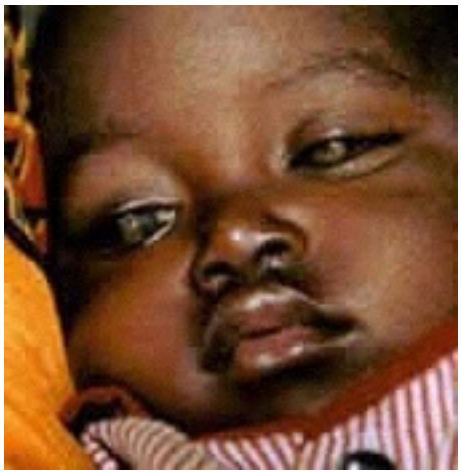
10th Annual Report - January to December 2003

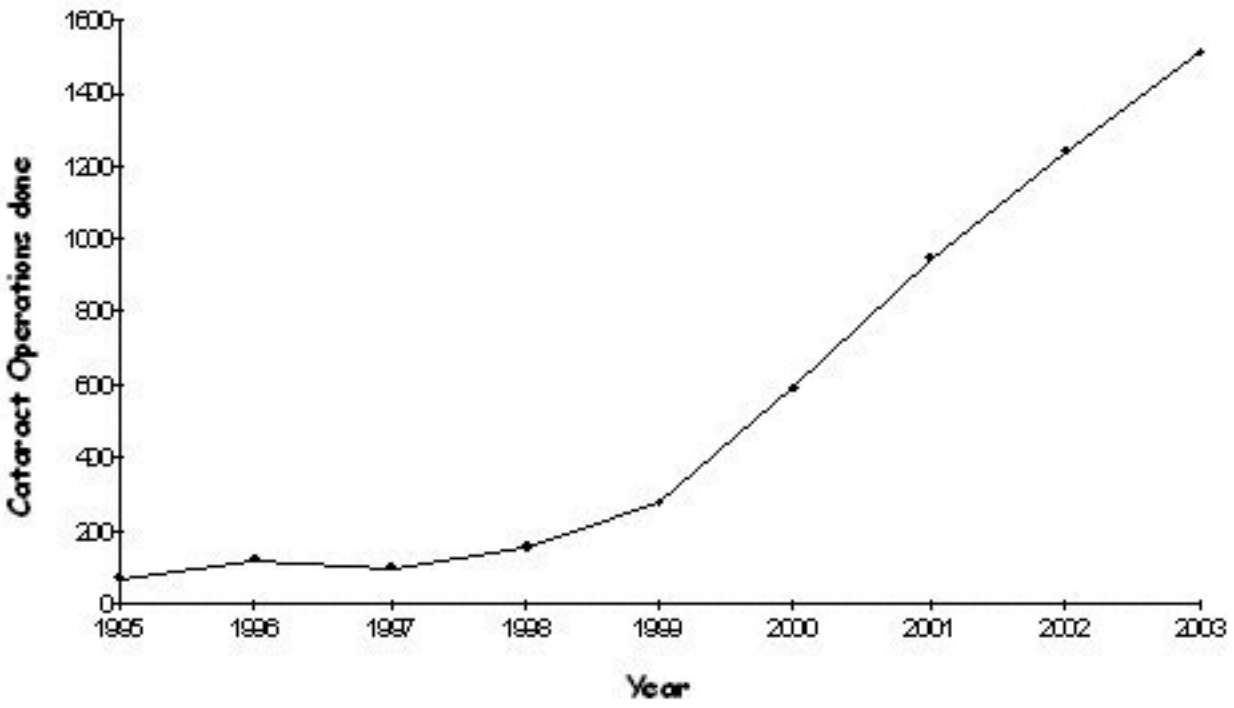
1 - Introduction

2003 was a special year for Kwale District Eye Centre (KDEC) as it celebrated 10 years of existence. The child below is Rashid, a 2 year old who became blind because of a lack of vaccination and he was not given a fully balanced diet after weaning. His blindness, due to a deficiency of vitamin A, was totally preventable had he reached help a month earlier. KDEC exists to prevent this sort of suffering.



Despite offering specialist care in a district known to have a high prevalence of blindness, very few eye patients came for treatment. KDEC quickly realised that, in order to persuade people to seek help for their eye problems, they must work very closely with the community. Initially a nurse went literally door-to-door on foot seeking blind people. He was met with suspicion. Blind people were considered a curse on the family and were often hidden in the back of the hut. Gradually the barriers to people reaching cataract surgery fell as people realized that often their blindness was treatable.

Community based workers were recruited, taught how to identify a blind person and counsel them to come for treatment. The graph below shows how the demand for cataract surgery increased as people realized that their blindness could often be solved.



Number of Cataract Operations performed per year 1993 to 2003:

In the past decade KDEC has grown from one room with no plumbing to a sizeable eye centre with separate departments. In 2003 a low vision unit was added. The staff grew from an initial 4 to 42. Waiting patients used to have limited shelter, now they are shaded, dry and inpatients wear uniform. The out-patient clinic now has 3 consulting bays and running water. The operating theatre was very basic and poorly equipped. Conditions have improved dramatically over ten years. Dr Vogel brought a phacoemulsification (phaco) machine from Germany to begin training the surgeons. A machine is pledged by Christoffel Blinden Mission International in 2004. All these changes are simply because people in Kwale District need these services. KDEC has learnt, in order to gain people's trust, the community must be closely involved.

Now KDEC trains government workers already in the field; that is rural health workers, traditional birth attendants, the district health team and other service providers in the community. KDEC is a Comprehensive Eye Care Service (CES) provider. This means that, in addition to providing eye treatment in the field and at base, KDEC addresses the issue of how best to cope with blindness and poor vision which is not reversible, even becoming involved with the integration of low vision children into mainstream primary education. One of the biggest challenges has always been to encourage the community to take responsibility for their own problems. KDEC cannot solve the problem of blindness in the community. They are there to help the community solve that problem.

Services:

KDEC believes in quality patient care before, during and after intervention. In order to offer people choice and to raise funds KDEC runs a two-tier system. Higher payment entitles people to jump the queue, choose their surgeon and be cared for in a private area. The standard of care, however, is the same for all.

Finances:

Christoffel Blindenmission International and Sight Savers International provide the bulk of financial support. Additional support derives from patients, local and overseas fundraising events and other donors. Financial support received in 2003:

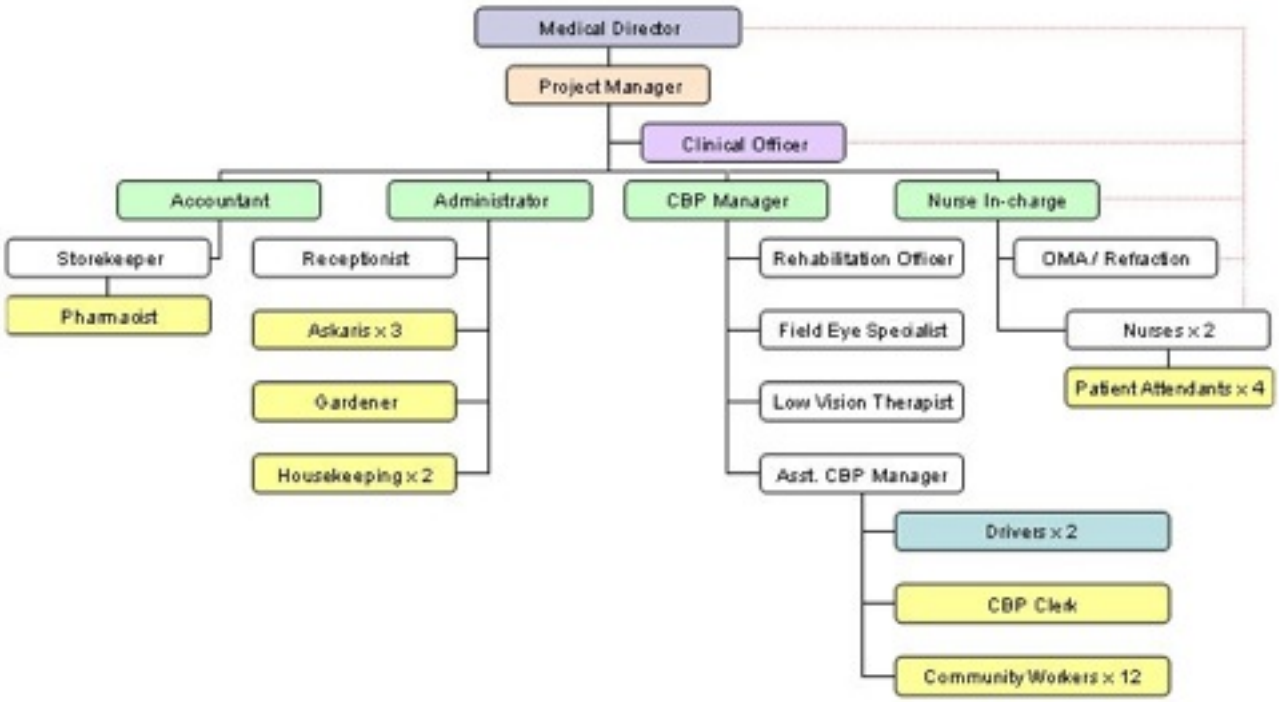
- **Christoffel Blindenmission 28%**
- **Sight Savers International 24%**
- **Patients 20%**
- **Others (including local fundraising) 8%**
- **General Donations (local and abroad) 20%**

Kwale is the second poorest district in Kenya. On average 1 person supports 16 dependants. Few people can contribute much to their treatment.

Networking:

KDEC has always worked very closely with all other service providers. Health action days, in which many health service providers offer screening, take place once every 2 months.
KDEC is a major contributor to the Government district health plan and works with service providers such as Association for the Physically Disabled of Kenya, Plan International, Aga Khan Health Services Mombasa, and others as well as traditional healers etc.

2 - Organisation Diagram



3 - Chairman's Report

What a successful year we have had with the continued expansion of activities, both within the hospital and the surrounding community. The exponential rise in operations (80% of which are intra-ocular lens replacements for patients with cataracts) was maintained and further groundwork was done on the rehabilitation of patients who are irreversibly blind or with poor vision, especially children.
Next year, in line with the needs of the surrounding community, the emphasis of the hospital's work will shift more towards rehabilitation.
We now have the website up-and-running, thanks to the hard work and professional expertise of Jim Crow plus Dick Roberts and Yvette Asscher of Catalyst Systems. Our aim is to make this website work for us both as a source of donations, including the sales of useful quality promotional items and keeping those interested up to date with the hospital's activities.
Local donations, both in cash and kind, raise about 17% of our total income. Although people and institutions have been very generous, it is necessary to ameliorate this position. Thought has been given to more self-sustainability, for example, the introduction of state of the art cataract surgery in the form of phacoemulsification; the equipment for this is pledged next year.
Heartfelt thanks and appreciation is extended to our many benefactors in Kenya and overseas, both large and small, for all the support given to the hospital. The reward is the knowledge that your generosity is properly accounted for and used to alleviate the eye problems of those who seek help.
Special mention must be made of our two major benefactors. Christoffel Blinden Mission has been supporting us since 1996. The assistance we

receive with medical consumables and salaries is impressive, relieving us of major funding headaches. Sight Savers International have given us wonderful assistance with many of the problems that challenge us, together with advice and guidance from their experience about the direction the hospital should take as the service it provides expand. We extend our deeply felt thanks to these institutions.
Mr J.F. Beakbane

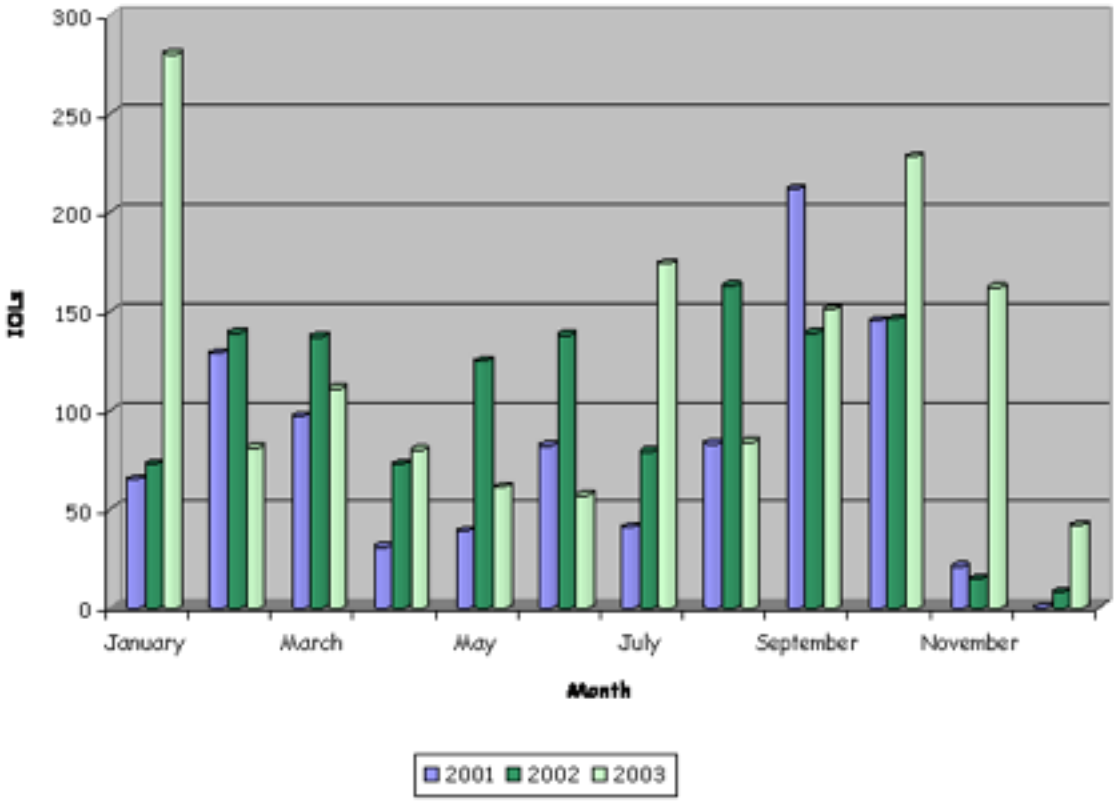
4 - Medical Director's Report

Ten years of growth and change. We were delighted to reach our targets proving that they were realistic. The challenge is to maintain and sustain a small secondary eye unit in such a poor rural setting.
10 years down the line and the demand, as people learn about our work, is ever increasing but the funding decreasing!
Few higher paying patients are prepared to make the journey out of Mombasa to see us. To try and encourage them we are working to be able to offer phacoemulsification (ultrasound) to remove their cataracts. Learning this was fun and expensive. We were very lucky to have Dr Vogel visit to help us.
Fundraising remains a challenge as the local economy- mostly tourist reliant- is flagging badly due to terrorist scares and negative press.
While keeping our cataract numbers up we are now dealing with the challenge of addressing visual disability and the community's attitude to that. Our low vision department is striding ahead with great energy. The rehabilitation programme for people whose sight cannot be restored is going along quietly in the absence of our rehab officer who is training in Ghana. We look forward to seeing his skills in action. In his absence we have been training blind people both directly and through their CBWs.
We now regard ourselves as a CES project: providing low vision care for the entire province, integrating children with low vision into mainstream education and rehabilitating the irreversibly blind. Training takes place constantly for clients both at home and in the field.
I would like to note my sincere appreciation of our staff and committee both of whom maintain high morale and supply constant hard work and support.
Dr H.E. Roberts MBE MBChB MRCOphth FRCOphth

Patient Statistics:

Activity	2001	2002	Targeted 2003	Actual 2003
Patients seen in the field	5052	7748	6,000	10,801
Patients seen at KDEC	8882	9051	10,200	9,340
Operations performed	1053	1383	1,840	1,722
Cataract operations	945	1235	1,500	1,511

The graph below shows the monthly variation in cataract surgeries done at KDEC in the last 3 years.



Note: In January we did an outreach safari in Turkana at the request of a donor. In the third quarter of 2003 we redoubled our efforts in the field to bring in patients who needed surgery. Despite it being Ramadhan this succeeded. The intensity of work in the field defines the number of people attending KDEC. This illustrates how important the field programme is to the success of KDEC .

And 2003 in more detail:

see table below

		Adults		Children		Totals 2003
		M	F	M	F	-
	EYE CARE - SERVICE DELIVERY					
1	No. of persons screened + treated in the field	4,082	4,484	1,207	1,028	10,801
2	Number of consultations at KDEC clinic	3,414	4,690	658	578	9,340
3	Number of new patients registered	1,680	1,544	341	314	3,879
4	Number of eye operations performed	873	835	8	6	1,722
5	Of (4), number of cataract operations performed	766	738	6	1	1,511
6	Of (4), blind in both eyes before surgery	238	229	0	0	467
7	Of (4), glaucoma operations	40	14	0	0	54
8	Of (4), other operations	80	72	4	1	157
	OPTICAL					
	Reading glasses dispensed	1,052	1,010	0	0	2062
	Referred for distance glasses	84	129	12	15	240
	REHABILITATION					
	No.of clients cared for: Low Vision	24	10	69	50	153
	No.of clients cared for: Irreversibly Blind Persons (IBP)	138	90	10	2	240
	AWARENESS					
	Community members formally trained	149	103	-	-	252
	Awareness meetings - people exposed	6,500	7,181	2,655	-	16,336

5 - Low Vision Project

The Therapist completed his training and the project began. The low vision unit building was ready in June. Now the therapist has a quiet area away from the hustle and bustle of the main clinic where children can be assessed in an optimum situation - a job that takes an hour per child. Other centres in the Coast Province refer children to KDEC for this.
Much of the therapist's time is spent in the field. He trains the trainer of the village heath committees and he himself addresses community gatherings to try to reduce the stigma of visual disability. He works closely with the community-based workers to train clients and their families.

Children who are partially sighted or blind are often considered a curse by their families and hidden away from society in their huts. It takes a lot of counselling to persuade these parents to agree to help their own children. Once overcome, it is crucial that the family are involved in every stage of the child's development.

6 - Rehabilitation Project

Those whose vision cannot be restored and who are blind according to WHO definition (corrected vision less than 3/60 in the better eye) are offered rehabilitation. This may involve teaching people to use a white cane, cook different meals, grade cereals, conduct their personal hygiene, and even go shopping.
The rehabilitation officer returned from a 9-month training in West Africa at the end of 2003.
Eighteen irreversibly blind women were brought to KDEC for a 10-day workshop. They received training and had the chance to meet others with the same challenges, make friends and share experiences. It was so successful that similar training is planned next year.

7 - Education

Children with low vision are assessed and, wherever possible, integrated into mainstream primary schools. Currently, there are over 140 children in our programme and the number is increasing. Follow-up of these children is done both in school and at home.
Parents are now more willing to send blind or low vision children to school when they realize what their child is capable of.

8 - Community Players

KDEC cannot achieve its goals without involving the community. Village Health Committees (VHCs) are voluntary committees voted in by the community to deal with health and social issues. Currently KDEC is involved with 27 village health committees in the district.
KDEC gives members a week's training in eye awareness. This takes place in the rural setting but involves a visit to KDEC. Some have been given bicycles (2 per VHC) as an incentive and to help them get about to identify serious eye diseases in their own community. They are constantly motivated through visits and intercommunication to encourage them.
KDEC also trains the Government District Health Team, Rural Health Workers, and Community Health Workers to recognize and refer eye diseases. The campaign of reducing avoidable blindness involves the whole community.

9 - Infrastructure

This year saw the completion of the low vision unit. Previously children were assessed in the main clinic. This was difficult due to the inevitable distraction in a busy clinic. Equipment acquired in 2003:

- **Zeiss OPMI operating microscope**
- **Microsurgical instruments**
- **Ophthalmoscope**
- **Slit Lamp**
- **Solar Electric Panels & accessories**
- **Fax Machine**
- **Laptop Computer**
- **Motorbikes x 3**
- **Digital Camera x 2**
- **Mobile operating microscope**

10 - Fund-Raising

The committee of KDEC, with a lot of local support, has been busy raising funds. This year we added a golf competition to the annual fund-raising events.

World Sight Day (WSD), an international day to mark The Right To Sight, this year took place at Jomo Kenyatta Primary School in Msambweni, a small town between Mombasa and the Tanzania border. Beneficiaries, service providers, civil servants, school children and local folk participated.

KDEC used this as an awareness campaign for the reduction of avoidable blindness in the community. 40 sponsored cataract operations took place that week to help eliminate blindness.

11 - Web Site - www.eyesforeastafrica.org

Did you know that in our world someone goes blind every five seconds…and a child every minute?

On-line facilities:

These facilities for making donations and on-line shopping went live on 1st July. Donations attributable to the website, some of which were anonymous, are around £ 2,000 to date. Commission from sale of goods to end of December was approximately £40. This has been lodged in the EFEA(UK) account.

Web site Hits:

The number of visits per month continues to increase. Detailed statistics of the number of page visits and countries of origin of visitors are available on a monthly basis. The total number of hits from July 2002, when records were first available, to the end of 2003 was 3,174. Visitors from 43 different country have accessed the web site.

Web site development:

The site layout was updated in November 2003 as it had grown considerably since it started. The site now includes a News Page on which monthly updates are displayed including such stories as, the 10th Anniversary, World Sight Day in Kwale District, patient stories and acknowledgements of anonymous donations.
Current and previous annual and quarterly reports are also accessible. Links to and from other site including the Kikoi Company, and from the Diani Beach site have been created.
Our thanks for the continuing support of Dick Roberts and Yvette Asscher of Catalyst Systems UK for assisting in this work.

12 - Donors 2003

We are grateful to all donors who have supported us since we began 10 years ago. They are too numerous to mention here. In 2003 especially thanks are due to:

- **Africa Online**
- **American Embassy**
- **Anonymous**
- **British High Commission**
- **Christoffel Blindenmission International**
- **Craft Fair Trust**
- **Dark & Light Foundation**
- **Dr. S. Vogel**
- **East Africa Women's League**
- **Elizabeth Frankline Moore Foundation**
- **Enge Tysom**
- **Eyes for East Africa (UK)**
- **Ireland Aid**
- **Mrs. Keith**
- **Mr. Luce**
- **Lions Club of Mombasa Central & Mombasa Island**
- **Medical & Education Aid to Kenya (MEAK) Fund**
- **Mr. John Harbottle**
- **Mrs. Morris**
- **Mrs. Schroen & Flora Apotheke Pharmacia**
- **Rotary Clubs of Diani, Kilifi & Fleet (UK)**
- **Santa Hans**
- **Sight Savers International**
- **Sight & Life**
- **Taylors of Harrogate**
- **Tsavo Power Company**
- **Verkaat Foundation**

13 - Staff

KDEC has 42 staff in the project; 14 work in the community full time.

Staff training:

- **Rehabilitation Officer – 9 months in Ghana**
- **Project Design and Report Writing – Administration Manager & Community Based assistant manager**
- **Financial Management– Corat Africa – Accountant**
- **Health Care Improvement-Nurse-in–Charge**
- **Management Priorities in Eye Care Delivery in Africa – Project Manager**
- **Advocacy Skills at Amref – Community Based Programme Manager**
- **Training of an OCO at the project from KMTC**

Staff who joined in 2003:

- **Evans Owino – Patient Attendant**
- **Nelson Lewa – Community Based Worker**
- **Ezekiel Mzomba – Community Based Worker**
- **Justus Ndiku – Community Based Worker**

Staff who left in 2003:

- **Kassim Mwakinyezi – KECH Nurse**
- **Kilonzo Simba – Security Personnel**
- **Karisa Hinzano - Community Based Worker**

On getting married: Catherine Jakaiti to Edwin Ogeya
On the birth of her children: Nsanite Bekawendo – twins Hafsa and Sauda

Dr Roberts:

Dr. Roberts was runner up in the International Association for the Prevention of Blindness competition with the cover photo of Rashid, which was displayed in USA, Australia, Switzerland and UK.

14 - Visitors

In order of appearance:

- **Mr & Mrs F Merinsky**
- **Mr & Mrs Z Springer**
- **Dr Mbogo - Rotary Club of Kilifi**
- **S Ridley - British Army**
- **Lion Aggarwal, Asher and Shah - Lions Club Mombasa Pwani**
- **Prof. Masinde - Kenyatta University**
- **Mr J Crow, Ms J Dean, Ms J Burrage - EFEA(UK) Trustees**
- **Mr J Wall, Mr Perrier, Ms B Amimo - Canadian High Commission**
- **Mr F Mulwa, Mr W Kaikai - Premese Africa**
- **Ms S Tomlinson, Mrs S Maiywa, Mr G Kimani, Ms E Mumasaba and**
- **Mr K Wilcox - Sight Savers International**
- **Mr J Muiruri - Christoffel Blindenmission International**
- **Dr H Awan and Mr H Minto - SSI Pakistan**

- Mrs M Schroen
- Mr & Mrs Fox and Mr Mungatana - Tsavo Power Company
- Kenya Medical Training College Personnel

15 - Future Plans

- Encourage the community to own the problem of blindness
- Increase sustainability of KDEC
- Continue to enhance the quality of care
- Intensify rehabilitation training
- Improve low vision services in Coast Province
- Establish KDEC as a training organisation
- Obtain retinal laser and computerised visual field analyser

Abbreviations:

Cataract	Opacity in the focusing lens within the eye.	The commonest cause of preventable blindness both in Kwale District and worldwide.
CES	Comprehensive Eye Care Service	A holistic approach, where treatment includes care at home and in schools for blind and low vision clients as well as the more obvious outpatient and surgical care.
DC	District Commissioner	Top civil servant appointee in the District
EFEA(UK)	Eyes For East Africa UK	UK registered charity number 1053222. Function is to raise funds for KDEC project
IBP	Irreversibly Blind Persons	People whose sight cannot be restored
IOL	Intraocular Lens	This is inserted after removing the cataractous lens in the eye at surgery. Made of a type of plastic it remains in the eye without any adverse reactions and enables the patient to focus as before the cataract was removed
KDEC	Kwale District Eye Centre	
KMTC	Kenya Medical Training Centre	The institution in Kenya authorised to train medics including clinical officers and nurses
OCO	Ophthalmic Clinical Officer	3 years training to include microsurgery
Phaco	Phacoemulsification	A relatively new technique for cataract surgery which uses ultrasound to emulsify the lens.
VHC	Village Health Committee	A voluntary committee which deals with health and social issues in the village
WHO	World Health Organization	The United Nations specialised agency for health, which was established on 7 April 1948
WSD	World Sight Day	A day set aside each year internationally to create awareness to the problem of world blindness