Kenya Program
A2Z Child Blindness Project
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Project Description

Where we work: Kakuma Refugee Camp and the surrounding Host community in Turkana North District

Beneficiaries:
- Estimated 60,816 refugees from 11 different nationalities and 6,081 host community members form the surrounding community

Existing structure:
- One Eye clinics established in IRC Camp Hospital
- Eye hospital at the Lodwar District Hospital
- Kakuma Mission Hospital provide primary eye care services/Mobile outreach
- Kikuyu Eye Hospital- is the referral facility for complex cases
- One Clinical Officer Ophthalmologist.
Project Approach

- **Capacity building** - local refugee health staffs through primary eye care and refraction training

- **Screening** - Emphasis on early detection of vision problem through coordination with school-teachers and administrators

  Increase the availability of cataract surgery – work with partner through surgical camps

- **Health education and social mobilization** - increase general community awareness of available eye services and knowledge of eye problem

- **Partnership** - with Kakuma Mission Hospital, Kikuyu Eye Hospital and Ministry of Health

- **Coordination** - with UNHCR and other partners in the Camp providing education for children

- **Cooperation** - with MOH department of ophthalmic services
Project Objectives

• **Program Aim:** Improvement in Child Eye Care Services in Kakuma Refugee Camp

• **Objective 1:** To measurably restore sight through provision of 1,000 spectacles annually over the next 2 years
  - Training activities
  - Screening activities
  - Refraction activities

**Objective 2:** To restore sight through facilitation of 300 cataract surgeries annually over the next two years

**Objective 3:** To improve Rehabilitative services for the low vision and Blind Children over the next two years
### Progress toward achievement - Objective one

<table>
<thead>
<tr>
<th>Target</th>
<th>Achievement at the end of year 1</th>
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<tbody>
<tr>
<td>30 of health workers trained in basic refraction skills</td>
<td>21</td>
</tr>
<tr>
<td>11000 children aged 0-14 screened for eye care conditions</td>
<td>13,561 clients, 6,828 were children (0-14 years) while 6,733 adults</td>
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<tr>
<td>1000 with refractive error whose error is corrected (Received eyeglasses.)</td>
<td>652 beneficiaries (20 children and 632 adults)</td>
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<tr>
<td>Target</td>
<td>Achievement at end Year 1</td>
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<tr>
<td>-----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>20 children 0-14 years having received cataract surgery</td>
<td>24 children</td>
</tr>
<tr>
<td>250 adults age 15 years up having received cataract surgery</td>
<td>511 adults</td>
</tr>
<tr>
<td>10 children 0-14 y with low vision who receive low vision device and/or therapies.</td>
<td>5 cases</td>
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</table>
Screening activities
Qualitative information

• Kakuma Camp Hospital is now recognized and approved by Government as second provider of eye care services in the Northern Turkana

• Government’s Chief Ophthalmologist is impressed and rates the program high

• IRC Kenya participated in a regional ophthalmic conference in Kenya organized by the Ophthalmic Society of East Africa (OSEA) on 20th and 21st August 2009.
Challenges:

- Follow-up on post operative clients from the host community still proves to be extremely difficult.

- Reduction in the population of the refugees has led to reduced numbers of expected clients.

- Referrals for patients who need specialized treatment in Nairobi.
Strategies employed

• Working with Kakuma Mission Hospital
• Capacity building of community outreach staff
Opportunities /Lesson learned

• **Survey:** Plans are underway to have a survey done in Turkana in year two subject to availability of funds by MOH

• **Working with partners:** The program achieved most by working and involving all the stakeholders

• **Capacity building:** Need to have quality and well trained staff, project developed a training curriculum which will be used henceforth in all IRC Kenya eye program.
THANK YOU