase the value of most donations made by UK taxpayers by 28%, if donors complete a simple form under the UK Government Gift Aid Scheme. For higher rate taxpayers, they too can benefit by reclaiming Income Tax on the difference between the basic rate of tax and the 40% rate for any donations made from personal income. These benefits are of great value to the charity and if you have not already done so, please ask for a Gift Aid form available from Jane Burrage, at the address above.

Wills. Have you ever thought about leaving EFEA (UK) a legacy in your will? We hope you have. At present less than 5% of the adult population include a charity in their will. Please think about us.

The Payroll-Giving Scheme. One of the easiest ways of making donations to the Charity is through the Payroll-Giving Scheme now being adopted by many employers. Not only do donors receive tax benefit at source for such payments, but the charity also gains an additional 10% benefit from the Government. For more details please contact Jane Burrage at the address above.

How we used your donations

You donated a total of £3250.00 during 2004. With this you have so far supplied surgical instruments to the value of £2341.05, you paid £440.00 for doctor Helen's KDEC staff medical insurance, you supplied Ophthalmic books costing £35.26 and spent a further £206.13 on other items required by KDEC to ensure continued help with unnecessary blindness in Kenya.

New Trustee

Eyes for East Africa has a new trustee. Tim Freeman is a member of the Rotary Club of Fleet and has his own company that specialises in the supply, installation and servicing of professional and commercial sound systems in the UK. Tim will produce your newsletter.



A personal tale

We met Helen Roberts and her team during August 2002 when we did 'the big holiday' to celebrate a 50th, a 40th and a 21st – what a brilliantly enthusiastic team they are at KDEC.

From the moment that we were collected from our hotel at Diani Beach to the time we were delivered to Helen's friends at the Colobus Sanctuary we were excited by the work that was being reported and shown to us. We met some patients, had a tour of the facility and chatted to the staff.

We already supported KDEC via Eyes for East Africa – our visit reinforced our resolve and further contact and backing was now our immediate concern.

We hope to revisit during 2005 to see the new building, meet the new staff and, of course, to make new friends.

Your Newsletter

Please let us know whether you still want to receive your Eyes for East Africa newsletter.

Contact your newsletter at:

EFEA Newsletter
C/o Jane Burrage
28 Cross Road
Southwick
West Sussex
BN42 4HF
UK