Reduced Funding Impact
As anticipated, the global economic crisis has had a direct impact on the funding we have received. This meant that we have had to reduce the level of service which we can provide to the community. In the field we saw almost 4,000 fewer patients compared with last year. Nevertheless, our work of restoring sight continues.

National Fundraising

The good news is that national fundraising is becoming more effective, such as the Nairobi Marathon. With great enthusiasm, the KDEC team always take part in the now much-publicized annual Standard Chartered Bank Marathon.

The money is used to enable children to undergo sponsored eye surgery.

The number of children with congenital cataract who reached surgery with KDEC increased from 17 in 2008 to 25 in 2009.

Marathon beneficiaries
Koome was one of the lucky ones

Raphael, Catherine, Lilian and Hassan after completing the 10km marathon

Koome spent three years in the dark because of cataract. He had successful surgery, age 3, and can now see.
Another example of local support is the Kijani Trust. This raises money by inviting opera companies from abroad to hold productions across Kenya. Part of the income was given to us to treat HIV/AIDS related eye diseases.

**Local Service Clubs**

We continue to work with local service clubs and organisations who sponsor events which create awareness and enable eye care services to reach the communities.

**Low Vision Services**

Our low vision assistant was relocated at base rather than in the field this year. This saved us the cost of a nurse and enabled us to offer a specialist low vision service all the time at the base hospital.

But it did mean that fewer children were reached in the field.

**Edith**

We featured Edith in our last report to show how we work with families to get the best from children’s vision.

Edith’s mother continues to work to stimulate her daughter’s lazy eye. She is proud of how much this has helped.

Children who are both deaf and blind face many challenges. We feature Lewa, whose life is hard.

**Darkness and Silence**

Lewa’s parents had tried their best. They had taken their deaf blind child to a physiotherapist at great financial and personal cost but there had been little change. Having lost his ill-paid job because he had taken too much time off to help his child, Lewa’s father decided that he had no option but to leave developments to God, ‘Shauri ya mungu’, as he had done all he could.

*HIV/AIDS Related eye disease*

*Lion V. Shah & Lion Dr. Sharma from Lions Club of Mombasa Central together with KDEC team at camp in Bombolulu area in Mombasa North*
Eye Camps

We returned to the remote location of North Horr in northern Kenya again this year to carry out an eye camp, sponsored by the UK charity, Medical and Education Aid to Kenya (MEAK).

Lewa's family are now active members of a group of parents with children who are deaf and blind. They were amazed to hear that there are other families like theirs.

Nadia

Nadia, a 72-year old grandmother and member of the pastoralist Gabra community was devastated when she arrived too late for surgery last year. She had arrived at the screening venue on the day that the team was leaving. She explained that, being from a nomadic community, she was involved in looking after the family goats and heard of the camp very late. She walked for 2 days to get to North Horr. She still could see a few meters away...
then. She had to walk the distance back home a sad and disappointed person.
In 2009, the local community and health workers whom we trained prepared patients much earlier for our arrival.

Nadia, through her neighbours, heard of this. By now, her vision had deteriorated completely and she needed support to get around. With her elderly son in the lead, she arrived at North Horr a day before we got there. She had surgery on both eyes and could see perfectly. She thanked everyone who had made the mission possible.

**Infrastructure**

A Zeiss operating microscope was received from our long-standing supporters, Verkaart Foundation of the Netherlands.

**Improved Patient Information System**

KDEC has introduced a new management information system reducing manual work, providing more responsive management practices and enhancing service delivery to patients.

**The team take a breather between surgery and explore in North Horr.**

**Nadia—not disappointed this year**

**Nadia, was led for 2 days by her son to reach us**

**Patient being registered in at the reception using the new database system**
Dr. Sebastian Briesen, our Ophthalmologist, left us to attain his German qualification in ophthalmology. Two other nurses and a patient attendant also left for further studies.

Lilian Nyaboga, who joined us in May, continues to work hard in both clinical and surgical work.

Mohamed Chama, our patient attendant did a 3-month ophthalmic skills training at Sabatia Eye Hospital, Western Kenya. He passed with flying colours.

HR & Administration Manager, Rehema, attended a workshop on Organisational & Financial management for 2 weeks at KCCO, Moshi—Tanzania.

Training Centre

KDEC received long awaited approval from the Kenya Medical Practitioners and Dentists Board as an official training centre for the Coast region.

KDEC, with other CBM partner projects in the country, are working on doing our own formal skills upgrading course in ophthalmology for nurses.

The course is aimed at equipping the nurses with skills to provide basic eye care, thereby facilitating delivery of primary eye care services in the grass-root levels.

Visitors to the Eye Centre

- J. Barton, J. Samwell & M. Nanjala, Agape in Action
- Niall & Anne O’Kare, UK
- S. Hacule, A. Riefer, TAMEQ Tanzania
- J. Kimangu, B. Munda, - Kenya Commercial Bank, Ukunda branch
- M. Mwobobia & C. Maloba, Voluntary Services Overseas, Kenya
- S. Klaus & E. Osundwa, Sense International

Dr. Ng, Ophthalmologist from Ireland examines a patient during a field screening. He spent 4 weeks at the Eye Centre.

- Peter Ndara—Kwale school for the deaf
- David & Lambert, Faculty of Medicine, Bonn Germany
- K. Frasonkiewicz & V. Barasa—DECF Canada
- A. Defanti, Switzerland
- G. Arun Kumar, Appasamy Associates, India
- Dr. A. Sudhan, India
- K. Black Keeler, UK
- A. Ali, H. Mbarak & A. Jeneby, Postal Corporation of Kenya, Mombasa
- M. Wambugu, GSU Nairobi
- C. Kyne, Diani

Pupils from South Coast Academy sampling the assistive devices on their visit to the Centre
In many developing countries, men access eye care twice as much as women. 
Of the 250 people present, about 150 were women, and their attendance was praised by the area chief, also a woman, Ms Khafsa Khalfan. 

Meanwhile, the school children learnt about eye health from our Vision Therapist, Mohammed Almasi, with the help of an eye model.

Children were fascinated by the enlarged eye model which Mohammed Almasi used to illustrate his teaching.

To demonstrate how difficult it is to be blind, games were played using blindfolds.

All the children promised to be our ambassadors, promoting eye health.

Shani, pictured right was surprised by how difficult it was to get around when you cannot see. "I have never thought about it before’ he said. ‘How do these people manage!’

Eye Go Fishing Competition
The annual fishing event took place in November on the coast North of Mombasa raising Ksh365,950/- (US$4,880)

KDEC thanks the overall sponsors, Liaison Insurance, and all those who made the event a success.

Fundraising & Publicity

Awareness creation and Free Screening for World Sight Day 2009

October 8th saw the celebration of World Sight Day; the theme this year being ‘Gender and Eye Health—equal access to care’.

The eye centre played its part at a local school, encouraging women to seek eye care.

Young participants take to sea to compete
### Statistics 2009

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Eye Care</strong></td>
<td></td>
<td></td>
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<tr>
<td>Patients seen at KDEC</td>
<td>9,100</td>
<td>9,035</td>
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<tr>
<td>Operations</td>
<td>1,840</td>
<td>1,767</td>
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<tr>
<td>Of which how many were IOLs</td>
<td>1,300</td>
<td>1,401</td>
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<tr>
<td>Of which how many were blind in both eyes</td>
<td></td>
<td>227</td>
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<tr>
<td>Glaucoma Operations</td>
<td>100</td>
<td>101</td>
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<td><strong>Community Work</strong></td>
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<tr>
<td>Awareness Creation Meetings</td>
<td>220 reaching 20,000 clients</td>
<td>186 reaching 20,305 people</td>
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<tr>
<td>Rural Health Worker’s follow-up</td>
<td>30</td>
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<tr>
<td>Women Groups</td>
<td>18 reaching 270 people</td>
<td>18 reaching 271 people</td>
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<td>Village Health Committees follow-up</td>
<td>38 reaching 570 people</td>
<td>38 reaching 565 people</td>
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<td>Outreach clinics</td>
<td>130 reaching 9,100 people</td>
<td>144 reaching 9,038 people</td>
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<td>School awareness meetings and screenings</td>
<td>24 reaching 4,800 children</td>
<td>24 reaching 5,414 children</td>
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<tr>
<td><strong>Low Vision / Education</strong></td>
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<tr>
<td>New Cases found</td>
<td>65</td>
<td>39</td>
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<tr>
<td>Integrated into mainstream education i.e. pre-primary, primary &amp; secondary</td>
<td>50</td>
<td>14</td>
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<tr>
<td>Primary schools visited</td>
<td>20 reaching 160 teachers</td>
<td>20 reaching 166 teachers</td>
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<tr>
<td>Community meetings held</td>
<td>40 reaching 2,000 people</td>
<td>32 reaching 1,866 people</td>
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<tr>
<td>Follow-up low vision cases</td>
<td>160</td>
<td>110</td>
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<td><strong>Rehabilitation</strong></td>
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<td>New Cases found</td>
<td>55</td>
<td>51</td>
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<tr>
<td>assessed (initial)</td>
<td>55</td>
<td>37</td>
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<tr>
<td>No. followed up (trained visually impaired persons)</td>
<td>100</td>
<td>119</td>
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<tr>
<td>Given home based training</td>
<td>75</td>
<td>10</td>
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<tr>
<td>Community meetings held</td>
<td>50 reaching 2,500 people</td>
<td>46 reaching 2,565 people</td>
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<tr>
<td><strong>Deaf Blind</strong></td>
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<tr>
<td>New cases</td>
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<tr>
<td>Assessed</td>
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<tr>
<td>Provided with Rehab services</td>
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<td>24</td>
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<tr>
<td>Training of Deaf/ blind families</td>
<td>25</td>
<td>17</td>
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