



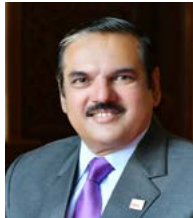
**Inclusive  
Eye Health  
Annual Report  
2021**





**Above:** Ange having her eyes examined by a nurse during an Acha Eye Hospital outreach campaign in Cameroon  
Cover image © CBM-Peek

# Foreword



There have been some incredible achievements since we launched our Inclusive Eye Health Strategy in 2017 with its focus on inclusive, comprehensive and integrated eye care, not least of which is the fact that most CBM country offices have supported, or are in the process of supporting, national governments to develop health documents on Inclusive Eye Health. This report explores some of our 222 IEH programmes and collaborations in 48 countries.

As this year marks the halfway point in the strategy, we took the opportunity to conduct a mid-term review to celebrate progress and to explore any changes needed going forward. The consensus of our three-day conference was that a strategic investment in data collection and analysis, a more deliberate approach to eye care advocacy and the prioritisation of certain eye conditions were areas that needed renewed attention.

What has not changed, however, is our determination to work with our partners to ensure eye care services become sustainable and fully locally owned, nor has our will to ensure that the most marginalised populations, such as those with disabilities, have the quality and accessible eye care they need. We will continue to look at innovative methods of working to improve our reach so that we can provide better access to communities.

This is an important time for eye health. The WHO World Report on Vision and The Lancet Global Health Commission have made it clear that eye health is a vital developmental issue. In July of this year, The United Nations General Assembly adopted a Resolution that commits the international community to providing eye care for the 1.1 billion people living with preventable sight loss, a commitment we unconditionally share.

A handwritten signature in black ink that reads "M. Babar Qureshi".

**Dr M. Babar Qureshi**  
Director Inclusive Eye Health



# CBM inclusive eye health

## Countries, partners, and projects

### AFWC

Country	No. partners	No. projects
5 Sierra Leone	1	3
6 Guinea	1	1
7 Cote d'Ivoire	1	1
8 Burkina Faso	3	3
9 Benin	1	2
10 Nigeria	10	6
11 Cameroon	2	3
12 DRC	4	4
<b>All countries</b>	<b>23</b>	<b>23</b>

### Americas

Country	No. partners	No. projects
1 Guatemala	3	3
2 Peru	1	1
3 Bolivia	7	6
4 Paraguay	1	2
<b>All countries</b>	<b>12</b>	<b>12</b>

### Total

No. partners	<b>128</b>
No. projects	<b>127</b>
No. countries	<b>33</b>

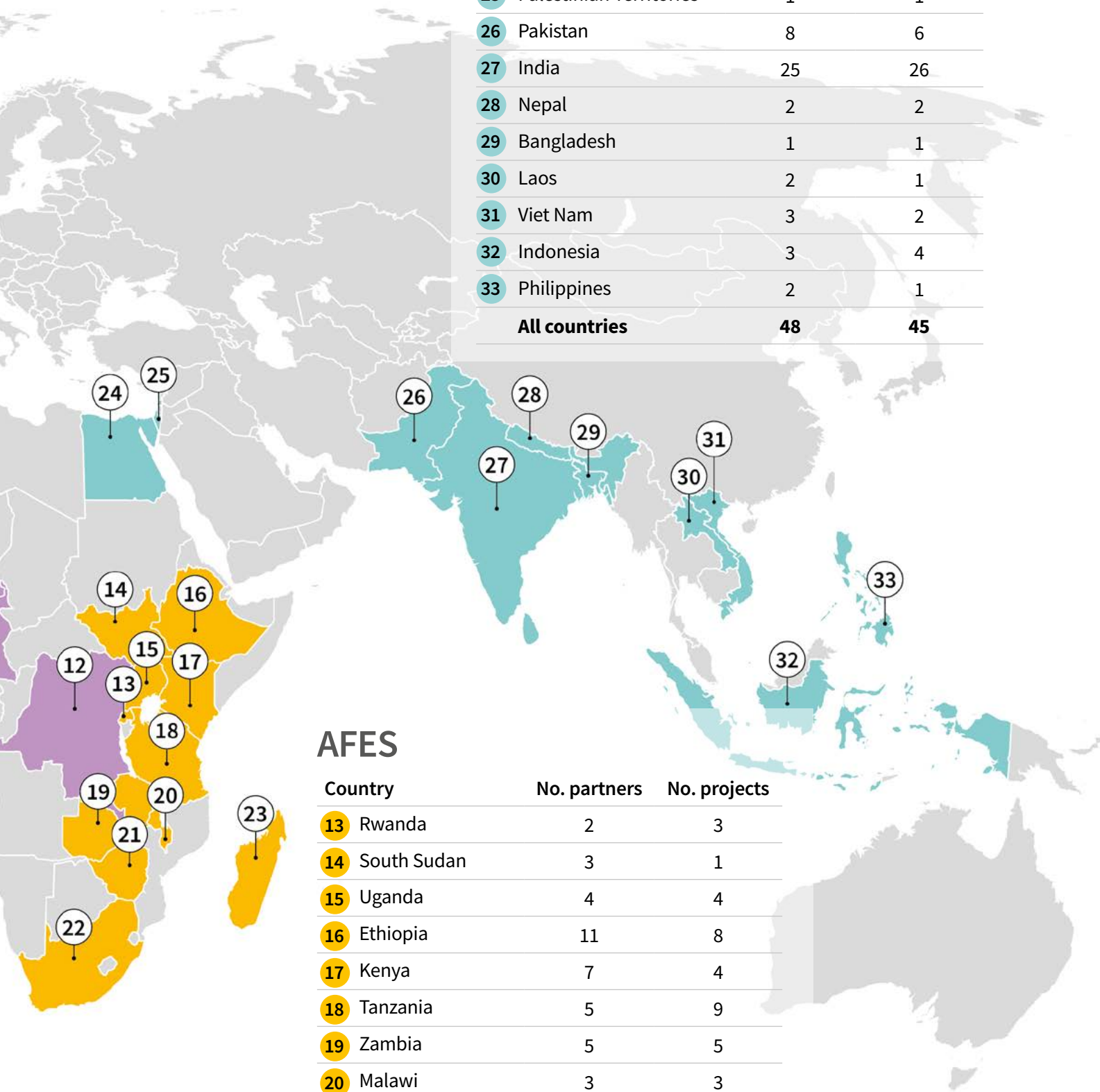
**AFWC** = Africa West and Central

**AFES** = Africa East and South

**EMR** = Eastern Mediterranean Region

## Asia & EMR

Country	No. partners	No. projects
24 Egypt	1	1
25 Palestinian Territories	1	1
26 Pakistan	8	6
27 India	25	26
28 Nepal	2	2
29 Bangladesh	1	1
30 Laos	2	1
31 Viet Nam	3	2
32 Indonesia	3	4
33 Philippines	2	1
<b>All countries</b>	<b>48</b>	<b>45</b>



## AFES

Country	No. partners	No. projects
13 Rwanda	2	3
14 South Sudan	3	1
15 Uganda	4	4
16 Ethiopia	11	8
17 Kenya	7	4
18 Tanzania	5	9
19 Zambia	5	5
20 Malawi	3	3
21 Zimbabwe	2	6
22 South Africa	1	1
23 Madagascar	2	3
<b>All countries</b>	<b>45</b>	<b>47</b>

# The New District Approach – An example from Kenya



“Our aim is to integrate into health systems and to provide an equitable service that isn’t just based on numbers but also on quality and accessibility.”

**Babar Qureshi** Director IEH Initiative

Many of CBM’s partners are non-governmental (NGO) service providers located at the tertiary level (mainly hospitals), with some at the secondary level. This situation dates from a time when eye care co-ordination at the national level did not exist and when there were no eye health committees working with ministries of health.

The result of this approach was that while CBM supported NGOs flourished and provided good eye services, eye care services at government run facilities at the secondary and primary level were non-existent. Some governments believed eye care was being adequately catered for by the NGO sector and therefore didn’t include it in health plans and budgets.

This meant that many patients had no local eye services, or only received limited support through patchy outreach programmes. Those that undertook the long journey to hospitals often arrived too late for their sight to be saved.

There is an example of this system in action in Kenya. The Sabatia Eye Hospital (SEH) is an independent, not-for-profit organisation founded in 1996 that has been supported by CBM for a number of years. It offers outpatient and inpatient services and trains eye health professionals through partnerships and collaborative arrangements with local universities.

SEH offers a good eye care service at the tertiary level to those people able to travel to get the

support they need, but local provision is under-resourced. At the government run County Referral Hospital in Maragoli (secondary level), the eye care facility consists of one room. Eye operations take place in the general operating theatre and medicines can be scarce. They do however, have one cataract surgeon and some eye care staff.

At the primary level – Kengondi Health Centre – also a government run facility, doesn’t have any eye care staff. If a patient presents with an eye problem, they are sent to Sabatia Eye Hospital. There is no follow-up to ascertain whether the patient arrived at the SEH nor is the hospital notified about the referral.

In an attempt to create a more holistic, cohesive approach that includes those left behind by the current system, CBM is proposing linking CBM non-government partner hospitals with government health facilities and collaborating with other organisations responsible for rehabilitation and education. The new approach will be applied in seven counties in Kenya, with the hope that funding might be found for a further three. We are pursuing a similar approach in many other countries.

In 2020:

**2.4 million people received  
eye screening**

Fig. 1. Most health systems in the countries in which CBM works are organised as shown in the chart below, with services at the primary and secondary level under-resourced.

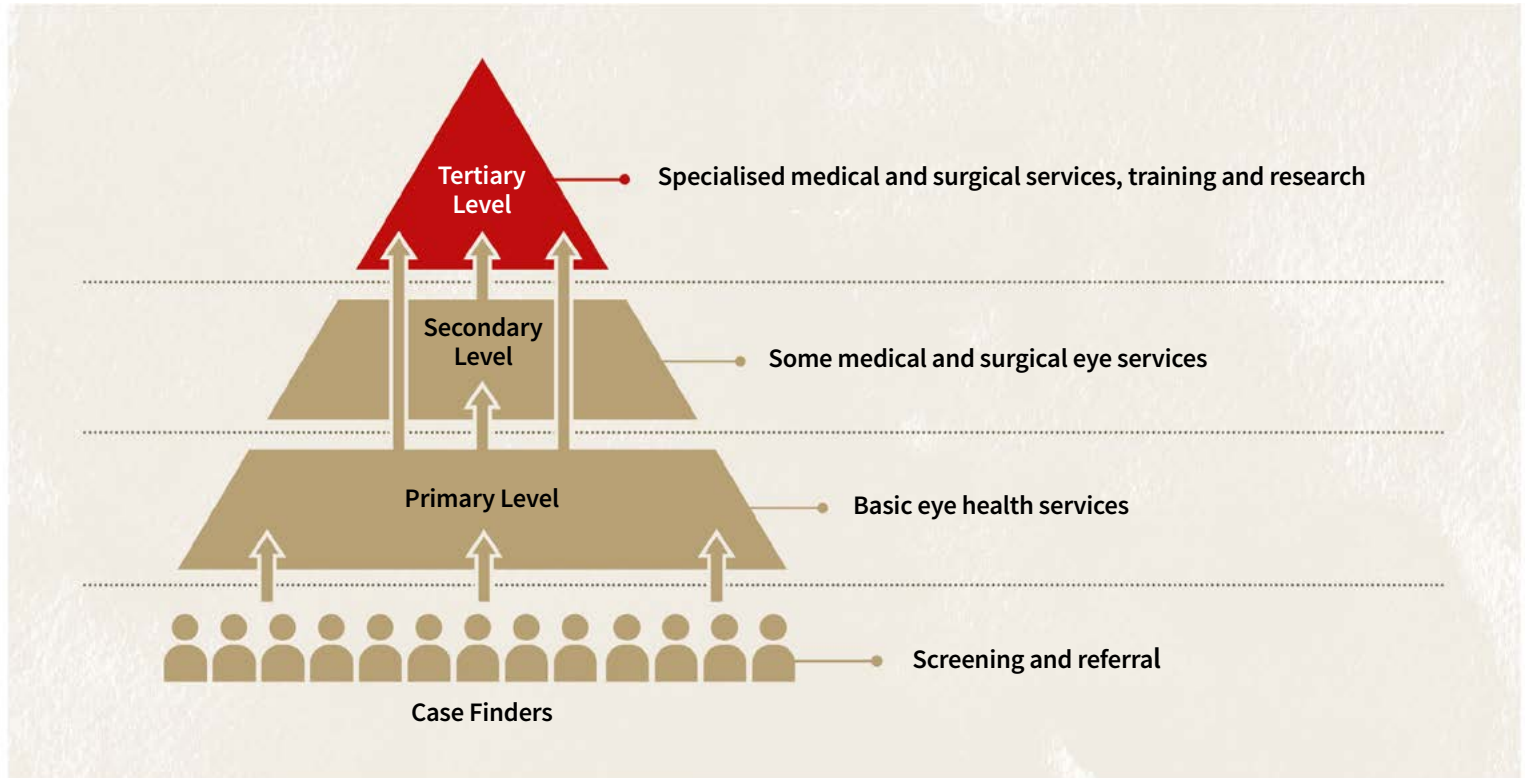
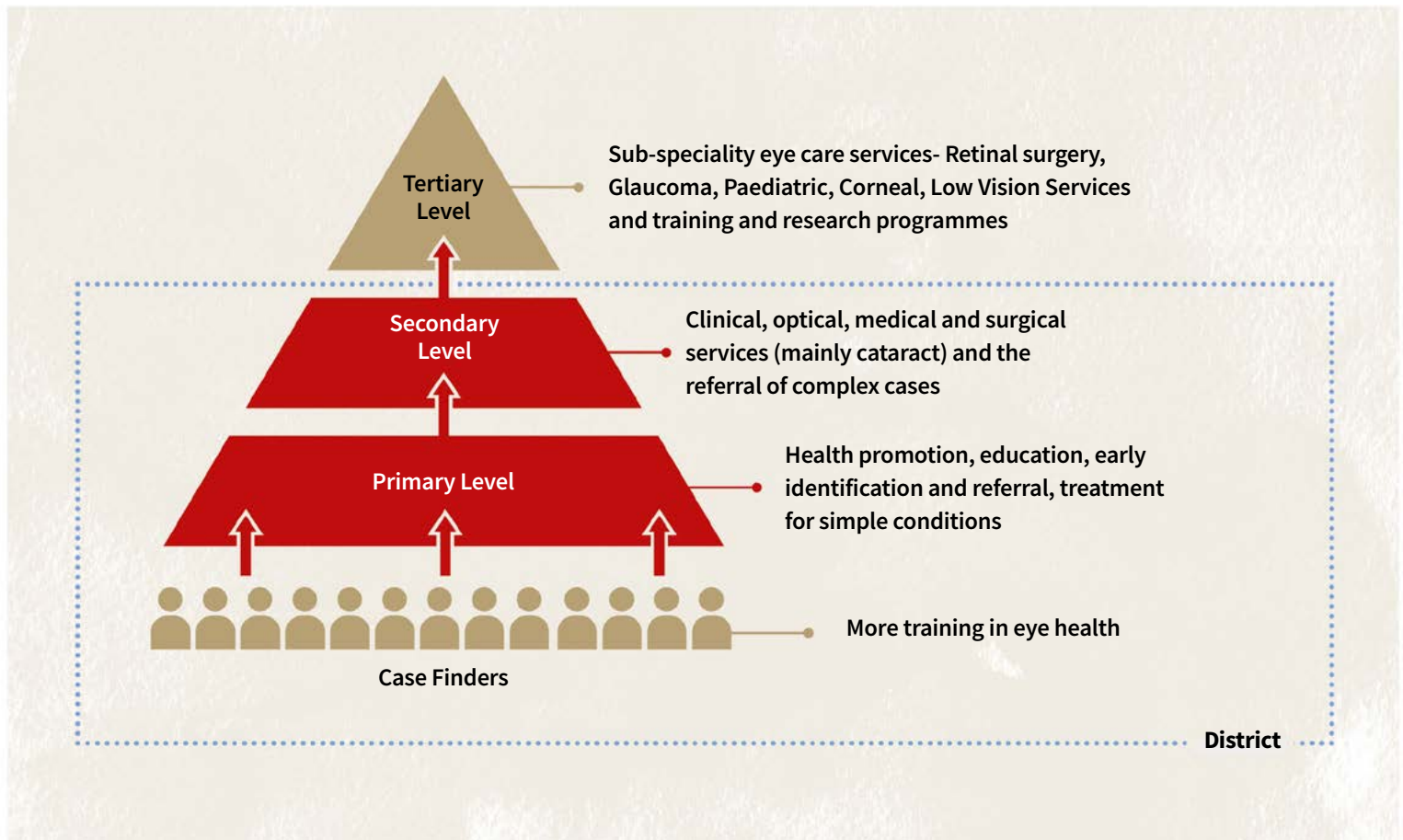
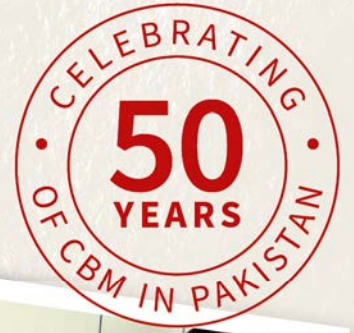


Fig. 2. We are working towards a new, district-focused approach so that eye health services are available closer to communities.



# Highlights of CBM in Pakistan



Above: Dr Qureshi in Pakistan in 2005 © CBM

Establishment of partnership with Christian Hospital Taxila – support for cataract surgery, school eye health screening programmes, hospital infrastructure and the donation of equipment.

Two projects launched, including support at The Mission Hospital in Peshawar.

CBM provided equipment and supplies to strengthen the outpatient eye departments and supported cataract surgery for Mission Hospitals in Qalandarabad in Abbottabad District, Tank and United Christian Hospital in Lahore.

CBM began to foster partnerships with NGOs

1970's

1960's

1980's

Partnerships with Kunri Christian Hospital in Sindh Province and The Christian Hospital in Quetta – construction of eye wards, outreach cataract surgery.

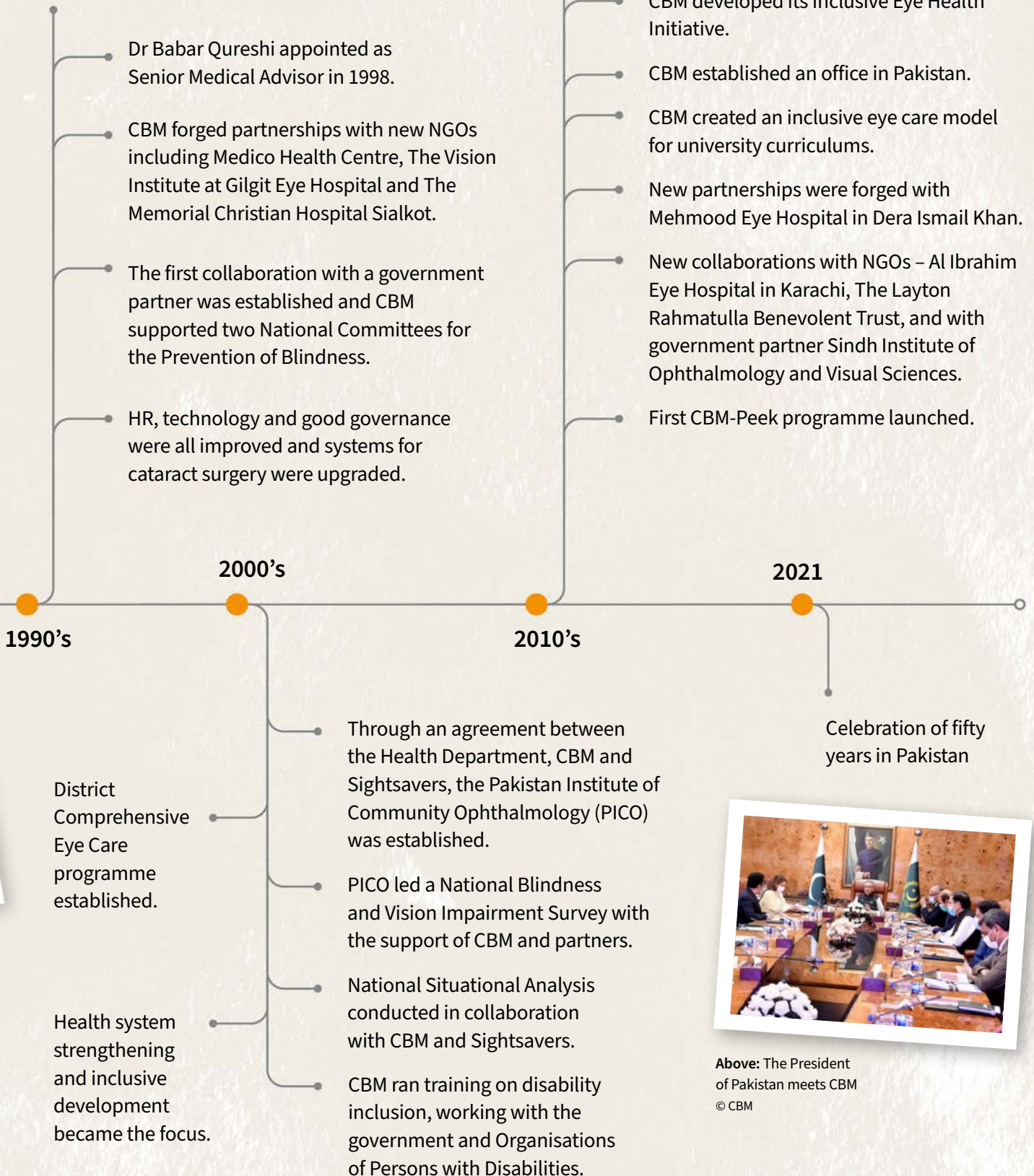
Establishment of a workshop for the blind at Mission Hospital in Lahore and an eye department at Shilokh Mission Hospital in Jalalpur Jattan.



Above: Zaitoon having a vision test, CHEF Community Vision Centre, Peshawar, 2010 © CBM



CBM key in the development of the VISION 2020 global initiative that sought to reduce avoidable blindness by focussing on disease control, human resource development, infrastructure, technology, and advocacy. CBM adapted its work in Pakistan to these global developments.



Above: The President of Pakistan meets CBM  
© CBM

# Peek potential

One of the greatest challenges in delivering effective eye care to people who live in low or middle income countries is that those living in more remote communities find it hard to access the care they need. Collecting the data that will identify and notify those who require further treatment is often a fragmented and difficult process that can result in patients falling through the cracks.

In all the work that it does, and in all the partnerships it forges, CBM aims to find ways to bring services to the places that need them, allowing local populations to take charge of their own health. This plays an important part in helping to strengthen the health systems in countries from the bottom up.

CBM's collaboration with Peek Vision is once such venture. Peek has developed a clinically certified smart phone vision test app with a data capture system. Not only can more eye tests be performed and serious eye conditions identified, but people with less complicated eye conditions can receive care in local health centres in villages. This was already the case in many places but CBM-Peek programmes have made it easier.

The system of screening, data capture for referral and the sending of alerts to remind people to take up appointments is proving effective. The smartphone-based vision screening test takes less than a minute to test each eye and the Peek Capture app incorporates this functionality with data capture and referral pathways to treatment. Peek Admin supports real-time analysis to follow the patient journey and monitor service delivery.

CBM-Peek eye health programmes are running in multiple countries across Africa and Asia. Currently there are twelve projects in five countries – in Pakistan, Zimbabwe, Ethiopia, Uganda and Tanzania.

In 2020:

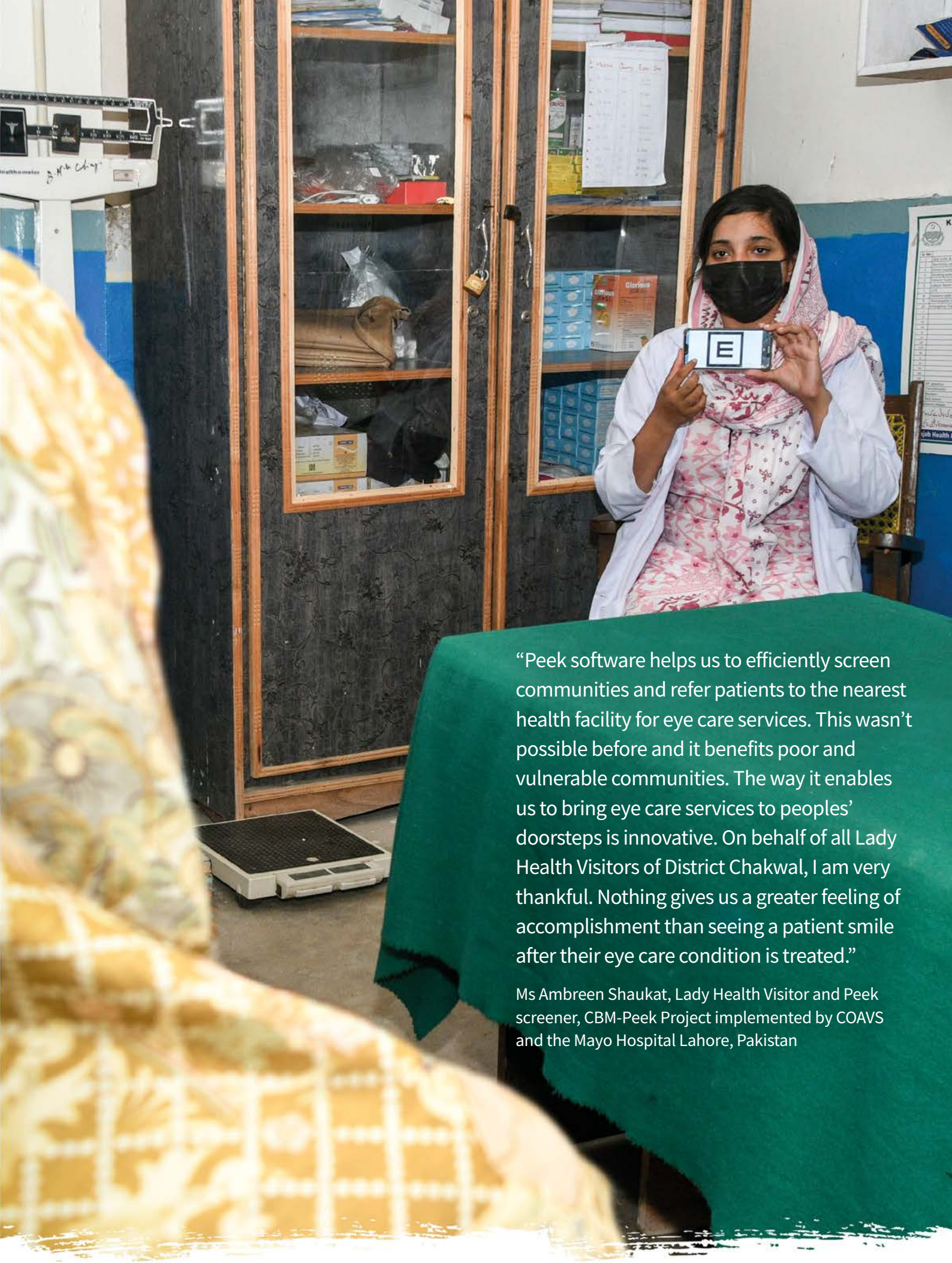
**4 thousand children with visual impairments were enrolled on educational programmes.**

This latter project, based at a health centre in Kilimanjaro and implemented by Kilimanjaro Community Hospital is the most recent.

**Nesia Mahenge**, Country Director for CBM Tanzania says:

**“The app can be used by people who only have basic knowledge of using smart phones and of the English language. Its accessibility and ease of use increases coverage and reaches more clients because it does not require any particular expertise. The system is also cost-effective because it does not involve sophisticated eye equipment or specialists such as ophthalmologists to screen for the various eye conditions.”**

The partnership between Peek and CBM has the potential to create more inclusive and equitable eye health services for people currently without proper access to the care they need and a system that can be built on for the future.



“Peek software helps us to efficiently screen communities and refer patients to the nearest health facility for eye care services. This wasn’t possible before and it benefits poor and vulnerable communities. The way it enables us to bring eye care services to peoples’ doorsteps is innovative. On behalf of all Lady Health Visitors of District Chakwal, I am very thankful. Nothing gives us a greater feeling of accomplishment than seeing a patient smile after their eye care condition is treated.”

Ms Ambreen Shaukat, Lady Health Visitor and Peek screener, CBM-Peek Project implemented by COAVS and the Mayo Hospital Lahore, Pakistan

# Two stories of change in Ethiopia where CBM has been working with local partners

## Transformative surgery



Above: Yasab after surgery  
© CBM

**Yasab**, a farmer from Amahara, lives in a rural area where there are few eye and other health care services. Her village is 180 kms away from Debremarkos, the location of her nearest facility. She has six children and the last

of these was born when Yasab was blind. She struggled to maintain her household and look after her children.

Eventually, and with the help of her husband and her daughters, Yasab made her way to Debremarkos Hospital Eye Unit, where the consultant confirmed a diagnosis of bilateral secondary cataract. Because she had travelled such a long way, and because her youngest child who she had also brought with her was

only 8 months old, she was admitted for surgery immediately. She explained her reason for finally making the tricky journey:

**“When I was breast feeding my baby, we were both attacked by fire ants. All I could do was shout out and my baby was screaming. Neighbours had to come and rescue me. It was because of this incident that I realised I should try and get help.”**

Surgery on Yasab’s left eye was successful. The intervention meant that she was able to see her new baby boy for the very first time – a moment of real joy for her and the rest of her family. When she was blind, she says she felt economically dependent on her husband and her parents, which led to feelings of insecurity and depression and a sense of being excluded from life. Her surgery has been transformative.

## Finding hope

**Fifteen-year-old Meko** sustained an injury on her right eye while she was out in the forest collecting firewood. She lives in the Oromia region and is one of nine children. Unable to see properly, Meko couldn’t go to school and had to stay at home.

**She says:**

**“I was forced to drop out of my schooling. It made me cry every time I met up with my classmates. I felt totally hopeless, and assumed it was not possible to ever get**

**my vision back. My family were upset too. About eleven months after I hurt myself, my father heard an eye campaign promotion in our village and took me to Dodola Mekane Yesus Eye Clinic.”**

After her operation for a traumatic cataract, her sight in her right eye was restored.

**“I was able to see the day after my operation. I am now very happy and full of hope. I am due to resume my schooling from grade 4 soon.”**



Above: Darwit before cataract surgery at CBM partner Menelik II Hospital, Addis Ababa, Ethiopia © CBM



Above: Nabila reading, Jakarta, Indonesia © CBM



# A plan for low vision

CBM's Advisor on Low Vision Dr Karin van Dijk explains the impact of a 5-year pilot project aimed at developing low vision services in Indonesia.

There is now a willingness amongst government eye hospitals in Jakarta, Surabaya, Malang and other places to add low vision (LV) as an essential part of eye health care to their services and to make staff available for training and provision. This trend is also evident in the growing number of government and private eye facilities requesting LV training.

Government eye hospitals trained in LV under the 5-year programme, are keen to work with NGOs to provide comprehensive services for clients. There are now better referrals between these two types of services, and a growing recognition that they complement each other. The NGOs provide LV training of professionals and clients, work with clients with complex needs and provide access to LV devices (such as glasses). CBM Indonesia has also initiated discussions with health authorities on the need to include selected LV devices (based on data from the 5-year pilot) in the national health insurance system.

The hospitals that received LV training are now acknowledging the importance of accessible eye health and LV care for persons with disabilities. The government hospital involved in the pilot program has seen the potential for further development of

comprehensive paediatric LV care as part of existing eye care services, with formal links to educational and rehabilitation services.

Education authorities are taking on board the idea that children with LV need early access to eye health and low vision assessment and interventions, and can attend inclusive education more successfully if their teachers receive training in LV. They now co-fund training of up to 2000 practising teachers in Jakarta. A teacher training college at a State University is working with the NGO LV service in Jakarta to develop a module on low vision.

One of the results of the pilot project was the launch of a manual to develop comprehensive LV services in Indonesia, as well as a number of training curricula for eye health. Going forward, our aim is to incorporate low vision care in all IEH programmes.

In 2020:

**510 doctors and 696 nurses were trained in eye health specialisms**

“Education authorities are taking on board the idea that children with LV need early access to eye health and low vision assessment and interventions, and can attend inclusive education more successfully if their teachers receive training in LV.”

# Bringing services closer to the community

Interview with Dr Almou Ibrahim, Ophthalmologist  
at Dosso Regional Hospital, Niger

CBM supports the eye department at the Regional Government Hospital in Dosso, Southern Niger, to enable them to provide comprehensive eye health services to people in communities throughout the region.

A strong emphasis is placed on bringing services closer to the community through awareness raising at the household level, strengthening of primary health centres, and surgical outreaches and on making services accessible to all patients.

## What does the support of CBM mean for your work?

CBM plays a major role in the activities of ophthalmology in general and in the management of eye diseases in Dosso's region in particular. I have worked in partnership with CBM for 8 years.

## How does it help patients?

We are in the rainiest month of the season, but there is a crowd of people waiting for treatment. Without this project, people with minor eye diseases would stay at home and those with serious eye diseases like cataracts would consult traditional healers who would complicate their conditions. CBM has brought quality eye health care within the reach of the rural population. These populations are destitute and often find it difficult to eat and they cannot afford to travel to Dosso to be treated. Thanks to CBM, everyone has the chance to benefit from quality treatment.



Above: Dr Almou Ibrahim in theatre © CBM

In 2020:

**236 thousand pairs of spectacles were provided**

## What can you do now that you could not do before the partnership with CBM?

Without it, the mobile interventions would be difficult for us. Before, we could not make field trips because we didn't have vehicles, and the Departments of Loga and Boboye didn't have an ophthalmology unit. CBM has provided the regional public health directorate of Dosso (DRSP) with two vehicles and equipment. The provision of equipment to the ophthalmology service of Centre Hospitalier Regional has allowed easier diagnosis and a higher standard of care. The training of health workers and nurses at the level of the integrated health centres (IHC) will allow for earlier diagnosis, management and referral of patients with eye diseases. CBM has facilitated consultations in schools to screen students with refractive errors, which is something we could not do before. Now it really is a technical platform worthy of the region

## What progress have you made?

The progress has been great – of the eight departments in the Dosso region, four are equipped with an ophthalmology unit and technicians who work regularly. We are now able to go to the most remote corners and take care of eye pathologies which in the past were only dealt with in Dosso or even in Niamey.

When we arrived in 2013, we only saw ten to fifteen patients a day and operated on two or three a week, sometimes we were unable to do any operations



at all. Now the ophthalmology department sees about fifty patients a day and about twenty patients have surgery every week. We have spent several years broadcasting information on the radio, to raise awareness about the fight against blindness and eye care.

Nearly three hundred CBM health agents have been trained in eye care and the training of traditional healers and chiefs has allowed us to communicate with communities about the prevention of blindness in the Dosso region.”

**Tawacthé from Liguido** had a cataract operation at Dosso Regional Hospital:

**“My right eye saw nothing but light or smoke. It was very difficult with one eye that sees and one that only sees light. I had to ask for help all the time. Now I can see perfectly. I am independent. Yesterday I went around the village unaccompanied. I will soon resume my farm work and I can go everywhere I need to go. I will tell other people with eye problems to come. The treatment is fast with excellent results and it is free.”**

## Zeiss partnership benefits patients



Above: Zeiss microscope being installed at Morgenster Mission Hospital, Zimbabwe © CBM

There is a long-standing partnership between CBM and Zeiss, (a leading technology enterprise operating in the fields of optics and optoelectronics), which has seen the development of several phaco training centres. Phacoemulsification surgery is the most effective way of removing cataracts, but is still not readily available to patients in many regions of the world. CBM has also developed a phaco curriculum in collaboration with the International Council of Ophthalmology.

This year, CBM has placed a large equipment order for many of our IEH partners with Zeiss, and they have given CBM a very significant discount so that 33 of our partners in 15 countries will benefit. The equipment includes phaco machines, microscopes, visual field machines, slit lamps and other essential items.

**“On behalf of Nkhoma Hospital I would like to thank you for the timely donation of the Zeiss equipment to the Nkhoma Eye Programme. This donation will improve our eye care both at Nkhoma and at our outreach services. Until now, it has not been possible to serve these areas well with limited equipment. The IOL master will help with precision of intraocular lens measurement. The autorefractor will help in refraction to improve spectacle correction as in some patients it is very difficult to do manual retinoscopy. Many patients will benefit.”**

**Dr Vincent Moyo, Ophthalmologist**  
Acting Medical Director  
Nkhoma Hospital, Malawi

# Supporting specialist training for ophthalmologists

In January of this year, CBM signed a Memorandum of Understanding with the International Ophthalmological Fellowship Foundation (IOFF) to support their Sub-Speciality Fellowship Programme.



**Dr Mwanja Pius**, an ophthalmologist from a CBM partner, Ruharo Mission Hospital Eye Centre in Uganda, will take up a fellowship in Paediatric Ophthalmology at the Kilimanjaro Community Hospital in Tanzania next year.

## What is the IOFF Sub-speciality Fellowship Programme?

It is an educational initiative designed to help young ophthalmologists from low-resource countries attain knowledge and skills to preserve vision and fight blindness back at home. These programmes are essential in equipping ophthalmologists in developing countries with the much-needed subspecialty skills and

knowledge to contribute towards achieving the global targets.

## Were you pleased to get this fellowship?

Yes, I was excited to receive this opportunity and I welcome it with both hands. I'm really looking forward to starting the training.

## What difference will it make to your career?

The training I will receive in Paediatric Ophthalmology and Strabismus (POS) will equip me with the requisite skills needed in fighting childhood blindness in South-Western Uganda and also help me to add value to the ongoing Retinoblastoma program running at Ruharo Mission Hospital Eye Centre.



Above: Ruharo Mission Hospital, Mbarara, Uganda © CBM

# Collaboration with Community Based Inclusive Development (CBID) partners in Rwanda

Rwanda is one of the countries where CBM has started promoting a more systematic cooperation between eye health and CBID partners. To be truly inclusive, all CBM partners should be actively involved in collaborative networks in order to provide the people we serve with all the support and service options that they need.

For instance, a patient at an eye unit who has a permanent visual impairment should be referred to an appropriate rehabilitation service or an organisation that can support them with education or employment needs.

In Rwanda, the CBM Country Office invited key stakeholders to consultations with organisations of persons with disabilities. One outcome of these initial discussions was the creation of a new project, which successfully linked different aspects of CBM's project work, such as the Village Savings and Loan Associations (VSLA), community health workers and eye health services. A monthly radio talk show on community radio HUGUKA on eye health, hosted by CBM's partner, the Kabgayi Eye Unit, reaches many people at the community level. Several cooperation agreements have also been signed between stakeholders such as community service providers and the Ministry of Education, Local Government and Health. From now on, all CBM projects in Rwanda will be developed within these frameworks.

During the coming year, CBM plans to provide training on aspects of practical implementation. Community health workers will be trained in primary eye care principles and the identification and referral of patients with eye problems, such as cataract.



Above: CBID partners and staff at The Kabgayi Eye Unit © CBM

“A monthly radio talk show on community radio HUGUKA on eye health, hosted by CBM's partner, the Kabgayi Eye Unit, reaches many people at the community level.”



# A stronger mandate

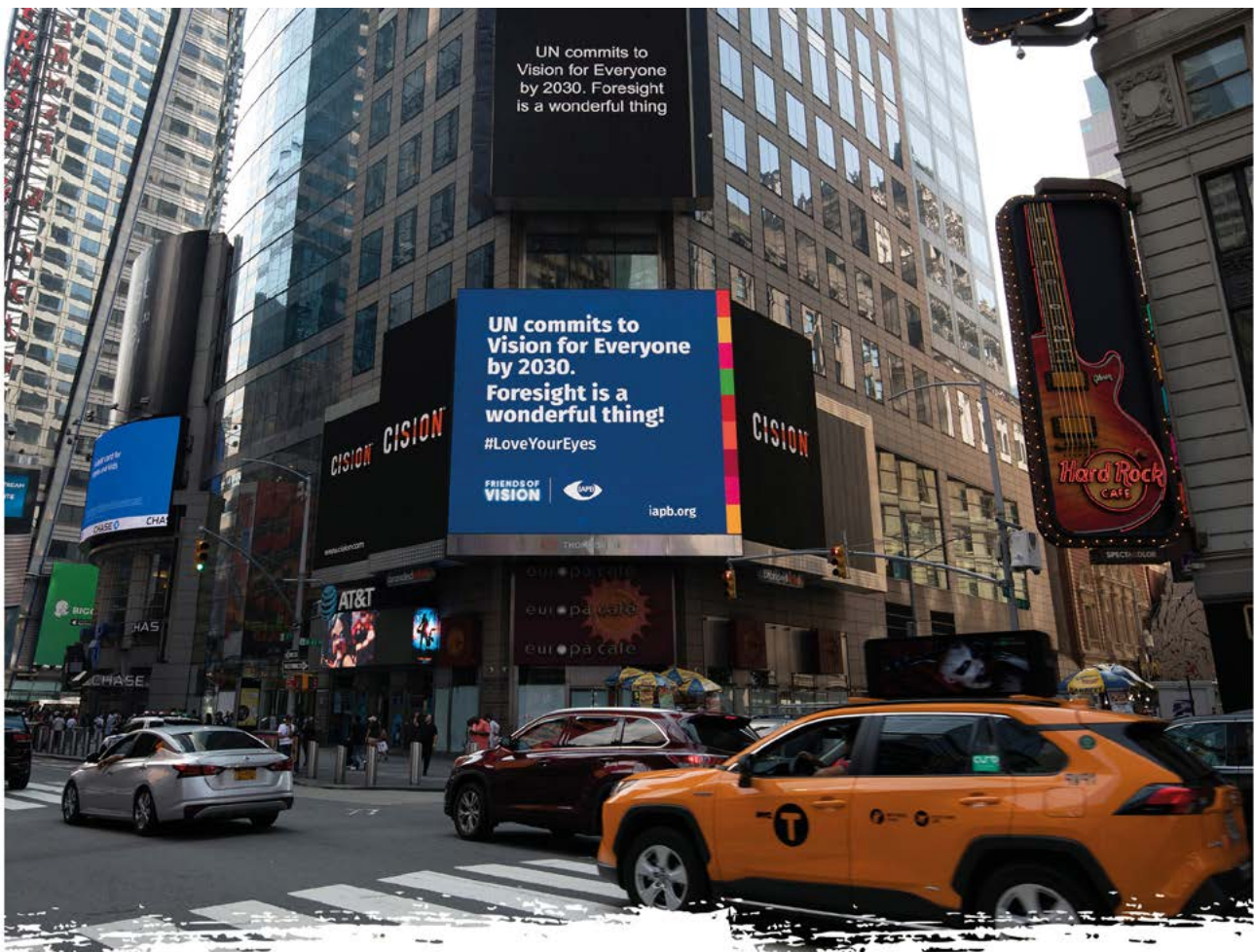
In July of this year, the United Nations General Assembly adopted a Resolution committing the international community to eye care for the 1.1 billion people living with preventable sight loss.

It directs countries to adopt a whole of government and multi-sector approach to eye health and creates new expectations for financial institutions and donors to support developing countries in tackling the issue.

In 2020:

**301 thousand eye operations were performed**

The resolution came about after years of endeavour by the International Association for the Prevention of Blindness (IAPB) and the United Nations Friends of Vision Group. At CBM this resolution gives us a stronger mandate in the design and implementation of our programmes to ensure that eye health is integrated into national health systems, which is the approach CBM's Inclusive Eye Health Initiative adopted in 2017. It opens the door for more advocacy in the countries in which we work to enshrine eye care into policies and services.



Above: Billboard in Times Square, New York, announcing the UN Resolution © IAPB

# Adapting to COVID-19

COVID-19's devastating impact on eye health services was swift and widespread. Elective appointments and non-urgent services like low vision, refractive error and even cataract surgery services were not available.

Under these circumstances, eye health partners had to adapt to new ways of working to ensure service delivery was available where possible. Moreover, when services slowly started to resume, hospitals had to cater to the backlog of cases.

In 2020 CBM set up the Corona Response Fund, a fast-tracked funding opportunity that partners could apply for to continue to provide quality eye care services. Most of the partners in CBM-supported countries received financial support and were able to channel this into adapting their eye care service delivery. This included procurement of PPE, modification of eye equipment, providing tele-consultations and setting up or expanding tele-rehabilitation services.

The Inclusive Eye Health initiative also released a number of supporting documents on COVID-19.



Above: Checking a patient's temperature at Acha Eye Hospital, Cameroon © CBM

## CBM Zimbabwe's COVID-19 support to partners Zimbabwe Council for the Blind (ZCfB) and the Ministry of Health and Child Care (MoHCC)

Thanks to CBM's support, ZCfB introduced tele-clinics to counter the impact of COVID-19. People with eye conditions took pictures of their eyes with a smartphone and then forwarded them to an Ophthalmic Nurse (OPN) who then referred the client to their nearest eye unit or health facility for further physical examination and diagnosis. The tele-clinics served 669 children and 3043 adults.

Standard Operating Procedures for COVID-19 were developed with the MoHCC and basic modifications were carried out at six eye units, such as installation of desk shields at reception areas and procurement of tonometer heads to ensure physical distancing between the eye surgeons.

**“The advent of the tele-clinic was superb and helpful to Sekuru Kaguvi Hospital (SKH) as**

**we used the technology to do bookings and reduce crowding at the eye unit, thus containing the spread of the virus. Communication was simplified and reduced inconveniences for both the clients and the health personnel as changes were communicated in advance via WhatsApp. Despite the project having ended, we are still making use of the system as consultations are still coming from clients. The system was so good that the main hospital, Parirenyatwa Group of Hospitals ended up adopting it too.”**

**OPN from SKH**

**“The project was a game changer as it facilitated quick referrals over the phone in cases of emergency during COVID-19.”**

**Eye Unit Coordinator SKH**

## In brief



Above: Dr Peter Schießl, CBM Chief Executive Officer wearing Beyond Shades glasses © CBM

### An eye for an eye

Beyond Shades, a German company that designs sunglasses from sustainable materials has partnered with CBM to raise awareness of those people living with preventable visual impairments.

The company are supporting three specific projects in Sitapur (India), Kitwe (Zambia) and Butajira (Ethiopia), selected because of their remote and often conflict ridden locations. Every pair of sunglasses sold on the Beyond Shades website will finance a cataract operation in one of these regions.

For sunglasses that do more visit [www.beyond-shades.de](http://www.beyond-shades.de)

### New Appointments

CBM's Director of Inclusive Eye Health Dr Babar Qureshi, has been appointed as the Vice President to the board of the International Agency for the Prevention of Blindness and CBM Advisor Aaron Magava has been re-elected as the Africa Regional Chair.



© Istock

### University Partnership

The partnership with the University of Rostock and the Centre de Formation Ophtalmologique d'Afrique in Kinshasa, Democratic Republic of Congo, continued this year, albeit under more difficult conditions and influenced by the global pandemic. Although travel was limited, two doctors from CFOAC were able to spend a month at the University Eye Hospital Rostock as part of the exchange programme.



Above: Dr Heiko Philippin © CBM

### Research breakthrough

Glaucoma is a major cause of sight loss, worldwide, with the highest prevalence in Africa. Dr Heiko Philippin, an Ophthalmologist and CBMs Global Advisor in Research and Training, has led a trial recently published in Lancet Global Health, that shows that a year on, selective laser trabeculoplasty is superior to eye drops for treating Glaucoma. This outcome has the potential to transform the management of the disease.

# Feedback from partners

**“The friends that you had when learning to stand on your feet are the friends you want with you when you start running.**

MICEI is different from other hospitals because of the nature of the services, the equipment and the approach to service delivery is very strong and inclusive of people with disabilities. It would have been difficult to progress this work without CBM.

CBM’s focus is on the poor, especially those with disabilities because poverty is both a cause and consequence of disability. MICEI’s service delivery strategy is on improving quality and providing affordable eye care for everyone regardless of their ability to pay. Our outreach programmes go into rural and poor districts where most people don’t access eye care services, working with community

relay agents that know their communities and can find people in need of our services. We also endeavour to select accessible sites for our screening activities.

In the early days of working with CBM, we felt like everything CBM wanted was about disability, inclusion and accessibility and we were wondering what that had to do with seeing patients and improving eye care services. Later on, we came to understand that our mission of restoring, preserving and improving eye health will not be attained if persons with disabilities cannot access our services and facility.

CBM is very important partner of AEF. We are focused on the continued partnership for the good of the community we are serving in Central Africa.”

**Ebot Ferdinand Ayamba – Finance Manager, African Eye Foundation (AEF)/Magrabi ICO  
Cameroon Eye Institute (MICEI)**

**“Those living in rural locations don’t consider eye conditions as a priority due to community stigma.**

The partnership with CBM has helped drive information and encourage others through outreach. Without CBM people would simply not come. We target people who wouldn’t seek services by themselves, especially the elderly.

There are still large areas of the population that are underserved. There are very few ophthalmologists in the country, although with CBM’s support we have come a long way and trained ophthalmologists and support staff. CBM encourages self-sustainability. We are aiming for the percentage of donor funding to reduce as we progress.”

**Alexie Mpishi, Project Coordinator, Kitwe Teaching Eye Hospital, Zambia**



Nakisinde and her mother choosing glasses at Mengo Eye Hospital, Uganda © CBM