

# **9th Annual Report - January to December 2002**

## **1 - So why are we different?**

So why are we different? Because we work closely with the community. We started 9 years ago and realised very quickly that, in order to persuade people to seek help for their eye problems, we had to work with and in the community.

How? We recruited community based workers who are trusted people from the community and taught them how to identify a blind person and counsel them to come for treatment.

Nine years on, these people screen and gather those with serious eye disease to a venue in the community to which we then send trained eye staff, transporting the patients back to Kwale District Eye Centre (KDEC) when they require further treatment.

This is essentially how we began to address the biggest challenges in preventing blindness in Kwale District; inaccessibility and lack of awareness. Now we train rural health workers, traditional birth attendants, the district healthy medical team, that is those who are stationed in the field permanently, to recognise and refer those with eye disease.

Perhaps more excitingly, we have trained 21 village health committees to screen and refer in the way that our community based workers (CBWs) were doing. This is a positive step in handing over the problem of needless blindness in the community to the community themselves to address. Indeed one of the biggest challenges has been to persuade the community to take responsibility for their problem; that is the high prevalence of avoidable blindness in the district. Our mission statement is to empower the community by providing affordable, accessible eye care to prevent eye disease.

Dr.H.Roberts MBE MBChB MRCOphth FRCOphth, a British qualified ophthalmologist, founded KDEC when she realised how little provision there was for eye care in Kwale District. In a population of about 600,000 people spread over 8,600 square kilometres an estimated 0.7% were totally blind in both eyes and many more visually disabled. Kwale is the second poorest district in Kenya. According to a WHO study done in 1999, on average one employed person supports 16 dependents.

## **2 - General Review and Highlights of the Year**

2002 has been a very busy year for Kwale District Eye Centre. This year has seen a tremendous growth in our facilities and activities both in the field and at the base hospital. This is evident in our statistics.

We used World Sight Day, celebrated in Kenya on 11th October 2002, to officially open the new building funded by Sight Savers International (SSI).

## Comparative Annual Patient Statistics

Activity	1999	2000	2001	Actual 2002	Targets 2002
Patients seen in field	3452	4875	5052	7748	4400
Patients at KDEC	7252	8175	8882	9051	9200
Operations performed	398	689	1,053	1383	1480
Cataract operations	276	590	945	1235	1200

### Cataract audit

92% of the eyes on which we performed cataract surgery had a visual outcome better than or equal to 6/18 (that is more than half way down a visual acuity chart) at 6-weeks follow-up.

### 3 - Low Vision Project

About 2 children each month are newly identified as having low vision. This can be defined as having the ability to use your sight to plan or execute a task but corrected vision in the better eye is less than 6/18. These children need good assessment, ophthalmological intervention, successful school placement and- the most difficult to provide- follow up for the rest of their lives.

We maintain very good communication with the Low Vision Unit at Kikuyu (the Eye Unit in Nairobi, 600 kms away). Therapists from the unit visited in March and September to do specialist assessment.

There is a great need for low vision clinics in Kenya. We are setting one up for the coast. To that end we recruited an experienced teacher who completed his training with the Low Vision Unit in November and is now setting this up.

### 4 - Rehabilitation Project

Those whose vision we cannot improve and who are blind by WHO definition we offer rehabilitation. This may be how to use a white cane, or, to how to fold blue socks separately from white ones!

### New officer

This year we promoted one of our senior CBWs, Mwinyihamisi Mwachepha, to rehab officer. He trained at the Machakos Institute for the Blind and has been rendered mobile with a motorbike. He is a busy man. We have 205 patients on our records. He visits about 4 clients per day.

**Training of Community Based Workers(CBW) and staff**  
Everyone needs to know the basics of rehabilitation. After all they work with blind and low vision people. The officer works alongside the cbw responsible for that client.

## **5 - Training of Community Players**

This constitutes a major part of our work. We train a lot of people who are based in the community and can help spread awareness of eye health and refer cases to us. They are :

### **Village Health Committees**

These people are elected by the villagers to represent them in issues concerning development. This includes health and other socio-economic issues. We trained 21 this year. These committees have often already received training by NGOs on other health issues. We teach them about eyes. Gradually, we plan to hand over the job of recognising and counselling those with serious eye disease to attend KDEC to the community. This group is clearly a key player.

### **District Health Medical Teams**

Nothing is possible without this group understanding what it is we are trying to achieve and supporting us in doing so. The aim of this training therefore is to sensitise the team on primary eye care, updating their knowledge and skills relating to eyes.

We submit our timetable to the District Health Medical Plan. Together we formulate the way forward for primary eye care activities in the District.

### **Rural Health Workers**

They are the staff of general health dispensaries and health centres. We teach basic ophthalmic skills and encourage appropriate referral to those who need specialist treatment.

### **Community Health Workers**

These are people who work within the community such as traditional birth attendants, traditional healers ,Bamako initiators and community leaders. It is vital to include all these groups in our work.

## **6 - Infrastructure and Equipment Gains**

Sight Savers International (SSI) funded the building of a male ward, a spacious outpatient department and reception, administration and community based programme offices, a training room and resource centre,

as shown in the [slideshow](#) on this site The operating theatre was expanded making room for two surgeons to be able to operate simultaneously. Having men and women accommodated separately broke down one of the barriers, which prevented people coming for treatment. SSI donated a Toyota Landcruiser to complement the 2 vehicles donated by CBM over the years. Rendering care accessible is the key to enabling more people to attend for treatment.

Equipment that we gained in 2002:

- Additional slit lamps
- Iden autoclave
- Manesty distiller
- New cataract instruments
- More ophthalmoscopes and illuminated visual acuity charts
- Another personal computer
- Keeler indirect ophthalmoscope

## **7 - Fundraising in Kenya and World Sight Day**

We need to continue to raise funds for the day to day running of Kwale District Eye Centre. The Committee of KDEC together with other parties, both individuals and organisations, have been invaluable in making our fundraising activities a success.

We continue to hold regular annual fundraising events including:

Diani Rules sports event held on the Kenya South Coast. This took place on the June Public Holiday and attracted people from all walks of life.

Eye Go Fishing competition held on the north coast at Mtapwa, in November.

The Hootenanny band that regularly plays for charity.

Diani Craft Fair and the Goat Derby run by the East African Women's League in December and April respectively.

## **World Sight Day 2002**

We celebrated this in Kenya on 11th October with the official opening of the new building. Many people attended and learnt about eye disease and our work.

Following a walk through the highly populated area of Likoni (South side of Mombasa) with banners and a loud hailer, we invited other service providers, the District Commissioner, donors, chiefs and the community, to pass on our message and gain their understanding and support in our aim of reducing needless blindness in the community.

## **8 - Donors**

Thank you to our donors who include:

- Air Kenya
- Africa on Line

- Agency for Personal Service Overseas (Ireland)
- Australian High Commission
- Austrian Red Cross
- Barclays Bank of Kenya
- Catalyst Systems
- Christoffel Blinden Mission (CBM)
- Craft Fair Trust
- Dark & Light Blind Care
- East African Women's League (South Coast Branch)
- Eyes For East Africa (UK)
- EFM Foundation
- Fooks Trust
- Help Age (Kenya)
- Hindu Council of Kenya
- Lions Club of Mombasa Island & Mombasa Central
- MEAK Fund
- Mrs. M. Schroen and Flora Apotheke Pharmacia
- Rotary Clubs of Diani(Kenya), Fleet(UK), Northwich(UK)
- Rotary International
- Sight & Life
- Sight Savers International
- Verkaat Foundation

And to all those who have supported us in so many ways.

And finally, Donato Cordi and Dr Stefan Vogel for their time and expertise.

## **9 - KDEC Staff 2002**

### **Staff Numbers**

We now have 45 staff on the payroll:

- 18 work in the Community Based Programme
- 14 in the Medical Department and there are 13 support staff

### **Staff Training**

- Ophthalmic Medical Assistant- 3 month refraction course at Kikuyu Eye Unit (KEU) in Nairobi
- Kenya Clinical Health Nurse- OMA course for 3 months KEU obtained grade A
- KNOW-attended by 10 staff and MD gave presentation
- Motorbike training for staff
- Rehabilitation training - 3 months at Machakos Institute for the Blind
- Cross exposure to Kericho Bomet
- Visits by SSI training Gladys Nyaga,
- KSB training, O&M specialist
- Low Vision Therapist- 12 months at KEU low vision unit

### **Staff Events**

Those who have joined us

- **George Ohito – Ophthalmic Clinical Officer / Cataract surgeon**
- **Kassim Mwachinywzi KECH Nurse**
- **Bernard Chamutu – Community Based Worker**
- **Karisa Ngala – Community Based Worker**
- **Rodgers Aura – Patient Attendant**
- **Frankline Nyankabaria – Gardener / Handyman**

## **Staff who have left**

- **Edward Mangale (CBW) – Retired**
- **Rachel Waigombe (CBW)**
- **Justus Muli (CBW)**
- **Phidelia Juma (Patient Attendant)**

## **Congratulations to those who have married**

- **Seif Chambaza & Sofia Khamisi**

## **Congratulations to the following on the birth of their children**

- **Kassim Mwachinyezi – Ng'ara a brother for Abdallah**
- **Seif Chambaza – Ramadhan Seif brother for Mwinyiseif**
- **Kai Kafahamu – Kafahamu Kai Kafahamu**

**And finally, To Dr Roberts for getting her blue belt on Shotokan karate!**

## **10 - Visitors**

**We were delighted to welcome the following to Kwale District Eye Centre:**

- **Jane Burrage, Jane Dean and Jim Crow - EFEA (UK) Trustees (all travelling at their own expense)**
- **Mrs Anne Carson and Marian Pflaumer - American Embassy, Nairobi**
- **Mr & Mrs Edward Clay - British High Commission, Nairobi**
- **Ms Rioko Mio - Japanese Embassy, Nairobi**
- **Mr Mohammed Liban and Mr K. Ng'otho - Kenya Ophthalmic Programme**
- **Manju Mohamedbhai - Barclays Bank**
- **Hindu Council of Kenya**
- **Ms Beatrice Amimo and Paul Gatete - CIDA**
- **Rose Ciesla and Mary Lee**
- **Dixie Dean-Moving Pictures Company**
- **Marianne Beekes and Bob Bekking - Verkaat Dev Group**
- **Ian & Ann Macmichael**
- **Dr Patricia Horne**
- **Rotarians Barbara & Cyril Legge (UK)**

- Dr. Lindi Kalnoky - Austrian Red Cross
- Team from Kenya Medical Training College - Nairobi
- Ruth Vanlanthen and her family
- Rosemarie Beyeler and Daniel
- Pat and Jim Richardson
- David Evans
- Elaine Donald, K Bonami and M Young
- Rosemarie Wegener
- Ingo and Lotte Feldkircher
- Barbara Schlect
- Rotarian Tim Freeman and family from Fleet UK
- Stefania Bordignon and Andrea and Luca Bizzotto
- Christoffel Blinden Mission
  - Joachim Brick - Regional Representative
  - Dr. Mark Wood - Medical Advisor
  - Josephat Muiruri - Project Officer
  - Geert Vanneste - CBR Consultant
  - Sister Ingrid Cox
- Sight Savers International
  - Catherine Cross
  - Patricia Hallahan
  - Godfrey Kimani
  - Gladys Nyagah
  - Mary Muturi
  - Sarah Maiywa
- Peter Muasya - Kenya Society for the Blind
- Rina Hanrahan - Agency for Personal Services Overseas (Ireland)
- Mike & Dee Belliere - MEAK Foundation
- Tom Van Herwijnen and Dr Nico Buisman from Dark & Light Blind Care
- Alison Davies - Fooks Trust

## **11 - Finance**

**Income Amount % of total income (USD\$ approx)**

**Sight Savers International USD 33,316 \***

**14%**

**- for new Building USD 172,758 \***

**Christoffel Blinden Mission USD 64,144**

**27%**

**Patients USD 49,202**

**21%**

**Fundraising USD 37,266**

**16%**

**General donations USD 50,701**

**22%**

**\* means the total with the capital input for the building displayed separately.**

**We said in the introduction that Kwale is the second poorest district in Kenya. It is difficult to persuade people to contribute much, if anything, to their treatment. We run a two-tier system enabling patients to be treated as 'private'. We need to expand this more and encourage the wealthier people to come out of Mombasa town and come to KDEC.**

## **12 - Future projects / Plans for 2003**

- **Increase our cataract surgery from 1200 to 1500 eyes**
- **Set up a low vision project and build a low vision clinic**
- **Intensify rehabilitation of Irreversibly Blind Clients**
- **Increase the number of people choosing to attend as private patients**