



GRANT NO. AID/615-0203

COMBINED QUARTERLY REPORT (January, February, March, 1982)

and

SECOND ANNUAL REPORT

This report combines the eighth in a series of quarterly reports and the second annual report submitted to U.S.A.I.D. on the International Eye Foundation's Kenya Rural Blindness Prevention Project (Phase II) and outlines the activities and progress of the project.

I. General

The background of the project, including the goals and objectives, was outlined in the first annual report in some detail, and will not be presented again here.

During the year under review, several changes in project personnel took place. In May, 1981, the Fiscal Manager died, and his duties were assumed by the Director of Field Operations. In September, 1981 the Project Health Planner left Kenya and was replaced by Dr. F.M. Mburu, MPH, Ph.D., who had joined the project on a part-time basis in June, 1981. Dr. Mburu joined the project on a full-time basis in August, 1981.

Dr. Henry Adala, a lecturer in ophthalmology at the University of Nairobi Faculty of Medicine, joined the project in an advisory capacity (on training and supervision of rural ophthalmic workers, particularly participants in and graduates of the university's ophthalmic post-graduate course) in January, 1982. However, Dr. Adala proceeded to Germany for further training in March. It is anticipated that he will re-join the project in October 1982 when he returns.

In February, 1982, Ms. Lucy Nyaguthii, an ophthalmic clinical officer, started to work with the project as a counterpart for the Field Training Specialist. However, Ms. Nyaguthii's posting to Kiambu curtailed her participation pending her transfer back to Kenyatta National Hospital. At the end of March, it was learned that Ms. Nyaguthii has been transferred back to Kenyatta. She will therefore resume her participation on a full-time basis as soon as her replacement arrives in Kiambu, hopefully by early May, 1982.

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As of 31 March, 1982, the names and titles of project field staff were as follows:

1. Dr. Randolph Whitfield, Jr., M.D., Provincial Ophthalmologist, Central Province, and Project Director;
2. Dr. Paul G. Steinkuller, M.D., Ophthalmic Surgeon, Rift Valley Province, and Assistant Project Director;
3. Mr. R. Douglass Arbuckle, Director of Field Operations and Fiscal Manager;
4. Dr. F.M. Mburu, MPH, Ph.D., Health Planner and Community Health Specialist; and
5. Ms. Victoria M. Sheffield, C.O.M.T., Field Training Specialist;

II. Activities

A. Blindness Prevalence Surveys: During the year under review, surveys were held in Baringo and Kajiado Districts. The Baringo survey covered four areas, each with people having different cultural patterns/ life styles. These four areas were: 01 Kokwe (lowland Tugen), Kabarak/ Kabasis (highland Tugen), Nginyang (Pokot), and N'Gambo (Njemps). The survey examined 2,675 people, and revealed a blindness prevalence rate of 1.2%. The leading causes of visual loss were found to be cataract and trachoma, with prevalence rates of 2.2% and 1.5% respectively.

The Kajiado District survey among the Masai, which was conducted in August, 1981, covered six areas of the District. A total of 2,171 survey members were registered, of which 1,924 were examined. The survey revealed a blindness prevalence rate of 1.5%. The major cause of visual loss in the District is cataract, followed by refractive error and trachoma, in that order.

B. Seminars on Primary Eye Care and Blindness Prevention:

During the quarter under review, seminars were conducted at Coast Province. District Seminars were held in Taita-Taveta, Tana River, Lamu, Kilifi, and Kwale, and two provincial-level seminars were conducted for senior medical personnel. There were a total of 285 participants in the Coast seminars. The Coast seminars were conducted by the Field Training Specialist, the Health Planner, and the newly appointed Kenyan counterpart field training specialist.

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To date, a total of 29 provincial- and district-level seminars have been held, with nearly 1,500 participants. In the months ahead, seminars will be held in Rift Valley and Northeastern provinces. When these are completed, seminars will have been held in every district in the country.

C. Education: During the quarter under review, the Field Training Specialist continued her teaching activities at various facilities around the country. Teaching sessions were conducted for senior nursing students at Muranga School of Nursing, village health workers at Saradidi, rural health unit teams (HUT's) at Mbale RHTC, and student teachers and tutors at Eregi Teachers College. During the past year, the Field Training Specialist has conducted sessions on primary eye care and blindness prevention which have reached over 1,000 participants. These sessions have been in addition to the primary eye care/blindness prevention seminars mentioned above. The Project Director and Assistant Project Director have also continued their regular teaching activities at the Nyeri and Nakuru Medical Training Centre, respectively.

Various educational materials developed by the project have, over the past year, been distributed throughout the country and to such places as Uganda, Tanzania, Swaziland, Ethiopia, Ghana, Nigeria, Sudan, Botswana, and Malawi. The Red Eye Chart which was developed by Phase I of the project is now being produced by the World Health Organization for distribution throughout the world. During the quarter under review, the *Primary Eye Care Manual for Health Workers* underwent major revision. A copy of the revised edition is attached. This manual is also being considered by WHO for publication and world-wide distribution.

III. Finances

Local expenditures for the quarter under review totalled U.S.\$ 41,626.09. Expenditures from IEF/Bethesda totalled \$104,253.05. Local expenditures for the period 1 April 1981 through 31 March, 1982 totalled \$ 172,971.45. Local expenditures for the first two years of Phase II have totalled \$366,643.48, while for Bethesda for the same period they have totalled \$703,876.91. Total project expenditures for the first two years of Phase II have totalled \$1,070,520.39. Financial summaries for the quarter under review and for the first two years of Phase II are attached to this report.

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IV. Project Vehicles

The project still has thirteen vehicles including five Datsun 120Y stationwagons, one Subaru 4WD stationwagon, four long wheel-base Toyota Land Cruisers, one Toyota Land Cruiser Pick-up truck with Matatu body, and two short-wheel-base Land Rovers. It is hoped that with Ministry of Health approval, all of these vehicles except the Datsuns can be turned over to the Kenya Society for the Blind in support of the Ministry's mobile ophthalmic program, which is administered and run by the KSB.

V. Community-based Primary Eye Care Projects

During the past year, the KRBPP has launched a community-based project at Ithima, Lare Division, Meru District. This is a generally under-developed area in the Nyambene Hills which has been notable in the past only for its production of the stimulant 'miraa' and its almost complete lack of health (and other) services. Activities at Ithima since the official launching of the project in August, 1981 have included instruction by a UNICEF specialist in the construction of roof-catchment water tanks, formation of a committee to over-see project developments with representatives of each clan in the project area, preliminary selection of prospective trainee village health workers, and selection of a site and collection of materials for a small dispensary/community centre. The project Health Planner/Community Health Specialist has been visiting the project area almost monthly and has obtained excellent cooperation from the local community and the staff of the Ministry of Health Health Centre.

At Saradidi, almost 40 village health workers have been trained in basic primary eye care/blindness prevention over the past year. The latest group of village health workers received their training by the Field Training Specialist in March 1982. The water protection scheme sponsored by the KRBPP has not gone forward largely due to the community's desire for drilled wells as opposed to the protected springs proposed by the Health Planner/Community Health Specialist. At present, it is anticipated that the KRBPP will discontinue its support of spring protection activities at Saradidi because of the lack of support expressed by the community for this idea.

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At present, there are no plans for involvement in other community-based projects in other areas. The project will continue to provide training in primary eye care/blindness prevention in other projects when requested.

VI. Blindness Prevention and Health Education Activities

During the year under review, a fourth Rural Blindness Prevention Unit was put on the road in Kericho District of Rift Valley Province under the supervision of the Assistant Project Director. Since it started its activities in September, this unit has screened 7,739 patients in its visits to health centres throughout the district. In addition, at each health centre visited, the clinical officer in charge of the unit has held meetings with the staff to discuss blindness prevention. This is in keeping with the project's decision to re-focus the activities of the RBPU's away from school screening and toward education of health workers in primary eye care/blindness prevention.

Since 1 April, 1981, the RBPU at Nyeri has screened 16,478 patients. Of these, 12,509 were school children. The incidence of trachoma among the school children was approximately 3%. During the same period, the unit at Meru screened 31,650 patients, including 18,495 school children. The incidence of trachoma among the Meru school children was 26%. The RBPU at Nakuru screened a total of 9,500 patients during the year under review. Of these 6,429 were school children, with an incidence of trachoma of about 52%. The health centre education program will be fully underway by the end of the next quarter with participation by all of the RBPU's.

The fifth RBPU will probably not be assigned due to the lack of appropriate supervisory capability outside Rift Valley and Central Provinces.

Primary eye care/blindness prevention education materials have been developed by the Provincial Health Educators in Central and Nyanza Provinces for use by the National Service of the Voice of Kenya. These programs are currently being broadcasted in Kikuyu, Luo, Kisii, Kipsigis, and Kiswahili.

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VII. Project Activities

In June, 1982, a workshop for all tutors from each of the six Rural Health Training Centres (Chulaimbo, Mbale, Mosoriot, Muranga, Karurumo, and Tiwi) will be held at Mosoriot RHTC. The purpose of the workshop will be to familiarize the tutors with primary eye care/blindness prevention materials and activities and to develop a basic curriculum for teaching primary eye care/blindness prevention to the rural health unit teams (HUT's). Various in-service education programs for ophthalmic clinical officers will also be conducted throughout the year. Provincial and District Seminars on primary eye care/blindness prevention will be conducted in Rift Valley and Northeastern provinces. The Field Training Specialist will work with the teaching staffs of the various Ministry of Health training institutions, particularly schools of Community Nursing, to develop appropriate primary eye care/blindness prevention materials for their use. Involvement will continue in the two community-based projects, with particular emphasis on the Ithima project. A follow-up ocular status survey will be conducted in Meru District at the site of a previous survey conducted in 1977.

Other project activities will continue as before.

INTERNATIONAL EYE FOUNDATION
 KENYA RURAL BLINDNESS PREVENTION PROJECT
 Financial Summary - 1 April 1980 through 31 March 1982

LINE ITEM	Kenya - K.Sh.	Kenya - U.S.\$	Bethesda - U.S.\$	TOTAL - U.S.\$
1. Salaries & Fringe Benefits	630,788.30	77,615.56	393,825.43	471,440.99
2. Travel & Transportation	844,941.75	102,876.79	110,815.17	213,691.96
3. Subsistence & Per Diem	896,676.95	108,202.62	2,095.00	110,297.62
4. Evaluation	2,472.70	274.44	6,939.77	7,214.21
5. Surveys	122,712.95	14,901.71	-0-	14,901.71
6. Surgical Equipment	15,294.35	1,798.05	4,256.49	6,054.54
7. Teaching Materials	117,151.55	13,355.77	454.82	13,810.59
8. Drugs & Medications	20,568.60	2,544.67	3,759.72	6,304.39
9. Office Equipment	340,621.85	42,382.47	990.06	43,372.53
10. Other Direct Costs	21,721.30	2,691.40	180,740.45	183,431.85
TOTAL	3,012,950.30	366,643.48	703,876.91	1,070,520.39

INTERNATIONAL EYE FOUNDATION
KENYA RURAL BLINDNESS PREVENTION PROJECT

Quarterly Financial Report, January, February, March, 1982

Grant Budget Line items/ Amount		Total Exp. This Period.	Exp. Billed to AID This Period	Cumulative Exp. Billed to AID	Project Exp. To be Billed To AID next Period
1. Salaries/Fringe \$767,980	K B	\$ 7,559.21 \$ 40,742.43	7,559.21 40,742.43	77,615.56 393,825.43	
2. Travel & Transport \$ 423,799	K B	\$ 15,432.11 \$ 902.17	15,432.11 902.17	102,876.79 110,815.17	
3. Subsist. \$ P.D. \$ 185,848	K B	\$ 12,040.58 \$ -	12,040.58 -	108,202.62 2,095.00	
4. Evaluation \$ 18,000	K B	\$ - \$ -	- -	274.44 6,939.77	
5. Surveys \$ 19,410	K B	\$ - \$ -	- -	14,901.71 -	
6. Surgical Equip. \$ 5,280	K B	\$ 67.70 \$ -	67.70 -	1,798.05 4,256.49	
7. Teaching Materials \$ 89,412	K B	\$ 3,350.73 \$ -	3,350.73 -	13,355.77 454.82	
8. Drugs & Medications \$ 15,088	K B	\$ 597.29 \$ -	597.29 -	2,544.67 3,759.72	
9. Office Equipment \$ 51,085	K B	\$ 2,468.59 \$ -	2,468.59 -	42,382.47 990.06	
10. Other Direct Costs \$ 294,098	K B	\$ 109.88 \$ 62,608.45	109.88 62,608.45	2,691.40 180,740.45	
TOTAL \$1,870,000	K B	\$ 41,626.09 \$ 104,253.05	41,626.09 104,253.05	366,643.48 703,876.91	

K - Kenya Expenditure
B - Bethesda Expenditure