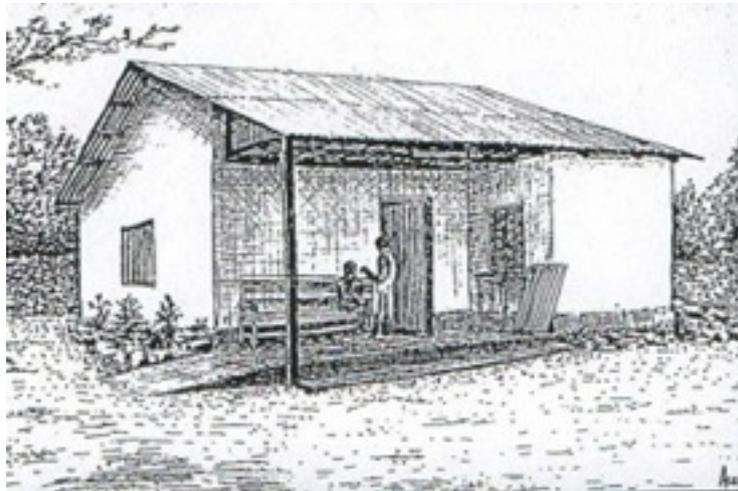


## NEWS - DECEMBER 2012

# THE COMMUNITY BASED PROGRAMME - AN INTRODUCTION



The clinic in 1993

The Kwale District Eye Centre's Community Based Programme has always been at the forefront of community outreach techniques. The community based workers are the backbone of the organisation, bringing eye care to the needy. They spend many hours in the villages, creating awareness of the need for eye care and identifying patients in need of help

It is timely to tell you more about how this program runs and to acknowledge their hard work. In this and future news items we will explore the programme and how it operates. We will introduce the team and share some of their stories with you.



The one room Eye Centre in 1993

In 1993 the Eye Centre opened its doors for the first time. The founder, Doctor Helen Roberts, was aware of the high level of those in need of eye care in this rural area on the Kenya coast. The photographs above show the one room Eye Centre, which had no running water, second-hand equipment and an air conditioner provided by the Rotary Club of Diani.

Expecting to open the doors to hundreds of people, Dr Helen waited and waited, but no one came. Barriers of fear, misconceptions and lack of awareness prevented patients from coming for eye care services at the new eye centre.



Setting off from base on the moped

A male Field Nurse was employed to travel around the community on a moped in an attempt to spread information about what was available at the Eye Centre. This was the start of the internationally recognised community based programme as we know it today.

The nurse on the moped caused quite an impact and word quickly spread between villages about the new clinic. Although overall uptake continued to be slow, patient numbers doubled and the Community Based Programme was born.

Future news items will describe how the programme has grown and introduce the team members and their activities.

# NEWS - NOVEMBER 2012

## DR MAGUIRE'S VISIT



Dr Matthew Maguire

Dr. Matthew Maguire is a junior doctor in the UK. He is currently completing his general medical and surgical house jobs before applying for Ophthalmology speciality training. He visited the Eye Centre in 2012 and what follows is a slightly abridged version of a report he wrote on return to the UK.

## DR MAGUIRE'S REPORT

### 1 - EXPERIENCE OF HEALTHCARE

Leaving the crowds, autumn drizzle and grey skies of London behind me, it was with a sense of adventure and trepidation that I set off for the South Coast of Kenya, to spend a week's annual leave volunteering and observing at Kwale District Eye Centre.

With an interest in Ophthalmology and a desire to work abroad I hoped to gain some valuable experience and insight into the challenges faced by a privately run specialist hospital in a country such as Kenya where the national standard of healthcare differs greatly from the UK.

The Government in Kenya spends US\$6.2 per capita on healthcare annually, five times less than the recommended figure from the World Health Organisation (WHO)

of US\$34 per capita. Where funding is lacking there are gaps, so the Kenyan healthcare system relies upon charitable trusts and privately run healthcare centres such as Kwale District Eye Centre to offer the services that otherwise would not exist. Meanwhile in the UK the National Health Service (NHS) is the world's 3rd largest employer with a yearly budget in 2012 of approximately £106 billion.

## 2 - KWALE DISTRICT EYE CENTRE (KDEC)

KDEC is located south of Mombasa, off the main road leading to Tanzania. Its aim is to offer 'affordable, accessible eye care' to a poor rural population of approximately 1,000,000 people. As an independently run unit the eye centre single-handedly services an area the size of Wales.

Established in 1993 by a British trained ophthalmologist, Dr. Helen Roberts, the hospital initially consisted of a single room. Almost 20 years later the hospital has expanded year upon year and now the single consulting and operating room forms part of a much larger courtyard complex.

It was into this complex that I was warmly welcomed by Dr. Helen and the staff at KDEC and given a tour of the grounds. Starting at the pharmacy, we moved on to the consulting rooms, air- conditioned operating theatre, the male and female post-operative inpatient wards and finally the offices and staff canteen. The aerated building design offered relief from the equatorial sun.

Funding for the hospital is chiefly from charitable donations.

Whilst plans to centralise government funding in the long term may prove beneficial, in the short term, KDEC no longer receives the amount of charitable funding it once did, not only because of the global financial situation, but policy changes by some major international donors who favour moving towards centralised funding. The hope is that some money from the government will eventually filter down. Meanwhile KDEC finds itself with more work to do and less money with which to do it.

The hospital also runs a clinic for higher paying patients, offering cataract surgery for the equivalent of £200. The funds generated this way offer a modest but significant income, especially considering £200 can pay a nurse's salary for one month.

## 3 - BARRIERS TO HEALTHCARE

Before arriving on site I had thought, and naively so, that the main barrier towards healthcare would be funding. Although this is partly the case, it is merely one hurdle over various barriers toward healthcare.

I was shocked on my first morning to see a patient who had presented with an intractable headache that had grown progressively worse over the past ten days since a wooden splinter had struck him in the eye. He had developed an intraocular infection from the splinter. Local beliefs and traditions had led him to see a traditional healer as the first port of call. The 'witch doctor' had made several cuts to his forehead and made charcoal marks on his face. Several days later, when the pain had progressed rather than improved, he came to the eye centre, by which time the infection had become an abscess and destroyed the inside of the eye meaning the eye was no longer salvageable. Had the patient come straight to the eye centre, with surgery and antibiotics the eye may have been saved. This early experience highlighted the immense cultural difficulties the eye centre faces in delivering healthcare to a population that has believed in traditional medicine for generations.

To counter these, the eye centre has developed strategies and specialised teams regularly head out into the community and hold meetings to educate the villagers in preventable causes of blindness. Informing villagers that the eye centre exists is a start, but education also helps allay fears of western medicine and highlight that cures are available and are a realistic option.

Regular screening visits are also held with specialised teams again heading out into the villages to look for patients with ophthalmic conditions that can be treated and a significant number of cataract patients are discovered and advised to come into the centre for a 30 minute operation that can restore their sight.

Despite these visits and educational sessions some villagers do not appreciate the benefits of ophthalmic surgery and old fears and reservations resurface as the patient is too fearful to make the journey to the eye centre. To reduce reluctance, KDEC surgeons have started taking equipment into the villages and performing surgery in temporary operating theatres. Dr. Helen explains that although the operating environment is not ideal, it offers the option of sight restoring surgery to patients who otherwise would remain blind.

For many however, despite the barriers of education and beliefs the journey is sometimes just too far or too expensive. For these patients, surgery 'in the field' is ideal although not always possible. KDEC also owns a number of vehicles that bring patients to the hospital. To further minimise costs, patients arriving with operable

conditions are operated on the same day at KDEC, a standard rarely matched in western hospitals.

For the irreversibly blind, KDEC offers skills training in areas such as weaving and farming to offset the huge socio-economic impact of blindness. Other outreach projects exist helping families and communities cope with and manage disabilities. Unfortunately, for many, stigma is rife and cultural beliefs surrounding 'curses' and 'devilry' predominate.

#### 4 - CLINIC AND THEATRES

Unlike the UK referral system most patients will not have seen a General Practitioner or equivalent prior to presentation. While the field screening process generates many patients, most new referrals turn up at 8 am and request to see an Ophthalmologist. The absence of a referral system means patients are not categorised in the same way as they are in British clinics, so there is no telling who will walk through the door first thing in the morning. Presentations vary from chronic cataracts and glaucoma, to acute ocular neurological disease.

In this regard the clinics are tremendously interesting, and often the patient's condition is in an advanced stage of disease. From a management viewpoint this presents a challenge, however as is often the case in medicine, it affords a valuable learning opportunity.

Follow up appointments are offered and encouraged, however the same problems we witness in UK are also seen in Kwale district and inevitably patients fail to comply with planned follow-up appointments. When coupled with the relatively expensive cost, distance of travel, and the impact of a day away from work it becomes more difficult still to keep to follow-up appointments. As well as new presentations there are also a number of chronic patients with disease such glaucoma who are invited back regularly for monitoring and changes in their medication. The eye centre also serves as an Optician, offering eye tests and a wide range of glasses at an affordable cost.

Thanks to the hard work of the KDEC team and the generosity of others, the eye centre boasts an air conditioned operating theatre with modern equipment.

Compared to the stringent laws surrounding medicine in the UK the eye centre is relatively unshackled and free to operate as they see fit within professional standards. Subsequently the theatre runs like clockwork. The surgeons are responsible for

operating on their own patients, that they have assessed themselves earlier the same day. From this point of view the continuity of care is exemplary.

The single theatre accommodates two operating tables permitting two surgeons to operate simultaneously. General anaesthesia is rare except for children and almost all cases are performed under local anaesthetic. This means the time between cases is minimal, and the next patient is invited into the theatre just as the previous case is coming to an end, meaning that as one operation ends the next begins. Running two tables simultaneously means KDEC is able to perform a staggering number of operations in a time that would simply be implausible in the UK.

## 5 - THE FUTURE

The future looks toward expansion and furthering the good work that has been undertaken so far, in spite of the financial hurdles they face. A new satellite clinic 270km further north in Taita District will look to extend the services already offered.

The KDEC management team is looking toward modernisation and steps to minimise the impact of the current financial situation. KEC has weathered many storms over the past 19 years, and staff are confident the flexibility and commitment of its workforce can weather this one too.

It remains to be seen how effective government plans will be to take increasing responsibility for the work currently undertaken by KDEC. However in the long term, one would hope increased government backing will prove to be a positive influence.

Report written by Dr Matthew Maguire, November 2012

## NEWS - NOVEMBER 2012

### OSCAR KEYA'S STORY



Oscar (R) with Hamisi the refractionist

Oscar Keya used to be the maintenance man at the Eye Centre. He says; "Today I will tell you about some exciting news. In May 2012 Robert, our Dispensing Optician, came in to train me in optical dispensing and setting up the optical workshop.

We were donated an optical workshop, which will bring in money to the Eye Centre. In October, Rimmel Ralfs from Germany, brought us two glazing machines for cutting plastic and glass lenses and other accessories in the workshop."



Hands-on experience

"I had to start from scratch on the procedures and learn the process from start to finish. I learned how to interpret the prescription. Then how to advise the patient about different types of lenses available, help them select frames fitting their need. After that, the frame and lenses go to the workshop for glazing."



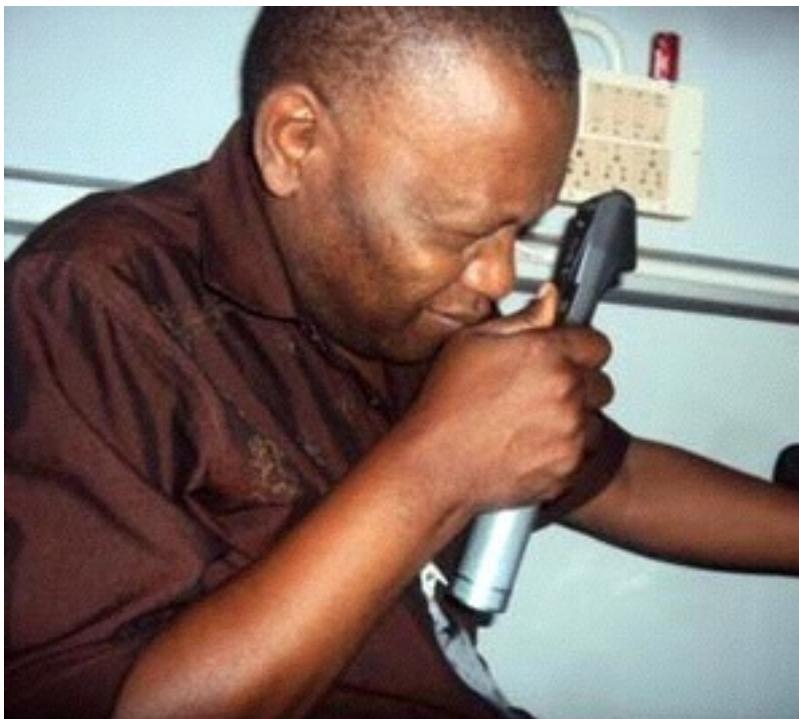
Oscar checks a lens specification

"The actual manufacture of the spectacles is quite a lengthy process and requires care and accuracy. On completion, the dispensing optician does the fitting of the glasses to the patient."

"I have learnt so much and am very grateful to be a part of something new at Kwale District Eye Centre. This will be an income generating activity for us. We can use it to be self sustaining. Thank you to everyone who believed in me and who helped me learn. Together we can do great things."

## NEWS - OCTOBER 2012

### TRAINING MOHAMED M. ALMASI



Mohamed Almasi in action

The Eye Centre places high emphasis on maintaining and upgrading the professional skills of its medical staff. Recently Mohamed Almasi, a long-time member of staff now training as a refractionist, attended an eight-week course on refraction techniques in India. This is his report on the event.

"I am so grateful I was selected to attend a short course on refraction techniques in India this year. The eight-week course took place at the Aravind Eye Hospital in Madurai, the second largest city in Tamil Nadu, South India and started on 1st August 2012. The city is sometimes called 'the Athens of India'. Along with 15 other students we were given an orientation of the hospital and introduced to the staff we were to work with at the institution.



The empowered women who led the team

The course involved both theory and practical lessons to prepare us to be able to refract with a lot of confidence. We covered many aspects of refraction including, objective and subjective refraction, how best to set out a refraction room and the equipment involved including the retinoscope and Maddox, Jackson cross cylinder.

Eye muscle balance, squint measurement, accommodation and convergence were also included in the syllabus as were theory on fitting contact lenses together with their advantages and disadvantages. We also had the chance to carry out practical vision testing in both adults and small children.



Mohamed with an Indian elephant

I am grateful to have gone to the Aravind Eye Hospital which serves many people and has outstanding teaching abilities which other institutions could learn from. What impressed me a lot is how they capacity build school leavers to learn course around the eye. They give girls the first priority. It was great to see women being empowered.

Like other members of staff who have been to India on courses, I really enjoyed my experience. Also, like those who had gone before me, it took some time to get used to the local very hot spicy food so different to what I was used to back home. I now feel I have 'a stomach of steel'.

I had some time to do sightseeing and to explore a whole new country for the first time in my life. I even saw an elephant, which are a different type to the wild ones we have in Kenya, as the Indian ones can be trained to do work such as pulling heavy loads. The Eye Centre has exposed me to so many new and amazing things, it has helped me to grow as a person."

## NEWS - SEPTEMBER 2012

### LONDON SCHOOL RAISES FUNDS

Notting Hill & Ealing High School, a girl's school in West London, recently raised over £200 (approx \$300 US) to support the Eye Centre. As part of the school's Social Services programme, each of the school's classes chooses its "Charity of the Week" and the pupils in one Year 11 class chose to support the work of Kwale District Eye Centre.

The class organised a number of different events to raise awareness of eye problems in Kenya and to raise money. Eyes for East Africa (UK) treasurer, Tom Parkinson, was invited to address the whole school at morning assembly. Later the staff room and school canteen were flooded with delicious cakes for sale. There was a daily "Lucky Dip" tub and "Guess the number of sweets in the jar" competition during the week. In addition the Notting Hill pupils and teachers did a sponsored version of "Blind Date" (a 1980's UK TV series) which was a clever pun on the title and apparently great fun.

We would like to thank all the staff and students for making the week such a success. Their efforts have raised the equivalent of funds needed to conduct three cataract operations and provide two white canes for the visually disabled.

## NEWS - SEPTEMBER 2012

### BRAVE PARENTS AND CHILDREN SEEK EYE CARE

We regularly feature stories of patients who have had their sight restored at Kwale District Eye Centre. However we seldom consider how the patients reach us. Many will have been found by our staff working in rural communities, who often having to overcome the fears and suspicions of villagers influenced by traditional beliefs.

In this situation it may take several community visits to persuade both adults and parents of children in need of eye care, that our eye care can really help.

Some on the other hand, overcome their fears and are brave enough to come to us without the need for reassurance from our community based workers, not an easy thing to do. We need to give recognition to this minority. Here is one such example.

Salma Balawa



"My child was so scared and me too"; said Mrs Hawa Balawa, speaking at the Eye Centre. "As a parent you are always worried for your child, especially in our community where people do not know that much about eye care. They say that if you go to an eye hospital a doctor will steal your eyes. There are many fears because not many people are educated.

My daughter, Salma, is nine. She came for operations here even when neighbours told her so many misconceptions. She was not scared, she came in and was operated

on. Now she will not have problems with her eye sight in the future. I held her hand and the doctors said she was brave.

Today she had both eyes operated and can see fine. If she was not so brave, we would have stayed at home and not had this successful operation. Now she can see properly so it so good we came".

We spoke to George, an experienced nurse who was a member of the team operating on Salma, who said:

"Salma is a beautiful and brave girl. She was always smiling. She was courageous, she had only local anaesthetic. It is good when people come in on their own despite the obstacles of fear and travelling a long distance to the hospital.

When we operate on these people, especially children, and the operations are a success, they go home and tell their entire village about it. This clears misconceptions and encourages more people to come here. Their bravery has great effects".

Brave children are brought in by their parents who often expressed fear initially. Their operations were a success, and these families are now spreading the word in the community about the good work done at the Eye Centre.

## ROTARY TO THE RESCUE!



The Eye Centre's Tuk Tuk

The tuk tuk, which has transported many patients along the dusty road to the Eye Centre, is reaching the end of it's life. Since September 2006 it has travelled around 40,000 kms and carried over 140,000 patients, so it has proved its worth, but the replacement will cost approximately \$5,000 (USDollars).

Thanks to substantial donations from two long term supporters in the UK, the Rotary Clubs of Fleet and North Wirral, the Eye Centre is well on the way to funding a replacement. Let's hope it can serve another 140,000 patients.

Clubs in Rotary International continue to fund the Eye Centre's work and the team would like to record their appreciation. Indeed the Eye Centre has benefited from help from the local Rotary Club in Diani, right from the start in 1993.

## NEWS - AUGUST 2012

### RESTORED SIGHT BRINGS A NEW LIVELIHOOD



Esha Mdachi before surgery

Esha Mdachi was lucky enough to complete Secondary School and looked to the future with optimism and enthusiasm. Aged 19, she started working at part time jobs to make enough money to enrol herself into a tailoring school in town.

She explained how excited she was to begin lessons at the school. "I was thinking that with this new skill I would have many new opportunities for work and earn income for me and for my family". Soon into her first year at the school, Esha's eyes

started itching and became red. She went to a health centre where she was treated for allergies and advised that these would clear with time. Her condition did not improve and her vision continued deteriorating, until, almost overnight, she had lost sight in both eyes. She had to drop out of tailoring school and gave up on all dreams of starting a new career.



Esha with others waiting for surgery

Esha, like many patients we meet, assumed that there was nothing that she could do about it. She lived with blindness in both eyes for seven years until one day she heard about Kwale District Eye Centre and decided to visit the clinic. She was brought in by a family member, her consultation revealed that she had cataracts in both eyes. Esha underwent cataract surgery at the Eye Centre, and now she can see for the first time in seven years!

In thanking the staff at the Eye Centre, Esha said; “Now I can carry on with my tailoring course to realise my dream of earning a living and helping to support my family”.

## NEWS - JULY 2012

### A STITCH IN TIME SAVES AN EYE



Mrisa relieved after surgery

The villagers all shouted “His eye ball’s fallen out!” in their immediate reaction to the severity of Mrisa’s eye injury. A neighbour had struck him with of barbed wire during a fight over a piece of land, slashing his lower right eyelid which bled profusely. Mrisa thought he had lost his eye!

It was already sunset and those at the scene of the incident could not take him anywhere for medical help as they lived in a remote village, miles away from a health facility. Instead Mrisa’s wife had to find and apply herbs and leaves that would stop the bleeding.

Mrisa was in agony and couldn’t sleep. He left home at 4am to hitch a lift from a lorry taking charcoal to the local town.

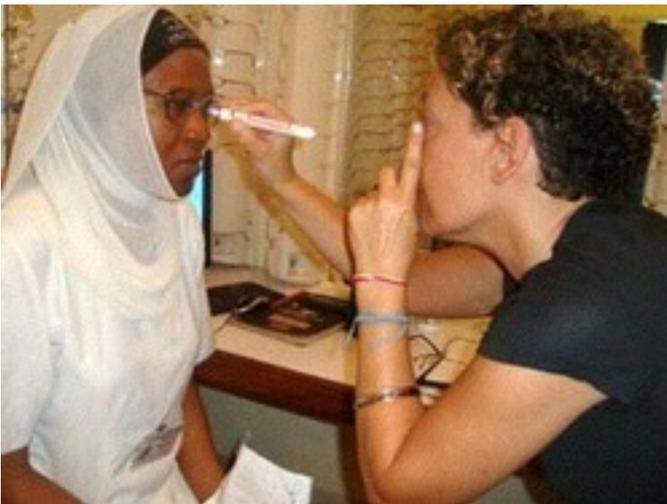


Mrisa's eye before surgery

On reaching Kinango District Hospital he received first aid and was referred to Kwale District Eye Centre for further attention.

At the Eye Centre, he was taken immediately to theatre for surgery where a few delicate stitches ensured his eye lid was back to shape. Mrisa was delighted to have his sight saved and lower eye lid repaired.

## GILLIAN CAPLAIN'S VISIT



Gillian training staff at the Centre

UK Dispensing Optician Gillian Caplain recently spent a week assisting at the Eye Centre. She came with the aim of restarting our Optical Unit and improving the services we offer.

Gillian covered many aspects of running a unit and applying good practices to record keeping and general management of the Optical unit. She trained staff in the accurate measurement of distances between the eye pupils; fitting, adjusting, aligning and matching of frames to faces; the accurate dispensing of glasses to match the prescription. She also had the opportunity to interact with patients giving them advice on the types of frames to choose.

On return to the UK, Gillian is keen to raise funds to cover the costs of setting up and running the Optical Unit thus enabling the Eye Centre to become a 'one stop shop' by dispensing glasses for our patients. We are very grateful to her for introducing many improvements to our optical services which will benefit both us and our patients.

## SPONSORED SURGICAL EYE CAMP AND SCREENINGS



Shree Cutchhi Charitable Trust at the camp

The Shree Cutchhi charitable Trust of Mombasa recently sponsored a 6-day surgical eye camp at a remote primary school in the District.

Most importantly, they provided enough vehicles to bring patients from nine outlying screening venues to the camp which was several miles away, a vital process in the area where hitherto few villagers or their children had received eye care.

Patients were also provided with accommodation and meal while at the camp.



Patients recovering from surgery

In total 1,274 patients were screened and 131 cataract surgeries done. Equally important and in order to ensure good eye care, all the patients returned for follow up after their sight-restoring operations and all had gained good vision.

We thank the Trust for supporting us in this very remote area where their resources provided an essential part in bringing eye care to allow local people to become valued members of their local communities once more.

## NEWS - JUNE 2012

### CHLORIDE EXIDE DONATES STANDBY POWER SYSTEM



Dr Helen with the power inverter

Kwale District Eye Centre opened a clinic at a small town in the Taita area around 170 kms from the coast two years ago to bring eye care closer to the people of that region. Unfortunately, clinical work and surgeries were interrupted frequently by power failures.

Following an approach by the Eye Centre's Medical Director, Dr Helen Roberts, Chloride Exide provided a portable inverter.

In accepting the new standby inverter, Dr Helen said; "Now we can offer eye care more safely".

## LEGACY DONATION HELPS YOUNG PATIENTS



Kassim after surgery

Kassim

Kassim was injured in his left eye with a stick while playing with his friend and was in pain when he reached us at the Eye Centre. His family live a long way from us and it took them three days to reach us because it took them all that time to find enough money for the bus fare.

When the parents were told that he must have his eye stitched they were horrified. Not so much by the procedure, but by the cost. How could they possibly find the money to be able to pay?

Without surgery he would certainly lose the sight in that eye and thanks to a recent donation to help children like Kassim, he had surgery and recovered his sight. His parents have asked us to thank the people who were able to help him.



Laika - sight restored

Laika

Other young patients who have benefited from recent donations to Eyes for East Africa UK are Laika and Pilli. Their families have also asked us to thank the donor.

Laika was blind in both eyes from different injuries. An operation in her right eye was successful and now she can see. We plan to operate in her left eye shortly.

The photograph shows Laika who has benefitted from a donation to restore her sight.



Pilli before the operation

## Pilli

Pilli has been blind from birth. The local health worker had given her eye drops but still she could not see because Pilli has cataracts and needed surgery. The photograph of Pilli shows her before her operation - you can see that the centre of her eyes are white.

The operation has been successful but she still needs follow up for life so that her vision can be maximized. Most people in Kenya who are blind suffer from cataract. Vision can be restored by a 15 minute operation, requiring skill and equipment.

# DIANI RULES FUND RAISING EVENT IN KENYA



Playing the Barrels Game at Diani Beach

Diani Rules 2012 celebrates more than 20 years of fun and support to charity. Early June saw the annual fun fundraising event based this year at the Forty Thieves venue on Diani Beach.

16 teams of eight players battled in tug of war, the Barrels game, football played with a rugby ball, volleyball and many more mad sports on our beautiful south coast beach. This was not just for fun but to address one of Kenya's biggest challenges - blindness.

We are grateful to our sponsors and participating teams including Heineken, Safaricom, DT Dobie, Civicon, Satao Camp, Base Titanium, Oserian, Swahili Beach and South Coast Backpackers. Hotels and local companies gave prizes for the raffle or auction. A total of Ksh600,000 (over \$USD 7,000) was raised for Kwale District Eye Centre to enable them to continue to provide eye care.

## NEWS - MAY 2012

# LOCAL SUPPORT FOR EDUCATING VISUALLY IMPAIRED CHILDREN



Using Braille machines funded by KIEP

The Kenya Integrated Education Programme (KIEP) supports education for visually Impaired Children in Kwale District.

Enrolment, attendance and completion rates of formal education by visually impaired children in Kwale District has historically been poor, because of stigmatisation, cultural beliefs, poor attitudes and ignorance by parents of the potential of Visually Impaired Children (VIC). Most parents do not enrol their visually impaired children in school and a significant number of the affected children live a neglected life and are often hidden away from the general public.

In previous years, through funding from Sight Savers International, the Eye Centre made communities aware of the importance of education. Staff identified and assessed visually impaired children and integrated them into mainstream pre-schools, primary and secondary schools to access quality education.

With Sight Savers International ending their funding last year, the Kenya Integrated Education Programme (KIEP) has now come on board to support KDEC in continuing the programme. Visually impaired children therefore continue to access quality education in ordinary schools, just like their sighted colleagues. Kwale

District Eye Centre is the twentieth project in Kenya to be supported by KIEP who provide:

- *In-service teacher training*
- *Provision of learning materials such as books, braille machines, paper.*
- *Supervision in schools to ensure quality education.*
- *Placement of government trained teachers in appropriate schools*

The Eye Centre would like to thank KIEP for helping ensure that visually impaired children continue to access quality education.

## RACHEL CARSON & FRIENDS RUN TO RAISE FUNDS



Rachel (L) & Clare Hughes after finishing

The ever resourceful fundraiser Rachel Carson, the optometrist from Northern Ireland who visited the Eye Centre at the end of last year, has done more to help us!

Rachel and four friends participated in the Belfast Marathon Team Relay event on 7 May 2012, along with over 2,200 other teams and 11,000 competitors.

The weather was atrocious with cold winds and heavy rain all day. This popular event is a favourite for fundraising.



(L-R) Debbie McCombe, Vicky Leatham and Laura Michael

The efforts of Rachel and her team raised over £800 for the Eye Centre. Thank you Rachel, Clare, Debbie, Laura and Vicky.

## NEWS - APRIL 2012

### THE UNSUNG HEROES WHO KEEP THE EYE CENTRE WORKING



Dr Helen with the team in 1993

“No one can whistle a symphony. It takes a whole orchestra to play it”

This month we take a look at the people behind the scenes. Behind every successful cataract operation and organizational success story, we have staff members whose hard work and dedication are responsible for our successes.

We have a dynamic, dedicated and hard working team. When we think back to the early days of 1993/4 and the team of three staff members supporting Dr Helen, and compare it with our current team, we can see the growth and expansion.



Oscar attending to the clinic's main standby generator

Today we introduce Oscar Keya, who works in our Maintenance Department. He has been with the Eye Centre for five years and is responsible for maintenance and repair of most things. He started by doing general maintenance, but over time he has learnt a little about everything; he now does machine maintenance and helps with patients and general administration at the clinic. Oscar is one of those people who quietly works behind the scenes, fixing, supporting and encouraging. We asked him a few questions:

KDEC: Can you share a special KDEC memory with us?

OSCAR: Yes, when I went on the surgical safari to Lamu, the island on the far north coast. It was my first time in the field with the small medical team who were expecting to deal with a large number of people, who came to the event. We arrived at Lamu very late in the day long after the time we normally went home. We were tired and hungry after a journey over difficult roads. I expected the staff to be angry and tired, but they were so focused on seeing patients and getting results they did not

care about challenges and difficulties of doing a screening in such a remote place. It is something I'll always remember.

KDEC: What do you think of the importance teamwork at the Eye Centre?

OSCAR: It is very important in a place like this one. Only if we work as a team can we help all the people we want to help. I'm flexible, I can work in the garden, paint a roof, fix a generator, reassure a patient, do photocopying or attend to a computer. We all have to play a part and together good things happen. A true and dedicated team must be ready to serve despite challenges.

Compiled by Bashra, the project manager

## NEWS - MARCH 2012

### SUPPORT FROM TOYOTA KENYA



Dr Helen receiving the cheque from Mr Osogo

In mid March we received a donation of one million Kenya shillings, which is around USD\$12,000, to enable us to continue delivering quality, accessible eye care services to the community.

Specifically we plan to use this generous donation conduct outreach screenings, perform surgery and provide eye medicines and spectacles.

The donation was presented to Dr. Helen Roberts, Medical Director, by Mr. Omar Osogo, Mombasa Branch Manager, Toyota Kenya.



Toyota staff member helping a blind patient during screening

Mr Osogo said the company took their Corporate Social Responsibilities seriously and was pleased to be able to help people become useful members of the community once more and was looking forward to joining us on an outreach screening.

The seven strong Toyota team led by Mr Osogo joined us at Mwena Primary school in Lunga Lunga down near the Tanzanian border where outreach screening had been arranged funded by the company.

During the screening, they helped our staff with patient registration, checking vision, dispensing medicine and guiding patients around the venue.

Report prepared by Rehema, Administrator at the Eye Centre

# NEW INVERTER STANDBY SYSTEM FOR CLINIC



The inverter box and bank of 24 batteries

The mains electricity supply at the Eye Centre is often erratic and can fail at short notice. At times like this we use our standby generator. On non-operating days this is expensive to run just to supply the out-patients clinic and the office.

Thanks to funding from Eyes for East Africa, who contacted Rotary clubs in UK for help, we now have a much more cost effective system based on an inverter. This is a device which converts stored battery power into mains electricity when the regular supply fails. Furthermore there is no detectable break in the power supply. Another advantage is that we save money on electricity and use it for more direct patient care. The installation of the inverter project has now been completed and the equipment is working well.

Based on limited experience to date it appears we shall be able to reduce our electricity and generator fuel bill by almost 100,000Kshs a year, around \$USD 1,200. Even this early estimate represent releasing funds for up to 30 additional cataract operations.

We are confident that the amount saved will increase as experience in the best way of using the equipment is gained for example, switching off the mains and relying on inverter power on non-operating days, from early afternoon onwards.

## NEWS - FEBRUARY 2012

### THE ESSENTIAL ROLE OF FOLLOW-UP

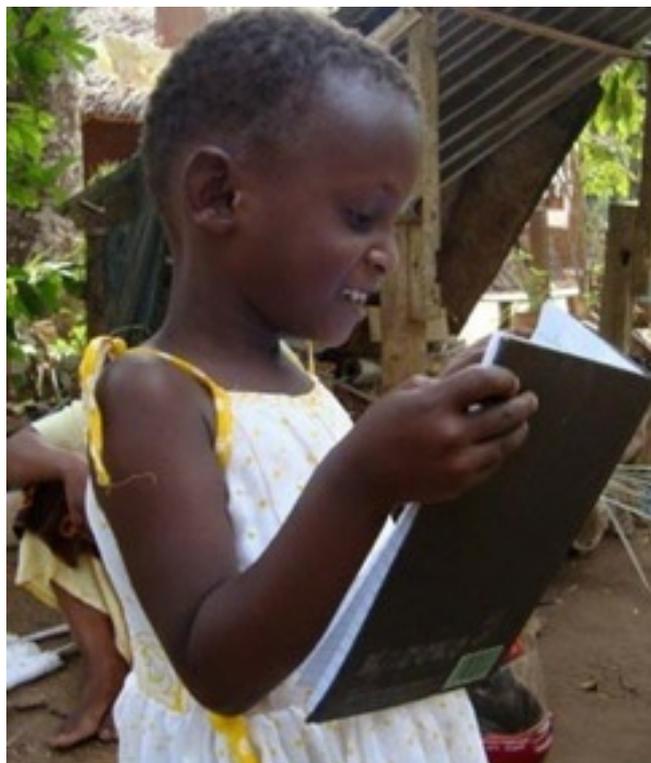


Amina aged one with her mother.

The follow-up of children who have suffered congenital cataracts is essential to maintain their sight during their lifetime.

The parents of Amina Rama live in Ukunda a town not far from the Eye Centre and this young girl's story is typical. At 8 months old Amina became blind because of congenital cataracts and in May 2008 she underwent surgery at the Eye Centre.

Since then she has been followed up by our Low Vision Therapist and the Community Base Worker for the area, and with three monthly reviews at the Eye Centre.



Amina at five years happily browsing

As she has grown, her glasses have been changed to match her vision. In addition her mother has been trained to stimulate her daughter's vision on a regular basis using coloured objects.

During a routine review last December Amina was found to have a hearing impairment and was enrolled in our Deaf Blind programme where she's being followed up by the Deaf-blind Officer.

Amina, now aged five, has greatly improved and able to play with other children of her age. Hopefully she will soon be integrated into a normal school.

## SCHOOL AWARENESS AND SCREENINGS PROGRAMMES



Children registering for an eye check

The Eye Centre uses every opportunity to promote eye care through the schools eye health programmes. Learning about eye health issues is an effective way of enhancing community knowledge and responsiveness to eye diseases as the children spread their knowledge through their families when they return home.

This action has resulted in more people attending general screenings thus improving early detection rates and management to prevent blindness.



Children waiting to get their eyes checked.

# SIGHTSAVING EYE CAMP AT VANGA



Mr & Mrs Riemann in Vanga with Juma Kali

Regular visitors to the Kenyan South coast, Mr and Mrs Riemann from Germany, decided they would not complete their latest holiday visit without a sponsored eye screening.

The screening was carried out for some of those in need at Vanga near the border with Tanzania. Seventy-one patients were screened and of these nine underwent cataract surgery.

The Eye Clinic would like to thank Mr and Mrs Riemann for their generous support and funding progress towards eliminating avoidable blindness.

The photograph shows Mr and Mrs Riemann in Vanga with Juma Kali the Comprehensive Eye Care Services Manager.

## NEWS - JANUARY 2012

### CHANGES AT THE EYE CENTRE



Project Manager Bushra Razack at work

Dr Helen Roberts writes: As a consequence of the ending of Sight Savers International's direct funding, we have a young organisational development analyst, Bushra Razack of Skiza Consulting, working with us at the moment.

She has reviewed all our activities and developed measures to improve the areas that need to be enhanced including from the day to day functions of the office, staff performance, the community based program, data collection, monitoring and higher level management.

These proposals have been accepted with very positive reactions by the staff. We have already begun to see the benefits of these changes taking place.

# MAKING USE OF LOCAL RESOURCES

## The Ramisi Women's Group



Members of the Ramisi Women's Group undergoing eye care training

The Eye Centre has increased its activities with women's groups for awareness and mobilization drives to identify patients in need of eye care. They know the people in their localities better than we do and, as well respected members within their communities, they can get our message across more effectively and to more people.

We identified our first women's group and brought 15 of them to the Eye Centre for three days training. During this time they learn about eye health awareness, eye diseases identification and counselling. Back in the community these women have already identified 30 possible cataract patients in the past month. In exchange for their help, The Eye Centre is helping in the building of a borehole to bring water to their village.

The Eye Centre has enjoyed a long partnership with the Mombasa Women's Association who arrange many fundraising activities in the Mombasa area, the proceeds of which are used for charities of their choice. This month the centre performed fifty cataract operations funded by them. The photographs below show some of the people whose sight has been restored thanks to funding from Mombasa Womens' Association.



# MAKING USE OF OVERSEAS VOLUNTEERS



Rachel (L) and Shelly at the clinic

Two trained volunteers from Northern Ireland were with us for ten days. Rachel (whose fundraising activities featured in a December 2011 news item) and Shelly and brought many laughs to staff and patients alike.

In addition to helpful activities in the Outpatients Department, they hosted a visit to the Eye Centre of a class of high school students by showing them around and teaching them the anatomy of the eye. To create awareness on issues of blindness they used interactive games and blindfolds which the visitors loved.

Many thanks to both of them for their support both here and back at home.



Shelly conducting an eye test

## A NEW ENTERPRISE AT THE EYE CENTRE



Gladys's canteen lady prepares lunch.

This month we welcomed young entrepreneur Gladys Ikuza to the Eye Centre, where she has set up a small canteen to feed staff and patients at the clinic.

We wish her the best of luck in this business venture.

# MORE CONTRIBUTIONS FROM THE UK

Salisbury Big Band Concert does it again!



Supporters Lynette (L) and David Moss (R) at the concert.

What has now becoming a regular annual event, the Salisbury Big Band, working in conjunction with Eyes For East Africa UK (EFEA), raised over £1,200 at a big band evening in mid January.

Some of the money raised came from the sale of water colour paintings by a former long time supporter of the eye centre, John Pease, who left them to EFEA in his will for fundraising purposes. John's work included many pictures reflecting life in Kenya as well as those depicting West Sussex.

Our thanks to all those who made the evening a big success, including the family of John Pease.



EFEA Trustee & Honorary Consultant Roger Humphry plays

## Additional Donation from Northern Ireland

You may recall the item in last month's edition about the fundraising efforts of Rachel Carson who features earlier in this newsletter. The donation has been matched thanks to hard work by her friend Shelly, also mentioned above, bringing the total to over £900 to help restore sight here at the eye centre. A fantastic achievement, thank you.