

A conversation with the Kilimanjaro Centre for Community Ophthalmology, June 5, 2017

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by Robert Geneau.

Summary

GiveWell and IDinsight spoke with Dr. Geneau of the Kilimanjaro Centre for Community Ophthalmology (KCCO) as part of their cataract surgery project (<http://www.givewell.org/charities/IDinsight/partnership-with-idinsight/cataract-surgery-project>). Conversation topics included KCCO's work with eye hospitals, its current funding, and program evaluation.

Background on KCCO

The Kilimanjaro Centre for Community Ophthalmology (KCCO) was founded in 2001 in Moshi, Tanzania. KCCO is registered in the US, Tanzania, and South Africa. In South Africa, KCCO is part of the University of Cape Town (Division of Surgery/Ophthalmology Department). Currently, KCCO has seven full-time employees based in Moshi and one at the University of Cape Town, South Africa. Dr. Geneau estimates that these employees spend about 80% of their time on work related to cataract surgery and the remaining 20% mostly on work related to trachoma. KCCO also relies on Africa experts as consultants when needed for specific tasks or initiatives, such as training workshops and site visits.

The three pillars of KCCO's work are:

- Research: looking for effective interventions in eye health
- Capacity building: running workshops and courses; mentoring eye departments to implement change aligned with preferred practices
- Program delivery: working with hospitals and with district-level health authorities

VISION 2020 and hospital mentorship

KCCO helps to develop and support VISION 2020 programs at the district level. Typically, KCCO first works with the Ministry of Health at the regional and district levels to develop a VISION 2020 plan. KCCO then works directly with a hospital in the region, while maintaining a long-term partnership with the ministry of health.

KCCO assists hospitals through training, mentorship, and direct support. It brings hospital leaders to Moshi for a course in management. It encourages the hospital to hire a program manager, to be responsible for the logistics of outreach programs and for reporting data to KCCO. KCCO provides at least part of the program manager's salary, as well as training and support.

KCCO's assistance may vary according to the hospital's needs; for example, Uganda has a government policy requiring health services to be free, so KCCO provides more direct support to its mentee hospitals there. In other countries, hospitals can be more financially sustainable, and in those cases mentoring may be more oriented towards cost-recovery.

In 2016, KCCO supported nine VISION 2020 programs across Madagascar, Tanzania, Ethiopia, and Uganda, and started a program in Benin. Many, though not all, of these programs are supported through the Global Sight Initiative (Seva Foundation), in which KCCO is a mentor institution.

Mentee selection

Typically, KCCO selects new mentee institutions from the hospitals that approach KCCO expressing interest in working together. When a hospital expresses interest, KCCO assesses whether its own staff has the capacity, as well as the funding, to take on an additional mentee.

If KCCO does have the capacity, it will make a pre-planning visit to check that all stakeholders are ready and eager to put time and effort into the program. This is necessarily a qualitative assessment, and KCCO staff must physically visit the site and talk to the people involved in order to make sure that a partnership between the hospital and KCCO is likely to succeed.

Quality of cataract surgery

There is a lot of work to do to improve the quality of cataract surgery. A hospital should have a plan in place for identifying surgeons who are not performing high-quality cataract surgeries, and improving their quality. For example, in some places surgeons do not perform enough cataract surgeries per year to maintain their skills.

Currently, quality improvement processes are not standardized across hospitals. One of KCCO's long-term goals is to help create a system that any eye department could use to monitor and improve its own quality of care. KCCO, with funding from Seva Foundation, runs a yearly cross-learning conference at which hospital leaders present the systems and processes they use, including for improving quality of care, and discuss what would be the best way to strengthen and standardize the processes.

Health information systems

Another area with room for improvement and standardization is health information systems at the hospital level. Record-keeping is often done manually, which is not

efficient. Even for hospitals that do not yet have the infrastructure to transition to electronic health records, there are often ways in which the information management processes could be made more efficient.

Other program areas

Childhood blindness

The largest challenge in treating childhood blindness is finding the children who need treatment. KCCO provides funding for hospitals to train community members to identify children with visual impairments and bring them to hospital outreach events. KCCO supports childhood blindness programs in Madagascar, Malawi, Burundi, and Uganda, which enable about 1200 cataract surgeries per year (all sites).

KCCO's programs for children have mostly been supported by Seva Canada. However, this year Seva Foundation is supporting the program in Burundi.

Training microfinance groups

A KCCO program in Tanzania trains women who are in microfinance groups to identify people in their communities who may need cataract surgery or trachomatous trichiasis (TT) surgery. This program has been successful and KCCO hopes to scale it up in the future, including in Ethiopia (funding from Seva Canada).

Cost recovery

A KCCO program in Madagascar helps hospitals calculate the costs and revenues related to outreach and surgery, with the goal of enabling financial sustainability.

Workshops and courses

KCCO runs workshops and courses for hospital and eye care department leaders. It offers a two-week management course at least once a year, with funding from Seva Foundation, and various other workshops and sessions.

Funding and potential growth

KCCO's annual budget is usually in the range of \$1.5 million to \$2 million. It has some donors who have supported it since its founding, such as Seva Canada, which gave around \$300,000 this fiscal year, and Seva Foundation, which gave around \$350,000-\$400,000 this fiscal year. KCCO has also received grants from International Trachoma Initiative as well as from various other donors, including Sightsavers, the Fred Hollows Foundation, Helen Keller International, and Lions Clubs International Foundation.

Most of the funding KCCO receives is restricted. The primary donors supporting its work on cataract are Seva Foundation and Seva Canada. Grants from these organizations are usually directed to hospitals, with a portion directed towards the salaries of program officers and professional development of KCCO staff.

An increase in unrestricted funds

In 2015, KCCO, Seva Canada, and Seva Foundation jointly won the António Champalimaud Vision Award, which came with €1 million of unrestricted funding. Including its share of this award, KCCO received a total of \$2.5 million in funding in 2016. Dr. Geneau is working on plans for using this additional funding to increase KCCO's reach and impact. These plans will be discussed with Seva Foundation and Seva Canada, because they shared the award, and approved by the board of KCCO US.

One priority for the use of this funding is to increase KCCO's presence in Francophone West Africa. The countries of Francophone West Africa receive much less funding than countries in eastern and southern Africa, in part because there is a language barrier for some donors. Many hospitals in Francophone West Africa have expressed interest in working with KCCO, but KCCO has been restricted by lack of funds. With the award funding, KCCO plans to set up a program officer in Francophone West Africa, probably in Dakar, Senegal. This program officer would monitor KCCO's current program in Benin, and work with Dr. Geneau to start other programs in the region.

KCCO may use some award funding for research on diabetic retinopathy. Diabetic retinopathy is a growing issue in Africa, but there is insufficient funding available for studying or treating it. KCCO would like to investigate the burden of disease and test interventions for managing diabetic retinopathy in low-resource settings.

KCCO will not use award funding for its work on trachoma, because its work on trachoma is already funded by other donors, such as the International Trachoma Initiative and Sightsavers.

Staff capacity

If KCCO were to receive a lot of additional funding, enough to fund hospital mentorships at seven or more new sites, it would need to recruit and train additional staff. The current team in Moshi is very capable and experienced, and can quickly absorb and train new recruits. KCCO would also consider opening an office in Francophone West Africa. The current plan is to have only one staff member based in the region, and ask partner organizations to help find office space for that person. With more funding, KCCO could instead have its own office and team in Francophone West Africa, and duplicate its current operations in Moshi.

Monitoring

Mentee hospitals send KCCO quarterly data, including the number of surgeries performed, pre- and post-operative visual acuity, the number of people screened, and expenditures for reimbursement. For programs supported by Seva Foundation and the Global Sight Initiative, there is a standardized monitoring template that every hospital is required to use.

KCCO reports this monitoring data to its donors in quarterly and annual reports. According to the latest annual report, its nine mentee hospitals performed close to 7,000 cataract surgeries in 2016.

Each program site is visited by KCCO staff at least once per year. On these monitoring trips, KCCO staff meets with local staff to review the targets set out in the district's VISION 2020 plan. If the hospital is not meeting those targets, they discuss possible solutions. After each monitoring trip, KCCO prepares a trip report, which it shares with its donors.

Evaluating KCCO's impact

Qualitative evaluation

Qualitative approaches can be helpful in attributing changes to the work of organizations that act indirectly. One good technique for such organizations is outcome mapping, which involves specifying in advance what the organization will try to change and what methods it will use, and documenting the change process. This kind of evaluation is integrated as part of the intervention.

In its quarterly reports, KCCO includes narratives as well as quantitative data. Seva Foundation and Seva Canada, among other donors, are interested in receiving these narrative reports.

Quantitative evaluation

KCCO keeps track of the number of peer-reviewed articles it publishes, the number of hospitals that approach KCCO requesting its support, and the number of people who have gone through KCCO's training programs. It also tries to keep in touch with its trainees, and see how they are doing a year or two after the training program.

KCCO collects baseline statistics in the districts it works with, such as the number of cataract surgeries per thousand people, which it hopes to increase over time. After working with a hospital in the district, it collects data again. Attributing positive changes to KCCO's work is easiest when the district has only one hospital; in districts with more than one hospital, some of which are not working with KCCO, attribution is more challenging.

For its work with microfinance groups, KCCO collected data on a control group as well as the intervention group.

All GiveWell conversations are available at <http://www.givewell.org/conversations>