



Inclusive
Eye Health
Annual Report
2023



↑ Rael having her eyes tested at home with Peek Vision eye screening.

Foreword



Although we are currently running 121 inclusive eye health projects in 29 countries, we have chosen to highlight just three programmes in this annual report – one from each of the regions in which we work (Asia and Americas, Africa East and South, and Africa West and Central) because they best demonstrate our ambitions for the future of eye health.

The seven-county wide project in Kenya (VIP) which was launched a year ago has already made an incredible difference in terms of making eye care accessible and affordable to greater numbers of people, but just as importantly, it has done so in a way that builds on existing structures. We have intentionally ensured that our interventions strengthen and build on what is already available within the health system and are therefore sustainable for the long term. Secondly, our approach is collaborative – we work with multiple partners, health facilities, local and national government and other NGOs to leverage on each other's strengths to increase our reach and to ensure that our interventions have the maximum impact. Thirdly, we focus on making local facilities better equipped and resourced so that everyone can get eye care closer to where they live and work.

Our project in Cameroon is aimed at reducing blindness and severe visual impairment among children, strengthening rehabilitation and facilitating access to education. It will ensure that children in the region are able to get eye care in a timely manner and make the most of their opportunities. The development of the hospital in Limbe means that local families will no longer have to undergo time consuming and expensive journeys to access eye care and builds on the existing provision by our partners for children in Cameroon.

In Pakistan, our partnership with Peek Vision uses technical innovation to improve and extend eye health services. The use of this technology means

that local health workers can be trained to provide services for previously hard to reach communities, such as those with disabilities and women and children, who might be less able to travel to access their health care needs.

With renewed advocacy efforts both nationally and internationally, we have ensured that eye health remains at the forefront when decisions about health care provision are made. Our collective aim is to foster united action among stakeholders who understand that good, equitable eye care is central to the health and to the opportunities of everyone, wherever they live.

We are particularly proud of our Scholarship Programme. Its contribution to strengthening health systems in various countries is evidenced by the surgeons and eye care specialists it has produced who are now working in some of the most underserved regions of the world. It is pleasing to see that the alumni of this scheme have formed a collaboration forum to provide mentorship, advocacy and a research platform, among other things.

Lastly, we are coming up to a period of reassessment of our strategy, which is due for review in 2024. We want to make sure that we are using our resources and our expertise in the best possible way for the communities we serve. While adjustments will no doubt be made, we remain committed to creating a world in which no one experiences unnecessary or preventable sight loss.

I would like to extend my appreciation to our donors and partners for the support they continue to offer us.

Dr Babar Qureshi
Director of the Inclusive Eye Health Initiative

Inclusive Eye Health Projects in 2022

AFWC

Country	No. projects	No. partners
4 Sierra Leone	3	2
5 Cote d'Ivoire	1	1
6 Togo	2	1
7 Benin	1	1
8 Niger	1	1
9 Nigeria	5	5
10 Cameroon	8	5
11 DRC	4	3
All countries	25	19

Americas

Country	No. projects	No. partners
1 Guatemala	2	2
2 Nicaragua	2	2
3 Haiti	1	1
All countries	5	5

Total	
No. projects	121
No. partners	114
No. countries	29

AFWC = Africa West and Central
AFES = Africa East and South
EMR = Eastern Mediterranean Region

Asia & EMR

Country	No. projects	No. partners
22 Palestinian Territories	1	1
23 Jordan	1	1
24 Pakistan	6	7
25 India	26	27
26 Nepal	3	2
27 Sri Lanka	1	1
28 Indonesia	2	2
29 Philippines	1	1
All countries	41	42

AFES

Country	No. projects	No. partners
12 South Sudan	2	3
13 Ethiopia	7	9
14 Rwanda	5	2
15 Uganda	8	7
16 Kenya	2	8
17 Tanzania	10	6
18 Zambia	6	5
19 Malawi	3	3
20 Zimbabwe	6	4
21 South Africa	1	1
All countries	50	48



Joy Koech Head of Inclusive Eye Health Programmes at CBM, explains the Initiative's health system strengthening approach.

CBM acknowledges that we cannot operate alone to address the eye health challenges in the regions we work in. We need to partner with other players in the health sector to realise this goal. Strong health systems are a crucial component for the provision of effective eye care services. The World Health Organisation (WHO) provides a set of health system building blocks necessary for robust healthcare systems. Health system strengthening (HSS) is an approach aimed at improving the quality, accessibility, efficiency, and effectiveness of healthcare services. CBM's Inclusive Eye Health Initiative undertakes programme activities that enhance each of these components.

Leadership and governance: In supporting leadership and governance in the eye health sector, we share our knowledge and expertise with governments and partners with the aim of putting in place institutional structures and regulations that will ensure inclusive health for all. We also engage with various stakeholders including governments, civil society, the private sector and academic institutions, to foster collaboration and coordination for eye health.

Health Workforce: To ensure the availability of adequate human resources in eye health, we train and build the capacity of various cadres of eye professionals such as ophthalmologists, ophthalmic clinical officers, ophthalmic nurses and optometrists. Since 2020, through our Scholarship Programme, we have awarded 119 ophthalmology scholarships. These doctors have used this training and skills in their work in countries across Africa.

Health Information Systems: Collecting data on the prevalence of eye conditions, service utilisation, and outcomes is important for monitoring and improving eye health services. We continue to support ministries of health in the countries where

we work to conduct Rapid Assessment of Avoidable Blindness (RAAB), a population-based survey to aid eye care planning, service monitoring and evaluation. In this way, we promote the use of data for evidence-based decision-making, planning, monitoring and evaluation of eye health programmes.

Medical Products, Vaccines, and Technologies:

Ensuring a reliable supply chain for essential eye care equipment, drugs, and technologies is another important component. We support the procurement and distribution of essential medicines and medical supplies for eye health and we advocate for their availability in our countries of operation.

Health Financing: We acknowledge that health-financing mechanisms should cover eye care services to reduce financial barriers for patients. We advocate for the development and implementation of sustainable financing mechanisms for eye health, such as national health insurance schemes, social protection programmes and community-based health financing. We also work to reduce the financial barriers to accessing eye care services, especially for people living in poverty and for those with disabilities.

Service Delivery: The Inclusive Eye Health Initiative facilitates the delivery of eye care services at all levels of the health system, from community to tertiary, and ensures that these services are inclusive, accessible, and affordable for everyone. We support the provision of specialised eye services for more complex eye conditions and surgical interventions, as well as focusing on integrating eye care into primary health care by supporting the provision of basic eye screenings and the early detection of common eye conditions.

Incorporating eye health within the WHO health system strengthening building blocks ensures that eye health is not isolated but rather plays an integral part in a well-functioning healthcare system.

In 2022:

2,312,166 people had eye consultations in outreach programmes supported by CBM



Inclusive, Comprehensive Eye Care Services in Sindh, Pakistan

Setting up an eye care project that truly serves its community takes determination and vision. It requires concerted action to ensure services will reach those who do not usually access them.

It needs to be collaborative across a range of actors in its planning and implementation. It must ensure that there are enough trained personnel and sufficient equipment and medicine to deliver services effectively. It relies on strong relationships with implementing partners. Perhaps above all, it must have sustainability and government ownership built into its future. The Inclusive, Comprehensive Eye Care Project (ICEC) in the Matiari District, Sindh Province, Pakistan is an example of putting these principles into practice in the provision of eye care services.

In the beginning

Without evidence of need, there will be no support, and little political will to bring about change. The team at the CBM Pakistan Office have for a long time been able advocates in making the case for eye health. CBM has worked in Pakistan for over

fifty years – from humble beginnings and a few small projects to the seven large projects they support now. The struggle to ensure eye health is prioritised by national and regional governments is worth it. Effective eye health services are linked to improved productivity, better educational outcomes and opportunities, greater social inclusion in communities and families, even lower incidences of road traffic accidents.

Partnership with CBM

In Matiari, a largely rural district, the imperative was clear. Around 62% of the population live in poverty, considered both a cause and a consequence of poor eye health. In fact, a CBM-funded study conducted with Peek-powered technology found that an estimated 3.6% of Matiari's population over 50 years were blind in both eyes, of which roughly 92% could be avoided. Yet only one rural health centre was providing any form of eye care services to all Matiari's projected 770,000 residents. This new evidence of the prevalence of avoidable blindness and the unmet need for eye care services was the impetus needed to drive forward the design and planning of a Peek-powered eye health programme in partnership with the Sindh Institute of Ophthalmology and Visual Sciences (SIOVS) and district government authorities.

Raising awareness

With competing health needs and limited resources, eye care often slips down the list of priorities. Communities in more remote locations sometimes lack awareness about the importance of protecting their eyes or the wherewithal to travel long distances to get the screening and treatment they need. Instead, they struggle on with vision impairments that are relatively inexpensive and straight forward to correct. They cope with increasing difficulties in their work, they miss out in the classroom, and they often lose their independence and have to rely on relatives and care givers for help.



© CBM, Photographer: AkiFullah Khan

↑ The Sindh Institute of Ophthalmology and Visual Sciences.

Part of the work in making the ICEC project a success was due to the hundreds of awareness raising sessions conducted all over the region by the project team, predominantly led by Lady Health Workers who serve as a lynch pin of community service delivery. The team ran events in community centres, places of worship, marketplaces and in schools to ensure that as many people as possible were made aware of the importance and the availability of eye care services. In addition, printed materials were produced to reinforce key eye health messages and drive up demand.

What is a Peek-powered eye health programme?

Peek Vision provides tech-driven eye health surveys and tools to understand vision loss and disease prevalence, a smartphone-based vision test app that can be easily used anywhere, and a data capture and analysis software that monitors patient connections to care to continuously improve services. To date, 2 million people have been screened using Peek in Pakistan.



Putting things in place

So far, 432 Lady Health Workers, and 17 Lady Health Supervisors in Matiari (who take up the leadership baton) have been trained in the use of Peek and equipped by SIOVS with Peek-powered mobile devices for community-based eye screenings. Teachers have also been trained to facilitate screenings in schools. Following screenings, patients with unhealthy eyes are referred to the appropriate centre or hospital, with staff at these services also supported with ophthalmic equipment and necessary trainings as needed. SIOVS have also committed to providing glasses to those that need them from their optical lab at the hospital, and act as a referral point should patients need specialist eye treatment.

On the doorstep

The focus in the district has moved away from requiring people with eye problems to travel long distances to specialist eye centres, and instead concentrates on building up the capacity and facility of rural health centres to bring eye health services closer to the community. In fact, approximately 80% of eye problems can be efficiently met in such places, with more complicated eye health needs also being diagnosed far closer to home without unnecessarily burdening hospitals.

Lady Health Workers are even more agile. They can penetrate hard to reach communities and make contact with those who are unable by virtue of disability, lack of resources or by the demands of running a home to access support, by taking screening to places where communities congregate, even to their doorsteps. So far, over 32,000 people have been screened in households in Matiari, with 26% requiring further referral for an eye health need.

In 2022:

482,577 eye related procedures, such as surgery, were performed with CBM support



↑ Dino in his new glasses, Matiari, Pakistan.

But will it last?

It is the challenge of all health programmes to factor in considerations about whether any interventions are likely to last beyond the scope of a project. The ICEC project is due to run until December 2024, but its legacy will last much longer. Impressed by the progress made in Matiari to provide cost-effective and accessible eye health services, and due in no small part to the advocacy efforts of the Pakistan CBM team, the provincial government has committed to fund SIOVS to expand Peek-powered CBM programmes into three more districts within Sindh province. Approval has also been granted for other possible future projects. A sustained impact has been felt at the national policy level, with project data being used within Pakistan's National Eye Health Strategy to inform a recommendation to train and integrate optometrists into the primary health care system.

Although nothing is guaranteed, and continual efforts will need to be made to build on what has already been done, the ICEC is a model in delivering eye care that is sustainable and has the potential to provide communities with the eye care services they need and deserve.



↑ Gazan having his eyes screened in the community.


 The Project in Action

It is often only when we begin to have difficulty performing tasks that could previously be done with ease, that the value of good eyesight is truly felt.

Haleema's blurred vision meant that she had been struggling to do daily tasks. Her independence was compromised and her quality of life affected.

She went to the THQ Saeebabab (local health centre) for an eye test, where it was determined that she had an astigmatism (curvature of the cornea) and presbyopia (loss of the near focusing ability of the eye due to ageing). The local health centre collaborated with CBM partner SIOVS to provide Haleema with affordable prescription glasses, which were delivered to her home.

Haleema's case prompted the local health facility to promote awareness in the community and to identify and assist individuals with vision impairments, providing them with access to affordable eye care.

Haleema says "We are very lucky to have eye care services on our door step. We are thankful to SIOVS and CBM for providing them in our district. Reading the newspaper, reciting Holy Quran and sewing is now easy for me. Clear vision brightens my world"



© SIOVS

↑ Haleema.

Beggi has been a Lady Health Worker (LHW) in Matiari since 2002. She explains the impact that Peek has had on her work.

"In 2022, as part of a government initiative, SIOVS through CBM International introduced Peek as a digital solution for eye screenings. It has been a game-changer in my work. I can perform eye screenings more efficiently and in significantly less time. The device's ease of use and portability makes it convenient for home visits. Before the implementation of Peek, there was no mechanism for vision testing and patients that complained of symptoms had to be referred in the first instance to eye health practitioners.

We also faced challenges in maintaining accurate patient records. Paper-based systems were susceptible to damage, loss, or misplacement. Retrieving patient information was time-consuming and often led to duplication of effort. The mobile application automatically records

and saves patient data, eliminating the need for manual record-keeping. This feature has streamlined the whole process and reduces the burden at tertiary level. Through this project the people of Matiari are much more aware of the importance of eye health and they no longer assume that loss of vision is simply part of aging and cannot be treated."



© CBM Pakistan Office

↑ Dr Zahid Awan, CBM Project Manager, Inclusive Eye Health, and Lady Health Worker Mrs Beggi Bhanbhro out in the field.

This year's World Sight Day, which is run by the International Agency for the Prevention of Blindness (IAPB), will focus on the importance of eye care in the work place. A pilot project in Matiari, which involved screening truck drivers, provides an example of this in action.

Muhammad, a truck driver from Punjab had a roadside eye test using Peek technology, and was referred for further investigation. He was prescribed corrective glasses for the astigmatism which had been causing him visual disturbances. He was advised to go for regular eye tests, to avoid prolonged exposure to the glare of bright lights and to take regular breaks during long periods of driving.

The project plans to extend its scope to screening the eyes of other people travelling in heavy vehicles such as co-drivers and staff on their way to work and will collect data on the numbers of people in this situation that need eye care, such as cataract surgery.

“Peek offers several advantages that make it a great choice for eye care programmes. First, its technological capabilities streamline the entire eye care process, from screening to diagnosis and treatment. This leads to increased efficiency, reduced costs, and better patient outcomes. Second, Peek's portability and connectivity features make it highly applicable to a variety of settings, including remote and underserved areas. Finally, Peek empowers healthcare professionals by providing advanced tools and resources, ultimately leading to the delivery of better quality eye care services.”

Professor Dr Sajjad Ali Surhio, Executive Director of SIOVS and National Coordinator

“Workplace eye screening can make a crucial difference. This project has the potential to make a real impact, both for the individuals concerned, and to road safety in the district. In addition, we will advocate to ensure policy makers consider a six monthly eye test as a mandatory part of the drivers' license.”

Dr Zahid Hussain Awan – CBM Inclusive Eye Health Project Manager, Pakistan



↑ Muhammad having his eyes screened near his truck outside the National Highway Authority Office in Matiari.

In 2022:

489,303 visual assistive devices were provided or dispensed with CBM support

Made to Last – The Cameroon Inclusive Child Eye Health Programme (CiCEH)

CBM's work in eye care in Cameroon began in the 1980s with the provision of services for the prevention of avoidable blindness.

There have been a number of projects and programmes implemented around cataract and glaucoma, paediatric ophthalmology, low vision, and human resource development since then.

Some of CBM's historical partners include the PCC Acha Eye services, the CBC Health Services, the Centre Luthérien d'Ophthalmologie in Ngaoundere (CLON), the Centre d'Ophthalmologie Esther Binder de Mokong (COEBM) and the Magrabi ICO Cameroon Eye Institute (MICEI), which has been a partner since 2017.

The WHO estimates that 19 million children worldwide have visual impairments. Of Cameroon's population of 10.3 million people, 43% are under the age of 14, making the prevention of childhood blindness a priority in the country.

The CBM Cameroon Inclusive Child Eye Health Programme, which is supported by the German Ministry for Economic Cooperation and Development (BMZ), Radio Télévision Luxembourg (RTL) and The Foundation of the German Lions (STL), was set up to improve the quality of life of children by strengthening early detection, diagnosis, treatment and rehabilitation of eye disease. In its catchment region in South West Cameroon, its aim is to improve the access to, and quality of, eye health services.

At the inception of the project, although there was some provision already in place for children, more was needed. There was also a shortage of trained

medical staff, the equipment available was limited and often obsolete and local communities were sometimes unaware of the importance of eye care.

The first challenge of the project was to build a new eye unit consisting of outpatient and inpatient departments at the Presbyterian Eye Hospital in Limbe. CBM was involved from 2017 in the initial discussions and provided technical expertise in all phases of the construction. The building of the unit, which began in 2019, was challenging at first, due to the fact that there was a large quantity of bedrock in the terrain.

The new facility was officially opened in 2021, and after CBM supported the procurement of equipment and medicines, the training of specialised staff (a process that is still ongoing), and awareness raising amongst the target communities, services started in early 2022.

On the authorisation of the Ministry of Basic Education, several screenings have taken place in nursery, primary and secondary schools throughout the region. In addition, school authorities have participated in community awareness meetings on eye health. These meetings have been an opportunity to educate community leaders about eye health and the importance of eye screening to ensure early detection of eye diseases, especially for children.

CBM has worked with a number of organisations of persons with disabilities, including Born to Dazzle Foundation (an organisation that supports persons with albinism), and the Coordination Unit of the Association of Persons with Disabilities (CUAPWD) of the South West Region. The team has carried out free screenings in the School of the Deaf and the School of the Blind in Buea.



↑ Godson struggling to see his exercise book before his surgery.

Damian Tem, CBM Programme Manager for the Inclusive Eye Health Initiative says: “Collaboration with others is key in ensuring that everyone who needs care gets it, especially when it comes to children. No screening can take place in a community if the leaders of that community do not collaborate with the appropriate authorities of the hospital to ensure equitable access.

For eye health programmes to succeed, they must be sustainable in the long term. In the context of Cameroon, which is beset by crisis and where resources are meagre, sustainability is fragile, but with CBM and its partners’ work to create the infrastructure and some continued donor support,

the groundwork for sustainability has been created. Once the term of the project is over at the end of this year, CBM can leave knowing that children’s eye care services in South West Cameroon are stronger and that many children who would not otherwise have done so, will now go on to fulfil their potential.”

The WHO estimates that 19 million children worldwide have visual impairments. Of Cameroon’s population of 10.3 million people, 43% are under the age of 14, making the prevention of childhood blindness a priority in the country.



↑ Having an eye test.



The Project in Action

Godson lives with his parents in a village in the South West of Cameroon. His mother Chimene is a student nurse, and his father Gaston volunteers for local community projects. Godson started having problems with his eyes when he was 9 months old.

Chimene says: “Godson was scratching his eyes a lot. We took him to a traditional healer in our village who prescribed a herbal treatment which we dropped into his eyes for a week. It did not help. There was a white spot in his eye. He struggled to see the board at school and held books very close to his face. He loves playing football but was unable to participate because his vision was so poor.”

Gaston says: “When I noticed the white spot growing bigger, I would ask Godson to close his left eye and look with just his right eye. Then I would hold something out and ask him to take it. He would just stare. I could not believe Godson was blind in one eye. It made me cry to think of it.”

Godson’s parents finally took him to CBM partner Limbe Eye Hospital where they were told he had cataracts in both his eyes and recommended surgery.

Chimene says: “ We had our reservations because some people in our community discourage the idea of surgery. The cost was also a challenge for us.”

When Godson’s parents did not bring him back to the hospital, the outreach team visited the family at home and talked about the implications of having cataracts and how their child’s sight could be restored by surgery. They also explained that the costs would be covered.

Because the hospital in Limbe was not yet set up for surgery, Godson was referred to the hospital in Yaounde, a six hour drive away and the family undertook the journey.

Dr Elizabeth Atha who performed Godson’s successful surgery says: “In the future children like Godson will not have to travel so far to get surgery. Currently the distance and cost of travelling for eye care is a limiting factor for some parents, and their children end up going blind.”

A few weeks after surgery, Godson and his parents went to Limbe Hospital for a review and to be prescribed glasses at their optical lab. Godson was particularly keen to get a pair with blue frames. He is currently doing well and thriving at school.



© CBM, Photographer: Comfort Musesa

↑ Godson having cataract surgery.

Dr Faustin Ngounou

Medical Director, Presbyterian Eye Services

What is CBM's contribution to CICEH?

The Cameroon Inclusive Child Eye Hospital (CICEH) is the result of the very fruitful partnership in eye care delivery between the Presbyterian Church in Cameroon (PCC) and CBM. For over 40 years, CBM has been offering support to the Presbyterian Eye Services (Acha Eye Hospitals) that has led to its expansion and enabled us to bring quality, inclusive, affordable and child safe eye care to those in need in 5 regions of Cameroon, and beyond.

In partnership with Acha Eye Hospitals, CBM has revolutionised eye care in Cameroon by offering technical assistance, building capacity, and introducing quality standards in all aspects of eye care delivery. With CBM's support, good eye care has become accessible to a greater number of people, including the poorest, those with disabilities and children. The expertise of Acha Eye Hospitals and its shared values with CBM has attracted not only many patients from Cameroon and neighbouring countries to the various hospitals, but also other international partners in eye care that have found an enabling environment for training, research, capacity building, innovation and modernisation of service delivery.

The support received from CBM by the Presbyterian Eye Services spurred the then small eye unit of the Acha Tugi General Hospital to develop into the five, reputable, fully-fledged eye hospitals they are today, including the CICEH Limbe, an eye hospital that specialises in children's eye problems which is the first of its kind in Central Africa.

How sustainable is the eye care provision once the CBM project comes to an end?

The Presbyterian Church in Cameroon receives quarterly reports on the execution of the project and regularly visits and holds meetings with the personnel of CICEH to address issues raised. An independent team commissioned by PCC perform annual audits of hospital activities.

Staff at CICEH will be carefully selected and trained to cover various domains, including hospital management, project management, pediatric eye nursing, ophthalmic theatre practices, counseling, record keeping and equipment maintenance, with funds generated internally.

Good practices at CICEH will be shared with the Cameroon Society of Ophthalmology and at international congresses. We will continue to foster good relationships with local councils to be involved in community outreach activities to support the treatment of more vulnerable children. We will also seek sponsorship from local private sector companies to help cover the cost of outreach activities. Traditional rulers, local leaders and community radio will be involved in raising awareness about childhood eye problems. CICEH will work in close collaboration with Cameroon Health and Basic Education authorities from whom they receive official authorisation, to carry out community outreach and school eye health activities in the South West Region."



© CBM. Photographer: Comfort Mussa

↑ Godson choosing his spectacles.



Johnstone, a Community Health Assistant, conducting a peek eye screening in a community member's home.

Vision Impact in Kenya

Of the 7.5 million people in Kenya who need eye care services, only 1.6 million can access them.

Historically, people with unmet eye needs have remained invisible in health systems due, in large part, to an inadequate and patchy eye care workforce, a paucity of rehabilitation services, a weak infrastructure, inadequate financing and a lack of equipment. In addition, eye screenings, where they have existed, have not extended to hard to reach communities, nor to providing reliable, real time data that can identify areas of need or provide efficient referral pathways to further treatment. There has also been a large unmet need for refractive services, particularly amongst children who most need glasses to optimise their education.

Last year, CBM and partners, launched a four-year project in seven counties in Kenya with the aim of providing inclusive, high quality public eye services to 5.3 million people. Known as the Vision Impact Project (VIP), its scope is ambitious and will have a far-reaching and lasting effect on the eye health of millions of people.

Aligned with the Kenyan's Ministry of Health's National Eye Health Strategic Plan, Kenya's Vision 2030 and the WHO's priorities, the project is above all, designed to be sustainable and firmly entrenched in existing structures. Its approach is to strengthen health systems at all levels of care – primary, secondary and tertiary, with an emphasis on building up local capacity. This district-based approach means that not only will local health centres be better equipped to deliver services, but there will be less demand on hospitals and those who cannot afford to do so, will not have to travel great distances.

The VIP is at present, focused in the counties of Bomet, Embu, Kajiado, Kiambu, Kwale, Meru and Vihiga. Much of the success of the venture lies in its collaborative nature. The design and implementation of the project is inter-sectoral, (Ministry of Health, Ministry of Education and Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes), strengthening national and county level collaborations as well as public-private partnerships. The County Governments of the 7 Counties and several eye

health partners (The Fred Hollows Foundation, Operation Eye Sight Universal, Kenya Society for the Blind, Sabatia Eye Hospital, Tenwek Hospital, PCEA Kikuyu Hospital, African Inland Church Health Ministries, and Kwale Eye Centre) are involved in ensuring delivery of care.

The VIP has three interconnected aims – To create awareness and increase demand for inclusive eye health services through efficient screening using Peek’s software and data intelligence platform, to strengthen infrastructure, to integrate services and include eye health in government health policies and plans.

In the first year since the launch of the project:

- **3,141 cataract surgeries** have been performed.
- **38 Healthcare Workers** have been enrolled in the Kenya Medical Training College for a 2-year Diploma in Ophthalmology.
- **702 Health Workers and Education Curriculum Support Officers** have been trained on eye screening using Peek technology.
- **2,799 Volunteers** are now working in primary eye care.
- **45 health facilities** have been supported with consumables for eye care.
- **Eye units** have been constructed in Kajiado and Vihiga Counties.

Over the last year, a significant milestone has been reached. Over a million people have had their eyes screened using Peek technology. Of these people, 454,847 were found to have eye problems.

“All thanks to Peek technology! A click of a button now provides us with real time data that has helped us continually learn and make decisions in a timely manner. Referral tracking has been made much easier and we are now better able to support patients in response to their various needs”

David Munyendo, CBM Kenya Country Director



Dr Demissie Tadese
CBM Regional Advisor,
Inclusive Eye Health, Africa
East and South on CBM’s work
in the region...

“CBM eye programmes in AFES have made significant progress. Much of our recent work has involved a shift from focusing on medical and curative services to inclusive and comprehensive services. We have done a lot to ensure that persons with disabilities are part of, and benefit from, eye health services and on making eye health comprehensive, by implementing promotion, prevention and rehabilitation.

The services in our region are now much more focused on strengthening national health systems by working closely with governments at all levels. This has rendered our work more effective and made the organisation more visible. The Vision Impact Project (VIP) in Kenya is a good example of this.

We have also now succeeded in making cataract surgical outcome monitoring (CSOM) integral and part of the reporting activity of our eye health partners.

We aim for complementary and cross cutting measures such as collaborating with Community Based Inclusive Development programmes and supporting partners to strive for sustainability by creating income and by advocating for funding for national health insurance systems.

The need in the region is still huge. What we are doing is good, although there is always room for improvement in how we select projects, build the capacity of partners and prioritise the use of funding resources.”

In 2022:

16,443 people completed training in eye care with CBM support


 The VIP Project in Action

© CBM, Photographer: Kevin Gitonga



↑ Linkana after surgery.

© CBM, Photographer: Kevin Gitonga



↑ Emmanuel at Tenwek Hospital after his surgery.

Seeing from corner to corner

“As the years passed, I noticed I could not see very well through my left eye. Everything looked white,” Linkana says.

He learnt to live with the condition until he heard about an eye outreach programme in his village in Bomet County. Linkana had his eyes screened and was referred to Longisa Hospital where he underwent cataract surgery.

“I am so happy that I can see better now. I can read and use my phone without help. For the first time in years I can see my farm from corner to corner clearly, not with blurred vision.”

An engineer in the making

“The teacher sent for me one day and told me that Emmanuel could not read and write well and that he was struggling to see the blackboard. To help him, she moved Emmanuel to the front of the class, but this did not seem to help. From that day, I knew my son was having a difficult time but I did not have the money to do anything.” Emmanuel’s mother Joan says.

A school outreach programme run by VIP, identified that Emmanuel needed cataract

surgery and he was referred to CBM partner, Tenwek Hospital. Mother and son underwent the 40-kilometre journey, both feeling anxious since they had never been before. Emmanuel’s surgery was successful.

For Emmanuel, the surgery has provided a new lease of life. “I can see things I could not see before the operation. I am looking forward to studying harder and becoming a mechanical engineer.”

“During my recent visit to some of the VIP programmes, I met a young girl at a school in Bomet.

She drew my attention because she was dressed in a new uniform. When I greeted her, I saw that she had a squint in both eyes and that she had a scar on her head. I asked her if she could see, and she answered that she could sometimes.

I was told that the girl had just had an operation for encephalitis (inflammation of the brain) and that this condition might mean

her sight would deteriorate and that she was at risk of going blind.

Despite being absent all term, her parents found out that CBM would be visiting and bought her a new uniform and sent her to school, in case she would be seen by someone who could help. The girl will be referred to one of CBM’s partner facilities where she will get the support she needs. I will always remember her eagerness to speak to me, and the hope in her face.”

Joy Koech, CBM’s Head of Inclusive Eye Health Programmes.

The CBM Scholarship Programme

The CBM Scholarship programme started in 2000 with the aim of tackling the shortage of eye health workers in Sub-Saharan Africa. In order for eye care projects to be sustainable in the long term, eye health expertise has to be available in every country.

Masters of Medicine in Ophthalmology

Applications for this CBM supported scholarship are open to eye care professionals all over Africa. Decisions on eligibility for the 3 to 4 year programme, and final selections are made by a steering committee of stakeholders in countries where CBM has a presence. This includes representatives from the Ministry of Health, training institutions, alumni of the programme, the College of Ophthalmology of East, Central and Southern Africa (COECSA), CBM Partners, CBM Inclusive Eye Health Regional Advisors and Programme Staff.

In 2022:

7,029,571 people were reached by CBM supported eye services



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↑ The alumni group.

Beneficiaries of the Scholarship Programme are serving in the eye health space in various capacities such as general ophthalmologists, senior university lecturers at departments of ophthalmology, instructors and department heads at eye health mid-level cadre training centres, heads of eye units in teaching and referral hospitals, eye care coordinators at ministries of health, individuals with subspecialties and those contributing to the development of eye health technology. Currently the beneficiaries are from DRC, Ethiopia, Kenya, Malawi, Rwanda, Sierra Leone, South Sudan, Tanzania, Uganda and Zambia. So far, the programme has offered scholarships to 119 doctors across Africa.

The development of the programme

The programme has expanded to cover all regions, which currently run CBM IEH programmes. It also now includes all eye health cadres training with technical guidance from the IEH Initiative. The programme contributes to health system strengthening through increasing the number of eye health professionals to meet eye health needs of individuals from underserved communities. With this comprehensive approach, the programme will contribute towards the capacity building of partner staff, increasing output and contributing quality to CBM eye health projects. Eye health departments in the various MOHs in Africa now recognise CBM as a key partner for human resources in health development.

Ambassadors for eye health

The Inclusive Eye Health Initiative, through the scholarship programme, organised a CBM alumni collaboration meeting this year in Mombasa. It provided a networking opportunity and the chance to establish a mechanism whereby the experiences gained by those that have been in the programme could be retained and shared by future scholarship holders. The participants decided to create a forum that would serve as a platform for mentorship, advocacy on eye care policy, strategic direction in eye health, research and the creation of a scholarship fund.



Dr Lucy Namakula Alumni
Ophthalmologist, St. Francis
Hospital, Zambia, on the
impact of the sponsorship
scheme...

“CBM has chosen the best path in health care. Once you provide training then it is easy to put the rest together. Not having adequate human resources is like having a computer without software. The most important thing to me is seeing lives change.”



Dr. Aja Paul Kuol Alumni
Ophthalmologist, who was the
first female ophthalmologist in
South Sudan, on her approach to
her work...

“I thank CBM for the opportunity to become an ophthalmologist. Remember when you are working you are not alone and accept that life does not always go to plan. Recognise the improvements you need to make and seek help from mentors and colleagues when needed. Learn from the community you are serving, and never give up!”

Postgraduate training for Sub Speciality Fellowships

In addition to the MMed in Ophthalmology, CBM also collaborates with the International Ophthalmological Fellowship Foundation (IOFF) to offer grants for three months of training for ophthalmologists from low-resource countries. The aim is to provide them with specialist training to support their practice. To date, six ophthalmologists have been selected for the grant, and three have finalised their training and returned to offer specialised services in their respective countries.



Dr Zayyad Sani Farouq
who works at the Aminu Kano
Teaching Hospital in Kano,
Nigeria talks about his sub
speciality training...

What made you decide to apply for sponsorship?

I wanted to see if there were ways to help me improve my ophthalmology practice. I did the Fellowship at the Bristol Eye Hospital in the United Kingdom. I rented an apartment in Bristol, a few miles away from the hospital. The UK was a nice place to be, the people were very friendly and accommodating. Transport was relatively easy and

the work place was conducive to learning. My colleagues were very willing to show me the ropes and were eager to help with whatever they could.

What were the challenges?

The only challenge I can think of was getting used to the weather because I went in the middle of winter!

What did you learn?

I learned a lot around the management of corneal conditions, including various surgical approaches and techniques in managing corneal and external diseases. I was involved in the day-to-day running of the team, including seeing outpatients, doing investigations as well as surgical interventions.

Now that you are back in Nigeria, how has your practice as an ophthalmologist changed?

I am beginning to streamline my work to reflect the modern best practices I observed during my time in the fellowship. This has made my job much more enjoyable and my patients much happier. The Fellowship was absolutely worth doing. Other people would definitely benefit from the scheme.

Advocacy

Advocacy remains a key component of our work as we strive to put eye health on the global map and to influence eye health policies and practices.

CBM is part of two advocacy groups working for more equitable and available eye care.

The Friends of Vision Group aims to advance the issue of eye health within the context of the UN Sustainable Development Goals, to raise its profile on the international agenda, and to share knowledge from the sector with and among Member States. It has developed a strong and credible voice in UN political processes.

The IAPB Core Advocacy Group focuses on elevating eye health as a cross-cutting development issue, ensuring its inclusion in global policy developments and supporting its members to advocate for the inclusion of eye health in regional and national policies.

The CBM team attended the **2030 in Sight Live Conference**, which aims to mobilise and inspire action on the 2030 In Sight Strategy – elevating the issue of eye health, integrating it into wider health systems and helping to activate demand from the ground up. CBM participated in panel discussions at the event and spoke about bringing scale, innovation and digital transformation to eye health. CBM participated in panel discussions at the event

and Joy Koech, the Head of Eye Health Programmes, presented on the topic of bringing scale, innovation and digital transformation to eye health

The Annual Congress of the College of Ophthalmologists of Eastern, Central and Southern Africa (COECSA) was attended by several CBM staff members. The aim of the college is to address the shortage of eye health professionals. It works with regional and global initiatives to support international and country level commitments towards Universal Health Coverage (UHC). CBM is a key partner of COECSA due to its extensive investment in eye health in the region. Kennedy Odero, CBM Kenya Country Office Programme Manager presented on barriers to accessing cataract surgery. David Munyendo, the Country Director in Kenya spoke about increasing eye services in communities and schools using Peek technology.

World Sight Day is an annual awareness-raising day about the importance of loving your eyes. Its aim is to ensure that no-one experiences unnecessary or preventable sight loss and it calls on governments and businesses to make eye health accessible, available and affordable for everyone by 2030.

In 2022 many CBM projects participated by holding events and adding their voices to this mission.



↑ The CBM team in Singapore.



↑ Albert Kombo - Regional Hub Director, AfES.

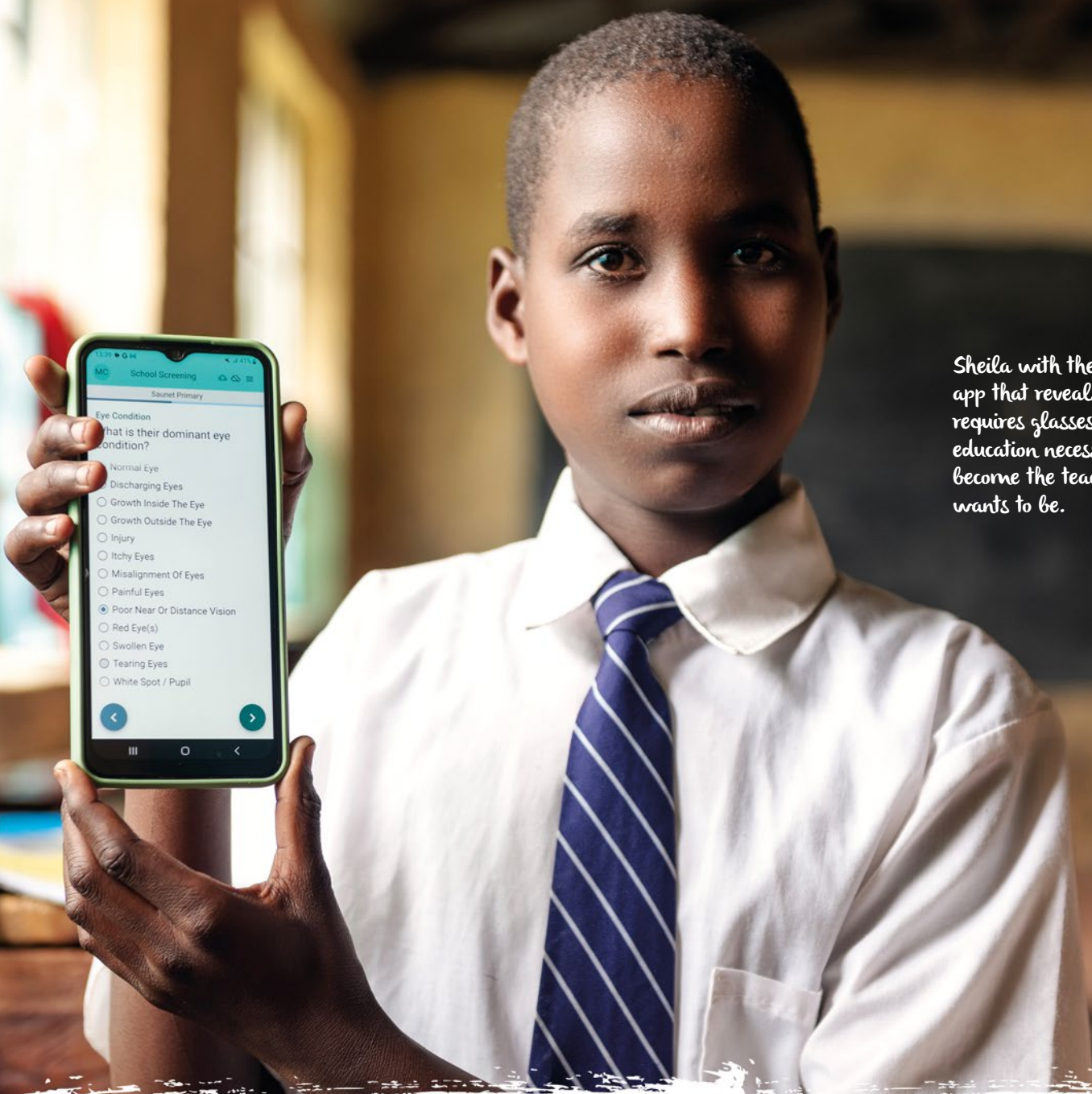


↑ Staff from the Kenyan Office.

“I am not sure which was more of a joy to see – my family or my farm! Coming back to lay my eyes on my home, my children and my beautiful Helena was the best feeling in the world. I’m determined to not let my community suffer the way I did. I’ve been telling all of my neighbours and friends that if they have vision problems, it only takes a short walk to the medical centre to be checked. I will tell them – do not stay at home, there is a system in place if you need help.”



↑ Henry, Sunflower farmer, Tanzania, after cataract surgery.



Sheila with the Peek Vision app that reveals that she requires glasses to get the education necessary to become the teacher she wants to be.