

KCCO

Kilimanjaro Centre for Community Ophthalmology



2016 ANNUAL REPORT

About KCCO

The Kilimanjaro Centre for Community Ophthalmology (KCCO) was established in 2001 in response to the VISION 2020 initiative, a global campaign aimed at eliminating avoidable blindness by the year 2020, the product of a series of consultations between the WHO and NGOs working toward blindness prevention.

VISION	MISSION	IMPACT
<p>Our vision for eye care in Africa is a continent where all Africans can access high quality, patient-centered eye care, provided by Africans in well-functioning systems.</p>	<p>Our mission is to strengthen African health systems and partnerships through the provision of eye health training, the conduct of research, the facilitation of planning, and change implementation to achieve the goals of VISION 2020 and GET 2020.</p>	<p>Our key areas of impact are:</p> <ul style="list-style-type: none">◊ Capacity Building◊ Research Planning and Facilitation◊ Change Implementation

Message from the Directors

For KCCO, 2016 has been both a year of transition as well as of consolidation and expansion of our activities.

... A year of transition given that Drs. Courtright and Lewallen, the founders of KCCO, have moved back to the US in March 2016. However, the organization continues to benefit from their technical expertise and advice as KCCO Board Members.

...A year of consolidation and expansion by building on KCCO's long-standing partnerships with numerous donors, Ministries of Health and eye hospitals/departments across sub-Saharan Africa. We wish to thank our partners for another successful year of activities related to research, programme delivery and capacity strengthening. In 2016, KCCO developed a first partnership in Francophone West Africa, more specifically with the hospital Saint-André de Tindré in Benin. The Antonio Champalimaud Vision Award received in 2015 (KCCO, Seva Canada and Seva Foundation) will now allow KCCO to strategically expand our activities in this region in 2017 and beyond.

Dr. Robert Geneau



Mr. Edson Eliah



Executive Director, KCCO International

Director, KCCO Tanzania

Highlights

The Kilimanjaro Centre for Community Ophthalmology continued in 2016 to assist governments, NGOs, hospitals, and communities to develop and manage organizationally sustainable eye care programmes serving the needs of their population. Our activities in 2016 served to achieve both short term and long term goals through direct support for programme delivery and research and capacity building activities. Here are three highlights from 2016.

RESEARCH

Providing evidence-based guidance to strengthen childhood blindness programmes. Collaboration with Seva Canada and Funding from PGRD/USAID - see details on page 8.



Above: Pediatric eye care preferred practices workshop in Madurai, India

CHANGE IMPLEMENTATION

Expanding our support for Vision 2020 programmes to Francophone West Africa. Funding from Seva Foundation - see details on page 4.



Above: Pre-planning meeting with local team in Parakou, Benin

CAPACITY BUILDING

Scaling capacity building efforts to support trachoma elimination. Funding from the International Trachoma Initiative- see details on page 6.



Above: ITI Trachoma Action Planning facilitation workshop in Cape Town, South Africa

Reducing Gender Inequity

KCCO and Seva Canada continued in 2016 their collaboration to improve gender equity in eye care. KCCO contributed to the Seva Canada PGDR grant on strategies to improve cataract surgical services for girls. With support from Seva Canada, KCCO also continued to partner with microfinance groups in Northern Tanzania to identify community members with eye problems and encourage the uptake of eye care services.

At the request of IAPB Southeast Asia Dr. Courtright facilitated a one-day session on gender and eye health at the July IAPB regional meeting in Indonesia. Various countries (national coordinators and NGO partners) presented findings from work on the topic. Subsequent to this meeting the journal *Ophthalmic Epidemiology* agreed to have a focal issue of the journal on gender and eye health in 2018.

Microfinance and Gender

More than 35 microfinance groups are working with KCCO and their members have referred a total of 1,185 patients in 2016.



Site	Community members referred by MF members	Community members treated	
		Cataract	TT
Mara Region	825	70	No TT in this region
Ngorongoro District	360	67	202
Both sites combined	1185	137	202



Above (left and right): Micro-finance groups continue to work with KCCO to increase uptake of services.

Supporting and Expanding VISION 2020 Programmes in Africa

KCCO mentored Vision 2020 programmes in five countries in 2016 - Benin, Ethiopia, Madagascar, Uganda and Tanzania. We wish to thank Seva Canada and the Seva Foundation for the support provided. The site in Benin (Hôpital St-André de Tindré) is the newest programme supported by the Global Sight Initiative (Seva Foundation), and it is the first programme that KCCO has implemented in Francophone West Africa.

Across all programmes, there was continued support for conducting outreach visits, improving management practices, as well as purchasing essential consumables.

In Madagascar, there was also further investments for the purchase of essential ophthalmic equipment, thanks to an agreement between Seva Canada and the Canadian union organization UNIFOR.

VISION 2020 Programmes	Screened and Treated			Cataract Surgeries		
	Male	Female	Total	Male	Female	Total
Site						
Vakinankaratra, Madagascar	6,399	8,838	15,237	331	359	690
Atsinanana, Madagascar	1,263	1,763	3,026	413	458	871
Sava, Madagascar	4,305	5,197	9,502	350	383	733
Mara, Tanzania	7,002	5,925	12,927	457	521	978
Mwanza, Tanzania*	49	92	141	5	4	9
Singida, Tanzania	5,214	5,471	10,685	380	401	781
Bahir Dar, Ethiopia	10,982	10,393	21,375	425	314	739
Debre Berhan, Ethiopia	2,100	1,996	4,096	197	192	389
Lira Region, Uganda	7,030	9,024	16,054	812	961	1,773
All sites combined	44,344	48,699	93,043	3,370	3,593	6,963

*Numbers for Mwanza reflect only two outreach visits, as the programme started in December 2016



Left: The working group gathers before starting their planning meeting in Singida, Tanzania, one of the V2020 programmes that KCCO is involved in.

Strengthening management practices and striving towards continuous quality improvement are key success factors for the sustainability of eye care programmes. KCCO integrates the best available evidence from the scientific literature into the mentoring process, while also recognizing that peer-to-peer learning is also of critical importance. KCCO, with support from the Global Sight Initiative (Seva Foundation) and Seva Canada, organized a cross-learning meeting with most of its Vision 2020 hospital partners in November 2016 (Benin, Ethiopia, Tanzania and Uganda). The ophthalmologists, programme managers and

hospital directors present had an opportunity to share knowledge and expertise on a wide range of topics: the patient counselling process, the marketing of outreach programmes, the use of cost-recovery strategies, current case selection/visual acuity cut off points, fee exemption models for patients too poor to pay, as well as preferred practices for improving the surgical quality of care.

All partners expressed a strong appreciation for the opportunity to learn from other programmes, and with a clear message that this should be a recurrent event on an annual basis.



Left: International conferences always bring opportunities to meet with partners. At the IAPB 10th General Assembly in Durban, Edson Eliah and Peter Kileo caught up with TOMS, proud sponsors of KCCO TT surgeries and medical services in Debre Berhan, Mara, Gulu and Lira.

Right: KCCO conducted mentoring visits at the Felege Hiwot Referral Hospital, in Bahir Dar, Ethiopia. Important discussions were held on how to increase the programme performance, improve communication at the programme level and between the programme and KCCO.



Strengthening Health Systems and Building Capacity in Africa

From its inception, KCCO has focused on and been firmly committed to working with African staff so that the continent has the required human resources with the appropriate knowledge and skills for providing high quality eye care. KCCO helps develop critical skills in planning and management through a number of targeted workshops and one-on-one mentoring sessions. In 2016, with partners as noted, here is a sample of the work:

- The KCCO offered its annual Bridging Strategy and Management courses to a total of 14 participants this year. The following countries were represented: Uganda, Benin, Tanzania and Ethiopia.
- In support of trachoma programmes in northern Tanzania, a total of 656 TT case finders were trained in 2016.
- Supervision of Mr. Deon Minnies (Director of the Community Eye Health Institute, UCT) as the trainer for the Zimbabwe (Manicaland) RAAB. This was the first RAAB in Zimbabwe and the findings will help plan for expansion of eye care programmes in the area.
- A one-week Community Eye Health training session (topics: trachoma, glaucoma, diabetic retinopathy, onchocerciasis) for University of Cape Town students. Among the group of 9 students, 5 are doing a Masters degree. All five students have submitted their proposals for approval by UCT. One resident, supported by KCCO, published findings from his literature review of barriers to cataract surgery in Africa in the Middle East African Journal of Ophthalmology.
- A week-long Training of Trainers for Developing Trachoma Action Plans course in Cape Town to selected individuals from Senegal, Yemen, Cameroon, Ethiopia and Tanzania. The workshop was delivered by KCCO/UCT Faculty Drs. Amir Bedri and Caleb Mpyet. The workshop was supported by the International Trachoma Initiative.
- Support to the ICTC programmes in 9 countries as well as technical visits to Chad and Zambia and programme meetings in the UK.
- Facilitation of the second Dubai Trachoma Capacity Building Workshop for the coordinating partners from the Trust and DFID countries, which included participants from the USAID/HKI trichiasis programme countries of Ethiopia, Cameroon, and Burkina Faso (Funding from Sightsavers International).
- KCCO conducted Trachoma Action Plan workshops for the Ministry of Health and NGOs in Zimbabwe. We also coordinated the delivery of two training workshops for MDA supervision in Ethiopia and Nigeria (funding from the International Trachoma Initiative and Sightsavers International).
- A week-long visit to capture some of the lessons learned from the Child Blindness Foundation key informant programmes in Bangladesh. KCCO also explored how follow up care after surgery was undertaken at various sites in the country. Findings from the visit will be incorporated into a preferred practice manual on key (KCCO funding).

Research and Evidence

KCCO continued to engage in research, evidence synthesis and knowledge translation initiatives in 2016.

The findings from the USAID/PGRD project that ended in 2016 are now being used to develop a **preferred practices manual** for the implementation of effective childhood blindness programmes.

KCCO's **evaluation and monitoring activities** also generate useful knowledge and evidence that were shared with the eye health community at different national and international conferences via scientific posters or oral presentations.

1. Cost recovery for eye care services in Madagascar—poster presentation at IAPB 10th General Assembly in Durban
2. Micro-finance and eye health: Usage of women engaging in micro-finance groups to refer more women for eye health —oral presentation at IAPB 10th General Assembly in Durban
3. Equity and eye health: Increase of women's access to eye care by usage of different women groups —oral presentation at IAPB 10th General Assembly in Durban
4. Madagascar financial data utilization project— oral presentation at College of Ophthalmology of Eastern, Central and Southern Africa (COECSA) Congress in Arusha

In collaboration with WHO, KCCO maintained in 2016 the **Trachoma Information Service (TIS)**, a monthly review of new trachoma-related scientific articles that is shared with the trachoma community via email. Authors of recently published papers are requested to draft a summary of how their findings would assist with planning, implementation, and monitoring of trachoma programmes.

With colleagues Drs. Ciku Mathenge, Colin Cook, Amir Bedri, and Khumbo Kalua KCCO published an article in *Human Resources for Health* entitled: "*Setting targets for human resources for eye health in sub-Saharan Africa: what evidence should be used?*" The commentary aimed to provide readers with a review of the existing **evidence related to human resources for eye health** and some guidance as to what information is needed to effectively and efficiently plan for human resources for eye health in sub-Saharan Africa.

Courtright et al. *Human Resources for Health* (2016) 14:11
DOI 10.1186/s12960-016-0107-x

Human Resources for Health

Left: One of the 12 journal articles KCCO published in 2016.

COMMENTARY

Open Access



Setting targets for human resources for eye health in sub-Saharan Africa: what evidence should be used?

Paul Courtright^{1*}, Wanjiku Mathenge^{2,3}, Amir Bedri Kello⁴, Colin Cook⁵, Khumbo Kalua⁶ and Susan Lewallen¹

Abstract

With a global target set at reducing vision loss by 25% by the year 2019, sub-Saharan Africa with an estimated 4.8 million blind persons will require human resources for eye health (HReH) that need to be available, appropriately skilled, supported, and productive. Targets for HReH are useful for planning, monitoring, and resource mobilization, but they need to be updated and informed by evidence of effectiveness and efficiency. Supporting evidence should take into consideration (1) ever-changing disease-specific issues including the epidemiology, the complexity of diagnosis and treatment, and the technology needed for diagnosis and treatment of each condition; (2) the changing demands for vision-related services of an increasingly urbanized population; and (3) interconnected health system issues that affect productivity and quality. The existing targets for HReH and some of the existing strategies such as task shifting of cataract surgery and trichiasis surgery, as well as the scope of eye care interventions for primary eye care workers, will need to be re-evaluated and re-defined against such evidence or supported by new evidence.

Keywords: Ophthalmologist, Cataract surgeon, Africa, Primary eye care

Childhood Blindness and Low Vision

The Childhood and Eye Health Programmes supported by KCCO in Burundi, Madagascar, Malawi and Uganda have continued to make progress in identifying and serving children in need of eye care. KCCO remains grateful to Seva Canada and Novartis for the support.

The activities conducted by all programmes include the training of community volunteers and health workers to identify children with visual impairment and the provision of screening and referral services for the children identified for surgery. While the

projects focus mainly on children with cataract, children with other eye care diseases are also receiving services.

Across the four countries, a total of 490 Key Informants (KIs) in 2016 were trained (mostly community members, but also some first line primary care providers) and 1,213 children were operated for cataract.

Summary of Work from Child Eye Health Tertiary Facilities						
Site	Total Screened			Total Surgeries		
	Boys	Girls	Total	Boys	Girls	Total
Tororo, Uganda	4,933	4,376	9,309	355	236	591
Blantyre, Malawi	3,299	3,098	6,397	298	188	486
Madagascar	3,809	4,504	8,313	70	66	136
CEHTF combined	12,041	11,978	24,019	723	490	1,213



Above (left and right): A key informant lining up children and patients waiting in line at the CEHTF facility in Tororo, Uganda.

Evidence for action

KCCO and Seva Canada completed in November 2016 their collaborative complementary projects funded by USAID/PGRD. The case studies conducted in Africa (Malawi and Uganda) and Asia (Cambodia, India, Nepal, with complementary activities in Bangladesh) have generated evidence to inform the development of preferred practices guidelines on how to implement effective and

gender-sensitive Childhood and Eye Health Programmes. The knowledge outputs will be shared with the eye health community in 2017 and will also be used for the development of capacity building initiatives in order to scale up these promising practices.



Above (left and right): KCCO completed field visits for observation and conducted semi-structured interviews in Uganda about the use of Key Informants

Capacity building for integration of children with low vision into appropriate educational activities in northern Tanzania

KCCO implemented, with support from USAID/PGRD, a low vision project in eight regions in northern Tanzania. The ultimate goal of the project is to ensure that each school child with visual impairment is placed in the best-suited educational setting based on his/her optimal visual acuity. We know that many school children with visual impairment could benefit from surgical interventions and/or rehabilitation services. The project aims to provide school teachers with the necessary skills and knowledge to identify children with visual impairments, refer them to the appropriate eye care provider and also to assist with rehabilitation services. The full collaboration of teachers, and of District Special Need Education officers, is essential in order to ensure that children can attain the best VA possible and, ultimately, the best academic outcomes as well as a result of interventions and educational placements that best meet their needs. In 2016, a total of 474 teachers were trained. Cases of cataract and glaucoma were referred to KCMC.

FAST FACTS

Teachers trained	474
Children screened	1,974
Low vision cases	109
Cataract cases	30
Glaucoma cases	2

Addressing Trachoma Globally

KCCO supports trichiasis elimination in Tanzania

With support from the UK Department for International Development, the END Fund and the Queen Elizabeth Diamond Jubilee Trust, the KCCO is supporting trichiasis elimination programmes in Tanzania in the regions of Arusha and Manyara.



Above: KCCO joins other eye care organizations in celebrating World Sight Day, which focuses global attention on blindness and vision impairment.

To increase trichiasis surgery uptake the teams have scaled up a number of community-based strategies in 2016, including engaging highly respected community leaders as part of health education and awareness activities. As a result, more patients have accepted surgery, and we can also observe an increase in the number of villagers coming to the eye camps for screening.

A key to success is also found in the tremendous support and involvement of the the Regional Medical Officers and the commitment of our teams in the field.

Elimination of blinding trachoma as a public health problem in 9 sub-Saharan African countries

As the Sightsavers Technical Lead, Dr. Courtright continued to work this year with 9 countries included in the DFID and Trust trachoma programmes to develop and review progress on

In both regions, these programmes continued with community mobilization, training of case finders and the delivery of surgical interventions.

Site	Number of TT surgeries in 2016
Arusha	320
Manyara	406
Ngorongoro	457
All sites	1,183

Above: The number of TT surgeries performed in Tanzania with the assistance of UK Department for International Development, the END Fund and the Queen Elizabeth Diamond Jubilee Trust



Above: Bracing floods in a Maasai area to gain access to hard to reach populations.

their pathway to the elimination of trachoma as a public health problem. Amir Bedri, Caleb Mpyet, Michael Dejene and others are taking increasing responsibilities for supporting this work.

Strengthening organizational capacity for the implementation of trachoma elimination programmes

KCCO, through a new grant from the International Trachoma Initiative, continued to support trachoma elimination programmes through a series of capacity building initiatives. In July of 2016 KCCO hosted a Training of Trainers for Supervision for MDA workshop, with participants from 5 different countries. Some of the trainees then led their own national MDA supervision workshops (Nigeria and Ethiopia in the fall of 2016, with co-funding from SSI).

KCCO also facilitated a Trachoma Action Plan workshop in Zimbabwe, and will provide similar support to other countries in 2017. KCCO also continued its support for the production and dissemination of preferred practices manuals. With support from the International Trachoma Initiative, KCCO finalized a manual on “Leadership & Management for Trachoma Elimination”.



KCCO and ICTC manuals for global trachoma elimination

1. Leadership and Management for Trachoma Elimination
2. Training Curriculum for Trichiasis Case Identifiers
3. Trichiasis Counselling Guide
4. Microplanning for Effective Zithromax® Mass Drug Administration

Available at trachoma.org, kcco.net or by request from admin@kcco.net.

Technical support for Sightsavers trachoma projects

Dr. Courtright provided technical support for the DFID and Trust supported ICTC projects being managed by Sightsavers in Kenya, Tanzania, Malawi, Mozambique, Nigeria, Uganda, Ethiopia, and Zambia. The Global Trachoma Mapping Project, which officially came to a close at the end of December, still required efforts to get manuscripts submitted and processed through Ophthalmic Epidemiology. Dr. Courtright is the editor for both an upcoming trachoma special issue and a trachoma supplement.

SAFE Programme

Dr. Courtright attended the 2nd annual DFID trachoma review meeting in Ethiopia in July. All programmes in Ethiopia have seen growth in all aspects of the SAFE programme in the past year. Dr. Courtright also assisted the national programmes in Cambodia, Laos and Vietnam with the drafting of their dossiers for validation of elimination of trachoma.

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Other activities

- Dr. Lewallen represented KCCO at the **WHO Cataract Experts Meeting** in June 2016.
- The Champalimaud Foundation invited Dr. Paul Courtright and Mr. Edson Eliah, on behalf of the 2015 recipients of the Antonio Champalimaud Vision Award (KCCO, Seva Canada, Seva Foundation) to be present for the **10th anniversary of Champalimaud Foundation awards** in Lisbon, Portugal in early September.
- KCCO organized an hour-long series of talks at the **ARVO Champalimaud Lecture** in Seattle. The lecture was a culmination of a joint programme between the Association for Research in Vision & Ophthalmology and the Champalimaud Foundation to recognize the work of awardees.
- In early October 2016, KCCO staff attended the **Aravind workshop on “Priorities in Paediatric Eye Care Delivery, Intervention Models and Research”** in Madurai, India, as well the PGRD partner meeting that followed. KCCO had the opportunity to present the preliminary findings from the case studies on “preferred practices” as well as engage with partners from different countries to learn more about their strategies to improve the reach, scope and quality of pediatric programmes.

Staff contact details

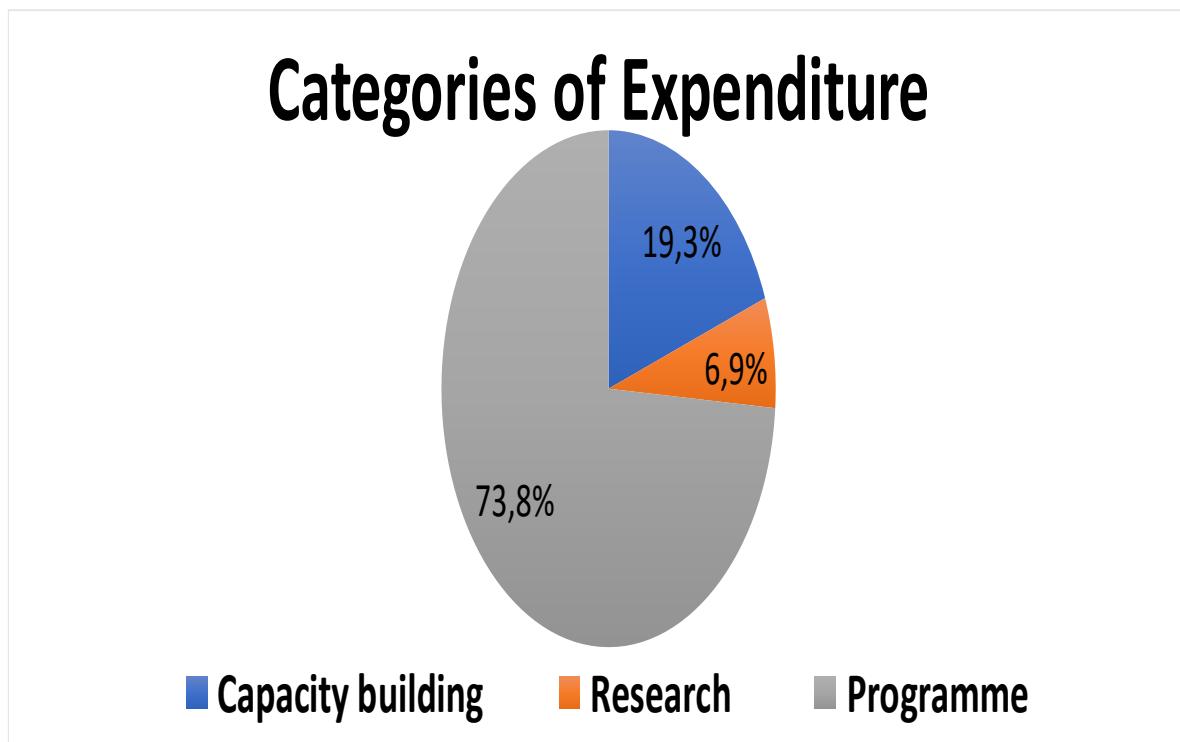
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Financial Overview

Donor	US\$
Seva Canada	\$365,995.16
Sightsavers International	\$321,314.50
Seva Foundation	\$285,352.48
International Trachoma Initiative	\$177,122.78
Partners for Global Research and Development	\$101,427.20
University of British Columbia	\$40,451.80
End Fund	\$29,530.22
Xova	\$23,402.40
Champalimaud Foundation	\$21,455.11
DFID	\$18,074.76
Fred Hollows Foundation	\$10,880.99
Wilde Ganzen	\$8,556.88
CBM	\$6,489.00
IDRC	\$430.00
Total	\$1,410,483.28



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