

11th Annual Report - January to December 2004

Mission Statement

To empower the community by providing comprehensive, affordable and accessible eye care.

1 - Introduction

In 2004, while continuing our basic eye care services in terms of restoring sight and teaching about eye care, a lot of emphasis was placed on training the community and developing the low vision and rehabilitation care services. As always, the first step with something new is to create awareness so that the community realise what a blind or partially sighted child or adult is capable of doing. Once this is done, it is possible to gain their support.



Madafu was born blind due to cataract. He had urgent surgery to restore his sight.

It is important that the Ministry of Education continues to promote the educational measures which Kwale District Eye Centre (KDEC) is implementing in the field. This year many cataracts were removed by phacoemulsification. This is the state of the art technique whereby the lens is emulsified by ultrasound within the eye. This means that a smaller incision is adequate to remove the lens and the patient recovers faster with less need for corrective spectacles.

2 - Eye Care

Awareness about eyes

Community Based Workers continue to create awareness in the field. 16,870 people attended meetings and talks on eye health, learnt the need for a balanced diet and to have their children vaccinated, and learnt what to do should they have an eye problem. This is perhaps the most important part of the work, as prevention is always better than cure, and this knowledge will be taken forward to future generations.

Outreach Clinics

These are carried out within the District to bring eye services closer to the people.

Low vision and rehabilitation clients are also often identified at these clinics and referred for appropriate services.



A simple school where screening and eye education can be carried out.

Training

Traditional Healers – 4 sessions were held reaching 98 herbalists. Most people in the community visit these “witch doctors” before seeking conventional treatment. They are a very important group in the community who need to understand eye care and refer on cases whom we can help. Village Health Committees remain a vital means of reaching the community.

3 - Low Vision

Awareness

By this we mean showing the community what children with low vision are capable of. This is an important part of changing attitudes to these children. 29 meetings were held reaching 2,090 people to spread this knowledge. Most children with low vision can attend a normal school if they receive a bit of extra attention.



Partially sighted children in classroom using a low vision device.

17 partially sighted children attended normal school for the first time. One of the most important groups who need to know what these children can do are the teachers. 55 primary schools were visited reaching 423 teachers. In addition 38 teachers attended a formal training in low vision at KDEC.

Identification and Assessment

66 people with low vision were found out of the targeted 60 for the year. They were assessed and continue to receive treatment in order to optimise use of their vision.

Training

Much of the emphasis needs to be on training the carers of people, especially children. 38 teachers and 34 parents of children with low vision were trained on how best to help. In addition, 8 District Education Officers were taught about children with low vision. It is only by working together with the Ministry of Education that the objectives and goals of the low vision programme will be achieved.



Sighted teachers being taught how to use Braille

8 teachers from Kwale District were taught how to read and write Braille and 10 teachers from the district visited other projects in Kenya to see how blind children can learn in a normal school.

Follow-up

This takes most of the low vision therapist's time, as he has to follow-up children both in their schools and at home. Often advice is simple, such as transparent roofing tiles to let in more light or encouraging the teacher to write in larger letters on the board. It often makes an enormous difference if a low vision child is moved further forward so that they can see the board. Simple low vision devices such as magnifying glasses or telescopes can also make a huge difference to how much the partially sighted child can follow the lesson in the same way as the other children.

4 - Rehabilitation

Awareness

Blindness is a reality but disability need not be inability. Passing this message to the community remains a challenge. 3,257 people attended awareness meetings held in the field where the specific issue of blindness which is not reversible was addressed.

Identification and Assessment



Orientation and mobility skills training. This simple exercise can mean freedom for blind people.

Currently, there are 277 irreversibly blind people on our programme, of whom 74 were assessed this year and an action plan with reachable targets drawn up.

Training

Specific needs and training in how to manage household chores was offered to blind women. Home based training for individual clients continues. 91 clients who had been identified last year received this help. Often it is the family who most need to be persuaded to allow the blind person to care for themselves.



Specific needs may be best taught in the client's home.

Income Generating Activities for Irreversibly Blind Clients

This was a new challenge for the field programme. A pilot programme started with 13 clients to enable blind people to find an occupation which may allow them to become independent. Examples were small scale poultry rearing, knitting business and shop kiosks.

5 - Infrastructure

- The minibus was replaced with a four wheel drive version, which is more suitable for fieldwork, but more expensive to run
- Another motorbike for field work was donated bringing the total to 7
- A phacoemulsification machine was purchased for cataract surgery
- The patient database was upgraded

Solar power was connected for night security lights so our patients and their carers are safe during power cuts

6 - Website

The website becomes an ever more vital tool in raising interest and funds. Many thanks to Dick Roberts, Yvette Asscher and Jim Crow for all their hard work on this. Many compliments have been received about the quality of this site. We encourage you to take a look at www.eyesforeastafrica.org During the year a German language translation (kindly prepared by Dr Stefan Vogel) and a short video illustrating the work at KDEC have been added. Our website has been visited by people in over 70 countries worldwide during the year.

7 - Fundraising

The following two events are organised by KDEC:

Safaricom Diani Rules 2004

Took place on the beach over the June bank holiday weekend and a great deal of fun was had. The event was sponsored by many supporters including Safaricom and Kenya Shillings 750,000/- was raised (approx. US\$9,300).

Eye Go Fishing Competition 2004

Held on 21st November at Mtwapa on the North Coast of Kenya. Ksh188,600/- was raised (approx. US\$2,330).

Many other individuals and organisations raised funds for KDEC for which we are very grateful.



Eye Go Fishing Competition event 2004

8 - Finances

Financial support received in 2004:

- Christoffel Blindenmission International 28%
- Sight Savers International 31%
- Patient income 11%
- Donations 26%
- Others (including local fundraising) 04%

9 - Visitors to the Project 2004

In order of appearance

- H.E.W. Bellamy, Ms. M. Pflaumer – American Embassy
- Mr. & Mrs. Fox – Tsavo Power Company
- Dr. R. Bowman – CCBRT, Tanzania
- Mr. W. Hutzen – German Development Services
- Ms. J. Dean, Ms. J. Burrage and Mr. J. Crow – EFEA(UK) Trustees
- M. Nederveen, P. Bruijn – Dark & Light Blind Care, Netherlands
- J. Banzi – KCCO/KCMC, Tanzania
- Mr. & Mrs. Hetterling – Germany
- Kericho – Bomet CES

- Mr. A. Mwavita, Dr. N. Muhoho, Mr. J. Makau – KEMRI
- M. Lab & J. Musanje –Sight Savers International
- T.Wolf
- L.Bernosconi – Child to Child Africa
- N. Bascom – CBMI
- Dr. D. Kiage – Lighthouse Eye Centre
- Dr. H. Gaeckle & Dr. Knittel
- Mrs. A. Van Der Haar – Netherlands
- Dr. S.Vogel – Germany
- J. Dudding – International Care Agency UK
- C. Stephens
- Dr. L. Kalnoky – Austrian Red Cross
- Mrs. R. Vonlanthen
- Dr. F. Kagondo – Ag. Head of Ophthalmic Services (Kenya)
- Mr. R. Mulatya, Mr. F. Mburu – Division of Ophthalmic Services
- M. Biagini – Italy
- Dr. S. Lewellan, Dr. P. Coutright, Dr. & Mrs. Hall – KCMC, Moshi – Tanzania
- M. Petzoldt – CBMI, Germany

10 - Staff 2004

Staff changes

- Increased by a field worker
- Cashier recruited and receptionist replaced
- Congratulations to Rose Atsiaya & Nimuno Gakurya for the birth of baby boys.

Philip Ouma (affectionately known as PO) passed away in August this year. He began work at KDEC as the scrub nurse, clinic nurse and the only field worker!

Philip kick-started the community based programme by literally going door-to-door searching for blind people. Initially he was greeted with suspicion and returned disheartened. But he kept trying and soon persuaded two people who were known to be blind to come to KDEC for cataract surgery. When PO removed the eye pads the following day in their houses (we had no ward then so they had to walk home after surgery) he was hailed as a local hero.

"PO you taught us all a great deal and you made the lives of many people better for having known you."



Philip Ouma 'PO'

Training

- **Lady community based worker trained to teach skills to blind ladies as they need special attention**
- **Nurse trained as an Ophthalmic Assistant in Uganda for 3 months**
- **Project Manager- 2 week strategic planning**
- **Store-Keeper – supplies and stores management**
- **Administrator – management & sustainability of NGO's**
- **One week in-house skills upgrading for community based workers concentrating on teaching rehabilitation in the field**
- **Project Manager– 1 week Africa forum for the blind in South Africa and V2020 planning seminar in UK**
- **All 12 CBWs went to Tanzanian project to see how they do their rehabilitation and community based work.**
- **Ophthalmic Clinical Officer and Nurse in Charge, 2-day Kenya National Ophthalmic planning workshop**
- **Medical Director & Project Manager to International Association for the Prevention of Blindness**
- **Medical Director & Project Manager to fundraising planning w/shop by SSI**

11 - Donors 2004

We would like to thank all our donors, including, in alphabetical order:

- **Alcon – Belgium**
- **American Embassy**
- **Anonymous**
- **Austrian Red Cross**
- **M. Biagini**
- **Barclays Bank of Kenya**
- **British High Commission**
- **Canadian High Commission**
- **Craft Fair Trust**
- **E. Chincerini**
- **Christoffel Blindenmission International**
- **Dark & Light Blind Care International**
- **District Grand Lodge**
- **East African Women's League**
- **EFM Foundation**
- **Eyes for East Africa UK**
- **German Development Services**
- **J. Harbottle**
- **Kenya Quilt Guild; A. Morris & M. Drugan**
- **Lions Club of Mombasa Central**
- **J. McPherson**
- **L. Marsden**
- **Medical & Education Aid to Kenya**
- **Mombasa Lodge Benevolent Fund**

- Newick Rugby Football Club
- Pisstwits London Marathon
- Rotary Clubs of Bahari, Fleet and Shepperton
- Safaricom
- Sight & Life
- Sight Savers International
- Scuba Schools International
- Dr. G. Shah
- Top Shop
- Tsavo Power Company
- I. Tyson
- Vonlanthen family
- Verkaat Foundation

12 - Statistics 2004

	2004 Target	2004 Actual
Eye Care		
Patients seen at Kwale District Eye Centre	10,200	8,833
Operations performed	1,840	1,767
of which how many were Cataract operations	1,500	1,508
of which how many were blind in both eyes	500	401
Community Work		
Outreach clinics	120	235
Reaching people	10,200	10,389
Cataracts referred by Community Based Programme	1,200	1,073
Awareness Creation Meetings	300	222
Reaching people	12,000	16,870
Village Health Committees		
Newly identified and trained	15	14
Ongoing training and communication	27	31
Reaching people	405	404
Low Vision / Education		
New Cases identified	60	66
Integrated into mainstream education	35	17
Rehabilitation		
New Cases found	100	42
Ongoing follow-up and training	-	91

13 - Future Plans

- **Continue to encourage the community to own the problem of blindness**
- **Increase sustainability of KDEC**
- **Continue to enhance the quality of care**
- **Intensify rehabilitation training**
- **Continue to improve low vision services in Coast Province**
- **Obtain retinal laser**