

Eyes for East Africa Monthly News 2005

January 2005

Rehabilitation

Mwaka is a single mother of three. She was blinded as a young girl due to an injury. Life is hard and she finds cooking and cleaning the house difficult. Sometimes the neighbours help but she can't ask them to do so every day.

In the photo we see Mwaka being taught how to identify and chop vegetables to prepare them for cooking. We cannot restore her sight but perhaps we can make her life a little easier.



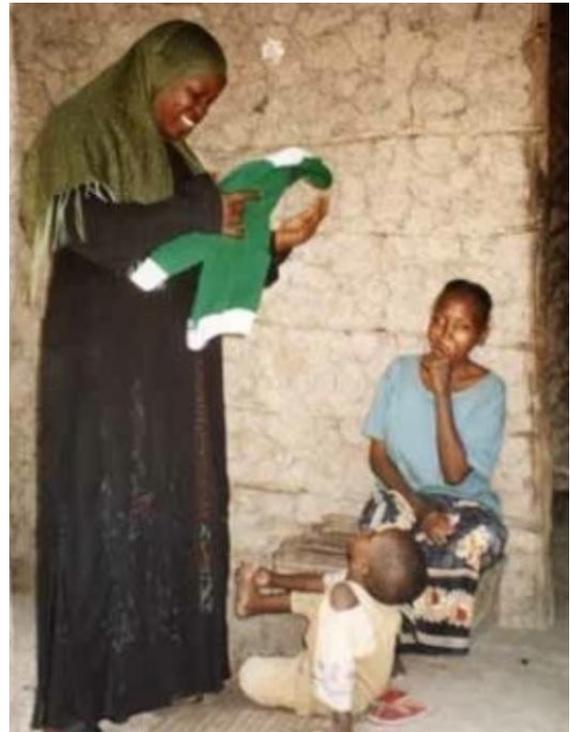
February 2005

KDEC Support for those who are Permanently Blind.

Support of blind people allowing them to earn an income is a relatively new step for KDEC as part of the comprehensive care offered to eye patients. In the photo we see KDEC's lady rehabilitation officer, Mwanasiti Dengo, admiring a knitted product made by Mwanaida who is totally blind and has been for many years. Mwanaida didn't sit idle feeling sorry for herself, but taught herself to use a knitting machine.

Eventually the machine broke, and it was difficult and expensive to repair. KDEC helped her to pay for these repairs with funding from the German development services. Now she is back in production, making money to support her three children and pay for them to return to school.

It takes a lot of time and effort in the field to ensure that people use the money as intended so that it will benefit them in the long term.



March 2005

Kwale District Eye Centre Charity Shop Opens at Diani Beach

At the beginning of March the Kwale District Eye Centre charity shop opened at the Diani Beach Shopping Centre. In the picture, Jan King shows off the interior of the shop which sells items people donate such as books, clothes and household goods.



In addition to raising funds, the aim is to raise awareness of the eye centre, particularly amongst the many tourists and visitors to the shopping centre. Jan is delighted with the interest and enthusiasm from the local community. The two shop assistants spent a week in Kwale District Eye Centre learning about the work which we do. We welcome all visitors to Diani Beach to call in.

April 2005

Self Help and Team Building at KDEC

During a relatively quiet time at the Eye Centre, Dr. Roberts took the opportunity to introduce a team building event by organising the staff into repainting a section of the wall surrounding the Eye Centre compound. The photographs show various members of the medical and community based workers teams at work.

Nursing a section of the wall – a woman's work is never done!



Painting makes a change to looking for new patients in the villages!



The finished wall. Who says that watched paint never dries?



Recent News from the Rehabilitation Unit – The Reuniting of a Family

Compiled and Submitted by Kai Kafahamu, Manager, Community Based Projects.

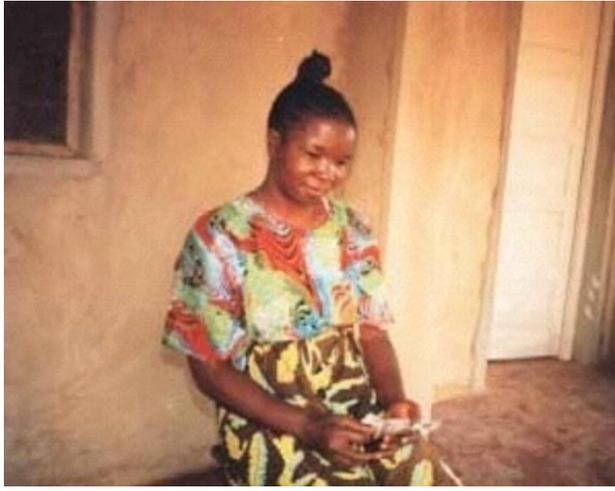
When Saumu was 26 years old she gradually lost her sight. She was married with three children. She could no longer cook or look after the house or her family. Her husband, fed up of having to cook and clean for the family, sent her back to her parents in disgust. "I am tired of living with a blind wife who cannot cook, fetch water, bath herself, go to toilet, wash my clothes and take care of my children. Go back to your parents and leave me in peace."

Rejected and depressed, Saumu hid inside her parents hut all day long for nearly two years. She became silent and gradually weaker. Then her mother heard about an eye screening taking place nearby organised by Kwale District Eye Centre. She walked there guiding Saumu.

The doctor explained that nothing could be done to restore her sight, but she could be helped another way. Saumu learnt how to get around safely using a white cane. Suddenly she could get out and about on her own. She went to village ceremonies which everyone had always attended without her. She made new friends and learnt how to cook despite her blindness and to wash clothes. She was able to go to the toilet without help, fetch water and bath herself. She was able to lead an independent life again.

News filtered back to Saumu's husband. Curious, he visited his in-laws to find Saumu walking confidently with only a white cane to guide her. He watched her preparing food. He was impressed, this was a new Saumu and how clever she was to have learnt to do all this despite not being able to see! He negotiated with her parents that she returns home. Proudly Saumu walked with her husband back to her home, where she now lives happily with her husband and children.

The photos on the next page show Saumu, and her reunited with her family.



June 2005

Developing Phaco-emulsification Techniques

Roger Humphry, a Consultant Ophthalmologist at a hospital in Salisbury (UK), recently spent three weeks at Kwale District Eye Centre. This is his report:

It was with some trepidation that I stepped into the dazzling sunlight and searing heat at Mombasa airport, but I had little time for further thoughts on arrival as I was swept along by Helen Roberts' enthusiasm and charm. My brief was to assist in the development of phaco-emulsification cataract surgery, a relatively new technique at the Eye Centre. Phaco is a micro incision technique where the cataract is literally emulsified and then extracted through a tiny incision. A small intra-ocular lens is then implanted. Up to now, it has not been widely available in the developing world because of the equipment expense and the related difficulty of training staff in the new technique.

The arguments for phaco in environments such as Kenya have become stronger because of the rapid and improved visual results – patients usually have excellent vision the first post-operative day and do not need glasses for distance viewing. When patients have a long way to travel and no easy access to an optician, as is the case in Kwale District, unaided vision is an important consideration.

Phaco would not have been available at KDEC without the kind generosity of CBM (Christoffel BlindenMission) and ProOptic.

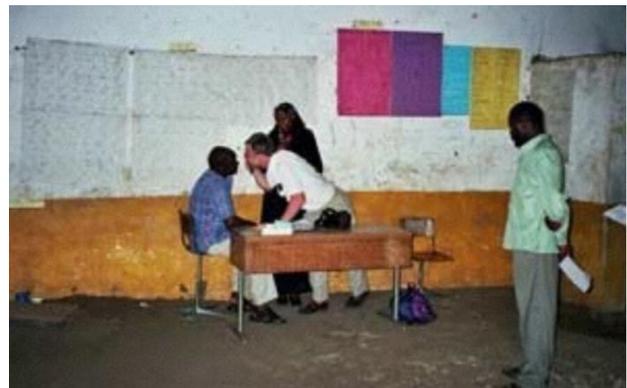
On arrival at the Eye Centre I was immediately impressed by the smiling welcome of the happy staff and the excellent service that is given to patients some of whom have travelled many miles for their treatment. The patients were of all ages and dressed in the most fabulous range of costumes ranging from Muslim ladies in sheer black, Masai in red blankets and mothers with children in multi-coloured scarves and gowns. Very few spoke English, so after a few days I was learning the basics of 'ophthalmic' Swahili. I had expert tuition from Dennis and Rose in the clinic and did not drop too many clangers.

The vibrancy of the outpatients was an exciting contrast to the calm efficiency of the operating theatre under the command of nursing sister Phelistas who managed super-human tasks of maintaining equipment whilst Clinical Officer George Ohito continued patient surgeries despite the intense and humid heat, power cuts and inevitable shortages of some items.

At the helm of all this activity Dr. Helen Roberts exerted her strong influence and organisational skills whilst still maintaining a busy clinical and surgical commitment.



Patient screening in the field



A "rough and ready" field clinic

Without a doubt one of the highlights was travelling to a remote village to perform a screening clinic. Many hundreds of people arrived and without the help of KDEC's community staff we would have been swamped. It was a fabulous sight seeing the kaleidoscope of costumes and the large numbers of happy school children. At the end of a tiring day we had identified about 60 patients who would need surgery and seen many others with a variety of eye complaints.

At the end of three weeks it was time to return to UK and I left feeling quite humble when reflecting on the simple, yet happy, lifestyle of so many Kenyans.

The dedication and superb clinical skills of the staff at KDEC are an example to any clinicians and I suspect I learnt rather more than I imparted.

Roger Humphry MD FRCS FRCOphth, Salisbury, UK.

Since this article was written, Mr Humphry has kindly agreed to become the Honorary Ophthalmic Surgeon to Eyes For East Africa (UK), the registered charity which acts as the focus for fundraising and publicity matters in the UK for Kwale District Eye Centre.

July 2005

Low Vision Open Day at the Kwale District Eye Centre – 13th July 2005

The Open Day was held to create awareness of what children with low vision are able to do despite their disability. Twelve children with low vision attended with their parents. Many members of the public also attended. Parents explained how they were devastated when they realised that their child would never see well, but were then encouraged by the interest and reassurance given to them by workers from KDEC. They learnt how their child could lead a normal life and were amazed at how much he or she could do despite their visual disability. A small girl illustrated this point by reading part of her English text from a normal print book using a low vision aid. Many of the audience were moved to tears.

The District Public Health nurse explained how the KDEC project complements the work done by the Kenyan government. Students from Likoni School for the Visually Impaired, which is situated just outside Mombasa, then gave us all a real lesson with their fabulous band as we drank refreshments and chatted about the day's event.

13th July was a normal working day at Kwale Eye Centre, and while the speeches were continuing in the car park, patients were being seen in the clinic and operations continued in the theatre. People were encouraged to have their eyes checked at the usual fee of

Ksh100 (STG £0.75p) and to go into theatre to watch cataract surgery being done.

A local man who visited wanted to know how we had managed to convince people that we were not removing eyes and selling them! It may sound funny, especially coming from such an educated man, but it remains indeed one of the challenges which KDEC faces.

Kwale District Eye Centre, the people who attended the event, and those who benefit from the work done at Kwale District Eye Centre thank Sight Savers International for promoting and funding the event.



The theatre group play about a blind man who goes first to the witch doctor to have his eyesight restored. The herbalist plonks him in the eye with herbs and eventually the poor man has the sense to come to KDEC where all is well and he sees his grandchildren for the first time.



The mother of an albino child explaining that she was despairing of her son ever going to school or having the chances normal children get because he has a visual impairment. He came to KDEC and received support and encouragement to get him enrolled in school. Our Low Vision Therapist helped his teacher, and now the child has a much better life.



An albino girl using a telescope - a low vision aid which allows patients to see detail at distance, e.g. the blackboard at school. This girl will need more time to complete exercises at school, as everything takes longer when you can't see it clearly! Explaining this to the class teacher can make a major difference in the child's life.

Eye Centre Policy of Working in the Community Saves Baby's Life.

Kombora is a 3 month old baby boy. His mother is only 20 years of age and has two other children. He was brought to a field screening centre by the KDEC Community Based Worker for the area because of his eye condition. On seeing the baby the field nurse could not hold back her tears, because the child was so severely malnourished.

The eye problem (corneal scars due to lack of vitamin A) became a secondary problem and the urgency was to look at the child's general health as he would not take the milk or any other fluids. Urgent referral to the Coast General Hospital for further management was the only solution, where further investigations revealed that Kombora had a digestion problem making him vomit anything that he was being fed. Urgent surgery was done to rectify this and a blood transfusion given at the same time. He was put on a high protein diet for 2 weeks and discharged from hospital, but needs constant follow-up at the paediatric outpatient clinic.

Our community based worker could not believe his eyes on his next visit. Kombora had made a marked improvement. The child looked bright, was feeding well, retaining all his food and started putting on weight. Unfortunately nothing can be done to restore the sight in his right eye. KDEC takes the credit for having saved the child's life thanks to their policy of working in the community and not concentrating solely on activities at the eye centre. The parents are now very grateful for the role KDEC played in saving their sons life.



Above Right: Little Kombora seriously undernourished with eye problems. Left: At home with his mum after surgery to repair his digestive system.

September 2005

Four Schools in England Raise Money for Kwale District Eye Centre

During the last year, four schools in England have raised the magnificent sum of almost £4,600 (around USD \$8,500) to help fund the treatment of patients at Kwale District Eye Centre. This wonderful achievement, the result of a lot of hard work, is the highlight of this month's news item. The schools involved are Kingswood School, Bath, Kimbolton School in Cambridgeshire, and two primary schools in Worcestershire – Great Witley Church of England School and Powick Primary School.

Jenny Opie and her husband, both of Kingswood School, first met Dr Helen Roberts at the Eye Centre in 2003. They were so impressed by the way in which the lives of many people were being transformed that they set about raising money on return to the UK.

Like the pupils at the other schools, they raised money through a number of events including cake sales, discos, making and selling Christmas cards and many other novel ways of fundraising.



Three of the 140 pupils aged between 4 and 11 of Great Witley School with their display and collecting boxes.

A particular money spinner at Kingswood School was the recipe book containing many easy to prepare dishes for pupils, particularly those about to go to University. We understand that the chocolate fudge was a great hit.

Liz Jones, a teacher at Great Witley School, also visited the Eye Centre at Easter this year with her husband David who teaches at Powick Primary School. They were equally impressed by the work of the Eye Centre. She said that their fundraising project made young people realise that there is still great hardship in certain parts of the world. Fundraising obviously runs in the family as David's cousin Rick Ashley raised money for the Eye Centre by climbing Mt Kilimanjaro as we reported in November 2004.

If your school would like publicity material or help in organising a fundraising event for the Eye Centre please contact us at info@eyesforeastafrica.org.

October 2005

Positive Change by Mwinyihamisi Mwachepha, Rehabilitation Officer

Bahati, her name meaning good fortune, was poorly named at first. When she was only ten she was injured in both eyes and admitted to the Coast General Hospital for two months where she went blind. Neither Bahati nor her parents would accept that she would never see again. They went to many traditional healers and hospitals and spent a lot of money on false and often painful treatments. Despite her parents care, Bahati became pregnant. The parents soon had three grandchildren to care for as well as their blind daughter.

Our rehabilitation team became involved. "I depend on my parents for everything," she told us when we met her. We asked her what it was that she could not do because she could not see. She replied, "Everything. I am fed up on depending on my poor parents for everything; I want to become more independent."

Bahati came to a training session at KDEC for a week. She had great fun, meeting for the first time other ladies with similar lives. She made friends and learnt how to cook, clean and look after her family, despite being blind. She went home and did so well that we thought she may do well on an income generating programme. She was cooking and cleaning, helping her mother harvest and prepare and cook food.

The family has land which they were farming mostly with maize. We bought her seven goats with an income generating grant. She looks after these with

care. She wants to use the money which these bring in to educate her own children.



Above right: Bahati with our rehabilitation lady (in black) training to use a white stick with her baby on one hip.

Above left: Bahati working on the farm, cleaning maize cobs ready for grinding into flour.

On her last visit her parents, smiling happily, said, “She is still blind but she is no longer a burden. May God bless those who contributed to this positive change.”

November 2005

First Legacy Received in Support of the Eye Centre

Thanks to the generosity of the late Mrs. Beatrice Dixon who lived in the Republic of Ireland, the Eye Centre has received its first charitable legacy. Her daughter is not sure how she heard about the work at Kwale, however it appears that Mrs. Dixon had experienced a full life helping others less fortunate than herself and had particular interest in counselling those in need of eye care.

Her daughter, Mrs. Margery Godinho, told us that her mother had a glass eye having lost an eye to a malignant melanoma many years ago. On one occasion the glass eye fell out, rolled away and in spite of much searching could not be found. Perhaps it was picked up by a child thinking it was a pretty marble!

Mrs. Dixon donated her body to medical science, but did not tell the medical school about her glass eye. She sometimes speculated about the unfortunate medical student who would discover it. Clearly she was a lady with a great sense of humour. In the photograph below you can see the twinkle in her eye.



We are very grateful to the thoughtfulness of the late Mrs. Dixon. Less than 5% of people in the UK and Ireland leave legacies in their wills. Please think about this method of making a contribution to the work of the Kwale District Eye Centre, by planning a donation either directly to the Eye Centre or to Eyes for East Africa (UK).

December 2005

Eye Go Fishing Fundraising

This year the annual Eye Go Fishing competition attracted 15 entrants and was held north of Mombasa. Fishermen need to be able to see very well in order to perform their sport and so perhaps this community are more aware of their sight than most.

Shocked at the fact that every 1 in 100 people are blind in Kenya, most cases of which are preventable, the fishing community of the Coast are determined to do something about it. The idea of holding a competition to save eyes was conceived by the fishermen 10 years ago. Now we hold an annual event, the "Eye Go" and it is fondly known. This year KSh 230,000 (around USD \$1100) was raised for the benefit of the poor patients fund.

"We had many generous donations from companies, hotels and local businesses who gave to the raffle, auction and we had some very special

prizes.” Says Dr. Helen Roberts MBE, the Medical Director of the Kwale District Eye Centre. The support of our work from this community is fabulous. Many people cannot afford to pay even the subsidised cost asked of them for doing this, and so we, the community, need to help so that people can see again, many of them for the first time in years.”

To all of our supporters, on behalf of those people who will now be able to see again, thank you.



Karl Jennings, the winner of the Eye Go Fishing competition, seen here with his catch – a 25kg sailfish.