



# Kwale District Eye Centre Bi-annual Report July – December 2009

## Reduced Funding Impact

As anticipated, the global economic crisis has had a direct impact on the funding we have received. This meant that we have had to reduce the level of service which we can provide to the community. In the field we saw almost 4,000 fewer patients compared with last year. Nevertheless, our work of restoring sight continues.



This lady shows the joy she feels now that she can see

## National Fundraising



Raphael, Catherine, Lilian and Hassan after completing the 10km marathon

The good news is that national fundraising is becoming more effective, such as the Nairobi Marathon. With great enthusiasm, the KDEC team always take part in the now much-publicized annual Standard Chartered Bank Marathon.

The money is used to enable children to undergo sponsored eye surgery.

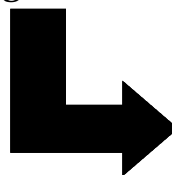
The number of children with congenital cataract who reached surgery with KDEC increased from 17 in 2008 to 25 in 2009.

## Marathon beneficiaries

Koome was one of the lucky ones



Koome spent three years in the dark because of cataract. He had successful surgery, age 3, and can now see



Another example of local support is the Kijani Trust. This raises money by inviting opera companies from abroad to hold productions across Kenya. Part of the income was given to us to treat HIV/AIDS related eye diseases.



HIV/AIDS Related eye disease

## Local Service Clubs

We continue to work with local service clubs and organisations who sponsor events which create awareness and enable eye care services to reach the communities.



Lion V. Shah & Lion Dr. Sharma from Lions Club of Mombasa Central together with KDEC team at camp in Bombolulu area in Mombasa North

## Low Vision Services

Our low vision assistant was relocated at base rather than in the field this year. This saved us the cost of a nurse and enabled us to offer a specialist low vision service all the time at the base hospital.

But it did mean that fewer children were reached in the field.

### Edith



We featured Edith in our last report to show how we work with families to get the best from children's vision

Edith's mother continues to work to stimulate her daughter's lazy eye. She is proud of how much this has helped

Children who are both deaf and blind face many challenges. We feature Lewa, whose life is hard

## Darkness and Silence

Lewa's parents had tried their best. They had taken their deaf blind child to a physiotherapist at great financial and personal cost but there had been little change. Having lost his ill-paid job because he had taken too much time off to help his child, Lewa's father decided that he had no option but to leave developments to God, 'Shauri ya mungu', as he had done all he could.



Lewa, when we found him, propped up in a tomato crate ignored in the corner of his house

When we found Lewa he was seven. He was left in a corner, hardly moving, let alone interacting with his family.

Our specialist listened to the parents and encouraged them to include Lewa in everyday family life, explaining how to communicate with a child who can neither see nor hear. This was what the family needed, some expertise, understanding and support. They tried and were delighted to observe a new Lewa. Now they enjoy their child who has responded to stimuli, rather than remaining frustrated and bewildered that he was not like the others.



Lewa's mother watches, amazed, as he opens up with the specialist teacher

Lewa's family are now active members of a group of parents with children who are deaf and blind. They were amazed to hear that there are other families like theirs.



Lewa's mother enjoys playing with her child, now she knows how

## Eye Camps

We returned to the remote location of North Horr in northern Kenya again this year to carry out an eye camp, sponsored by the UK charity, Medical and Education Aid to Kenya (MEAK).



Patients waiting for surgery

### Nadia

Nadia, a 72-year old grandmother and member of the pastoralist Gabra community was devastated when she arrived too late for surgery last year. She had arrived at the screening venue on the day that the team was leaving. She explained that, being from a nomadic community, she was involved in looking after the family goats and heard of the camp very late. She walked for 2 days to get to North Horr. She still could see a few meters away

then. She had to walk the distance back home a sad and disappointed person.

In 2009, the local community and health workers whom we trained prepared patients much earlier for our arrival.



Nadia, was led for 2 days by her son to reach us

Nadia, through her neighbours, heard of this. By now, her vision had deteriorated completely and she needed support to get around. With her elderly son in the lead, she arrived at North Horr a day before we got there. She had surgery on both eyes and could see perfectly. She thanked everyone who had made the mission possible.



Nadia—not disappointed this year



The team take a breather between surgery and explore in North Horr.

## Infrastructure

A Zeiss operating microscope was received from our long-standing supporters, Verkaart Foundation of the Netherlands



Dr. Roberts and Theatre In charge nurse—Phelistas receive the new Operating Microscope from Mr. & Mrs Verkaart and Ms. Mbogo of the Verkaart Foundation

## Improved Patient Information System

KDEC has introduced a new management information system reducing manual work , providing more responsive management practices and enhancing service delivery to patients



Patient being registered in at the reception using the new database system

## Staff & Training

Dr. Sebastian Briesen, our Ophthalmologist, left us to attain his German qualification in ophthalmology. Two other nurses and a patient attendant also left for further studies.

Lilian Nyaboga, who joined us in May, continues to work hard in both clinical and surgical work

Mohamed Chama, our patient attendant did a 3-month ophthalmic skills training at Sabatia Eye Hospital, Western Kenya. He passed with flying colours

HR & Administration Manager, Rehema, attended a workshop on Organisational & Financial management for 2 weeks at KCCO, Moshi—Tanzania

## Training Centre

KDEC received long awaited approval from the Kenya Medical Practitioners and Dentists Board as an official training centre for the Coast region.

KDEC, with other CBM partner projects in the country, are working on doing our own formal skills upgrading course in ophthalmology for nurses.

The course is aimed at equipping the nurses with skills to provide basic eye care, thereby facilitating delivery of primary eye care services in the grass-root levels.

## Visitors to the Eye Centre

- J. Barton, J. Samwell & M. Nanjala, Agape in Action
- Niall & Anne O’Kare, UK
- S. Hacule, A. Riefer, TAMEQ Tanzania
- J. Kimangu, B. Munda, - Kenya Commercial Bank, Ukunda branch
- M. Mwobobia & C. Maloba, Voluntary Services Overseas, Kenya
- S. Klaus & E. Osundwa, Sense International



Dr. Ng, Ophthalmologist from Ireland examines a patient during a field screening. He spent 4 weeks at the Eye Centre.

- Peter Ndara—Kwale school for the deaf
- David & Lambert, Faculty of Medicine, Bonn Germany
- K. Frasonkiewicz & V. Barasa—DECF Canada
- A. Defanti, Switzerland
- G.Arun Kumar, Appasamy Associates, India
- Dr. A. Sudhan, India
- K. Black Keeler, UK
- A. Ali, H. Mbarak & A.Jeneby, Postal Corporation of Kenya, Mombasa
- M. Wambugu, GSU Nairobi
- C. Kyne, Diani



Pupils from South Coast Academy sampling the assistive devices on their visit to the Centre

- Dr. R. Humphry—Honorary Consultant Ophthalmologist, EFEA(UK)
- Mr C J Crow - Trustee, EFEA(UK)
- P.Mwambeo, Msambweni
- S. Blanke & M. Stess, Germany
- L. Mbagi & P. Otieno – Mombasa
- W. Hulsebos & J. Maertzdorf– Netherlands
- Mr. & Mrs Breuer – Holland
- Adelbert College teachers & students – Netherlands
- Dr. S. Vogel—Germany
- N. Peerdeman & P. Klopstra– Dental Project Kenia Foundation—Holland
- Mr & Mrs. J. Verkaart—Holland
- C.Sindeu, N. Mwongela & A. Salim – National Hospital Insurance Fund, Ukunda
- M. Basmer – Lamu
- M. Shakur – Top shop Mombasa
- L. Ayiro & S. Mullei-Lau– EMACK – Aga Khan Foundation, Mombasa
- Prof. & Mrs. J. Cooper – UK
- M. Kariuki & S. Dienya – Safaricom Ltd,
- Dr. Y. Aloulou—France
- Ms. B. Doubler – Austria
- Mr. & Mrs. T. Glattfelder – Switzerland
- J. Loveridge - England
- Mr. F. Nyakweba & A. Ramtu—Kenya Revenue Authority, Mombasa
- Mr. & Mrs A. Laakso—Switzerland
- Mr. & Mrs P. Britton—England
- L. Ndilla—Youth Officer, Kwale District
- Ms. W. Traum—Germany
- H. Lulak—Germany
- A. Patel—Alcon Labs—Nairobi
- L. Johannes
- B. Ali & D. Oburu—Harley’s Ltd, Nairobi
- Mr. & Mrs K. Benedukt—Austria

## Fundraising & Publicity

### Awareness creation and Free Screening for World Sight Day 2009

October 8th saw the celebration of World Sight Day; the theme this year being ‘Gender and Eye Health—equal access to care’.

The eye centre played its part at a local school, encouraging women to seek eye care.

In many developing countries, men access eye care twice as much as women. Of the 250 people present, about 150 were women, and their attendance was praised by the area chief, also a woman, Ms Khafsa Khalfan.



Meanwhile, the school children learnt about eye health from our Vision Therapist, Mohammed Almasi, with the help of an eye model.

Children were fascinated by the enlarged eye model which Mohammed Almasi used to illustrate his teaching

To demonstrate how difficult it is to be blind, games were played using blindfolds.

All the children promised to be our ambassadors, promoting eye health.

Shani, pictured right was surprised by how difficult it was to get around when you cannot see. ‘I have never thought about it before’ he said. ‘How do these people manage!’



### Eye Go Fishing Competition

The annual fishing event took place in November on the coast North of Mombasa raising Ksh365,950/- (US\$4,880)



Young participants take to sea to compete

KDEC thanks the overall sponsors, Liaison Insurance, and all those who made the event a success.

## Statistics 2009

Activity	Target (2009)	Done (2009)
<b>Eye Care</b>		
Patients seen at KDEC	9,100	9,035
Operations	1,840	1,767
Of which how many were IOLs	1,300	1,401
Of which how many were blind in both eyes		227
Glaucoma Operations	100	101
<b>Community Work</b>		
Awareness Creation Meetings	220 reaching 20,000 clients	186 reaching 20,305 people
Rural Health Worker's follow-up	30	0
Women Groups	18 reaching 270 people	18 reaching 271 people
Village Health Committees follow-up	38 reaching 570 people	38 reaching 565 people
Outreach clinics	130 reaching 9,100 people	144 reaching 9,038 people
School awareness meetings and screenings	24 reaching 4,800 children	24 reaching 5,414 children
<b>Low Vision / Education</b>		
New Cases found	65	39
Integrated into mainstream education i.e. pre-primary, primary & secondary	50	14
Primary schools visited	20 reaching 160 teachers	20 reaching 166 teachers
Community meetings held	40 reaching 2,000 people	32 reaching 1,866 people
Follow-up low vision cases	160	110
<b>Rehabilitation</b>		
New Cases found	55	51
assessed (initial)	55	37
No. followed up (trained visually impaired persons)	100	119
Given home based training	75	10
Community meetings held	50 reaching 2,500 people	46 reaching 2,565 people
<b>Deaf Blind</b>		
New cases	10	5
Assessed	30	24
Provided with Rehab services	25	24
Training of Deaf/blind families	25	17