



INTERNATIONAL EYE FOUNDATION kenya rural blindness prevention project

~~PD-AAJ-212~~ 711-1203
10 11 110-B

6/5/81

GRANT NO. AID/615-0203

COMBINED QUARTERLY REPORT (January, February, March 1981) and FIRST ANNUAL REPORT

This report combines the fourth in a series of quarterly reports and the first annual report submitted to USAID 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 contract for Phase II of the Kenya Rural Blindness Prevention Project (KRBPP) was signed in Nairobi in March, 1980 and covered an initial period of 18 months. An amendment to this contract, which extended the Project for an additional 18 months and provided funding to cover that period, was signed in December, 1980. Activities under the current grant commenced in April, 1980.

The specific objectives for Phase II are outlined in the grant contract (Attachment A, pp. 1-3). Briefly, these include:

1. Definition of the prevalence of avoidable blindness;
2. Education and training in primary eye care and blindness prevention and development of appropriate teaching materials;
3. Development and strengthening of both therapeutic and preventive activities in eye care within the Ministry of Health's Ophthalmic Program;

4. Organizing and conducting seminars on primary eye care and blindness prevention in all districts and provinces of the country (excluding Nairobi); and
5. Development of curricula on primary eye care and blindness prevention for use in the six Rural Health Training Centres (RHTC) and other health training institutions.

IEF Field Staff for Phase II were partly carried over from Phase I but were largely recruited for Phase II specifically.

Names and titles of the Field Staff are as follows:

1. Randolph Whitfield, Jr., M.D., Provincial Ophthalmologist, Central Province - Project Director;
2. Paul G. Steinkuller, M.D., Ophthalmologist, Rift Valley Province - Assistant Project Director;
3. R. Douglass Arbuckle - Director of Field Operations;
4. Alex Mackay - Fiscal Manager;-
5. Victoria M. Sheffield, C.O.T. - Field Training Specialist; and
6. Dennis G. Ross-Degnan, M.P.H. - Health Planner.

II. ACTIVITIES

A. Blindness Prevalence Surveys: During the quarter under review, arrangements for the next blindness prevalence survey to be held in Baringo District in April were finalized. This survey will cover Olkokwe, Kabarak/Kabasis, Nginyang, and N'Gambo locations.

During the first year of the Project, one blindness prevalence survey was conducted in Kisii District, Nyaribari Chache and West Kitutu locations. During the survey, a total of 1,748

subjects were examined, and it was found that the blindness prevalence (visual acuity of 6/60 or less in the better eye) was about 1.0%. Leading causes of visual loss included cataract (32%) and refractive error, mostly myopia (40%).

B. Seminars on Primary Eye Care and Blindness Prevention:

During the fourth quarter, the first of these seminars was held in Eastern Province at provincial and district levels. Due to scheduling difficulties, it was only possible to hold one of the seminars at the Eastern Province RHTC at Karurumo. A total of seven seminars were held in the province (one provincial and six district-level seminars), with a total of 299 participants. Participants at the district-level seminars included medical officers of health, nursing officers, enrolled/community nurses, Clinical Officers, public health workers, MCH workers, and Family Health Field Educators. The seminars were conducted by the Field Training Specialist and the Eastern Provincial Health Educator, assisted by Ophthalmic Clinical Officers when they were present in the district concerned. Feedback on these seminars from the participants has been positive, with most indicating that they would find the information conveyed useful in their day-to-day activities. A copy of the report on these seminars is attached to this report.

C. Education: During the fourth quarter, the Field Training Specialist continued her teaching activities at various facilities. In January, she spent a day conducting a training session for village health workers in Embu as part of a training program being conducted by the Church of the

Province of Kenya for community health workers. The Project Director assisted in this session. In addition, the Field Training Specialist also spent a week lecturing in ophthalmology, primary eye care, and blindness prevention to 40 Clinical Officer students at the Machakos Medical Training Centre in March. These lectures were done in cooperation with Mr. Simon Kangethe, CO(Ophth), Tutor for the Clinical Officer training program at the Medical Training Centre in Nairobi. Assistance has also been given to Mr. Kangethe by various staff members in developing his curriculum for the general clinical officer students.

Over the course of the year under review, various courses dealing with ophthalmology, primary eye care, and blindness prevention have been given by the Field Training Specialist and other staff members to such groups as village health workers, enrolled and community nursing students, Ophthalmic Clinical Officers, general and Ophthalmic Clinical Officer students, and teachers of the visually handicapped. The Project Director was to have lectured to the graduate students in ophthalmology at the University of Nairobi, Faculty of Medicine, in March, but due to the closure of the University, this has had to be postponed to a later date. The Assistant Project Director has been lecturing regularly at the Nakuru Medical Training Centre since last summer.

Various educational materials developed by the Project have been widely distributed throughout the country and, in addition, to such places as Mengo Hospital, Kampala, Uganda;

the Ministry of Health, Zimbabwe; and a district hospital with an ophthalmic assistant training program in Malawi. The Ministry of Health of Zimbabwe has recently requested 250 copies of the Primary Eye Care Manual for Health Workers for use in its training program for primary health care workers.

III. FINANCES

Local expenditures for the fourth quarter totaled KS 460,683.55. Expenditures from IEF/Bethesda totaled \$70,495 for this quarter. Local expenditures for the entire first year totaled \$205,885.82, while those from IEF/Bethesda totaled \$352,470. The total figure for the year (rounded to the nearest dollar) was \$558,356. Financial summaries for the quarter and for the whole year are attached to this report.

IV. PROJECT VEHICLES

The project now has 13 vehicles. These include five Datsun 120Y Station Wagons, one Subaru 4WD Station Wagon, four long wheelbase Toyota Landcruisers, one Toyota Landcruiser pick-up truck with Matatu body, and two short wheelbase Land Rovers. In the third quarterly report, submitted in January, 1981, the Subaru was, by oversight, not included in the listing of Project vehicles. This vehicle is left from Phase I and is assigned to the Fiscal Manager in Nairobi. One of the short wheelbase Land Rovers was involved in an accident in December and is still off the road being repaired. This vehicle had been assigned to Machakos as a prevention unit.

V. COMMUNITY-BASED PRIMARY EYE CARE PROJECTS

During the fourth quarter, visits were made to possible project sites in Kajiado District and in the Nyambene Hills of Meru District. These were exploratory visits in which the Health Planner and the Project Director met with local leaders to attempt to gauge local interest in such projects. Both areas gave positive response to the idea, but nothing further has to date been accomplished. Further visits will be made in May.

The first of the Community-based Primary Eye Care Projects was undertaken in Saradidi, Bondo Division, Siaya District early in the Project year. Extensive support has been given in the areas of equipment and training. There are now about 25 village health workers active in the Saradidi project, all of whom have been instructed in Primary Eye Care and Blindness Prevention by the Field Training Specialist. Further training programs are planned for the next quarter for both old and new village health workers in Saradidi.

Project involvement in Saradidi has been largely used as a learning tool for Project staff, primarily in the areas of developing and channeling community support for such projects. With what has been learned from Saradidi, it is hoped that future projects can be more easily established. While IEF involvement in Saradidi has been positive, it has not been possible to use primary eye care and blindness prevention as the main starting point for their activities. This is for the most part due to the fact that support for Saradidi has

come from a variety of organizations, all with different basic interests. It is planned that the two community projects to be undertaken in the future will focus more closely on primary eye care and blindness prevention as the starting point.

VI. BLINDNESS PREVENTION AND HEALTH EDUCATION ACTIVITIES

During the fourth quarter, the Rural Blindness Prevention Units (RBPUs) continued with their MCH and school screening programs. The RBPUs in Nyeri District, visited 15 schools, examining just under 5,000 children. Of these, 126 were found to have trachoma (2.5%). This unit also examined 3,554 people in MCH clinics, of whom 207 (5.8%) had trachoma. The RBPUs in Machakos District were off the road during this quarter as a result of an accident involving their vehicle in December. The Nakuru RBPUs have not yet submitted reports for this quarter. This information will be included in the next report. The Meru RBPUs visited 26 schools, screening 11,402 children. Of these, 885 were found to be suffering from trachoma (7.5%). This unit also examined 2,098 children and 1,179 mothers at MCH clinics.

During the year under review, the Meru RBPUs visited a total of 91 schools, screening a total of 40,608 children. Of these, 3,201 (7.9%) had trachoma. The Nyeri RBPUs visited 88 schools, examining 19,642 children of whom 774 (3.9%) were suffering from trachoma. The Machakos RBPUs, in the period April through December, visited 63 schools, examining 14,818 children, of whom 2,210 (14.9%) had trachoma. The Nakuru RBPUs have not submitted reports for the whole period, but for the period

April through September, the unit visited 11 schools, screening 5,853 students, of whom 426 (7.3%) had trachoma.

Two prevention units are currently unassigned. It has been hoped to have these reassigned by the present date, but this has not been possible largely due to lack of adequate supervision in possible assignment locations and also due to a shortage of qualified Clinical Officers to man them. Hopefully, these problems will be resolved in the near future and these units reassigned.

VII. CLINICAL ACTIVITIES

Throughout the first year, Dr. Whitfield has continued his activities as Provincial Ophthalmologist, Central Province, supervising one RBPU, one Mobile Eye Unit (MEU), and several static eye clinics throughout the Province. During the fourth quarter, Dr. Steinkuller was formally notified that he has not been appointed Provincial Ophthalmologist. This, however, has had no major effect on his ability to continue his duties with the Project, and he has continued to supervise the Nakuru RBPU, five MEUs, and several static eye clinics in Rift Valley.

VIII. PROJECTED ACTIVITIES

During the first quarter of the second year, seminars have been planned for Nyanza Province at provincial and district levels. Preliminary arrangements are also being made to conduct these seminars in Western Province in June/July, probably to be followed by Rift Valley and Coast Provinces. Further seminars will also be held in Eastern and Nyanze

Provinces at sub-district level. These will hopefully be conducted entirely by the Provincial Health Educators for these provinces and Ophthalmic Clinical Officers where possible.

The next Ocular Status Survey will be held in Baringo District in April.

Other Project activities will continue as before.