

## Annual report 2021



Houten, February 2021

## Table of Contents

### Contents

Chapter 1	Introduction .....	3
1.1	Structure of the report .....	3
1.2	Background of the report .....	3
Chapter 2	Mission and Vision .....	5
2.1	Mission and Vision.....	5
2.2	Local team .....	6
2.3	Governance structure.....	7
2.4	Clinic transferred to local staff .....	7
Chapter 3	Clinical activities 2021 .....	10
3.1	Introduction.....	10
3.2	Impact COVID-19 .....	10
3.3	Out patients and outreaches.....	11
3.4	Age and sex distribution.....	13
3.5	Home village .....	13
3.6	Outreaches and school children .....	14
3.7	Operations .....	15
3.8	Training and capacity building.....	16
Chapter 4	Profit and Loss Statement .....	18
Chapter 5	Balance Sheet .....	19
Chapter 6	Plan for 2022.....	20
Chapter 7	Approval of the Board .....	21
Annex I	Logical framework activities 2020 .....	<b>Error! Bookmark not defined.</b>
Annex II	Logical Framework - Eye For Zambia .....	22
Annex III	Budget for 2021-2025.....	27

This chapter provides an overview of the structure of this annual report. Furthermore, it elaborates on the background as to why this report has been written.

## 1.1 Structure of the report

This report subsequently discusses the following topics; the mission and vision of Eye for Zambia, local team, board members and governance structure. This is followed by a report on the 2021 activities, the strengthening of human resources as well as the impact of COVID-19 on activities of the foundation. In the next chapter, the profit and loss statement will be discussed which is followed by the balance sheet. This annual report also provides insight in our plans for next year. The final chapter comprise the conclusion and the approval of the board. All valuta as shown in this report are Euros unless stated otherwise.

## 1.2 Background of the report

The aim of this report is to give account regarding primarily the financial statements to its stakeholders.

The Eye for Zambia foundation was established in 2016. Please note that the foundation is ANBI-certified by the Dutch Tax Administration. The Dutch Tax Administration can designate an institution to be a "Public Benefit Organisation" (Dutch: Algemeen Nut Beogende Instelling, ANBI). Eye for Zambia is registered with the following number: 856314924.<sup>1</sup>



Figure 1 Macha Mission Hospital main entrance

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<sup>1</sup> <https://www.eyeforzambia.org/wp-content/uploads/2019/05/ANBI-gegevens-1-1.pdf>



*Figure 2 The Eye Clinic*

At least 90% of the efforts of an ANBI have to be focused on the general good. If in a calendar year the sum of someone's gifts to ANBIs exceeds 1% of the Dutch threshold income, the excess, with a maximum of 10% of that income, is deductible income. In order to maintain this ANBI-status, it is of crucial importance to provide the necessary information throughout this annual report.



## Chapter 2      Mission and Vision

This chapter discusses the mission and vision of Eye for Zambia. Furthermore, it contains information regarding the team involved. The chapter concludes with an in-depth discussion regarding the governance structure.

### 2.1      *Mission and Vision*

Eye for Zambia's vision is: *Good eye sight for everyone*

This has led to the following mission statement:

*"Towards good vision for everyone and improved quality of life for people living with avoidable and treatable blindness in the Macha region"*

Eye for Zambia has contributed to the start-up and establishment of an eye clinic in Zambia. Improving sight for residents of Zambia has an important side effect: when older people lose their sight, children are needed to take care of them. When the eyesight of an older person is improved, the daily care by children is no longer necessary. As a result, the child can go (back) to school and as such have a positive contribution to the economy of Zambia.



*Figure 3 Outreach eye screening*

*The Lancet Global Health Commission* described (Volume 9, Issue 4, E4890E/551, April 01, 2021) that many populations continue to suffer of the consequences of poor access to high/quality, affordable eye care leading to vision impairment and blindness. In Zambia, a country with over 17 million residents, a significant number of people is blind or visually impaired. Of this group, approximately 80% is unnecessary blind or visually impaired. This causes unnecessarily suffering, since eye disorders such as cataract are relatively easy to treat. The relatively easy operation has an enormous impact on a person's life.

Improving people's eyesight has a major effect on the quality of life of an individual. It has a personal effect on the individual, his or her environment and also contributes positively to the national economy. Academic research has shown that every \$ 1 invested in the above gives a return of \$ 4 economically.

Within Zambia there is a lack of knowledge on this subject. E.g. of the people with cataract, 43% is unaware of possible treatment. Furthermore, the number of ophthalmologists within Zambia is limited. Until recently on every million residents, there was about 1 ophthalmologist. Because of efforts of the government,

this number is increasing, but still not exceeding 3 ophthalmologists per million. This can be compared to about 44 ophthalmologists per million residents within the Netherlands, or even 81 per million residents in the United States. Within Zambia, reaching good eye care is often impossible due to high transport costs and long travelling distances.

Recently the Zambian government has reaffirmed their ambition to strengthen the eye care sector by increasing training facilities for ophthalmic nurses and ophthalmologists. In line with the Zambia Ophthalmology Society's mission to create a conducive environment in which ophthalmic personnel are expected to exploit their potential fully in providing health care, Eye for Zambia has committed itself to strengthen the eye facility in Macha.

In conclusion, quality eye care is highly needed in Zambia and can significantly contribute to the vision of Eye for Zambia: good eyesight for everyone.

## 2.2 Local team

NAME	SEX	POSITION	Team Member Since
Elton Munguya	M	Clinical Manager	Aug/19
Osward Muzamba	M	Logistic Officer	Sep/19
Bornwell Sindebuka	M	Optician	Jul/19
Lastone Hamusiya	M	Optician	Sep/19
Bridget Muleya	F	Cleaner	Jul/19
Felex Mulazyi	M	Security Guard	Sep/19
Kebby Mweetwa	M	Security Guard	Apr/20
Euphemia Zandala	F	Accountant	Jun/20
Luyando Munachilala	F	Assistant	Dec/21
Abraham Mudenda	M	Nurse (in school now)	Jul/18
Antony Simfukwe	M	Nurse	Dec/21
Annette Ngulube	F	Nurse	Jul/20

Medical staff is paid by the Zambian government except for the cataract surgeon. In a few years we hope all medical staff will be on the payroll of the Zambian government. The non-medical staff and the staff of the optic shop is (partially) paid by Eye for Zambia

Three staff discontinued working with Eye for Zambia in 2021. Silvia Muntanga started working elsewhere, Patience Cheelo was posted in another ward within the same hospital (she was replaced by Anthony Simfukwe) and Quincy Sichimwa finished his internship. He went to another hospital within Zambia.

The Board of Eye for Zambia is formed by the following people (as per December 2021):

- Chairman: B. W. (Bram) van Kooij
- Secretary: L.M. (Laura) Verkerk
- Treasurer: R.T. (Rinze) Beursken
- Member: M.A.M. (Mireille) de Laat

The members of the board are not paid for the work they do for the Foundation.

In November 2021, Bart Waalewijn left the Board of Eye for Zambia, after being part of it since 2016, first as a member and later on as the Chairman. We are very thankful for all the effort he put into the foundation. He was succeeded by Bram van Kooij.

### 2.3 Governance structure

The board of Eye for Zambia is leading in the governance of the foundation. The meetings of the board have a periodicity of at least once every three months. The board amongst others focuses on sustainability of the donations as well as discussing the future strategy.

The Advisory Board of Eye for Zambia has the following members: Drs. S. Verkerk, ophthalmologist, and Dr. T. Verkerk-Brussee, optometrist. They advise both the board of Eye for Zambia and the clinic in Macha, which is managed by mr. Elton Munguya, clinical manager. Directly under the clinical manager are the nurses, and the logistic manager who is responsible for the other personnel. Mr. Munguya is the clinical manager and also the clinical officer, which makes him also accountable for the eye clinic towards the management of Macha Mission Hospital (both the Head of clinical care and the Medical Superintendent).

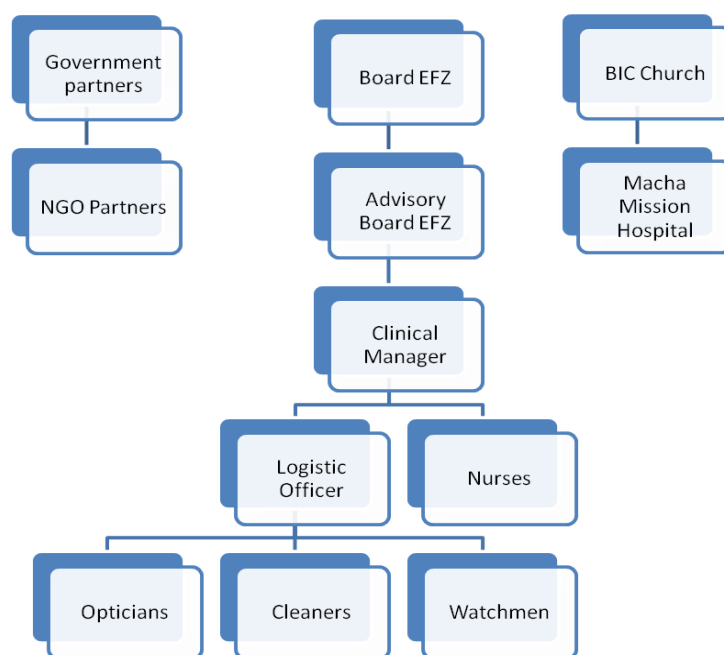


Figure 4 Organogram December 2020. NGO partners vary from international NGOs to Zambian based NGOs. BIC Church and Macha Mission Hospital are the Zambian partners of Eye for Zambia, which the workers also have to report to.

### 2.4 Clinic transferred to local staff

From January 2017 until March 2020 the Dutch ophthalmologist Samuël Verkerk and optometrist Tamara Verkerk – Brussee lived and worked in Zambia to set up the eye clinic together with the local staff. Due to COVID-19 they left three months earlier than planned. For three years local staff were trained to run the eye clinic, protocols were set-up, an optic shop was established and so much more was achieved. From April 2020 the local management came into the hands of the clinical officer: mr. Elton Munguya. Although the departure was very sudden, the final transmission to the local staff went

smoothly and mostly through internet.



*Figure 5. Patient tested for visual acuity*



*Figure 6 Elton Munguya*





*Figure 7 Volunteer removing eye patches from operated patients*

## Chapter 3      Clinical activities 2021

### 3.1      *Introduction*

In January 2017, Eye for Zambia started their activities in Macha Mission Hospital, Choma district, Southern Province, Zambia and surroundings by sending an ophthalmologist and optometrist to help set up an eye clinic which provides comprehensive eye care for the region and to be involved in eye care in the Southern Province of Zambia. In 2017, after obtaining the required documents, a cataract surgical service was put in place, the number of rooms was increased and plans were made to set up an optical shop.

In 2018 the clinical efforts continued. Logistics were improved and cataract services extended. The clinic also started dispensing prescribed glasses. The number of patients increased<sup>2</sup>.

Because of lack of space, plans were further developed in 2017 to build a new eye clinic. The actual construction started in June 2018. In September 2019 the construction was finished, and the outpatient department was moved to the new building. A few months later the operating room was used for the first time after an extensive fumigation process. In 2020 the eye clinic was completely handed over to the local partners by Eye for Zambia, with the ophthalmologist and optometrist going back to The Netherlands. Because of COVID-19 they left earlier than planned, and hand over was done through the internet. In 2021 Eye for Zambia aimed for capacity building, and sent 2 employees to school for upgrade of their diploma.

### 3.2      *Impact COVID-19*

COVID-19 impacted the eye clinic in various ways. As mentioned before, the handover process was accelerated by the pandemic. The last details of the handover had to be done through Whatsapp calls and e-mail contact. The patient numbers also temporally decreased because of COVID and outreaches had to be cancelled. In the course of the year the number of patients increased again, because Zambia did not go into a lockdown. With the help of Fight for Sight and Wilde Ganzen, Eye for Zambia assisted the eye clinic in the purchase of personal protective equipment and non-contact thermometers for screening purposes. Until now, none of the staff members has been ill because of the SARS-CoV-2 virus although an outbreak was reported in the Macha Mission Hospital area. In 2021 the situation concerning COVID-19 was stable, although there was a huge inflation, especially halfway the year which impacted the economy.

One of the main goals of Eye for Zambia is to train local people who run their 'own' eye clinic. Due to COVID-19, the clinic was not visited by foreign health workers as often as we wanted. Despite this, the clinic performed very well with the local employees. This shows that Eye for Zambia's form of sustainable development aid is very successful.

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<sup>2</sup> Annual reports 2017, 2018 (<https://www.eyeforzambia.org/nl/anbi-gegevens-en-jaarverslagen/>)



*Figure 8 the local staff in the era of COVID-19*



*Figure 9 Tent provided by Eye for Zambia to screen patients for COVID-19*

### **3.3**      *Out patients and outreaches*

Despite the COVID-19 pandemic and some employees who were at school, the total patient numbers of 2021 were comparable with those in 2018- 2020. This was also due to support of Christoffel Blinden Mission (CBM) who organised outreaches for cataract screening.

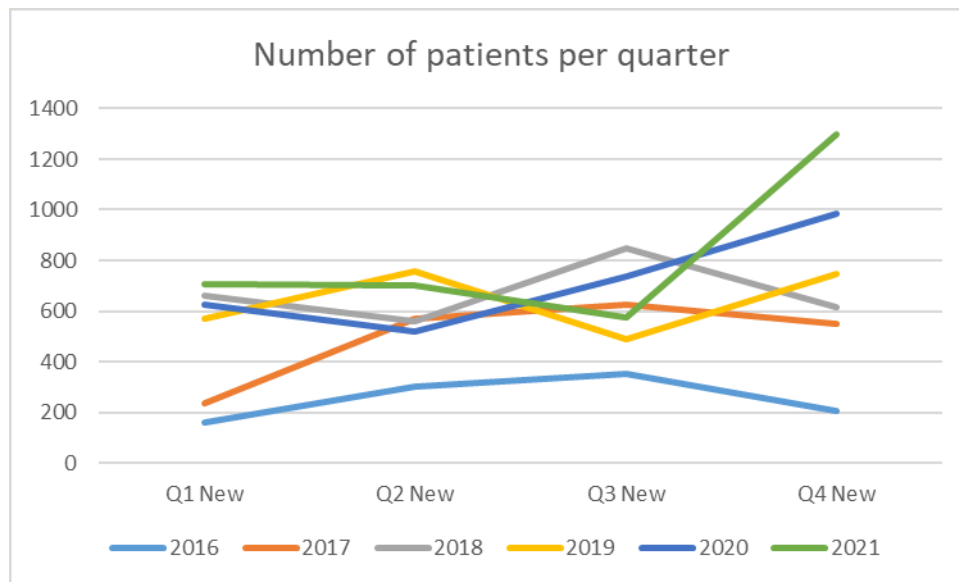


Figure 10 Quarterly number of new patients in 2016-2021

	2016	2017	2018	2019	2020	2021
<b>Q1 New</b>	161	235	661	570	628	709
<b>Q2 New</b>	303	569	560	757	519	700
<b>Q3 New</b>	353	624	850	487	739	575
<b>Q4 New</b>	205	552	617	746	986	1300
<b>Total New</b>	1022	1980	2688	2560	2872	3284
<b>Total Including Reviews</b>	n/a	n/a	4248	4185	5147	5050

Figure 11 Overview of the number of patients per quarter and totals (2016-2021)





Figure 12 Operated for cataract after outreach

### 3.4 Age and sex distribution

In 2021, the numbers of patients were skewed toward teenagers. The only reason for this is the school screenings that took place. About 400 pupils were seen during these screenings. That taken into account, the age distribution per decade from the first up to the sixth decade would be very constant. Because there are less older people than younger people in Zambia, the older age groups are relatively overrepresented compared to the younger age groups. 57% of the new patients was female, 43% was male, which is the same distribution as in previous years.

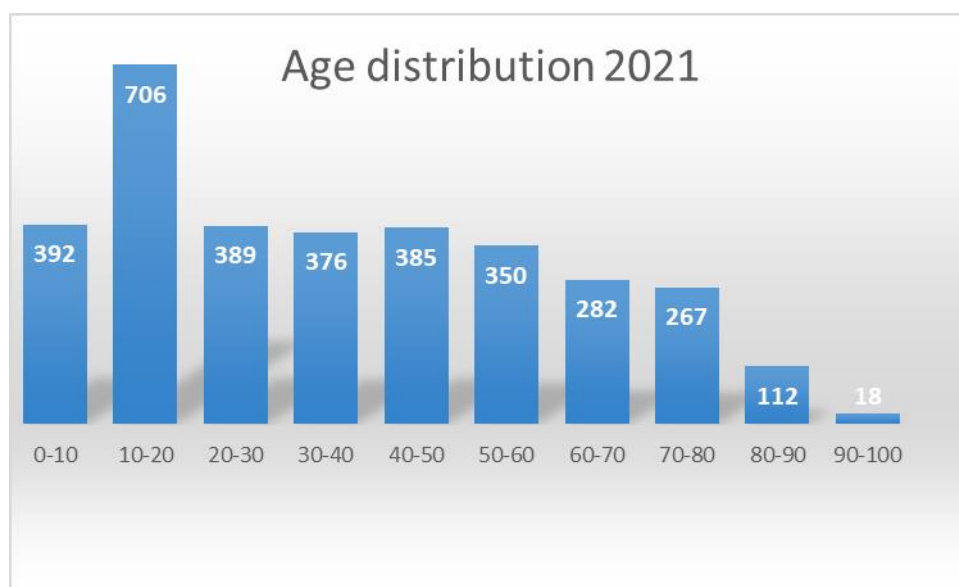


Figure 13 Age of patients

### 3.5 Home village

All new patients had their home villages and districts registered, as you can see in the figure below. Patients from outside of the province mainly came from Itezhi-Tezhi (North of Namwala, 35 patients). There were also patients from Lusaka, Kasama and Kapiri Mposhi.

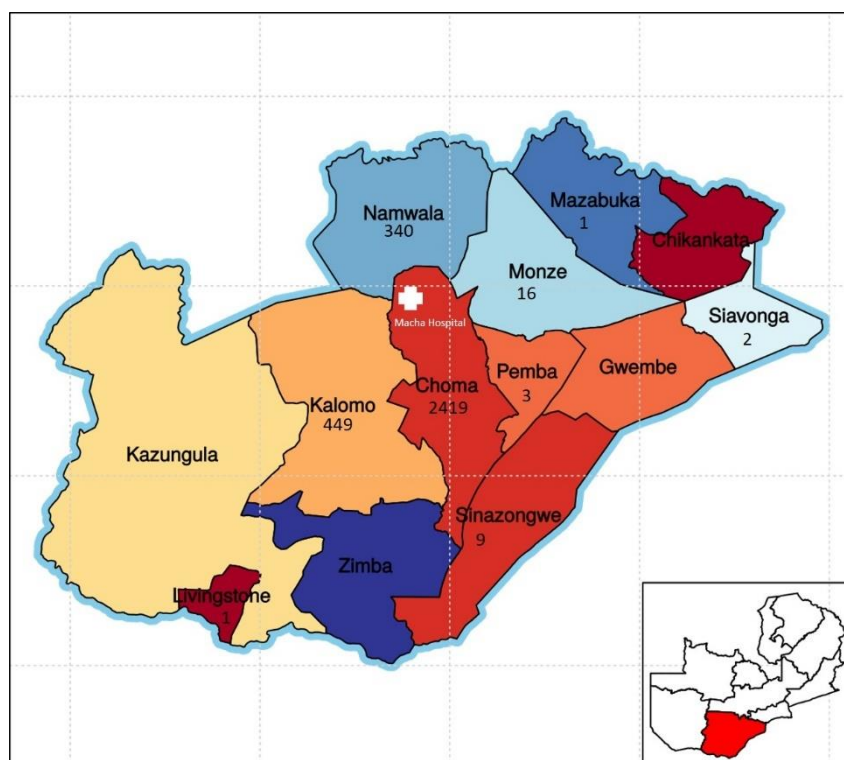


Figure 14 Distribution of origin of patients in 2021 (district level)

### 3.6 Outreaches and school children

In the numbers above the outreaches are included. In the following table an overview of the outreaches is given.

Date	Site	District	Number Screened
28/1/21	Mbabala	Choma	49
2/6/21	Namwala	Namwala	72
11/6/21	Nkandanzovu	Kalomo	66
4/10/21	Habulile	Kalomo	150
11/10/21	Macha Central	Choma	23
12/10/21	Hamoonde	Choma	52
13/10/21	Nemfwe	Choma	30
14/10/21	Batoka	Choma	117
20/10/21	Masuku	Choma	84
30/10/21	Shimunenge	Namwala	59

The schools were closed during a long time in 2021. Nevertheless, 4 schools were screened. The following table gives an overview.

Date	Site	District	Number Screened
19/03/21	Frances Davidson	Choma	76
19/03/21	Macha Girls	Choma	72
3/11/21	Sikalongo Secondary	Choma	136
4/11/21	Choma Secondary	Choma	121

### 3.7 Operations

In 2020, there were still a lot of drop-outs in cataract surgery. Patients were scheduled for surgery, but did not come to the hospital. These numbers were not quantified. The reasons for drop-outs could be finances (the operations are free, however travel costs are high in Zambia), anxiousness and lack of support by their social environment

Procedure	Total	Q1	Q2	Q3	Q4
SICS	168	10	33	60	65
Other cataract surgery	5	0	0	5	0
Evisceration	2	1	0	0	1
Chalazion	1	0	0	1	0
Repair	3	2	0	1	0
SCC	11	0	1	4	6
Excision	9	2	1	3	3
Others	5	0	0	5	0
Total	204	15	35	79	75

Figure 15 Numbers of patients per treatment (Quarter 1 - 4 in 2021)

The total number of SICS (small incision cataract surgery) was 168. Just like other years, excisions of conjunctival growths and eviscerations (removal of the eye) were common operations. SCC (squamous cell carcinoma) operations were done 11 times.

All surgeries took place at Macha Mission Hospital. The Eye for Zambia team did not perform procedures at other clinics. Because of the cataract surgeon being out for training, most surgeries were done by visiting ophthalmologists and cataract surgeons.





*Figure 16 School children waiting for eye screening at the eye clinic*



*Figure 17 School children waiting for eye screening in school*

### **3.8 Training and capacity building**

Training of staff is a core value of Eye for Zambia. Effort has been made to recruit and select the most suitable people to work with the Eye for Zambia team. Elton Munguya was sent to Tanzania in 2017 to be trained as a cataract surgeon. His two year training was sponsored with help from Eye for Zambia. His training finished in August 2019. Because of new requirements of the Zambian government, he had an upgrade of his diploma to a Bachelor's degree in Ophthalmology in 2021. During the whole year he

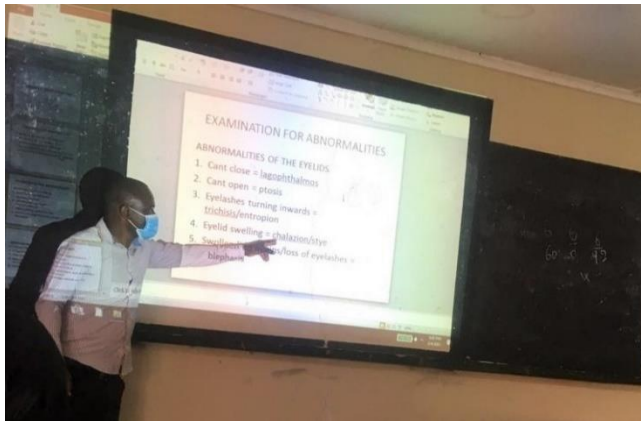


was at school in Lusaka at Levy Mwanawasa University.

A training for Registered Nursing was funded for Abraham Mudenda and Patience Cheelo as a prerequisite for further studies to become an ophthalmic nurse. In 2021 Abraham Mudenda commenced his studies at Levy Mwanawasa University to become a Bachelor in Ophthalmic Nursing. He will be in training for 3 years.

In collaboration with Christoffel Blindenmission, a training for Community Health workers was conducted. In this way, the quality of basic care of Community Health workers is improved, and they are more proficient to identify cataracts.

In 2020, Quincy Sichimwa joined the team as an intern. He worked at the eye clinic until September 2021.



*Figure 18 Training about eye abnormalities*

## Chapter 4 Profit and Loss Statement

This chapter contains the Profit and Loss Statement, please see overview below. Regarding the revenues, a distinction has been made between private individuals and foundations and enterprises. It is noteworthy that in addition to the received donations, donors have given assistance in kind, e.g. the supply of several materials. Eye for Zambia is very thankful for all the received donations as well as the assistance in kind.

On costs, the line 'transferred to local bank account' relates to a local bank account that is used for the optician's shop and local expenses. Given the impact of Covid-19, in 2021 there are no costs for reimbursement of expenses of the ophthalmologist and optometrist.

The total result has landed on EUR 1k positive. If needed, additional information can be provided.

	2021	2020
<i>Revenues from fundraising private individuals</i>	16.975	17.509
<i>Revenues from foundations and enterprises</i>	25.725	96.291
<b>Total revenues</b>	<b>42.700</b>	<b>113.800</b>
<i>Reimbursement of expenses ophthalmologist and optometrist</i>	-	27.036
<i>Insurance costs</i>	130	8.285
<i>Costs for medicines and equipment</i>	-	11.625
<i>Training costs</i>	450	-
<i>Travel costs</i>	3.392	9.840
<i>Renovation costs</i>	-	215
<i>Staff costs</i>	-	93
<i>Costs Elton Munguya</i>	211	456
<i>Other costs</i>	4.539	1.167
<i>Transferred to local bank account</i>	32.977	37.240
<i>Transferred to local bank account - food aid</i>	-	12.410
<b>Total costs</b>	<b>41.700</b>	<b>108.366</b>
<b>Result</b>	<b>1.000</b>	<b>5.434</b>

Thank  
you 

## Chapter 5      Balance Sheet

Below the Balance Sheet per 31 December 2021 is shown. The realized result as shown in the Profit and Loss Statement in the previous chapter, is logically part of the equity.

BALANCE SHEET					
	Dec-21	Dec-20		Dec-21	Dec-20
Fixed assets (car)	-	-	Equity start of the year	120.411	114.977
			Profit/loss current year	1.000	5.434
Stocks	-	-	Equity end of the year	121.411	120.411
Receivables	-	-			
Cash and bank equivalents	121.411	120.411	Other liabilities	-	-
Current assets	121.411	120.411			
Total assets	121.411	120.411	Total liabilities	121.411	120.411



Figure 19 Eye patch after cataract surgery

## Chapter 6      Plan for 2022

In the coming year, Eye for Zambia wants to continue working on its core activity, which is to offer integrated eye care to people in the Macha region and beyond. Plans for 2022 stem from the ambitions of the Eye for Zambia board, the ambitions of the local staff and new regulations from the government or Eye Society of Zambia.

### **In 2022, the focus will be on:**

1. Despite Corona, the number of patients has grown in 2021. The aim is to grow to at least 6500 unique patients. Patients who have to stay in Macha after their eye treatment are admitted to the wards of Macha Mission Hospital. Due to the expected growth, we are confronted with the limitations in space and facilities of the departments. Eye for Zambia will help to upgrade the wards so that admission facilities are not a constraint on helping eye patients.
2. Various employees participate in courses and training. The cataract surgeon Munguya has completed his upgrade to Bachelor level according to new guidelines in Zambia. This will strengthen his knowledge and skills. Two people are training to become ophthalmic nurses.
3. Continuity of care is also an important point of attention. Although remote, as a board we try to keep close contact with the local staff, to motivate them and to see if we can meet their needs. This way we keep them tied to the clinic. We are also strengthening our local network with clinics inimba, Namwala and Choma. Now that we are used to Covid, we are trying to send Dutch eye care personnel (ophthalmologists, optometrists) back to Zambia for short term visits.
4. Monitoring and evaluation. Because our communication is based on input and data from the local team, we have processes in place to ensure that the eye clinic is working properly and to the standards. Inventory maps, reporting logs and other resources are deployed in this way. If the COVID risks decrease, a visit by (advisory) board members will be scheduled later this year.
5. Collaboration with local and international partners remains essential for the eye clinic. This leads to strong partnerships and sustainable financing. This is undoubtedly true for both NGOs and government actors (Eye health Coordinator, Provincial Health Director and eye care providers).
6. Special target groups (people living with albinism and school students) have been selected to provide ongoing care. This has been agreed because of the special focus on visually impaired in Macha. As a foundation, we want to invest in the clinic that is available to everyone, including vulnerable groups.
7. Outreaches are a very good way to reach patients. A hiccup in outreach planning is transportation. Transport of health workers to villages and transport for patients requiring specialized eye care at the clinic in Macha. Our goal is to organize good transport facilities for everyone who provides and needs eye care
8. Efforts are also being made to reduce the risk of dropout, in particular by informing patients in the eye clinic and during outreaches. Working together with ambassadors (previously operated patients) to reduce anxiety receives continuous attention.



## Chapter 7      Approval of the Board

Please note that this Annual report can be qualified as final after it has been signed by every member of the Board of the Eye for Zambia foundation.

### Approval annual report 2021 members of the Board foundation Eye for Zambia

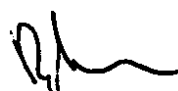
Chairman:                      B.W. (Bram) van Kooij



Secretary:                    L.M. (Laura) Verkerk



Treasurer:                   R.T. (Rinze) Beursken



Member:                     M.A.M. (Mireille) de Laat



## Annex I Logical Framework - Eye For Zambia

2021 - 2022

	Objectives	Objective Verifiable indicators	Means of Verification	Assumptions and Risks
Impact	Improved quality of life for people with avoidable blindness in the Macha region			
Outcomes	1. People in the Macha region use an established and well-functioning eye unit with optical shop	6500 people using eye care service in and around Macha hospital (2019: 5000 and aim for 2022 is 6500)	Statistics of the eye clinic patient visits, outreaches, school screenings, surgeries	
	2. Patients meet motivated and well trained staff, who have skills and knowledge to diagnose and treat their eye condition.	7 trained staff (different specialties) to run the eye clinic		
	3. Patients become more aware of the role of the eye clinic, and thereby promote its activity resulting in timely referrals and good public relations.			
Outputs	1.1. Eye services are used by the people of Macha region.	At least 200 cataract surgeries per year (eyes operated on)  5 trachoma cases operated per year (if available, trachoma has almost been eliminated from the region)  150 additional operations per year	Patient records	Assumption: patients will find their way to the eye unit  Risk: patients who need eye care may be prevented from coming to the eye unit due to ignorance, transport issues, fear or shame  Assumption: enough well trained staff

		<p>200 glasses dispensed (to people with refractive error)</p> <p>50 people treated and supported with low vision per year (mainly people living with albinism)</p> <p>6500 Outpatient Department Patient contacts (OPD) in 2022. (2020, 5500 - 2021, 6000 - 2022, 6500)</p> <p>1500 children in schools with eye screening by 2022 (2020, 500 - 2021, 1000 - 2022, 1500)</p>		Risk: see risk at 1.2.
	1.2 Macha eye clinic is equipped to help at least 6500 patients per year:	<p>7 trained staff:</p> <ul style="list-style-type: none"> <li>1 clinical officer / cataract surgeon</li> <li>1 logistic manager</li> <li>1 finance manager</li> <li>1 registered nurse</li> <li>1 enrolled nurse</li> <li>2 optical technicians</li> </ul> <p>Add in 2022</p> <ul style="list-style-type: none"> <li>1 ophthalmic nurse</li> </ul> <p>Add in 2023</p> <ul style="list-style-type: none"> <li>1 ophthalmic nurse</li> </ul>		<p>Risk: It is possible to hire medical staff in Macha, but staff trained in ophthalmology care is not available. Therefore Eye for Zambia will send the current (and future) medical staff on ophthalmic training. In 2020 - 2022 Eye for Zambia has selected 3 general nurses to enroll in a 3-year ophthalmic training.</p> <p>What we encountered in 2020 was changing training requirements for staff. We had to send the cataract surgeon for additional training which will decrease the numbers of patients attended to in 2021, and will cost money. Our estimation would be that patient numbers could drop 30 to 50 %.</p>

	1.3. Eye unit and optical shop are financially sustainable as much as possible.	In 3 years, 30% of the running expenses of the eye care service in Macha hospital are covered by eye unit and optical shop	A financial plan will be made to reach sustainability as much as possible for the running costs (Eye for Zambia will provide the non-recurring costs for the time being)	Assumption: Possibility to create and work with a Tier system: an assessment procedure to verify the possible contribution of patients.  Risk: The eye unit is a new project, reaching financial sustainability will be a challenge. This is a well-known problem in Sub Sahara Africa.
	2.1 Work by protocol and operate with quality standards	Protocols in place for clinical, surgical and routine	Hard copies and digital copy of protocols, yearly reviewed by appointed staff and ophthalmology professionals	Assumption: protocols will be used  Risk: in Zambia in general medical personnel is not used to using protocols. Hence the challenge to sustainably introduce protocols
	2.2 Strengthen and be strengthened by the ophthalmology network in Zambia (network)	Attend regional, national and international meetings, consult with and be consulted by local partners when needed.		
	2.3 Explore possibilities of using Macha Eye clinic as an education center for ophthalmic staff (from 2021 onwards)			
	2.4 Train/equip the Macha Eye Clinic in treating glaucoma and diabetes as causes of avoidable blindness	Installation of visual field testing machine and fundus camera	Statistics of patients treated in glaucoma and diabetes (as causes of avoidable blindness)	Risks: patients reach the clinic too late and are already blind due to glaucoma or diabetes.
	2.5. Set up programme in 2021 for expats to yearly visit Eye for Zambia for training and complex eye care	A board member visits Macha yearly and attends the yearly Ophthalmology conference  At least one expert on eye care visits Macha yearly to train local staff and if needed to perform		



		complex eye care.		
	3.1 Services rendered by the Macha eye unit are known in the Macha region	700 people visiting eye camps in rural areas	Statistics of outreaches	Assumption: patients will find their way to the outreaches. Risk: patients who need eye care may be prevented from coming to the eye unit due to ignorance, transport issues, fear or shame.
	3.2 Continually invest in strong partnership with Macha Mission Hospital	Have weekly evaluations with the hospital management.	Management meeting minutes	
Activities	<p><i>1.1.1. To open the eye clinic 5 days a week</i></p> <p><i>1.1.2. To perform cataract, trachoma and other surgeries weekly</i></p> <p><i>1.1.3. To have a running optic workshop to dispense reading and prescription glasses, 5 days a week</i></p> <p><i>1.1.4. To treat and support people with Low Vision</i></p> <p><i>1.1.5. To set up a school screening programme.</i></p> <p><i>1.1.6. To be creative in reaching patients in this era of COVID-19</i></p>			
	<p><i>1.2.1. To source finances to train current and future medical staff in ophthalmology</i></p> <p><i>1.2.2. To employ additional workers: optical assistant, financial manager, logistic manager</i></p> <p><i>1.2.3. To lobby in Hospital Management for extra nurses in the eye clinic</i></p> <p><i>1.2.4. To organize regular training moments for eye clinic staff</i></p>			
	<p><i>1.3.1. To use the new eye clinic to create a Tier System</i></p> <p><i>1.3.2. To set up a plan for future increment of financial sustainability, starting with running costs</i></p> <p><i>1.3.3. To continue selling sunglasses, reading glasses and prescription glasses</i></p> <p><i>1.3.4. To make use of a proper finance reporting system</i></p>			
	<p><i>2.1.1. To assess available protocols, evaluate them and add on to them</i></p>			

	<p>2.1.2. To make local staff responsible for protocols in order to increase ownership</p> <p>2.1.3. Take safety measures to prevent COVID-19 from spreading.</p>
	<p>2.2.1. To attend regional, national and international meetings</p> <p>2.2.2. To have at least one presentation per year on the work of Eye for Zambia in a meeting</p> <p>2.2.3. To regularly visit local partners like Zimba and Livingstone Hospital</p>
	<p>2.3.1. To discuss with Hospital Management that the Eye Clinic could become a teaching facility</p> <p>2.3.2. To lobby in Province and on national level to become a recognized training facility</p>
	<p>2.4.1. To involve international ophthalmologists in training of staff on topics like diabetes and glaucoma</p> <p>2.4.2. To teach clinical officer to interpret fundus photographs and perform laser treatment for diabetes</p> <p>2.4.3. To teach medical personnel to use and interpret glaucoma screening tools and perform a proper follow up</p>
	<p>3.1.1. To perform 7 outreaches per year to rural areas (every month outside of the rain season)</p> <p>3.1.2. To start radio announcements</p> <p>3.1.3. To train community health workers in eye care and stimulate them to refer to Macha</p>
	<p>3.2.1. To stay involved in Hospital Management, attend Management Meetings weekly</p> <p>3.2.2. To evaluate the Memorandum of Understanding (MOU) with Macha Mission Hospital annually</p> <p>3.2.3. To perform the mid-term evaluation of the MOU late 2022</p>

## Annex II Budget for 2021-2025

TOTAL EYE FOR ZAMBIA	2021	2022	2023	2024	2025
<b>Income</b>					
From Zambia Bank account	-				
Income from optic shop	2.500	3.000	3.500	4.000	4.500
Income from fundraising private individuals	17.500	17.500	17.500	17.500	17.500
Income from churches	500	500	500	500	500
Income from foundations	20.000	20.000	20.000	20.000	20.000
Income from companies	500	500	500	500	500
Income other sources within Zambian bank account	20.000	20.000	10.000	-	-
<b>Total income</b>	<b>61.000</b>	<b>61.500</b>	<b>52.000</b>	<b>42.500</b>	<b>43.000</b>
<b>Expenses</b>					
Insurances	605	605	605	605	605
Bank costs	750	750	750	750	750
Print costs	250	250	250	250	250
Website costs	500	500	500	500	500
<b>Administration costs</b>	<b>2.105</b>	<b>2.105</b>	<b>2.105</b>	<b>2.105</b>	<b>2.105</b>
<b>Car (maintenance costs)</b>	<b>600</b>	<b>1.650</b>	<b>700</b>	<b>750</b>	<b>1.800</b>
Maintenance building	3.500	3.675	3.859	4.052	4.254
<b>Clinic maintenance</b>	<b>3.500</b>	<b>3.675</b>	<b>3.859</b>	<b>4.052</b>	<b>4.254</b>
Consumables	10.500	11.025	11.576	12.155	12.763
Equipment	2.000	2.100	2.205	2.315	2.431
<b>Consumables &amp; Equipment</b>	<b>12.500</b>	<b>13.125</b>	<b>13.781</b>	<b>14.470</b>	<b>15.194</b>
<b>Travel costs</b>	<b>5.000</b>	<b>5.000</b>	<b>5.000</b>	<b>5.000</b>	<b>5.000</b>
Costs Elton Munguya	4.560	4.697	4.838	4.983	5.132
Costs Oswald Muzamba	1.728	1.780	1.833	2.400	2.472
<b>Project managing</b>	<b>6.288</b>	<b>6.477</b>	<b>6.671</b>	<b>7.383</b>	<b>7.604</b>
Project: building	1.000	1.000	1.000	1.000	1.000
Project: collaboration within Zambia	1.000	1.000	1.000	1.000	1.000
Project: outreaches	3.500	3.675	3.859	4.052	4.254
Project: people living with albinism	500	525	551	579	608

<b>Project: research</b>	<b>500</b>	<b>525</b>	<b>551</b>	<b>579</b>	<b>608</b>
<b>Project: training community health workers</b>	<b>2.200</b>	<b>2.310</b>	<b>2.426</b>	<b>2.547</b>	<b>2.674</b>
<b>Project: training eye health personnel</b>	<b>7.500</b>	<b>7.500</b>	<b>7.500</b>	<b>7.500</b>	<b>7.500</b>
<b>Project: training managers</b>	<b>1.000</b>	<b>1.050</b>	<b>1.103</b>	<b>1.158</b>	<b>1.216</b>
<i>Watchmen (Felex and Kebby)</i>	<i>1.344</i>	<i>1.384</i>	<i>1.426</i>	<i>1.469</i>	<i>1.513</i>
<i>Cleaner (Bridget)</i>	<i>768</i>	<i>791</i>	<i>815</i>	<i>839</i>	<i>864</i>
<i>Spectacle Technicians (Bornwell and Lastone)</i>	<i>1.920</i>	<i>1.978</i>	<i>2.037</i>	<i>2.098</i>	<i>2.161</i>
<i>Volunteers (Euphemia, Sylvia and Komana)</i>	<i>1.104</i>	<i>1.137</i>	<i>1.171</i>	<i>1.206</i>	<i>1.243</i>
<b>Salaries personnel</b>	<b>5.136</b>	<b>5.290</b>	<b>5.449</b>	<b>5.612</b>	<b>5.781</b>
<b>Clearing and forwarding containers etc</b>	<b>500</b>	<b>525</b>	<b>551</b>	<b>579</b>	<b>608</b>
<b>Transport expenses within Zambia (mainly car)</b>	<b>500</b>	<b>525</b>	<b>551</b>	<b>579</b>	<b>608</b>
<b>Unforeseen</b>	<b>5.273</b>	<b>5.431</b>	<b>5.596</b>	<b>5.819</b>	<b>6.001</b>
<b>Total expenses</b>	<b>58.002</b>	<b>59.737</b>	<b>61.552</b>	<b>64.013</b>	<b>66.014</b>