



Kwale District Eye Centre Bi-annual Report January – June 2010

KDEC opens branch in Taita



Kwale District Eye Centre – Taita branch

In response to pleas from the community at our annual eye camps in the area, we opened a satellite clinic in Mwatate—Taita in May. This will serve that district of 17,128 sq. kms and an estimated population of 307,850.

The community are delighted to have their own eye clinic.



Dr. Roberts examines a patient in the Taita clinic

Impact of reduced funding

Because of the drop in funds we have had to cut the number of field screenings by half this year.

We have reduced the number of motorbikes in the field from 9 to 4, stopped all training and visits to village health committees, womens' groups and social development assistants.

The impact of this (shown on the last page,) is that we have had to reduce our targets, not only of cataracts, but also of low vision children who get to school and rehabilitation clients who are taught how to manage better at home.

In the poor rural area in which we work it is always the most disadvantaged who suffer first when funding takes a downturn.

Nevertheless their disabilities do not go away.



Our CBW, Shaban Nyere stresses the need to seek help at the Centre as soon as you have an eye problem.

We strive to reach as many people as we can within the financial resources available. Our CBWs advise people to come to the Centre under their own arrangements.

Thankfully, we have funds to screen schools from a generous donor. We ask the children to bring us people from home, especially children, with problems



Schools awareness. Most children are identified this way

Because of increased funds from the Nairobi marathon, (reported on in our last newsletter) **Standard Chartered Bank** were able to increase sponsorship to include all eye operations for children such as Luvuno .

Luvuno was cutting firewood when she injured herself with a panga (sharp knife), literally cutting open her right eye. The local dispensary were unable to help and sent her to us. Fortunately she reached us before infection had set in. We stitched up her eye, removed her traumatic cataract and her sight was saved.



Improved Service delivery for children

We were given an anaesthetic machine and a cardiac monitor by Laser Institute and Rotary Club of Deidesheim, Germany.



Surgery under general anaesthesia

Myth disproven

Alfani was an energetic palm tapper who spent most of his working day climbing up to the very top of tall coconut palms to collect their sap.

Each tree needs to be climbed three times each day and the fluid collected can be drunk within two days or distilled to make a strong spirit.

But the shadow of darkness fell onto Alfani's doorstep. He developed blinding cataract.

His only wish was to get back to his lofty profession and keep his successful business operational.



Alfani, blind, with his supportive wife

He sought help from all angles but none brought back his sight. Many of the people he asked suggested he come to KDEC, but Alfani was suspicious. He had heard that his eyes would be gouged out and a goat's eye implanted.

That was if he survived the surgery.

After 9 months of ‘baby-sitting’ her helpless husband, Alfani’s wife had had enough. She decided that it was better to take the risk of goat’s eyes or death on the operating table than to put up with the frustrated difficult husband Alfani had become. Her persistence resulted in the couple attending one of our few field screenings and then KDEC for surgery.

His mature cataracts meant that he had been blind for over a year.

After the surgery neither Alfani, nor his wife could believe it when he was able to see to walk on his own. On their return to the village, they kept phoning the clinic to say ‘Thank you’.



2 weeks later, our CBW visited Alfani and found him doing what he does best—up a coconut tree

Deaf Blind

In contrast to other sectors, the Deafblind programme has not been affected by reduced funding. So these targets have not had to be revised.

However, finding these children is more difficult because of less activities by the community based programme.

Low Vision

In our last report we talked about awareness creation for albinism.

The number of albinos on our programme has doubled as a result this year.

More children with albinism are getting to school now that we have helped to dispel some of the stigma surrounding this genetically inherited lack of pigment.

People with albinism are visually challenged because they lack pigment in the eye. We work closely with Verkaart Foundation of Netherlands on this programme.



Almasi, our Vision Therapist, with some of the children with albinism at Kibandaongo primary school. Seven more children reached this school alone because of awareness creation.

Challenges in school integration

KDEC conducts training for teachers in Braille and Low Vision to prepare them for integration of the visually impaired children identified. However, constant transfers of these trained teachers is affecting the education programme.

Efforts to have this rectified is being discussed with the Ministry of Education.

Eye Camps

KDEC continues to make life better for a cross section of Kenyans by holding eye camps in remote areas and restoring sight to many who would have remained blind.

These camps were sponsored by MEAK.

Taita Eye Camp

With support from MEAK, Sarova hotels and Pollmans tour company we held a surgical camp in Taita.



The team at Taita– a joint venture with Pollmans, Sarova , KDEC and MEAK



Mary, (left) enjoys seeing colours and patterns again after years of blindness. from cataract

Mara Eye Camp

The visit by our eye team to the famous Masai Mara game reserve was just in time to enable the locals to see the famous spectacle of the wildebeest migration

Three of these were children.

Two children had been born blind and had never been to school, but, far more importantly,

they were considered by their families to be useless; they could not look after cattle; which is the main job of small Masai children.



A third was blinded in one eye when he was herding cattle and we were able to restore his sight.

Lesirma, left, was blinded in one eye when he was 8.

The Team with patients in the Mara



Infrastructure

Training Centre

We are in the process of renovating one of our dilapidated houses next door in 'Makuti camp' into a hostel for accommodating trainees when we start the skills upgrading course.

'Rainbow house'

In honour of their late mother, Sylvia McFarlane, who was a great supporter of the Centre, her children donated a house in nearby Diani for the Centre's work. KDEC wishes to renovate this house for use

Security Back-up

Thanks to a UK rotary club, we have installed a push-button alarm system connected to a security company with a response vehicle nearby. This provides a 24-hour rapid response security service.

Humble Beginnings



KDEC in 1993- a one roomed clinic

The original KDEC was built with funds from the Rotary club of Diani in 1993. Seventeen years later, members of the club visited to unveil a plaque in commemoration to the donation.

KDEC has undergone tremendous change since 1993, and this plaque serves as a good reminder of our humble beginnings.



KDEC today with over 50,000 patients registered and 15,000 operations performed

Visitors to the Eye Centre

- Mr & Mrs K. Benedukt—Austria
- J. Kyumwa—Globe Pharmacy
- H. Gunther—Germany
- H. & Y. Mnyusiwalla—Mombasa
- Mr & Mrs K. Hetterling—Germany
- N. Berman—USA
- H. Osawo—KRA, Mombasa
- M. Mutua—Airkenya Express, Diani
- Mr & Mrs D. Kendrij—Germany
- Mr & Mrs S. Neumann—Germany
- White Family—UK
- Harambee—Deutschland e.V team
- Dr. A.A. Warshaw—Mombasa



Our Chairman, Medical Director and Rotary Club of Diani members unveil the plaque

- Mr & Mrs Vonlanthen—Switzerland
- E. Rudin—Switzerland
- Mr & Mrs Senn—Switzerland
- J. Kareithi, S. Mburu, M. Mutiso—Cooperative Bank, Diani
- J. Willi—Germany
- Mr. & Mrs Eve—UK
- Mr & Mrs Acland—UK
- Dr. K. Freudenberg
- C. Missong—Diani
- K. Alando—Diani
- Mr & Mrs A. Vulgaris
- B. Brach—Diani
- B. Cooper—USA
- M. Mwaniki—District Officer, Matuga Division
- R. Alfani—Kwale County Council
- G. Moss & J. Hashmi—Scotland
- D. Maiden—Diani
- L. Baker—England

- M. Fielden—England
- F. Gachomba, R. Rogers & J. Kodi—F\Pan Africa Life
- M. Moon & S. Archer—UK
- Mr & Mrs. M. Sammler—Germany
- J. Crow—Trustee, EFEA(UK)
- K. Pirbhai
- A. Kachila—Liaison Insurance Group
- M. Zimmerling—Ukunda
- D. Makuri—Pollmans Tours



Pollmans and Tui Representatives on their visit with donations of sun lotion and other medication collected from the charter flights bringing tourists to Mombasa

- J. Konerwa—Education office, Kwale
- J. Mureithi & V. Kombo—Wells Fargo Courier
- A. Vaghela—Mombasa
- T. Ramji—Afrochic, Diani
- S. Kilonzo—Safaricom Ltd
- K. Otton & Family—England
- E. Kamene—Asante Charitable Trust, Tiwi
- M. Muturi, J. Mutuku, M. Chege—Sight Savers Internation, Nairobi
- J. Mwendwa—Nairobi
- R. Mwambonu—Housing Finance, Mombasa
- Mr & Mrs F. Righa—National Bank of Kenya
- A. Njeru—AIC Prevention of Blindness, Meru
- S. Murghubali & L. Mwangi—Chloride Exide, Mombasa
- W. Rhode & C. Raeke - Berlin, Germany
- Dr. Gichangi & Sr. P. Nyakundi—Division of Ophthalmic Services, Nairobi

Organisational development audit

KDEC conducted an organisational development audit with support from our partners, Sight Savers International.

Fundraising & Publicity

Diani Rules—now on facebook Diani Rules Fan Club

For many Kenyans, the month of June ushered in the world cup, but for our die-hards for entertainment and fun, Diani Rules sports on the beach was their choice of fun. Not only was this a weekend for meeting friends and enjoying, but the goal was to raise funds for charity.

The safaricom sponsored Diani Rules raised Ksh1.5million (US\$20,000) for sight restoring cataract surgery.



Teams battle it out in water ball

We look forward to the 20th anniversary of Diani Rules next year!

Future Events

World Sight Day 7th October. This years emphasis continues to be schools awareness.

Liaison Eye Go Fishing competition

—21st & 22nd November on the North Coast.

Targets & Achievements 2010

Activity	Original Target (2010)	Revised Target (2010)	Done (June 2010)
Eye Care			
Patients seen at KDEC	9,100	6,000	3,840
Operations	1,840	1,415	980
Of which how many were cataracts	1,300	1,000	574
Of which how many were blind in both eyes			46
Glaucoma Operations	100	60	34
Community Work			
Awareness Creation Meetings	220 reaching 20,000 clients	220 reaching 20,000 clients	112 reaching 9,081 people
Outreach clinics	120 reaching 6,800 people	75 reaching 4,200 people	30 reaching 1,962 people
School awareness meetings and screenings	11 reaching 2,200 children	11 reaching 2,200 children	13 reaching 1,991 children
Low Vision / Education			
New Cases found	65	40	14
Integrated into mainstream education i.e. pre-primary, primary & secondary	50	30	13
Primary schools visited		10 reaching 800 teachers	5 reaching 389 teachers
Follow-up low vision cases	160	75	65
Rehabilitation			
New Cases found	55	30	24
assessed (initial)	55	30	11
No. followed up (trained visually impaired persons)		120	58
Given home based training	75	40	3
Deaf Blind			
New cases (clinically assessed)	20	20	11
Provided with Communication Training	37	37	17
Training of Deaf/blind families	37	37	17
Training of Traditional Healers	12	12	0
Provided with Physiotherapy Services	20	20	0
Provided with Assistive Devices	20	20	0

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