

Annual report 2019



Table of Contents

Chapter 1	Introduction	3
1.1	<i>Structure of the report</i>	
1.2	<i>Background of the report</i>	
Chapter 2	Mission and Vision	4
2.1	<i>Mission and Vision</i>	
2.2	<i>Team</i>	
2.3	<i>Governance structure</i>	
Chapter 3	Clinical activities 2019	8
3.1	<i>Introduction</i>	
3.2	<i>Out patients and outreaches</i>	
3.3	<i>Diagnoses</i>	
3.4	<i>Age</i>	
3.5	<i>Home village</i>	
3.6	<i>Outreaches and schoolchildren</i>	
3.7	<i>Operations</i>	
3.8	<i>Training and capacity building</i>	
Chapter 4	Construction activities 2019	13
4.1	<i>Narrative Progress report</i>	
Chapter 5	Profit and Loss Statement	19
Chapter 6	Balance Sheet	20
Chapter 7	Plan 2020	21
Chapter 8	Conclusion and Approval of the Board	22
Annex I	Logical framework clinical output 2019	
Annex II	Logical framework activities 2020	
Annex III	Budget for 2020 - 2023	

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 2019 activities, with focus on the finalization of the Eye clinic construction and strengthening of human resources. 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 over our next year plans, and the transition to a new phase with the expected departure of the Verkerk family. Finally, this report concerns the conclusion and the approval of the Board. All amounts 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. Since 2008 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 856314924.¹

At least 90% of the efforts of an ANBI has 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.



Figure 1 Macha Mission Hospital main entrance

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

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 contributes 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.



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. Eye disorders such as cataract are relatively easy to treat.

Improving peoples' 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. On every million residents, there is about 1 ophthalmologist. 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 its 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. For specific activities of the eye clinic please look on the website www.eyeforzambia.org or contact is by e-mail: eyeforzambia@gmail.com.

2.2 Team

Table 1 The team working at the Eye Clinic by December 2019

Name	Position	Payroll	Team member since
Lastone Hamusiya	optic technician / night watchman	Eye for Zambia	September 2019
Abraham Mudenda	Zambian enrolled nurse	Government	July 2018
Bridget Mudenda	cleaner	Eye for Zambia	July 2019
Felex Mulanzyi	night watchman	Eye for Zambia	September 2019
Elton Munguya	ophthalmic clinical officer*	Eye for Zambia**	August 2019
Patience Cheelo Munguya	Zambian enrolled nurse	Government	Start
Osward Muzamba	Logistic officer	Eye for Zambia	September 2019
Bornwell Sindebuka	optic technician / night watchman	Eye for Zambia	July 2019
Samuël Verkerk	ophthalmologist	Volunteer	Start
Tamara Verkerk-Brussee	optometrist	Volunteer	Start
Hope Zulu	voluntary registered nurse	Volunteer	September 2019

* cataract surgeon

** application to work under government payroll has been done

There is one person in training to work in the eye clinic in the future, Luyando Munachilala. He is a general nurse in training, to become ophthalmic nurse in the future, Macha / Lusaka, Zambia (Expected year of completion: 2023).

The various reasons for staff to discontinue their jobs with Eye for Zambia in 2019 were; pursuing another career (theatre nursing), alcoholism, interpersonal issues interfering with their work.

The Board of Eye for Zambia is formed by the following persons (as per December 2019):

- Chairman: B.P. (Bart) Waalewijn
- Secretary: L.M. (Laura) Verkerk
- Treasurer: R.T. (Rinze) Beursken
- Member: B. W. (Bram) van Kooij

In May 2019 Mr. A. Verkerk left the board. We are thankful for his contributions and especially efforts to strengthen the Eye for Zambia ambassadors in the Netherlands. With the start of Bram van Kooij early 2019 the board is again fully in place. The various roles within the board have been discussed and remained the same during 2019.

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, 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. Early 2019 it became clear that Mr. and Mrs. Verkerk would extend their stay in Zambia to mid-2020. By doing so, they continue to provide a valuable contribution both medically and organizational during the transition phase where we find a more prominent role for national staff. 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).

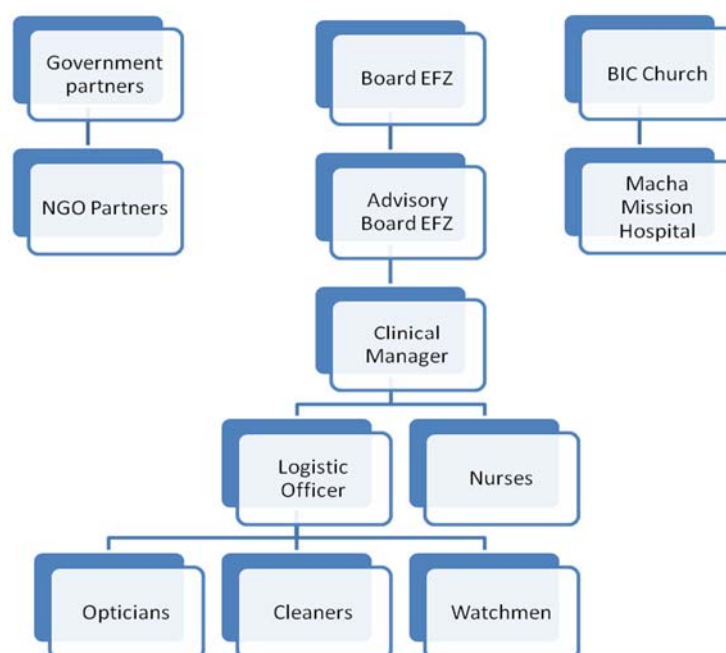


Figure 1 Organogram December 2019. NGO partners vary from international NGOs to Zambian based NGOs. BIC Church and Macha Mission Hospital are the Zambian partners of Eye for Zambia, which the workers also have to report to.



Figure 2 Elton Munguya performing a cataract surgery assisted by Abraham Mudenda

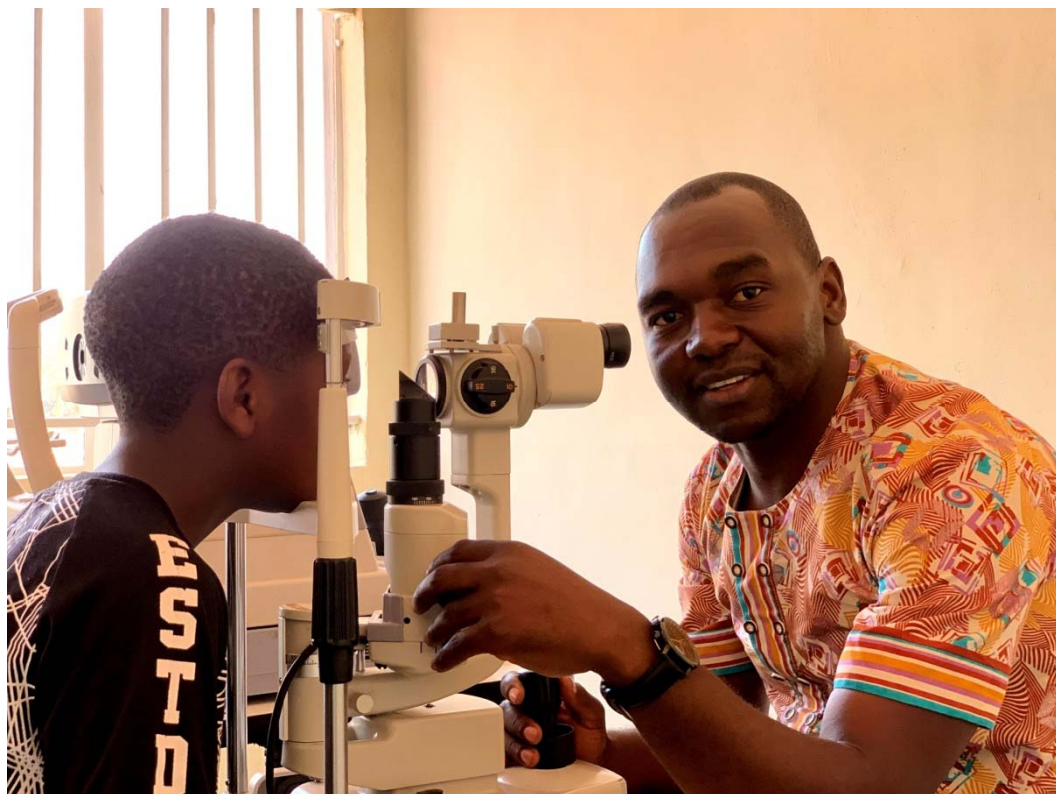


Figure 3 Elton Munguya seeing a patient in the new Eye Clinic

Chapter 3 Clinical activities 2019

3.1 Introduction

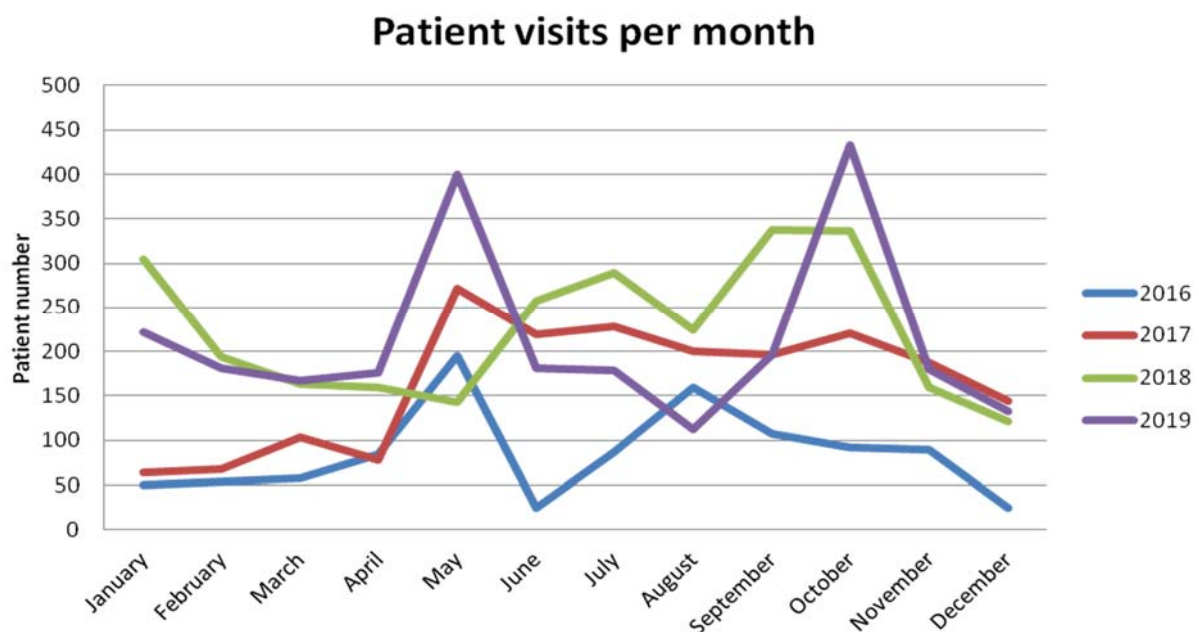
In January 2017, Eye for Zambia started their activities in Macha Mission Hospital, Choma district, Southern Province, Zambia and surroundings by sending an ophthalmologist and optometrist to help set up an eye clinic which provides comprehensive eye care for the region and to be involved in eye care 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 increased².

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. Below we give detailed information on various activities, for an overview we refer to Annex I.

3.2 Out patients and outreaches

The patient numbers of 2019 were comparable with those in 2018. Most probably the worsened economic situation in Zambia prevented people from coming to the clinic. The South and West part of Zambia was hit by drought that lowered 2018/19 agricultural production. Outreaches to Chilala, Mbabala (2x), Mapanza, Namwala and Chikanta (2x) were done, with an average patient number of 100 per outreach.



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

Figure 4 Monthly number of new patients in 2016-2019.

	2016	2017	2018	2019
Q1 New	161	235	661	570
Q2 New	303	569	560	757
Q3 New	353	624	850	487
Q4 New	205	552	617	746
Total New	1022	1980	2688	2560
Total Including Reviews	n/a	n/a	4248	4185

Table 2 Overview of the number of patients per quarter and totals (2016-2019)

3.3 Diagnoses

The most common diagnosis at Macha Eye Clinic was allergic conjunctivitis, followed by bacterial conjunctivitis and cataract. In 2017 and 2018 these diagnoses were also in the top-3.

Rank	Diagnosis	Number	Percentage
1	Allergy	378	15%
2	Bacterial conjunctivitis	224	9%
3	Cataract	195	8%
4	Refractive error	134	5%
5	Foreign body	133	5%
6	Dry eyes/irritation	131	5%
7	Pterygium/pinguecula	95	4%
8	Vernal keratoconjunctivitis	90	4%
9	Glaucoma	86	3%
10	Presbyopia	85	3%
11	Other	1009	29%
	Total	2560	100%

Table 3 Diagnoses at Macha Eye Clinic (2019)

3.4 Age and sex distribution

The largest group of patients was children, especially under the age of 10. Of all new patients in 2019, 30% was under the age of 18. The older age categories were quite equally represented in numbers, but after correction for the age distribution in the region, the older age groups were relatively overrepresented compared to the younger age groups. 56% of the new patients was female, 43% was male (1% was not noted in the registration file).

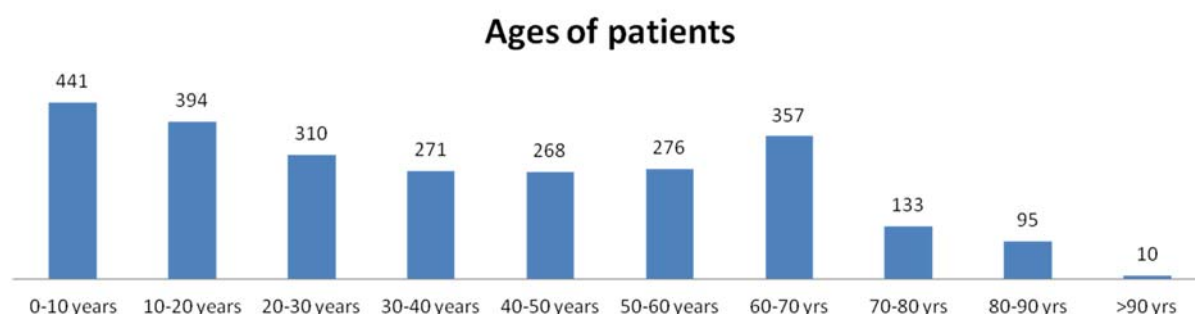


Figure 5 Age distribution of new patients at eye clinic in 2019 (years)

3.5 Home village

All new patients had their home villages and districts registered.

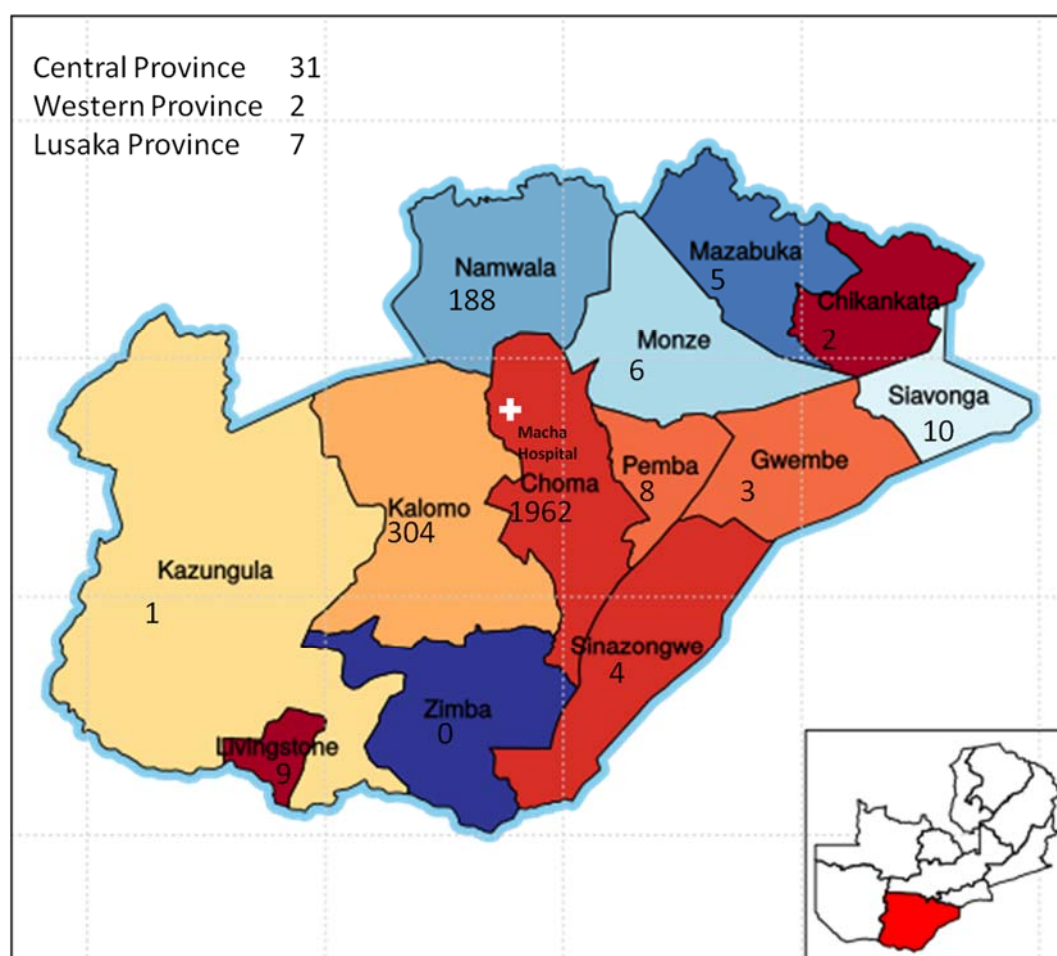


Figure 6 Distribution of origin of patients in 2019 (district level)

3.6 Outreaches and school children

In 2019, outreaches were regularly performed, and as stated in 3.2., a total of 7 locations were visited. An average number of 100 patients was screened in the camps, yielding between 4 and 15 cataract patients for surgery. Because of very poor patient awareness, the second outreach to Mbabala was the only outreach with lower numbers, around 35. The total distance covered in those outreaches was 402 km. Unfortunately Sightsavers International is not active in the province anymore, which means that the outreaches and the transport of patients for cataract surgery was paid by Eye for Zambia foundation.

In 2019, one school screening was done, at Macha Girls Secondary School. A total of 54 girls with eye problems was seen. More school screenings could not be performed due to lack of staffing.

3.7 Operations

In 2019, there were still a lot of drop-outs in cataract surgery. Patients were scheduled for surgery, but did not come to the hospital. Unfortunately 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	95	19	27	30	19
Evisceration	8	2	5	0	1
chalazion	6	2	2	1	1
repair	23	6	6	3	8
eyelid growth	1	1	0	0	0
SCC	9	4	2	2	1
Excision	16	5	4	3	4
Others	19	2	8	4	5
Exenteration	0	0	0	0	0
Phaco	11	0	6	0	5
Trichiasis	6	3	3	0	0
Total	194	44	63	43	44

Table 4 Numbers of patients per treatment (Quater 1 - 4 in 2019)

The total number of SICS (small incision cataract surgery) operations was 95, and the number of phaco emulsifications 11 (different technique for cataract surgery). Excisions of conjunctival growths and eviscerations (removal of the eye) were common operations. SCC (squamous cell carcinoma) operations were done 9 times. Total admission days (defined as spending a night in the hospital) were 396, and total

day procedures (treated and discharged on the same day) were 51.

Due to logistical reasons all surgeries took place at Macha Mission Hospital. The Eye for Zambia team did not perform procedures at other clinics.

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.

Furthermore for Abraham Mudenda and Luyando Munachilala a training for Registered Nursing was funded as a prerequisite for further studies to become an ophthalmic nurse.

Additional hands-on training and theoretical training is provided on-site by the ophthalmologist and the optometrist. The nurses and the spectacle technicians (this training was done in collaboration with Stichting Zienderogen) have also received on-site training specific for their work field.

In April 2019, Tim Buurma, ophthalmologist, visited for 6 weeks, helping out in the clinic. In July 2019, Stichting Zienderogen sent George de Jong and Robert Bos to set up the optic shop. In August they sent Anne Smidt to train the spectacle technicians. In September 2019, Lucas Schurmans, an ophthalmologist, visited for 6 weeks, helping out in the clinic and performing multiple outreaches. In October a team of 3 optometrists sent by Stichting Zienderogen performed multiple outreaches together with the team, including a screening day for people living with Albinism. During the year medical students and nursing students from several countries visited the eye clinic for observation of outpatient care and operations.



Figure 7 Nurse Abraham Mudenda assisting with procedure

Chapter 4 Construction activities 2019

4.1 Narrative progress report

The construction of the eye clinic that started in 2018 was finished in 2019. Except for some details the outpatient department was finished in June, and after some adjustments could be used from August / September. The operation room building was completed in September and was started to be used in December, after a fumigation process.

A solar installation was supposed to be installed in September, but this was delayed and planned for early 2020.

The long awaited new building is in use, and already the huge difference with the previous situation is experienced by the team. More space, more diagnostic possibilities, more potential to fully serve the community and strengthen eye services in the region. The following photo's demonstrate the new building in Macha.



Figure 8 New screening room OPD



Figure 9 Main entrance OPD, left building reception and right building optic shop



Figure 10 New operation theatre



Figure 11 Low vision aid use by local patient



Figure 12 Measurement of new pair of glasses in optic shop



Figure 13 Special care for people living with albinism



Figure 14 Testing near vision manually

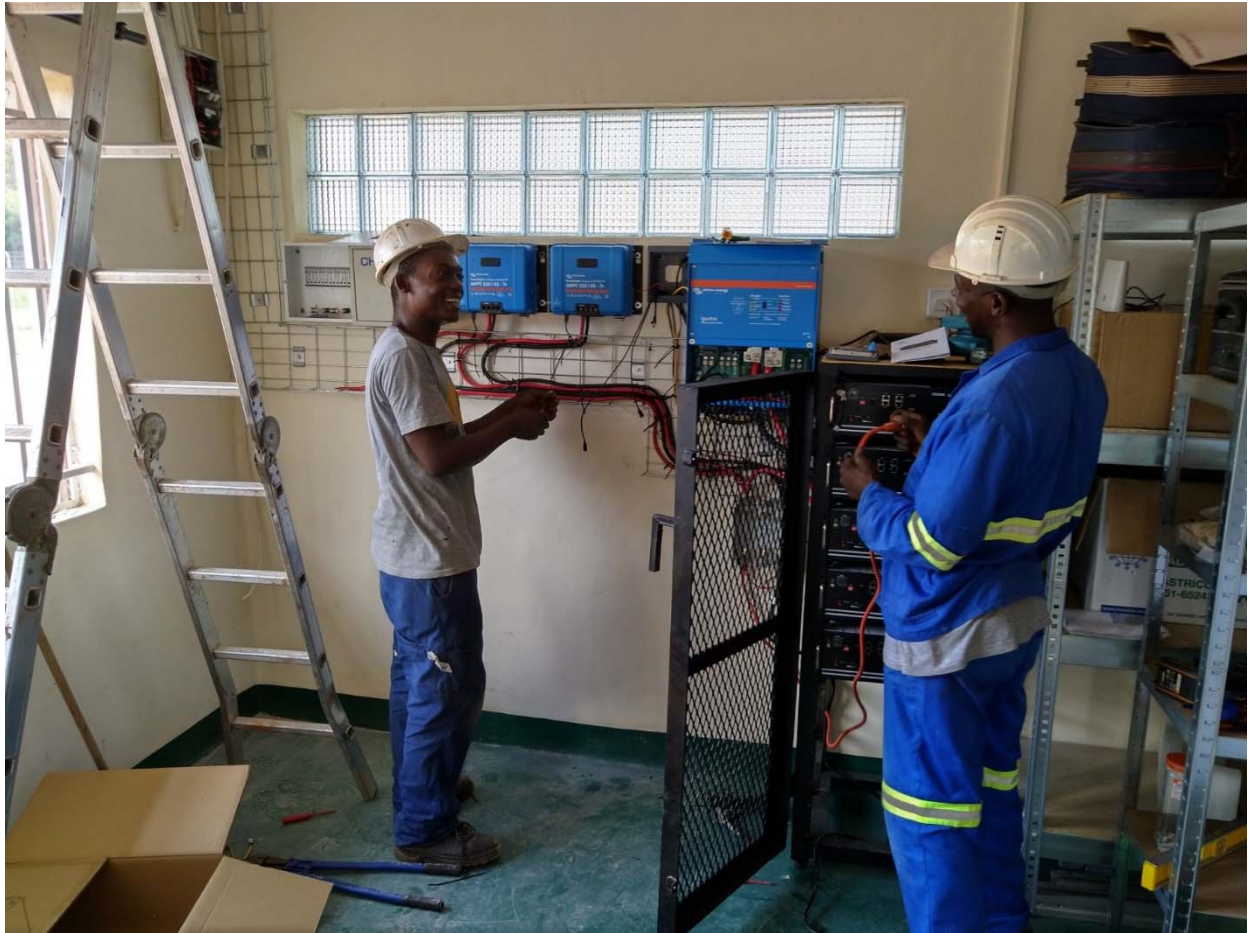


Figure 15 Converters and equipment for solar panel plant (installation January 2020)



Figure 16 Solar panels on top of the operation theatre



Figure 17 New equipment for measuring the refraction of a patient



Figure 18 Nurse Hope Zulu measuring eye pressure by using new equipment

Chapter 5 Profit and Loss Statement

This chapter contains the Profit and Loss Statement, i.e. revenues and costs. Please see overview below. The line 'transferred to local bank account' relates to a local bank account that is used for the optician's shop and local expenses. If needed, additional information can be provided. Furthermore, please also note the line with building costs new Eye Clinic, as discussed in earlier chapters.

	2019	2018
<i>Revenues from fundraising private individuals</i>	26.851	32.015
<i>Revenues from foundations and enterprises</i>	232.391	216.385
Total revenues	259.242	248.400
<i>Reimbursement of expenses ophthalmologist and optometrist</i>	29.281	22.094
<i>Container</i>	15.645	9.638
<i>Insurance costs</i>	9.651	8.498
<i>Costs for medicines and equipment</i>	62.912	3.524
<i>Training costs</i>	-	-
<i>Travel costs</i>	5.800	5.022
<i>Renovation costs</i>	376	1.474
<i>Registration costs and permits</i>	1.239	97
<i>Staff costs</i>	2.559	5.724
<i>Office costs</i>	1.776	563
<i>Maintenance costs car</i>	-	2.564
<i>Costs for website</i>	-	-
<i>Costs Elton Munguya</i>	3.398	6.817
<i>Other costs</i>	1.243	2.113
<i>Transferred to local bank account</i>	29.689	-
<i>Declaration Samuel and Tamara (to be further specified above)</i>	8.624	-
<i>Building costs new Eye Clinic</i>	88.902	107.158
Total costs	261.096	175.288
EBITDA	(1.855)	73.112
<i>Depreciation car</i>	4.793	4.793
Result	(6.648)	68.319

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.

*Thank
you* 

Chapter 6 Balance Sheet

Below the Balance Sheet per 31 December 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-19	Dec-18		Dec-19	Dec-18
Fixed assets (car)	19.587	24.380	Equity start of the year	141.212	72.893
			Profit/loss current year	(6.648)	68.319
Stocks	-	-	Equity end of the year	134.564	141.212
Receivables	-	-			
Cash and bank equivalents	114.978	116.832	Other liabilities	-	-
Current assets	114.978	116.832			
Total assets	134.564	141.212	Total liabilities	134.564	141.212

Please note that regarding the balance of EUR 114.978, the Board has decided to consider this amount as a cushion for unforeseen events/coming year and thus not actively invest this money in order to maximize a return. See also Annex III which shows expected costs of EUR 116k in 2020.



Figure 19 Testing for refractive error

Chapter 7 Plan for 2020 and next years...

Coming year Eye for Zambia is aiming to consolidate and strengthen its core activity, to provide comprehensive eye care to the people living in Macha region and outside. The local team has positively changed in 2019, and with the return of the ophthalmic officer (Elton Munguya) there is more local expertise to perform all-round eye care. During the Zambia Ophthalmology Society congress in November 2019 the eye clinic in Macha was pointed out as a center of excellence. What does this implicate? And how can we maintain, and preferably even improve our standards?

The following themes will receive most attention in the 2020:

1. Human resources – develop a plan for all staff to improve their capacity and skills. With that plan we keep in mind the daily running of the clinic. Staff upgrade is a way to improve retention, but also to improve the service delivery and possibly expand in future. We believe that ongoing distance and near-by monitoring will be needed for the local staff, therefore Eye for Zambia supports international ophthalmic trainers for regular support.
2. Standardization and improving operating procedures (harmonization and building up protocols for local use). After the return of Mr. and Mrs. Verkerk it is helpful to have certain procedures in place for the day-to-day running of the clinic. This will likely also include a reporting scheme, for local and donor purposes.
3. Collaboration with local and international partners, first of all continuously with the provincial health director and eye service providers locally. Exploring possibility to become a national training facility (nurses or higher cadres). Within the region we seek to strengthen each other, thereby creating a back-up in case this is needed. Zimba Eye Clinic, which employed dr. Brighton Samoyo, who is an ophthalmologist, are willing to help out in case help is needed.
4. Special target groups (albinism and schoolchildren) have been selected to provide ongoing care. This has been agreed upon because of the special attention to low-vision in Macha. As foundation we would like to invest in the clinic which is available for all, including those vulnerable groups.
5. In the coming year(s) Eye for Zambia wishes to explore scientifically how to improve eye care in Zambia. What can we learn from the way we have organized the clinic? How is the output and outcome compared to others? Persistence is needed for this, as the circumstances for research are tough.

In 2020 plans for outreaches will be revised and receive new attention to make sure more schools are visited in a logical order. Due to the severe drought in Zambia (again in 2020!) urgent need has been requested for emergency food supplies. The initiative for this has come from the Brethren in Christ church, owner of the Macha Mission Hospital. Eye for Zambia is keen to contribute for this and will use its network to pay attention to this disaster.

Ongoing emphasis will be put into reducing drop-outs, mainly by educating patients in the eye clinic and during outreaches. Working together with ambassadors (previously operated patients) to reduce anxiousness continuously receives attention. As the local radio has been down for more than a year, we have not been able to use this medium.

Now that the new clinic is finished, the clinical manager and logistic officer are working on a plan to locally start income generating activities. Kindly look at Annex II for our framework activities 2020.

Chapter 8 Approval of the Board

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

Approval annual report 2019 members of the Board foundation Eye for Zambia

Chairman: B.P. (Bart) Waalewijn



Secretary: L.M. (Laura) Verkerk



Treasurer: R.T. (Rinze) Beursken



Member: B.W. (Bram) van Kooij



Annex I Logical framework clinical output 2019

Output 1.1	Output 1.2	Output 1.3	Output 1.4	Output 1.5	Output 1.6	Output 1.7	Output 1.8
Eye unit and optical shop are established	Macha eye unit is equipped to help 5000 patients a year.	Work by protocol and operate with quality standards.	Eye services are used by the people of Macha region	People in Macha district are aware of the services rendered by the Macha eye unit	A strong partnership with the Macha Mission Hospital is established.	Eye unit and optical shop are financially sustainable.	Set up satellite eye clinic Namwala
Building eye clinic phase 1 is completed.	Set up organogram for staff needed to reach 5000 patients yearly.	Set up general protocol	Between 2 and 5 trachoma cases operated yearly	Preparation Grand Opening (delayed to 2020, see output 1.1.)	Agree on an MoU with Macha Mission Hospital	Develop a financial plan for 2020 and 2021.	Preconditions organization Namwala
Building eye clinic phase 2 is completed.	Develop internal education plan (in place for opticians, still working on nurses)	Set up hygiene protocol	200 glasses dispensed to people with refractive error	Place sign post (postponed to 2020)	Participate on the management board of the hospital.	Make an understanding with Macha Mission Hospital about who has which responsibility in 2020 and onwards.	Procurement equipment (in preparation, seems like other NGO will procure equipment)
Building phase 3 (recovery room etc.) is completed.	Develop a function description of the manager, will it be interim or structural? Will clinical officer be manager or someone else?		70 additional operations	Cast radio commercials (Radio is not working)	Update Bishop progress eye clinic	Set out tasks with financial officer (due to a conflict, financial officer resigned, most tasks delegated to logistic officer)	

Order inventory eye clinic and establish it.	Develop employment policy in order to have a constant flow of educated personnel		10 low vision support a year			Find out about taxes optical shop	
Order inventory optical shop and establish it.	Develop an education plan for employees.		3000 OPD patients	Identify obstacles for coming to the eye clinic (individuals interviewed, no research done)	Participate on the management board of the hospital.	Develop administration system together with financial officer (in place for optic shop, still working on OPD and OR)	Fundraising equipment through Eye Care Foundation
Move into new building and have a try-out period.	Decide salary Elton, until payroll hospital		4 outreaches (100 patients each outreach)	Work out ideas around prevention (in progress for 2020)	Lobby for Clinical officer on the payroll of the hospital.		Coaching clinical officer ophthalmology
Grand opening of the eye clinic (delayed to 2020 because of delay of equipment)	Set up HR policy (in progress)	Set up operation protocol	200 cataract operations (106 done)				
	Clinical officer on payroll hospital (delay from government)						
	Plan: how do we make sure qualified staff is always available?						

Green = target has been met, Orange and Red = respectively target partially and not met

Annex II Logical framework activities 2020

	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 150 additional operations per year 200 glasses dispensed (to people with refractive error)	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

		<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>		<p>Assumption: enough well trained staff</p> <p>Risk: see risk at 1.2.</p>
1.2 Macha eye clinic is equipped to help at least 6500 patients per year:			<p>6 trained staff:</p> <p>1 clinical officer / manager</p> <p>1 logistic officer</p> <p>1 registered nurse</p> <p>1 enrolled nurse</p> <p>2 optical technicians</p> <p>Add in 2022</p> <p>1 ophthalmic nurse</p> <p>Add in 2023</p> <p>1 ophthalmic nurse</p>	<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>
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		A financial plan will be made to reach sustainability as much as possible for the running costs (Eye for Zambia will provide the	Assumption: Possibility to create and work with a Tier system: an assessment procedure to verify

		in Macha hospital are covered by eye unit and optical shop	non-recurring costs for the time being)	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.
	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	
	3.3. Support eye clinic Namwala towards a satellite-clinic	Regularly contact the clinical officer in Namwala in order to support them instrumentally (through ECF) and professionally.	Receive statistics of Namwala eye clinic quarterly	Assumptions: clinical officer in Namwala will not be transferred and he will have growing patient numbers because of his equipment Risks: transfer of the ophthalmic clinical officer to elsewhere, stagnating patient numbers due to ignorance, fear or shame
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>1.2.1. To source finances to train current and future medical staff in ophthalmology</i></p> <p><i>1.2.2. To employ additional workers: optician, logistic officer</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>			

	<i>1.3.4. To make use of a proper finance reporting system</i>
	<i>2.1.1. To assess available protocols, evaluate them and add on to them</i> <i>2.1.2. To make local staff responsible for protocols in order to increase ownership</i>
	<i>2.2.1. To attend regional, national and international meetings</i> <i>2.2.2. To have at least one presentation per year on the work of Eye for Zambia in a meeting</i> <i>2.2.3. To regularly visit local partners like Zimba and Livingstone Hospital</i>
	<i>2.3.1. To discuss with Hospital Management that the Eye Clinic could become a teaching facility</i> <i>2.3.2. To lobby in Province and on national level to become a recognized training facility</i>
	<i>2.4.1. To involve international ophthalmologists in training of staff on topics like diabetes and glaucoma</i> <i>2.4.2. To teach clinical officer to interpret fundus photographs and perform laser treatment for diabetes</i> <i>2.4.3. To teach medical personnel to use and interpret glaucoma screening tools and perform a proper follow up</i>
	<i>3.1.1. To perform 7 outreaches per year to rural areas (every month outside of the rain season)</i> <i>3.1.2. To start radio announcements</i> <i>3.1.3. To train community health workers in eye care and stimulate them to refer to Macha</i>
	<i>3.2.1. To stay involved in Hospital Management, attend Management Meetings weekly</i> <i>3.2.2. To evaluate the Memorandum of Understanding (MOU) with Macha Mission Hospital annually</i> <i>3.2.3. To perform the mid-term evaluation of the MOU late 2022</i>
	<i>3.3.1. To have regular supervision visits to Namwala from Macha</i> <i>3.3.2. To support Namwala Eye Clinic with equipment and consumables</i> <i>3.3.3. To have a system in place for transport and treatment of patients from Namwala in Macha.</i>

Annex III Budget for 2020-2022

	2020	2021	2022	2023
INCOME				
Income Private individuals	€ 20.000	€ 20.000	€ 20.000	€ 20.000
Income Churches	€ 2.500	€ 2.500	€ 2.500	€ 2.500
Income Companies	€ -	€ -	€ -	€ -
Income Foundations	€ 40.000	€ 40.000	€ 40.000	€ 40.000
Income Sales Eye Clinic	€ 2.500	€ 3.000	€ 3.500	€ 4.000
Income Other Sources	€ 29.600	€ 13.700	€ 13.800	€ 11.000
Total income	€ 94.600	€ 79.200	€ 79.800	€ 77.500
EXPENSES				
Administration	€ 7.900	€ 3.025	€ 3.150	€ 3.275
Car	€ 550	€ 600	€ 1.650	€ 700
Clinic Maintenance	€ 4.800	€ 5.040	€ 5.292	€ 5.557
Consumables	€ 4.000	€ 4.500	€ 5.000	€ 5.500
Equipment	€ 1.000	€ 1.250	€ 1.500	€ 1.750
Flight tickets supporting staff	€ 4.500	€ 4.500	€ 4.500	€ 4.500
Project managing	€ 28.569	€ 14.587	€ 15.681	€ 16.857
Project: Building	€ 15.000	€ -	€ -	€ -
Project: Collaboration within Zambia	€ 840	€ 882	€ 926	€ 972
Project: Outreaches & Albinism	€ 3.507	€ 3.682	€ 3.866	€ 4.060
Project: Research	€ 525	€ 551	€ 579	€ 608
Project: Training Community Health Workers	€ 1.457	€ 2.185	€ 2.185	€ 2.185
Project: Training Eye Nurses	€ 9.174	€ 11.646	€ 9.561	€ 5.020
Project: Training Ophthalmic Clinical Officer	€ -	€ -	€ -	€ -
Project: Supporting Namwala	€ 9.500	€ 1.050	€ 1.103	€ 1.158
Salary personnel	€ 8.723	€ 9.377	€ 10.081	€ 10.837
Transport expenses	€ 5.500	€ 5.800	€ 6.113	€ 6.438
Unforeseen	€ 10.554	€ 6.868	€ 7.119	€ 6.942
Total expenses	€ 116.099	€ 75.543	€ 78.305	€ 76.357