

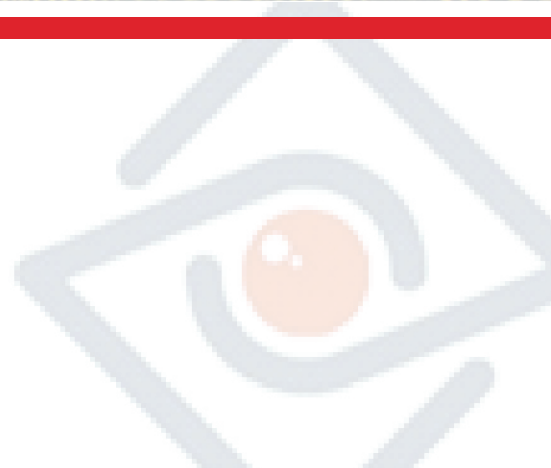
2021

ANNUAL REPORT

Pictured: An elderly man with mature cataracts



Kolmarg
EYESIGHT FOUNDATION
Restoring sight to the blind





Pictured: Volunteers of KEF during an outreach and a young boy with allergic conjunctivitis

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1. Message from the Executive Director



Vision impairment remains an urgent and increasingly important public health priority. Recent data on prevalence of blindness globally revealed a significant increase in the number of people living with blindness over the past 20 years. By 2050, this number is predicted to increase further to 61.0 million from 43.3 million in 2020. Ninety percent of blind persons live in low- and middle-income countries with 74% aged over 50 years. Africa accounts for 11.6% of the world's blind population with the age standardized prevalence of blindness in sub-Saharan Africa (SSA) being five times higher than in all high-income regions.

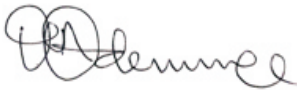
In 2020, Nigeria had an estimated 24 million people with visual impairment. Of these, 1.3 million people were blind with females accounting for 54%. Vision impairment and blindness are associated with reduced economic, educational and employment opportunities, and increased risk of death. The leading causes of blindness and visual impairment in Nigeria and SSA are cataract, glaucoma, uncorrected refractive errors, and diabetic retinopathy. Ninety percent of visual loss from these conditions can, however, be avoided with early detection and timely intervention. A large potential in reducing morbidity for these causes therefore exists.

Poverty and blindness are believed to be intimately linked with poverty predisposing people to blindness. Blindness in turn exacerbates poverty by leading to loss of income, hunger, and low standards of living. In Nigeria, blindness in poor households is twice as high as in the general population. Eradicating blindness and restoration of sight not only reduces poverty, but also enables a better quality of life for communities and positively impacts the GDP of nations.

The majority of those who are blind in SSA are poor and reside in rural areas yet eye care facilities and necessary eye care personnel are concentrated in urban areas. Accessing eye care services in the cities is usually very difficult and unaffordable with many patients remaining visually impaired. Kolmarg Eyesight Foundation was therefore established in November 2020 in Jos, Nigeria to address these challenges in accessing eye care by taking services to those desperately in need of them in rural areas of SSA.

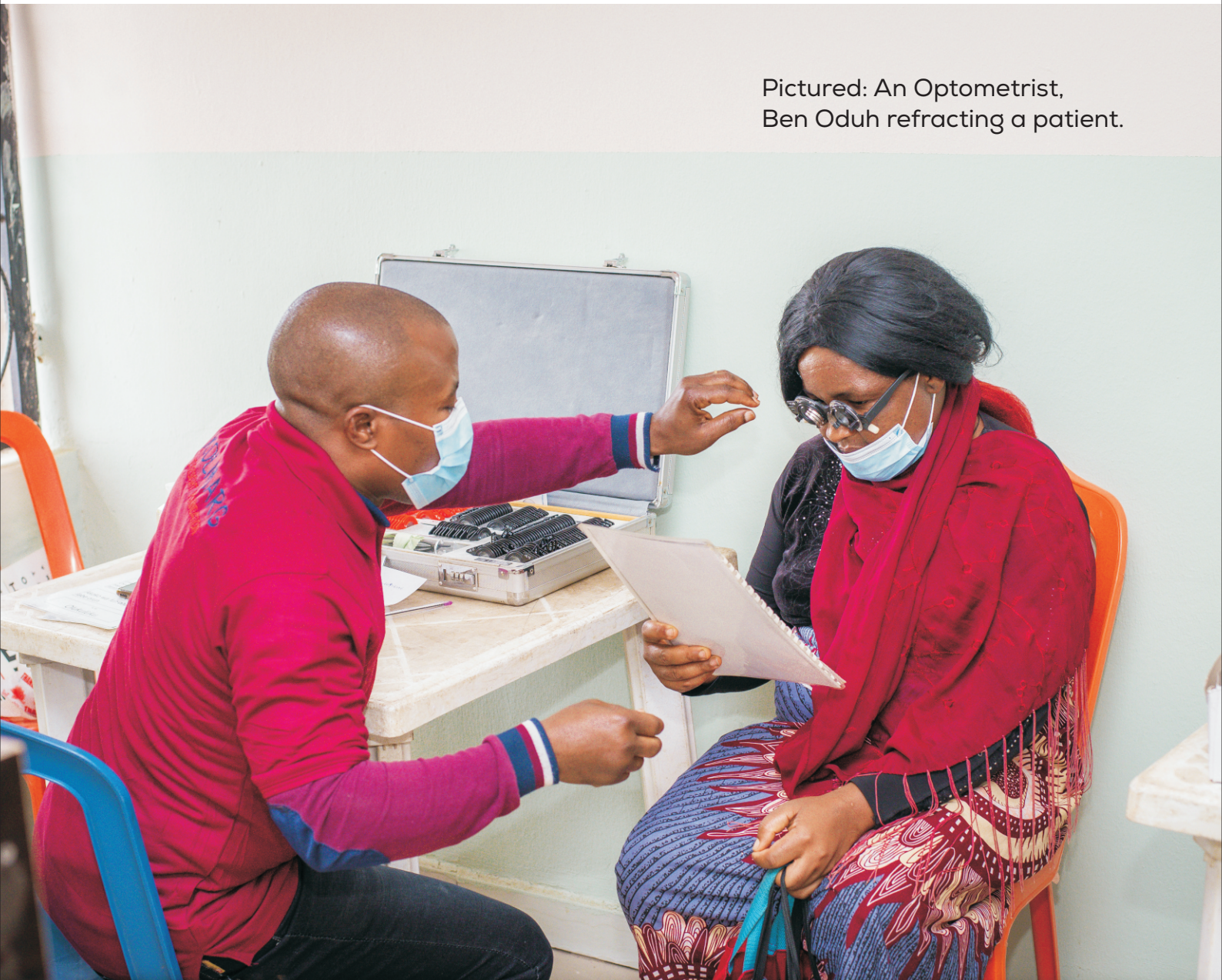
The vision of the organization is to see that no one is needlessly blind from preventable or treatable causes in SSA.

This report presents our modest achievement in our first year of operation. I am most grateful to God for making this dream a reality, and also say a big thank you to all of our friends and partners for their generous support and words of encouragement. Together we have transformed the lives of many and together we can still do more.



Olukorede Adenuga
Executive Director

Pictured: An Optometrist, Ben Oduh refracting a patient.



2. About Kolmarg Eyesight Foundation



Pictured: Registration of participants at KEF's maiden eye care program

Kolmarg Eyesight Foundation (KEF) is an international Christian non-governmental organization that provides free eye care to poor and disadvantaged persons in sub-Saharan Africa. It was established by an ophthalmologist, Prof. Olukorede Adenuga on the 22nd of November 2020, and was incorporated on the 8th of March 2021 in Jos, north-central Nigeria (RC no; 156441).

Vision

To see that no one is needlessly blind from preventable or treatable causes in sub-Saharan Africa.

Mission

Elimination of avoidable blindness in sub-Saharan Africa through comprehensive eye care provision at no cost to poor and disadvantaged persons.

Core values



Program Areas

- Treatment of cataracts
- Refraction and prescription of reading glasses for presbyopia
- Glaucoma screening and treatment
- Diabetic retinopathy screening
- Training of community health workers



Pictured: A participant with his free pair of reading glasses

3. Board of Trustees

CHAIRMAN



Olukorede Adenuga is the Executive Director and Chairman, Board of Trustees of Kolmarg Eyesight Foundation. He qualified as an Ophthalmologist in 2006 and is currently a Professor in the Department of Ophthalmology, University of Jos and Honorary Consultant Ophthalmologist at the Jos University Teaching Hospital, Jos in north-central Nigeria. He completed a one-year subspecialty training in vitreo-retina surgery in 2016 at Aravind Eye Hospital, Madurai under the Queen Elizabeth Diamond Jubilee Trust-funded Commonwealth Eye Health Consortium program.

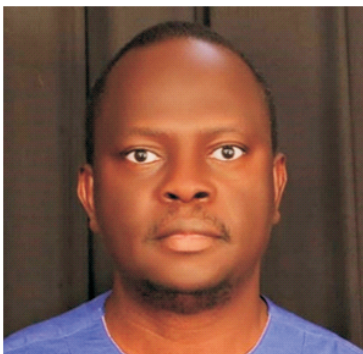
Olukorede is passionate about providing eye care to rural communities and has been involved in eye camps in rural areas of north-central and north-eastern Nigeria for over 10 years. He has been a regular volunteer for the TY Danjuma Foundation/Care Vision Support Initiative free eye care program in Taraba and Edo states since 2009.

VICE-CHAIRMAN



Dr. Emmanuel Agogo is the Vice-Chairman, Board of Trustees. He is a health systems strengthening and global health security subject matter expert. He was former deputy director (projects and program coordination) at the Nigeria Centre for Disease Control (NCDC) and he project-managed the establishment of the National Reference Laboratory, Gaduwa. Between 2014 and 2016, Emmanuel led the roll out of the largest deployment of GeneXpert in Africa, which was funded by the GFATM. Emmanuel is currently the country representative for Nigeria of Resolve to Save Lives (an initiative of Vital Strategies). He is also a consultant in family medicine with expertise in infectious diseases.

SECRETARY



Dr. Olaniyi Taiwo is the Secretary, Board of Trustees at Kolmarg Eyesight Foundation. He is a Principal Research Fellow and the Head, Department of Basic Sciences and Research at the Inter-country Center for Oral Health for Africa, located in Jos, Nigeria. He graduated as a dentist in 1999 from the University of Ibadan, Nigeria and has master's degrees in Public Health (MPH) from the University of Lagos, and in Clinical Research (MSc) from the University of Liverpool, where he was presented the prestigious dissertation of the year award. His PhD program was in Public Health (Epidemiology track) at Walden University, USA. Olaniyi loves pedagogy, travelling and playing indoor games.

4. 2021 Activities



4.1 Maiden Free Eye Care Program Holds at Confidence Aged Care Home, Jos



Pictured: An elderly man in a wheel chair about to have his visual acuity assessed

The maiden free eye care program of KEF took place on the 4th of September, 2021 at Confidence Aged Care Home, Jos. 166 persons (78 males, 88 females) were attended to, and these were mainly elderly patients with the majority being 50 years of age and above (Figure 1).

The program was conducted in collaboration with Confidence Aged Care Home, and the volunteers included an optician, an optometrist, three ophthalmologists, and other volunteers of Confidence Aged Care Home. Services rendered during the program included screening for glaucoma and diabetic retinopathy, refraction and prescription of reading glasses, and treatment of other minor eye conditions such as allergic conjunctivitis. The commonest conditions seen were presbyopia, allergic conjunctivitis, cataract, glaucoma, and optic atrophy (Table 1). Thirteen patients were booked for surgery; 12 with cataracts, and one case of trachomatous trichiasis. 110 glasses were distributed. Channels television was on hand to cover the event while the Department of State Services provided security.



Pictured: An ophthalmologist, Dr. Rwang examining a patient

Figure 1; Age Range of Participants

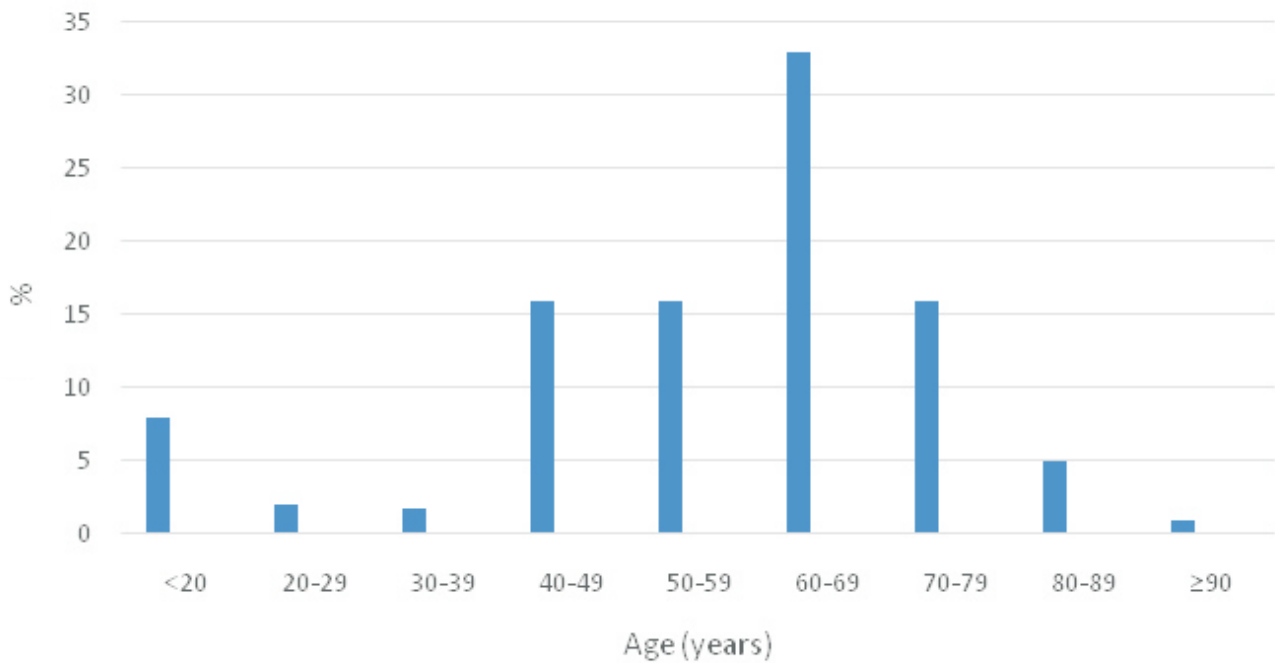


Table 1: Pattern of ocular disorders in participants at Confidence Aged Care Home

Diagnosis	Number	%
Refractive error/Presbyopia	91	54.8
Allergic conjunctivitis	29	17.5
Suspicious disc	24	14.5
Cataract	20	12.0
Glaucoma	9	5.4
Pterygium	5	3.0
Optic neuropathy	5	3.0
Chorioretinal scar	2	1.2
Phthisis bulbi	2	1.2
Corneal opacity	1	0.6
Myasthenia gravis	1	0.6
Full thickness macular hole	1	0.6
Diabetic retinopathy	1	0.6
Corneal foreign body	1	0.6
Couched lens	1	0.6
Trachomatous trichiasis	1	0.6

NB: Several persons had more than one diagnosis

4.2 KEF Offers Free Eye Surgeries in Jos-north Local Government



Pictured: Volunteers and patients (with eye pads) after surgery

Free eye surgeries were carried out by KEF on the 8th October, 2021. The venue was the Primary Health Care Centre, Downbase ECWA Staff area in Jos-north local government. There were 11 patients (5 males, 6 females). The surgeries carried out included cataract surgery for 8 patients, pterygium surgery for 2 patients and lid surgery for one patient. The oldest beneficiary was a 106 year old woman with cataract. The patients were all grateful to the organization as well as her partners for bringing the services close to them and also making it totally free. Volunteers were drawn from the Jos University Teaching Hospital, Faith Alive Hospital, and Confidence Aged Care Home all in Jos.

4.3 Medical Outreach to the Nigerian Correctional Service, Jos Custodial Centre



A free medical outreach to the Nigerian Correctional Service (NCS), Jos Custodial Centre (Jos Prison) took place on the 22nd of October 2021. The outreach tagged “The Father's Love Medical Outreach” was a collaboration between Bukola Stephens Initiative, Kolmarg Eyesight Foundation, and 4 other non-governmental organizations. KEF provided eye care for the prison inmates as well as prison personnel. Services rendered included eye examinations, refraction and dispensing of reading glasses, treatment of glaucoma and other minor eye conditions such as allergic conjunctivitis. 134 people (inmates and officials) were seen (males 117, females 17) and their age distribution is shown in figure 2. The various ocular conditions seen are shown in Table 2. 76 pairs of reading glasses were distributed. As the prison does not have an ophthalmologist or optometrist, the medical outreach provided an opportunity for inmates and prison officials to have their eyes examined.

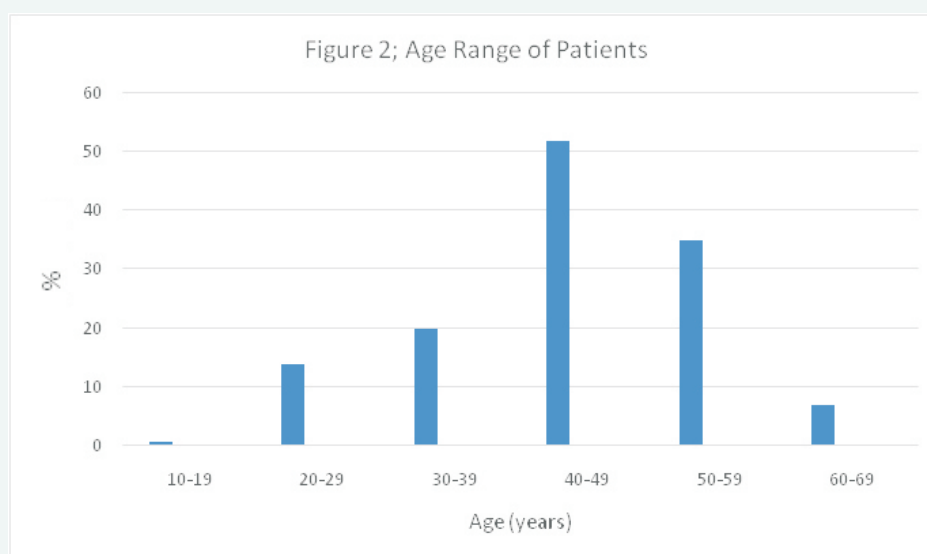


Table 2: Pattern of ocular diagnosis is seen in inmates and officials at Jos Custodial Centre

Diagnosis	Number	%
Refractive error/Presbyopia	79	59.0
Allergic conjunctivitis	41	30.6
Cataract	7	5.2
Glaucoma	5	3.7
Uveitis	4	3.0
Pterygium	4	3.0
Corneal opacity	2	1.5
Optic neuropathy	2	1.5
Corneal ulcer	1	0.7
Macular haemorrhage	1	0.7
Macular scar	1	0.7

NB: Several persons had more than one diagnosis



Above: Volunteers from the various NGOs during the outreach to the Jos Custodial Centre

4.4 Summary of Activities for 2021

Number of patients attended to	300
Number of females	105
Number of males	195
Number of glasses distributed	186
Total number of eye surgeries	11
Number of eye drops dispensed	220



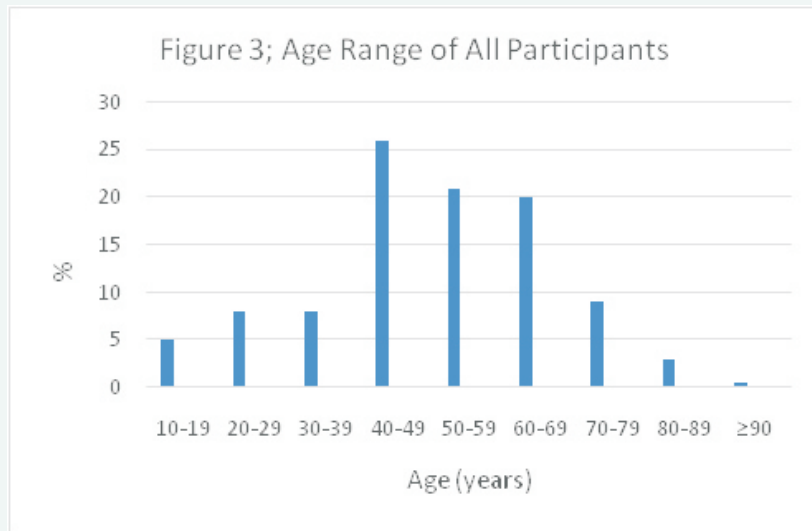


Table 3: Pattern of ocular disorders in all participants

Diagnosis	Frequency	%
Refractive error/Presbyopia	170	56.7
Allergic conjunctivitis	70	23.3
Cataract	27	9.0
Suspicious disc	24	8.0
Glaucoma	14	4.7
Pterygium	9	3.0
Optic neuropathy	7	2.3
Uveitis	4	1.3
Chorioretinal scar	3	1.0
Corneal opacity	3	1.0
Phthisis bulbi	2	0.6
Myasthenia gravis	1	0.3
Full thickness macular hole	1	0.3
Diabetic retinopathy	1	0.3
Corneal foreign body	1	0.3
Couched lens	1	0.3
Trachomatous trichiasis	1	0.3
Macular haemorrhage	1	0.3
Corneal ulcer	1	0.3

5. How To Support Kolmarg Eyesight Foundation

Your donation of any amount will support Kolmarg Eyesight Foundation in eliminating avoidable and treatable causes of blindness in sub-Saharan Africa. You may support us through any of these channels:

1. Bank transfers

You can contact us at kolmargeyesightfoundation@gmail.com or on whatsapp number +2348034515042 for account details.

2. Online Donation

You can make your donations online by visiting;

<https://www.kolmargeyesight.org/fund.php#eye>

3. In-kind donations

These may include any of the following;

- Equipment such as operating microscope, cataract surgery set, surgeon's operating chair, bipolar cautery machine, hot air oven, direct ophthalmoscope, indirect ophthalmoscope, visual acuity charts, glucometer, hand held tonometer, and digital sphygmomanometer.
- Surgery consumables e.g. posterior chamber intraocular lenses (+19.0D-21.5D), crescent knives, keratomes, viscoelastic, sutures (9/0 nylon, 8/0 vicryl, 4/0 silk), surgical mask, gauze roll, cotton wool roll and surgical gloves (sizes 7-8).
- Drugs e.g. lidnocaine injection, dilating eye drops (Phenylephrine, Tropicamide, Cyclopentolate), Tetracaine (anaesthetic) eye drops, steroid/antibiotic eye drops such as Maxitrol (Alcon), antiglaucoma eye drops, ciprofloxacin eye drops, antihistamine eye drops, antibiotic/steroid eye ointments, acetazolamide tablets, and tetracycline eye ointment.
- Vehicles; the foundation needs a pickup truck (Toyota hilux) and a bus to ease the movement of equipment, consumables, and volunteers to the rural areas where camps will be held.





Pictured: The oldest person seen during our programs in 2021, Mama Yabu Maichibi aged 106 years.



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Restoring sight to the blind

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