

A word from the Medical Director,

Thank you for all of your encouragement and support during this past year. We could not have achieved what we have without you. On behalf of the Kwale District Eye Centre staff, I would like to wish you all a Happy New Year.

As you know, 2011 brought with it some new challenges. In our previous report we shared with you the news that Sight Savers International, one of our oldest supporters, had changed their donor policy, and will not fund us from 2012 onwards.

After the initial shock, I am proud to report that our staff pulled together and faced the challenge head on. We learned that we can never be certain about the future and, therefore, we must continue to be flexible and adaptable so that we can react quickly to external changes. We learned that the way we deal with these challenges determines our strength, and the lasting impact we will have on the communities with which we work.

We brought in a change management company who have spent three months at the Eye Centre and in the field assessing the various capacity areas of our organization. They looked at strategic management, our current management structure and practices, our systems, resource mobilization, governance, public image, community based impacts etc. They then proposed simple interventions and changes designed to ensure positive and lasting change within our organization. We now have a new project manager on board to implement these interventions.

The RAAB survey (more on page 5) surprised us all by turning up blind cataract patients. The survey also showed a high rate of cataract surgical coverage and good outcomes of surgery. There is still much work to be done but less money with which to do it. Here is to another successful year for the KDEC.



*Dr. H.E. Roberts (Medical Director)
performing a screening in the field.*

COMMUNITY OUTREACH

Our outreach screenings enable us to reach those who cannot reach us. Focusing on this we are doing a pilot programme using different approaches in three different areas for two months. In one, the place where the local womens groups meet has burnt down, so we have signed an MOU (memorandum of understanding) to agree that if they can bring us cataract and low vision patients we will rebuild their meeting place. Womens groups are not a new idea but we need to use them better.



“What a new and beautiful world!” Both of these ladies were completely blind before they were identified by the outreach clinic and brought to KDEC for surgery.



Womens group training in progress.

SCREENING EYE CAMPS

Six of our screenings were sponsored last year at Bomu, Bangladesh (near Mombasa), Hidaya Mosque, Mamburui, Likoni Ferry and Jomvu. We need to promote this kind of synergy with National corporate and local organisations to solve needless blindness.



Kenya Ferry Corporate Affairs Manager, Elizabeth Wachira during Kenya Ferry Service sponsored screening on 16th Dec. 2011

KDEC

SCHOOLS AWARENESS AND SCREENING

Children are listened to by their parents in this country as they are often the first generation to go to school. So, at the same time as checking the pupils lucky enough to be in school, we teach them about basic eye disease and how to help those they come across. They are particularly good at leading us to other children who may not have reached school because they are still hidden away in their huts considered a curse because they cannot see.



Students being briefed on eye health



Schools Awareness Workshop



Patients waiting for surgery in Rhamu.

SURGICAL EYE CAMPS

After last year's Eye Camp in Rhamu, in North Eastern province of Kenya, the local residents pleaded us to return. And we did, through sponsorship from the Sayyid Abbas Foundation.

We examined and treated 1,352 people at the Rhamu District Hospital and performed 381 operations.



A woman in her home before a screening.

KDEC

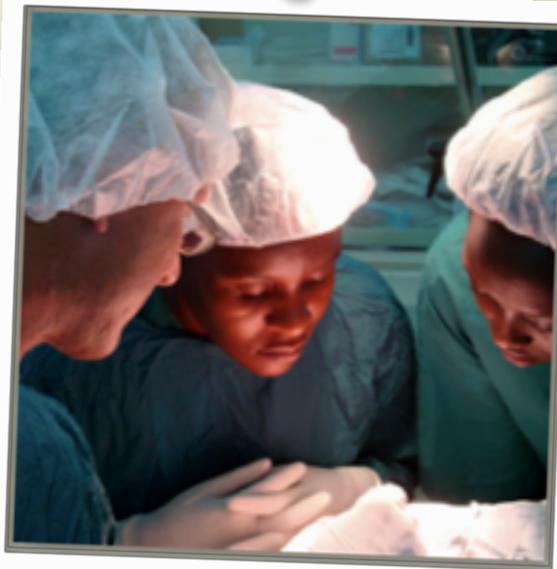
STAFF DEVELOPMENT

- Low Vision and refraction training sponsored by Thomas Cook (European Travel Agents)
- Child Protection by CBM
- Photography and report writing by CBM

In collaboration with other eye units on the coast we began a three month eye training for government nurses. Two students graduated from the programme in October. Lily, our clinical officer in training, continues her attachment until early next year. She has done over 60 cataract operations!



Hands on training in theatre for the nurse in charge



Dr. Humphry trains Lillian and Lily in squint surgery.



Kombo and Kombe, two patients with Albinism, with their sunlotion during a recent checkup at the Low Vision clinic.

LOW VISION AND EDUCATION

Always an area of strength at KDEC because of our committed team, this department focuses on maximizing vision in children so that they can develop sight and access education.

Working very closely with the community based workers in field the challenge is often reaching these children in time.

Albinism: children with albinism suffer Low Vision. They have reduced vision but can see well enough to go to school- if the local population accepts that of course. Counseling and teaching is a large part of how we can help. They need protection from the sun to prevent early death from skin cancer.

KDEC

RAPID ASSESSMENT OF AVOIDABLE BLINDNESS (RAAB)

In order to assess the challenges we still face and measure the impact of their support over the past ten years SSI conducted a population-based survey of visual impairment and eye care services among people aged 50 years and over.

The results surprised everyone as they discovered that, despite a relatively high surgical coverage (78.2%) for cataract, there are still blind cataract patients within the Kwale area. The survey found that in people aged 50 years and older, avoidable causes of blindness accounted 64.9% of the total.

This is comparable with studies elsewhere in Kenya and suggests that, although we have had a very positive impact, there is still much more to be done.



Kamau and Dr. Gichagi assessing Mzee Ali at his homestead.



"Fieldwork" means "wet feet" for this data collector.

VISION 2020 LINKS



The University Hospital Southampton team visits Mombasa.

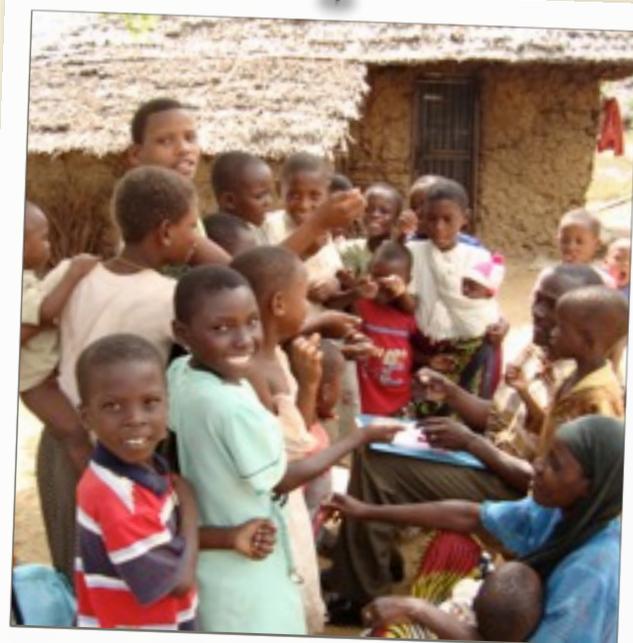
The Coast Caucus, made up by Kwale District Eye Centre, Light House for Christ, Coast Province General Hospital and Lions Eye Hospital, are working with the University Hospital Southampton to establish lasting links and collaboration towards the development of eye care services for the region. Our Kenyan team will be visiting Southampton in March 2012. We are excited to continue this partnership.

WORLD SIGHT DAY 2011

In order to create an understanding of the challenges of being blind, we conducted a “blind eating activity” at Jomo Kenyatta Primary School. The students were amazed how difficult life can be when you cannot see! Maybe they will be more empathetic to their blind peers



Students having fun learning about blindness.



A deaf/blind communication training done at home.

DEAF/BLIND PROJECT

Sense International continues to fund our Deaf/Blind programme with home support, follow-ups, workshops and training including two stakeholders workshops, helping families to understand and communicate better with their deaf/blind child and provision of special seats, pegboards and hearing aids.

KDEC STATISTICS

Statistics showing our achievements from 2011 and how they compare to what was accomplished in 2010.

| Eye Care | 2010 | 2011 |
|---|---|---------------------------------------|
| Patients seen at base hospital and community screenings | 12300 | 17204 |
| Total operations | 1688 | 1767 |
| Of which how many were IOLs | 1220 | 1411 |
| Of whom how many were blind in both eyes | 337 | 268 |
| Of which how many were glaucoma operations | 67 | 119 |
| Reading Glasses Issued | 709 | 1451 |
| Distance Glasses Dispensed | 441 | 509 |
| Community Work | | |
| Awareness Creation Meetings | 199 meetings reaching 12,549 people | 189 meetings reaching 18,228 people |
| School awareness meetings and screenings conducted | 13 reaching 1,991 children and teachers | 24 reaching 5,414 children & teachers |
| Low Vision/Education | | |
| Number of Children in the Low Vision Programme | 469 | 485 |
| Integrated into mainstream education | 166 | 171 |
| Number of blind clients in the rehabilitation program | 520, of which 23 are children | 531, of which 23 are children |



On reflection 2011 has been a very eventful year. The statistics show great success and significant improvements compared to 2010. We have faced a few challenges, but have made an active effort to tackle these head on. The RAAB results have proved beyond a shadow of a doubt that our work has an incredibly positive impact on our project locations. The results also made it clear that there are still many people out there who need our help. There is still so much work to be done! We are making key changes within the Eye Center that will allow us to keep doing what we do best.

"Whosoever desires constant success must change his conduct with the times. Change is necessary in life — to keep us moving ... to keep us growing ... to keep us interested Imagine life without change. It would be static ... boring ... dull."



We need your help and support to continue changing and to continue changing lives! May this year be filled with success, improvements, learning and may we continue leaving positive impacts and changes in the lives of all of those we serve.

**THANK YOU ALL FOR YOUR HELP AND SUPPORT THAT
ENABLES US TO KEEP DOING THIS.**

KWALE DISTRICT EYE CENTRE

P.O. Box 901, Mombasa – 80100

Tel: +254 40 3300118

Mobile: +254 (0)722 785 996

(0)733 602 046

TAITA CLINIC

Next to D.C's Office, Jua Kali Centre

Tel: 0700 110171

Mobile: 0736 365694

Email: eyestaita@gmail.com



www.eyesforeastafrika.org