

NEWS - DECEMBER 2013

EILEEN WILLSON'S MEMORIES

As we reach the end of our 20th year it is appropriate to include the reminiscences of a former member of staff about what life was like at the eye centre in the early days when she worked with us for six years as an Irish funded APSO volunteer, helping to set up this Eye Centre to become what it is today. We are indebted to Eileen Willson a long term resident here on the Kenya South coast for putting fingers to keyboard and allowing us to share some of her memories. Eileen recently visited us to have her cataracts removed It was a privilege to be able to help her. This is her story.

“It’s now just 10 days since my second cataract operation at Kwale District Eye Centre and I am typing this without glasses, quite amazing after all those years of struggling with everyday tasks! During my years at the Eye Centre I was mainly involved with the development of the Community Based Programme. Never once did I know Helen to lose her gentle caring bedside manner, always giving of herself for the betterment of patients and dealing with staff, donors, officials, or just answering the endless queries from just about everyone she meets. Nothing seems to faze her, even a patient who had inadvertently used Super Glue in her eye to apply her contact lens.

The progress and development of the Eye Centre from a one-room shack, with no running water or mains electricity, a kitchen table for an operating table, one set of rather old operating instruments, one nurse and one helper, to today’s multi purpose eye hospital is amazing. The facilities now available are outstanding. What was then the administration office where I was based , is now the ‘fast track’ consulting and in-patient room for those who would like to be seen at their convenience.



An eye test for Eileen Willson

In early December I lay in this now comfortable room, being assisted by Helen's team of kind and caring staff, after operations on both my eyes for cataracts. The bed is exactly on the spot where I had a desk in those early days. The desk where I heard news of her daughter Antonia's impending arrival, and my instructions 'Oh take care of the Moorfield's UK eye surgeon who is coming and will be doing surgery while I am away...take the instruments home each night in case they are stolen, we only have the one set..... bye'.

The same desk heard reports of successful surgeries and difficult ones; of patients from all walks of life and ethnic groups; of donors and the continual effort to raise funds. Some of the first funding appeals were typed on a manual typewriter. Today the Centre is totally computerised and the team is now 41 strong. Many have been with Helen since the early days, whilst some have been head-hunted having benefited from Helen's continual staff skills training programme especially in cataract surgery.

I opted for 'fast track', as the money raised this way helps support the Eye Centre where over 60% of all patients are assessed as poor patients and receive sponsored treatment.

So, if you are finding it hard to thread the needle, difficult to read small print, even with your glasses; candle light appears to be made of seven sided stars; night driving a definite strain; and sunlight appearing to be getting brighter by the day, then you may need a eye check."

ALL IN A DAY'S WORK



The thorn is out!

Recently, just as the Eye Centre was finishing the daily clinic, a young girl walked in with her father. She looked very frightened and in pain. It had taken her two days to reach us after she got a thorn in her right eye.

The team sees a lot of trauma in Africa and a thorn in the eye happens often, but this one had actually penetrated through the cornea and was stuck inside the eye. She needed a quick operation to remove it.

SCREENINGS AT THE LIKONI FERRY CONTINUE

In the August 13 news item we told you about the first screening conducted at the ferry terminal serving passengers between Mombasa and the South Coast. We are pleased to report that these are proving to be very popular with waiting passengers. The screening event takes place once a month. It involves fourteen staff from the Eye Centre and two from Kenya Ferry to create publicity for both organisations and enable people to access eye care more easily.

Since June 13 2013 over 600 patients have been screened and, as a result, the Eye Centre has conducted 20 surgeries and issued around 80 pairs of reading glasses. Our especial thanks go to our Community Worker Grace and to Kenya Ferry for their service to the community.

EWS - NOVEMBER 2013

NOTE THE DATE - FUNDRAISING CONCERT IN LONDON MARCH 25 2014

An ambitious fundraising concert is to take place in central London on Tuesday 25 March 2014. Eyes for East Africa UK is taking part in the Brandenburg Music Festival*, London's biggest and broadest annual choral celebration. The fundraising concert features the Gospel Choir of Bristol Cathedral Choir School, conducted by Eiron Bailey. The choir will perform a programme of uplifting and inspirational music including Richard Smallwood's Total Praise.

Admission is only £18 (children £5), all proceeds will go to help the work of the Eye Centre. You can be assured of a great evening. The concert starts at 7.30 pm,

the venue is St Clement Danes church. Tickets are available from Eyes for East Africa Treasurer Tom Parkinson, whom you can contact via [email](#) or by telephone on +44 (0)20 8992 4708. For further details please see below.

Tuesday 25 March at 7.30pm

St Clement Danes

Oh Happy Day!

Uplifting and inspirational music from
Bristol's Gospel Choir,
including Richard Smallwood's Total Praise.

Bristol Cathedral Choir School - Gospel Choir

Conductor - **Eiron Bailey**

Tickets £18 (unreserved) children £5

Box office: 020 7766 1100

www.smitf.org/music/bcf

TRAINING IN ADMINISTRATION FOR VERENA NDUNDA



Verena pauses for the camera

My name is Verena Ndunda. I have worked for Kwale District Eye Centre for seven years and time has flown by. I enjoy my work because I've not only learnt a lot but it has allowed me to develop many skills. When I started here I had no confidence and knew so little, but now I can do many different tasks and have improved my skills generally. I have recently been promoted and am responsible for much of the day to day administration. Quite apart from that, the job is so worthwhile. We enable people to see again. As our brochure says 'what better gift can you give'. I enjoy meeting patients and helping with the challenges this job brings.

Recently we wrote an article to mark 20 years of eye care at the Eye Centre and it was published in the local newspaper, Coastweek. To our surprise and delight, one of their readers, Cambridge International College, offered us an e-learning course for a member of staff to study for an Advanced Mastery in Administration. I was

encouraged to apply and can't wait to get the study materials through the post. I feel so privileged and I'm looking forward to a changed Verena in terms of additional skills and more thorough understanding of what I can do at my work to help lead the Eye Centre onwards and upwards.

EYE CAMP AT TAVETA

Taveta, is near Mt Kilimanjaro and the Tanzanian border. The idea of the camp came from Dr Stefan Vogel, a regular visitor to the Eye Centre, and was sponsored largely by him and his friend back in Germany.



Robert, the Eye Centre's Optometrist, does eye screening in the field near Taveta

Pre-screening was carried out a week before the camp by a government nurse stationed at Taveta, who had been trained by the Eye Centre for three months. Some of the screening took place in schools and clinics over a wide radius around the town. In total 2,106 people were seen at 16 venues over 7 days. During the screening process we found blind people who had never previously received eye care.



Patients arriving for surgery

The surgery itself was held at the Taveta government hospital. One lady had not been able to see anything for five years. She had cataracts in both eyes done and cried tears of pure joy as she greeted the relatives, who had come to the hospital with her.



This totally blind lady has the chance to see again.

In total 146 cataract operations were carried out in addition to dealing with other ailments. Afterwards, the patients gave a ‘vigeleli’, that is they sang a spontaneous song of pure delight and happiness when their eye pads were removed.



The anaesthetic injection needs care and skill



Dr Lilian operating at Taveta

EYE GO FISHING 2013



The fishing fleet puts to sea

November means that the fishing season is with us again on the Kenya coast and once more it was time to stage the Eye Go Fishing competition. Over the weekend of 23-24 November, twenty-two boats set off from Mtwapa, on the north side of Mombasa. A reasonable amount of fish was caught including three sailfish, which were tagged and released.



Danson Kaba & Joyce Konde hand over the cheque to Dr Helen.

We are grateful to Captain Andy's Boatyard and Liaison Risk and Pension Consultants, our major sponsors for their generous donations. Danson Kaba and Joyce Konde from Liaison Risk and Pension Consultants presented the sponsorship cheque to Dr Helen. In total the event raised a record Ksh 570,910 (US\$ 6600). As in previous years, the money raised will be used to help us restore sight at the Eye Centre. Our thanks to all those who put to sea and supported the event and the Eye Centre.



Matthew and Justin Walters, Joyce Konde from Liaison Insurance with Sean McGovern. The boys fished from Delta, tagging two sailfish and catching an assortment of fish to win the highest points in the competition.

NEWS - OCTOBER 2013

THE NAIROBI 10KM MARATHON



Two members of staff proudly display the Eye Centre banner at the Nairobi Marathon finish

Three members of the Eye Centre staff trained for and entered the recent Nairobi Standard Chartered Marathon. Many other people had registered to take part in the 10 km run so our team were in good company. Standard Chartered Bank sponsored this event to raise funds for 'Seeing is Believing' which is the name of their drive to help child eye care.

If you would like to make a donation to help the Eye Centre continue to help those in need of eye care, please go to our [Gift](#) page.

THE VITAL ROLE OF TRAINING IN EYE CARE



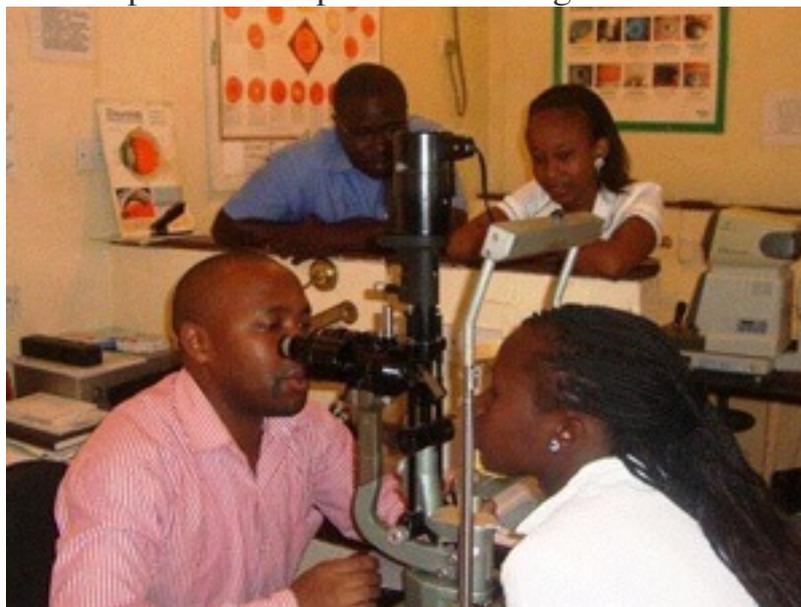
Dr Lily, a post graduate student from Nairobi University, on 2 months elective.

Dr Helen emphasises that "training is the most important function we do, be it the community, of parents, children, optometrists, nurses or aspiring clinicians, the knowledge they gain carries on promoting eye health into the future".



After much practise in a lab, Dr Lily learns by doing live cataract surgery whilst under close supervision.

The Eye Centre is recognised as a training Centre by the Kenya Medical Practitioners and Dentists Board, by the University of Nairobi and by Kenya Medical Training Centre, all of whom send students to gain experience at the Eye Centre. The photographs show examples of their practical training.



Clinical Officer Albert at work in the Outpatients Department during his six months attachment from Kenya Medical Training Centre.



Surgical training using Dr Theil's microscope with remote TV and video

NOT JUST ANOTHER DAY AT THE EYE CENTRE - HAPPY 20TH BIRTHDAY!



The birthday cake, after the presentation it was enjoyed by all the staff.

Dr Helen's busy routine was interrupted by the arrival of a large cake which the staff had secretly had baked to celebrate the 20th anniversary of the opening of Kwale District Eye Centre in October 1993. Since then, the Eye Centre has seen 400,000 people and carried out 30,000 sight restoring eye operations.



The Eye Centre in 1993 - how it all began.

Twenty years is a significant achievement and the Eye Centre has grown in size and stature whilst relying totally on charitable donations. Here is the original building which served as reception, outpatients, and operating theatre. Fortunately a nearby large wild fig tree provided plenty of shade and acted as a waiting area. The building now forms part of the operating theatre block. Dr Helen singled out how three particular patients reacted to having their sight restored after the 15 minute cataract operation.

One old man who had been blind for most of his life. He was persuaded by the community worker to come to the clinic, he had his operation, walked out into the car park, threw away his white stick, summarily dismissed the small boy who had led him around and danced off down the road.

Another man who had been blind for 15 years returned to his village and shrieked with laughter over how much his neighbours had aged since he had last seen them

Best of all is the tale of the community worker who came across a blind man up a tree, from which a noose dangled. He was sobbing in despair; his life seemed to be worthless. The community worker lured him down from the tree, on to the back of his motorbike, and in to the clinic. The next time he saw the man, he was up a tree again: laughing, singing and cutting down coconuts.

NEWS - SEPTEMBER 2013

WHILE THE CAT'S AWAY...? I THINK NOT!



Business as usual at the Eye Centre

Dr Helen was in the UK for an expectedly long time in September. Nevertheless the Eye Centre staff got on with the job of providing eye care as normal and saw 1,235 patients at base and outlying clinics. 137 operations were performed, 22 of them on children. In addition 5 patients were given retinal laser treatment. Staff visiting the Taita satellite clinic conducted 6 cataract operations. If that was not enough 2 sponsored eye camps were carried out near Mombasa. Training of the three external postgraduate students continued as usual with Dr Lillian and the Team looking after them.

On her return Dr Helen said "It is fabulous to come back to the Eye Centre and find an empty in-tray, smiling patients and happy staff. It makes me feel confident that when I am busy elsewhere, everything will continue safely back at base. I'm so proud of the team."



The line-up of happy post-op patients

A less eye catching aspect of life at the eye centre is the way we manage our day to day activities. In order to strengthen these important but not easily visible part of our structure, Christoffel Blinden Mission International (CBMI), one of our long time supporters, funded a management consultant to look at our governance policies.

One of his recommendations was that we apply to register as a Non Governmental Organisation (NGO) in place of a self help group as donors are generally more familiar with this form of registration. We now await the outcome of our application to change. Other recommendations are also being addressed.

DR HELEN VISITS THE UK



Dr Helen at Fleet Rotary Club

Amongst the many tasks on her list, Dr Helen made time to visit the Rotary Club of Fleet, 35 miles South West of London. The club has supported the Eye Centre every year since 1996. The photo shows Dr Helen (centre) with Fleet Rotary President Lorna Thomas and Eyes for East Africa Trustee, Dr Roger Humphry.

NEWS - AUGUST 2013

THOUGHTFUL GIFT FROM A RECENT PATIENT



A visible expression of thanks

From time to time patients provide a tangible expression of their thanks for treatment. Here we see members of staff enjoying a delicious cake from one such patient.

LIKONI FERRY EYE SCREENING



One of the Likoni ferries

The Eye Centre has a new initiative to bring eye care to those in need. Visitors coming to the Eye Centre from Mombasa have to take the Likoni ferry which serves the Kenyan south coast and traffic heading for Tanzania.

Thanks to cooperation from Kenya Ferry Services, the Eye Centre has introduced a monthly eye screening facility at the ferry terminal on the North shore. The

screenings attract both potential patients from the many passengers waiting to board the ferry and provide publicity about the Eye Centre and its activities.



Publicity banner for the first screening. We are not responsible for the blue sign above it!

The first screening was certainly worthwhile for the sixteen members of staff organising the event, supported by members of the ferry service. In total 184 patients were screened. Of these, 8 needed cataract surgery and the majority of these patients have now had their sight restored. 3 children were also identified with squints. Eye drops and reading glasses were also provided in 59 cases. A good morning's work !



The queue for the first eye screening

NEWS - JULY 2013

A VERY LUCKY LITTLE GIRL



Fatima after her operation

This little girl, Fatima, was injured in her right eye when a stick flicked into the eye as she was running through the bush near home. It took her a month to reach the Eye Centre as her parents were poor and lived far away from any public transport. The entire cornea (front of the eye) was torn and she had a traumatic cataract. Amazingly the eye had not become infected but she lost the sight.

The Eye Centre operated to remove the cataract and give her a chance to see with that eye. She has done really well, seeing half way down the visual chart despite a central scar.

" I have two eyes again!" she said when asked her how she felt after the anaesthetic.

HELP FOR EYE CARE FROM THE MOMBASA LADIES GROUP



Some Mombasa Ladies present a cheque for eye care to Dr Helen

"Mombasa Women" is a small group of ladies that began in the 1920s. The Association owns a large swimming pool in Mombasa , which is hired out for lessons to schools and clubs, plus a community hall that is rented out for weddings and festivals. All income is used for charitable purposes.

DR FIONA DEAN'S THIRD VISIT TO THE EYE CENTRE



Dr Fiona at work

Dr Fiona is a consultant paediatric ophthalmologist in the UK.

The most often quoted reason why 'eye people' come to Kenya, is to teach us more and 'Fi' is an inspiring teacher. Dealing with eye care of very young children is especially challenging as they cannot tell you what is wrong and what they can and cannot see. The child's cooperation is essential. This is perhaps why people who work with children are friendly and communicative.

The population in Kenya is primarily children and it is vital that we have an excellent paediatric unit with a high quality standard of care. Not just surgical care but good follow up to ensure that these children obtain the best possible vision as fast as possible.

THE EYE CENTRE MAKES USE OF MORE TECHNOLOGY

The additional website (www.eyecentre-kenya.com) which is largely for supporters in Kenya has now been live for a short while. The site you are viewing remains the international face of Kwale District Eye Centre providing regular news, information and the base for all statistics for our many supporters worldwide as well as historical information about the Eye Centre from inception to the present day.

In addition the Eye Centre has recently adopted the new concept of Crowd Sourcing as a means of fundraising. The concept allows donors to make a contribution towards a particular eye care project. Our initial project is to raise funds for an eye screening session in the community and will run until the end of 14th September 2013, although this may be extended. More details can be found at www.indiegogo.com/the-gift-of-sight.

NEWS - JUNE 2013

ELECTIVE VISIT BY AAMIR ISMAILJEE



Aamir Ismailjee with Dr Helen

Aamir Ismailjee is a final year Medical Student at Barts and the London School of Medicine Queen Mary University, London.

Recently he made an Elective visit to the Eye Centre, the purpose of which was to gain personal learning and experience, but with his degree in Optometry Aamir was able to assist the Centre during his visit.

On his return to the UK he wrote a report, which is given below; note that throughout his report Aamir refers to the Eye Centre as KDEC.

Ophthalmic Healthcare in Kwale District

Although the primary purpose of a medical elective is for personal learning and experience, I was hoping to try and help the centre in any way I could with skills I developed during my previous degree in Optometry. The centre has two means of funding. It is a registered charitable trust that receives donations from sources in the UK and worldwide. It also relies on revenue gained from patients who are able to pay the full price of treatment via a 'fast track' service.

The centre is one of the only places in the entire region where people can obtain access to affordable healthcare. Hence, patients attend the clinic travelling from distant areas. The services are open to all and it is not uncommon to find patients

from remote tribes, such as Masai attending. The centre has regular screening services that work across the district detecting people who require treatment and refers them back to the clinic.

There is a stark contrast in the way patients present to the clinic in comparison with the UK. It is easy to access healthcare in the UK, and so it is rare for a disease to progress to a severe state without it being detected and managed by the healthcare system. The majority of cases seen in a clinic in UK are follow up patients where the disease activity or response to treatments is being monitored; whereas in KDEC, many patients present for the first time with a condition very far progressed. A good example is cataract. In the UK, patients are usually made aware they have lens changes as soon as they first notice symptoms or on routine testing and it is rare to find a patient who has become significantly visually impaired before their condition is treated. In my time at KDEC however, I saw patients with such dense cataract that it reduced their vision to counting fingers.

Ocular Diseases in Africa

I was under the impression that the common causes of visual impairment I would encounter in Africa would include trachoma, onchocerciasis and xerophthalmia. However this was not the case. Rather the demographics appear to be much more similar to western countries than I had imagined with common cases of blindness being due to advanced glaucoma and diabetic retinopathy. Dr Roberts, who formed the clinic twenty years ago in 1993, reports seeing a decrease in the incidence of conditions such as xerophthalmia and advanced cataract. This is likely as a result of the growing successful establishment and popularity of KDEC in the region.

Ophthalmic Examination Skills I had good opportunities to practice my techniques in examining patients. I collected data on the readings provided by three different auto-refractors, compared with a subjective refraction. I performed this on ten different eyes, and having never used a handheld auto-refractor before, I gained proficiency at using one.

I was able to enhance my slit lamp and funduscopy skills during my placement. As discussed in the previous section, the majority of patients in the UK have minimal signs to elicit on examination whereas in KDEC I was able to examine patients with distinct signs providing me with good experience. I found that practitioners tend to rely a lot less on history and more on objective examination in KDEC. Speaking to one of the clinical officers about this, he explained that specific details in the histories many patients provide tend to be vague and inaccurate, making it quite a challenge.

Running of the Centre

On arrival I was taken on a tour and introduction. I was quite surprised and extremely impressed with the size and functioning of the clinic. Contrary to what I had expected, the centre was a multi building facility with a number of staff and services which have developed over the last two decades.



Local staff eye testing with equipment commonly found in UK hospitals. There is now staff of multiple disciplines and facilities such as a pharmacy on site, allowing a smooth transition from when the patient first arrives till when they leave with the appropriate management in place. Much of the equipment and instruments used by the clinic has been donated. Nevertheless, the staff has access to the same instruments and devices we use in the UK.

The main contrast was in the operating of the theatres, the most costly area in any hospital, where there were many differences in the way theatres ran and sterility maintained. Examples of such being hard plastic bottles being recycled as sharps bins and diathermys being replaced with flame heated tools. Another interesting example was the storage of sterile equipment in metal containers that were drawn out with metal tongs with one end sterile, reducing the expenses of a load of plastic packaging.

Offering Services

As refraction was something I knew very well, I found myself drawn to this department during my time in KDEC and regularly helped the staff by refracting patients during busy periods. I found the main challenge here to be the language barrier. Much of a subjective refraction is dependent on providing clear instructions, and so I found that questions had to be simplified and much more objectivity used. It

was good to use the 'Illiterate E' letter chart for my first time, something I had previously only theoretically learnt about.

The nursing and healthcare staffs in the clinic are all very skilled and experienced at what they do and I have learnt much from them. There is little I know that they don't, but I was able to teach them skills in refraction and medical knowledge such as pupil reflex pathways. One staff member requested that I teach her retinoscopy and I have promised to do so when she has the time.

Conclusion

I thoroughly enjoyed my time at KDEC and in Kenya. I found this medical elective to be an invaluable part of my training and look forward to integrate the skills learnt back into practice in the UK. I hope to return in the future, this time visiting as a qualified ophthalmologist.

LATEST SUPPORT FROM THE ROTARY CLUB OF NORTH WIRRAL, UK

In addition to part funding of our new tuk tuk, our long term friend in the North Wirral Rotary Club had an unexpected funding opportunity and were able to donate funds through Eyes for East Africa UK to enable us to refurbish the charity shop in Diani, described in last month's news and also provide a variety of smaller items for use within the Eye Centre.

Rotarian Glenn Millar from the North Wirral club said; "We discovered some discretionary Rotary funds which if not spent before the end of May, would have been returned to rotary head office in UK. A few emails between ourselves, Eyes for East Africa UK and the Eye Centre cleared the way for us to secure the funding."

Both EFEA and the Eye Centre would like to express their thanks to Glenn and fellow Rotarians in the North Wirral club for their prompt action in securing additional funding for us.

FUNDRAISING IN KENYA - DIANI RULES



Safaricom vs Lions Bluff Lodge

Diani Rules, the Kenya Beach Sports fundraising competition held its 20th Anniversary weekend event in support of the Eye Centre at the beginning of June. Twelve teams of eight players (at least three of whom must be women) battled on the beautiful sandy beach and in the waves, playing sport for sight with each team being sponsored by a national or international company.

The photograph shows teams from the mobile phone provider Safaricom and Lions Bluff Lodge (in red) reaching for the ball in the waves.

A grand raffle and auction was also held and in all a total of around \$ US 6,000 was raised for the Eye Centre. This will be used, as always, to treat eye problems in the battle against needless blindness in Kenya.

NEWS - MAY 2013

EYE CENTRE OPENS NEW OPTICAL SHOP



Dr Helen in the new eye testing clinic

The Eye Centre has opened a new optical shop that provides an eye clinic on Tuesday afternoons within the existing Charity Shop in the Diani Shopping Centre. Patients can seek professional eye care without travelling the twenty kilometres to the main eye centre.

A dispensing optician is also present to examine patients and fit fashionable spectacles. Revenue raised by this service goes to help people in need of eye care. The new venture and redecoration of the shop was partly funded by one of the Eye Centre's regular Rotary Club sponsors in the UK.

EYE CENTRE'S NEW TUK-TUK IN SERVICE

Thanks to the UK Rotary clubs of Fleet and North Wirral, the Eye Centre now has a new Tuk-Tuk. These funny-looking vehicles, which are common in South East Asia, are so-called because of the noise they make.



The new tuk tuk, funded by UK Rotary Clubs

The Eye Centre uses its Tuk-Tuk to ferry patients to and from the main road - a distance of one kilometre - because there were indications that walking this hot and dusty road was a barrier to people reaching eye care, especially if they were elderly and frail.

Since 2006 the previous Tuk Tuk, which was also sponsored by Rotary Clubs, covered nearly 50,000 km ferrying an estimated 60,000 people to have their eyes treated. Of course, it actually carried almost twice as many passengers, as most patients were accompanied by a friend or family member.

NEWS - APRIL 2013

NOTTING HILL AND EALING HIGH SCHOOL

You may recall the September 2012 item about this school's fund raising activities for Eyes For East Africa. We have now received an article and photograph from the two Year 11 girls at the school who made it all possible.



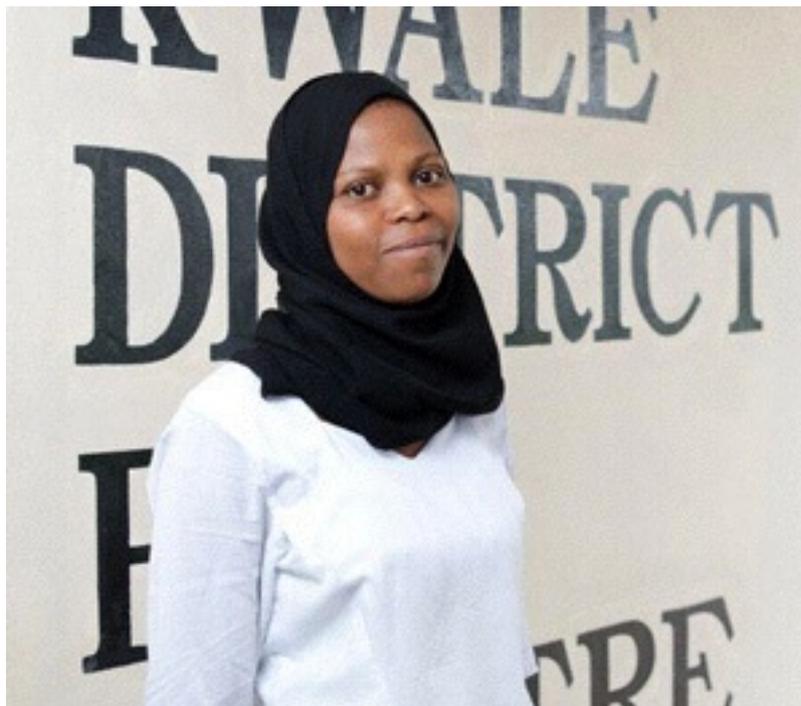
Notting Hill and Ealing High School Year 11

Luka Wilcockson and Saphia Youssef, Year 11, write:

“At our school, Notting Hill and Ealing High School situated in West London, each form is required to hold a 'charity week' in which they organise various activities with the aim of raising money for a chosen charity. A girl in our form suggested we support Eyes For East Africa, and after researching what it is you do, we decided to support your cause. During the week we held a raffle, daily cake sales, guess the number of sweets in the jar and a Friday event. The Friday event took place at lunchtime and involved the school teachers in a gameshow style ‘Blind Date’. We are happy to say we raised a total of £201.30 and we very much hope this money has been beneficial in supporting your aim to enable treatment and care for people with impaired sight in East Africa.”

Eyes for East Africa Trustee Jim Crow writes: "Well done and thank you very much. If other schools hold similar events we'd like to publicise their efforts."

MWANASHA CHIBERITE - RECEPTIONIST



Eye Centre Receptionist Mwanasha Chiberite

Mwanasha is the first person the patients meet when they come into the Eye Centre. She writes: "Usually they are scared as they have been told many different stories about what is wrong and what will happen to them when they come to have their eyes treated. I explain to them that we are here to serve them and give them the benefits of seeing a proper doctor as opposed to the traditional healers in the village. Many times I am also able to describe to them which medicines have been prescribed and the importance of complying with the dose."

UNDING FOR PATIENTS TO POOR TO PAY FOR TREATMENT

This month we swing the spotlight once more to reveal some of the patients who have received eye care funded by donations from a variety of sources. Your donation may have helped one of the patients featured.

Mina and Sarah



Mina and Sarah

These girls from a nomadic tribe were unusual in that they went to school despite being “only girls”.

They enjoyed reading and had more status than other girls in their tribe as they could read, particularly as the outside world intruded more into nomadic life the understanding of the written word became a valuable skill. However, many years later when they reached middle age their special talent was not so easy any more especially in dull light. What they did not know was that all was needed was a pair of off the shelf reading glasses! They send their heartfelt thanks to one of our donors who helped restore their near vision.

Albinism



A boy with albinism learns alongside normal children

Children with albinism used to be excluded from society, often hidden away in a dark hut and starved so that no one could see the curse that had been put on the family. Worse, they were often killed for use in witchcraft.

For 20 years now we have been active creating awareness in the community about albinism and other causes of visual challenges. Gradually the community began to listen and to accept that these children are entitled to a normal life. They had been born this way through no fault of theirs or their families. People with albinism are very sensitive to light and they generally have or distance vision. They die in early adulthood from skin cancer unless protected from the sun's harmful rays.

When we started special schools for the visually challenged they were full of children with albinism. They do very well there as they are considered normal, are generally clever and are not as visually challenged as a lot of the other kids. However, when they finish school they have to go back into the real world. At home they are considered not just odd looking but totally different as they were taken away from the local area and taught in a special place miles away. They may have few friends at home and be unfamiliar with the ways of their village.

Successful Cataract Operations



Mohammed after cataract surgery

Patients suffering from cataract problems have been successfully treated. Their operations were funded by donors in the North West of the UK

The Photographs show Mohamed and Fatima, two lucky patients whose sight has been restored thanks to two donations of £60 each.



Fatima after cataract surgery

THE COMMUNITY BASED PROGRAMME - CARING FOR CHILDREN

The Low Vision and Education Department

In this final instalment examining the work undertaken by the Community Work Programme we feature children suffering from severe visual impairment.

There are over 2,000 seriously visually impaired or blind children in Kwale District. Working closely with the Ministry of Education, the Eye Centre runs a low vision programme to optimise their sight enabling them to access education and integrating them into normal schools wherever possible. The children and their parents are given support to help lead as normal a life as possible. This involves assessment, counselling and the provision of sight aids such as telescopes with follow-up in

schools and at home. For blind children we work closely with charities who can provide Braille machines and other aids.

The Vision Therapist trains teachers how best to help understand the needs of those whose vision cannot be restored and to improve their quality of life.



Hotel collecting point for tourists' sun lotion

Care for Albino Children

Almasi Mohammad, our Vision Therapist takes up the story: “In addition to all the work we do with Low Vision children, we also spend a lot of time with Albino children. Culturally in many of the villages here, giving birth to an Albino child is not acceptable. Because of this belief, Albino children grow up facing stigma and discrimination and they often think there is something wrong with themselves. It is very sad. They are sometimes neglected by their parents, and some not even fed. Children with Albinism often suffer from eye and skin diseases leading to low vision.

At the Eye Centre we take care of them. They are human and not worth any less than other kids. We are working against discrimination and promoting their rights. Every day we strive to make the community understand albinism and accept these kid . We

carry out assessments, provide glasses and low vision devices and helps to integrate these kids into mainstream education with their peers. You have to meet these children. They are wonderful”.



Young Juma, an albino patient with his sun lotion donated by an unknown tourist. The following is a contribution from a child with albinism, who remains anonymous:

"I am an Albino but there is nothing mentally wrong with me. The Kwale District Eye Centre Team visits my school and explain to my teachers that there is nothing wrong with me. During the Eye Centre activities, they play games with the students at my school and talk to the students so that the students know I am normal just like them. I have received glasses and sun lotion and also some clothing from them. I am very grateful. These things make my life much easier and better."

[Editor's note. The sun lotion and protective clothing is collected at many of the hotels in Diani from tourists at the end of their holidays. They donate these items instead of taking them back to Europe. We are very grateful to the Diani hoteliers for their part in helping the community.]

Role in building national Ophthalmic Capabilities

The Eye Centre has been approved by the Kenya Medical Practitioner and Dentist Board as a specialist training centre in Ophthalmology. In addition the Kenya Medical Training Institute sends trainee Cataract Surgeons to the Eye Centre for up to six months to gain field experience. Future ophthalmic nurses are also attached to us for training on behalf of the Institution.

The newest development makes use of the community based programme to give university students three month's field experience in Community Development Studies.

NEWS - FEBRUARY 2013

DONATIONS FROM THE UK

We are extremely grateful to all our individual donors in UK, too numerous to mention ,who continue to make regular contributions to allow us to carry out our work in providing eye care to those in need.

As the end of the UK financial year approached we also received a welcome boost in the number of donations made to the Eye Centre through Eyes For East Africa UK, for which we are very grateful. They included the following.

The Rotary Club of North Wirral

Thanks to an unexpected funding opportunity the Rotary Club of North Wirral, long term supporters of the eye centre were able to donate funds through Eyes for East Africa UK to enable us to refurbish the charity shop in Diani and provide a variety of smaller items for use within the eye centre.

Rotarian Glenn Millar from the North Wirral club said “ We discovered some discretionary Rotary funds which if not spent before the end of March, would have been returned to rotary head office in UK. A few emails between ourselves, Eyes for East Africa UK (EFEA) and the eye centre cleared the way for us to secure the funding.” Both EFEA and the eye centre would like to express their thanks to Glenn and fellow Rotarians in the North Wirral club for their prompt action in securing additional funding for us.

ABM Electrical and the Vision Charitable Trust

Mr Ashit Shah and his colleagues from ABM Electrical and the Vision Trust in South London made a donation which could for example fund seventeen cataract operations, worthwhile life-changing events which could make the recipients worthwhile members of their community once more. Mr Ashit Shah will be visiting the eye centre in August and has also invited two EFEA trustees to attend a Curry Evening in his community to give a presentation about the eye centre, later in the year. We understand they are looking forward to ‘singing for their supper’.

London Power Associates Ltd

Our good friends Johan and Debbie Stalmans are regular visitors to the Kenya coast and long time supporters of Kwale District Eye Centre. Johans’ company was another which provided a sizeable and very welcome donation in recent weeks.

A very big thank you to all.

THE COMMUNITY BASED PROGRAMME - A CLOSER LOOK

Medical Outreach - Comprehensive Eye Care Screenings



Eye screening during a village outreach activity

The Eye Centre is not just a clinic, its strong Community Based Programme is responsible for increasing awareness of eye health in the community through schools, religious centres, local government administration, village health committees and

youth and women's group meetings. Many of the screenings take place in remote villages many of which are far from established roads.

The schools screening programme is particularly important, as children are not only screened for eye disease but also taught basic eye health. Children often play an important role in spreading the eye care message to their parents and others in the community.

The programme also trains community own resource persons, with a particular emphasis on primary eye care. The trainees include traditional healers and birth attendants, community health workers, village and rural health workers and teachers. The aim is to encourage the community to understand that eye care is the responsibility of their individual members and to break down the barriers of fear, poverty and traditional beliefs that prevent people from seeking or reaching care.

How the screening team works



Abdul the driver helps out with the sale of eye drops and sun glasses

Before a visit, the community based workers publicise the event within the community. On arrival, the team sets up the screening station in the heart of the village where people assemble to be examined. Eye drops and reading glasses are provided and, for those requiring surgery, arrangements are made to transport them to the eye centre to be attended to by our surgeons.

The screening team includes a clinical officer who carries out the consultations; a nurse who dispenses drugs and carries out some basic nursing activities; a patient registration clerk; a cashier to collect money from sales of glasses and medication; plus the driver who helps guide patients and assists in vision testing and many other areas.

A successful field screening - the story of Mzee Tuta Mwatuta



Tuta Mwatuta before surgery

Mzee Tuta Mwatuta was very old and lived about 40 km from the Eye Centre. He had lost his vision, less than a month after his wife died, leaving only his son to look after him. The son took him to several traditional healers who believed that he had been infected by the same demon which killed his wife. Tragedy struck when his son was killed in a road accident, Tuta became even more miserable and he had to rely on kind neighbours for his everyday living. Whenever he was told about a funeral in the village, he always asked why it wasn't him. He wanted to die.

Luck came the day that an Eye Centre screening team came to a nearby primary school and a caring neighbour encouraged Tuta to accompany him to the screening centre where Tuta was diagnosed with cataracts. He subsequently went to the Eye Centre clinic where surgery was done on both eyes.

The first photograph shows Mzee, blind for over 6 years, on arrival at the clinic for surgery being led by community based worker Said Mruba.



Tuta Mwatuta after surgery

Tuta regained his vision and was very happy to walk freely. He had not seen for years and could not hide his joy. “ Today I am happier and feel more free than the day the first President of Kenya (Kenyatta) was released from prison!” he said.

The second photograph shows a transformed Mzee after surgery, he could not contain his joy, sight regained and able to walk by himself.

NEWS - JANUARY 2013

HONESTY PAYS



At the end of 2012 we published Dr. Matthew Maguire's report on his visit to the Eye Centre in October 2012. At the end of January Dr Helen Roberts received an email from Matthew as follows:

24th January 2013

Dear Helen & the gang,

How are you all?

Its been snowing here and it was in the snow on Friday I found an expensive watch. After handing it into the police and then answering a poster I was able to reunite it with the owner.

He was very grateful and wanted to honour his promise of a reward so I asked if he would donate whatever reward he planned on giving to the eye hospital. I've sent him the details and hopefully his fall in the snow will have a positive impact!

All the best,

Matt

Its nice to see that honesty pays! (Ed.)

THE COMMUNITY BASED PROGRAMME - GROWTH AND DEVELOPMENT

At the beginning, the aim of the Community Based Programme was to create awareness of basic eye care services. The model was basic, but even in its early stages, it inspired interest and support from others in healthcare in Kenya and became the leader in community development projects.

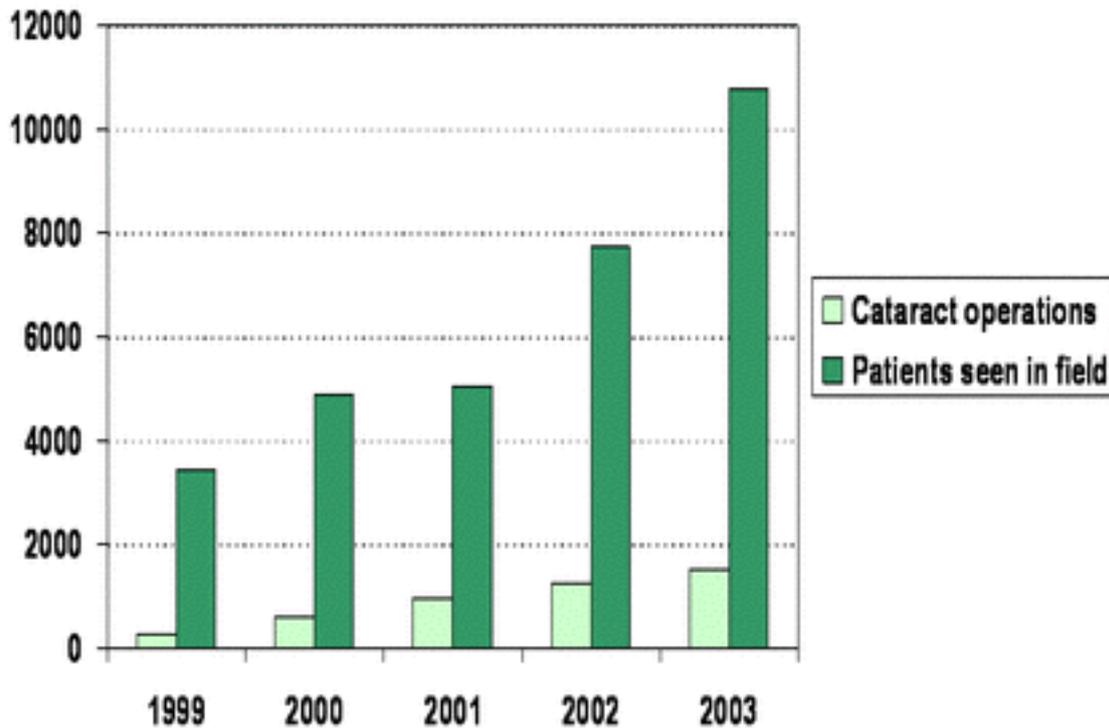


Conducting an eye test

As time went on a German charity, Christoffel Blinden Mission, became interested in and funded the Eye Centre's first 4-wheel drive vehicle, which made accessing the most remote areas much easier. Patient numbers increased as a result. In addition, the programme recognised the importance of the Community Based Workers and began funding them.

In 2001, SightSavers International came on board to develop infrastructure to support the growing patient numbers. They provided the Eye Centre with their second Land Cruiser and assisted in underwriting cataract surgery and surgical consumables. The Eye Centre began identifying project areas within Kwale District and assigning Community Based Workers to each of these areas, where they became responsible for ensuring that the people within the community were aware of the services that the Eye Centre provided. They travelled from door to door, school to school and village to village spreading information about eye health and about the Eye Centre. At the same time, one of their most important tasks was to clear up the many misconceptions surrounding eye care.

Some people had never accessed eye care before and, as a result, were fearful of the Eye Hospital. There were many rumours and misconceptions, people believed the “white doctor” would steal their eyes and replace them with goat eyes. The Community Based Workers were committed to gaining the trust of the community and dispelling the misconceptions that existed. The effect was positive and slowly the number of patients increased.



Patient numbers and cataract operations 1999-2003

As the Eye Centre grew, a clearer pattern of detailed eye care needs in the community became apparent, so the programme began to expand to meet these needs. One of the major growth areas was the creation of a Deaf Blind department with the assistance of Sense International.

Low Vision, Community Screening and Rehabilitation Departments were also set up allowing Kwale District Eye Centre to offer more comprehensive eye care and to address other interrelated disabilities. All these cost money which at that time came mostly from overseas donors.

As can be imagined, working as a community worker was, and remains, full of challenges requiring many skills and self reliance often operating far from base.



Eye testing in the field

What follows is an account by Shaban Nyere a member of the team. “My name is Shaban Nyere; I am a Community Based Worker for Kwale District Eye Centre. My job is very difficult but very rewarding. I have to move between the most remote and isolated areas to find people who need eye care. Many times these people do not know that they can be helped. It is my job to help them. Come rain and shine I walk through the villages and teach people about eye care, I create awareness, I mobilise the community and identify those needing help. I am the link between the community and the eye centre. It is a great job.

The people in these villages have no hope and think they will never be able to see again. Then I find them, and I tell them its okay, now I am sending you to Kwale District Eye Centre, and your vision will be restored. Most people cannot believe it. It is the happiest day of their life. We look forward to sharing our stories and information with you, then you will know everything about our team and what we do”



Community Based Worker explaining the need for eye care to schoolchildren