Kolmarg
EYESIGHT FOUNDATION
Restoring sight to the blind

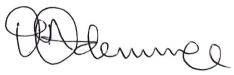
KOLMARG EYESIGHT FOUNDATION STRATEGIC PLAN

2021-2025

www.kolmargeyesight.org

SIGNATURE PAGE

This strategic plan was approved by the following members of Kolmarg Eyesight Foundation Board of Trustees;

1.	Dr. Olukorede Adenuga	Chairman	
2.	Dr. Emmanuel Agogo	Vice Chairman	
3.	Dr. Olaniyi Taiwo	Secretary	

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EXECUTIVE SUMMARY

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.

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 to address these challenges in accessing eye care by taking services to those desperately in need of them in rural areas. The vision of the organization is to see that no one is needlessly blind from preventable or treatable causes in SSA. The major strategies the organization will adopt to achieve its vision include organization of free comprehensive eye camps,

collaboration with local hospitals in provision of affordable eye care, and capacity building at the community level. Health interventions and programmes such as these that help to prevent blindness and restore sight have a great potential to transform lives by increasing productivity, breaking the cycle of poverty, and improving the socioeconomic status of individuals, families and communities.

1. INTRODUCTION

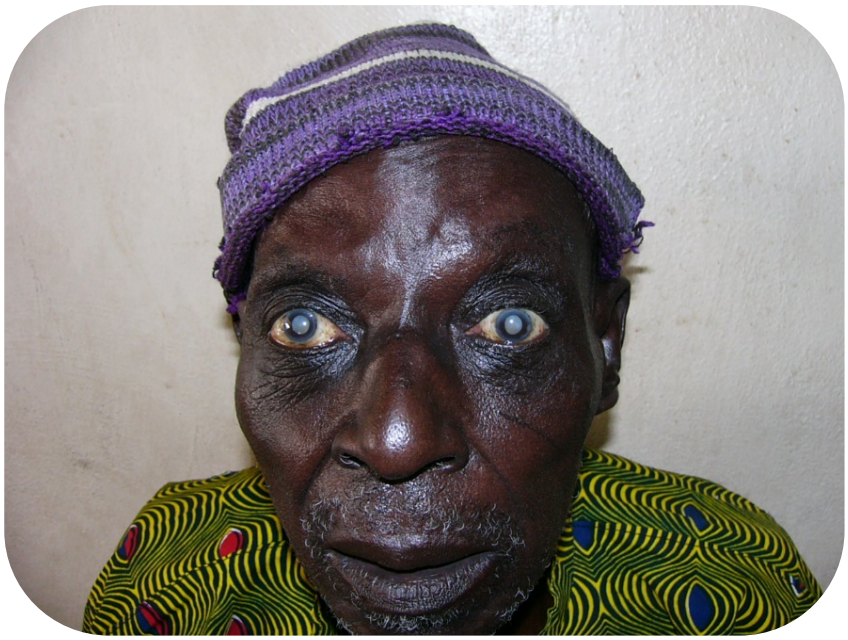
Kolmarg Eyesight Foundation (KEF) is an international Christian non-governmental organization located in Jos, north-central Nigeria. It was established by an ophthalmologist, Dr. Olukorede Adenuga on the 22nd of November 2020, and was incorporated on the 8th of March 2021 with Registration Number 156441. The mission of the organization is to provide comprehensive eye care to the poor and underprivileged elderly in sub-Saharan Africa (SSA). The majority of those who are blind in the region are poor and reside in rural areas where eye care facilities and necessary eye care personnel are almost always non-existent. Accessing eye care services in cities where they are mostly located is also usually very difficult and unaffordable. In the absence of accessible orthodox eye care, patients access other sources, for example, patent medicine vendors, traditional healers and couchers, which may exacerbate the visual loss through harmful practices or delay appropriate treatment. Many remain needlessly blind. Therefore, the vision of the organization was borne out of a desire to address these challenges by taking services to those desperately in need of them in rural areas. The organization will be carrying out eye camps, and capacity building at the community level. Services that will be rendered at the camps include cataract surgery, refraction and prescription of reading glasses, screening for diabetic retinopathy, screening for and medical treatment of glaucoma, and treatment of other minor eye conditions. Capacity building will involve training community health workers in primary eye care in the local government areas where eye camps are held and partnering with local hospitals to improve infrastructure and increase the volume and quality of eye care services. These activities will begin in Nigeria and later expand to other SSA countries over the next five years.


GRACE

2. OUR FOCUS

2.1 Elimination of Avoidable Blindness

Recent data on prevalence of blindness shows that the total number of individuals with both blindness and moderate and severe vision impairment globally has increased substantially (by 51% and 92%, respectively) over the past two decades. This increase is mostly as a result of eye care services not being able to keep pace with population ageing and growth, along with behavioural and lifestyle changes that have led to an increase in the number of eye conditions that cause vision impairment and blindness. There are currently an estimated 43.3 million people who are blind globally, and an additional 295 million people with moderate and severe vision impairment. Ninety percent of visual loss is avoidable, and 90% of blind persons live in low and middle-income countries with 74% aged over 50 years. It is estimated that there are five million people blind in Africa accounting for 11.6% of the world's blind population. In Nigeria the number of blind persons has also increased from 1.13 million over a decade ago to 1.3 million in 2020. The leading causes of blindness and vision impairment in SSA are cataracts, glaucoma, uncorrected refractive errors, and diabetic retinopathy.



2.2 Cataract

As of 2007, the number of adults with operable cataracts in Nigeria was estimated to be 450,000 and this number was projected to increase by 43% to 600,000 in 2020. Cataract blindness presents an enormous problem in terms of magnitude, functional disability, loss of self-esteem, considerable economic loss, and social burden, particularly in poor communities, and contributes to the perpetual cycle of poverty. Because prevalence increases with age, and is higher in women than in men, it remains an important focus for vision loss alleviation and addressing gender equity. Outreach screening has been shown to enhance access among underserved groups such as women and the elderly. Developing robust eye care systems supplemented by community outreach has been recommended as principal strategies to tackle cataract blindness. The World Bank has also ranked cataract surgery as one of the most cost-effective health interventions offered in low and middle-income countries.

2.3 Glaucoma

Glaucoma is the second leading cause of blindness and most common cause of irreversible visual loss. In 2006, the number of individuals estimated to be bilaterally blind from glaucoma was projected to increase from 8.4 million in 2010 to 11.1 million by 2020. However, the number who are blind is just the tip of the iceberg as there are many more individuals with glaucoma who are at risk of blindness. In Africa, glaucoma accounts for 15% of blindness and it is the region with the highest incidence and prevalence of the disease. The majority of patients in African countries often present when they have lost vision and it is too late to make any significant impact. Improving surveillance systems, highlighting risk among family members of cases, and effectiveness of care once treatment is initiated are therefore crucial in reducing blindness from the disease in the region. Once detected, therapy for glaucoma can arrest or slow its deterioration in the majority of cases.

2.4 Presbyopia

Presbyopia poses a significant public health challenge, because it affects older people's ability to maintain their economic independence. It impacts on quality of life in high-income countries and also in low- and middle- income countries where reading and writing are less a part of daily life. In rural populations of low- and middle-income countries near vision is required for winnowing grain, sorting rice, weeding, sewing, cooking food, dressing children, lighting, and adjusting lamps. Presbyopic spectacle correction coverage is, however, low in these rural areas.

Uncorrected presbyopia can also hamper development. The World Health Organization has emphasized adult literacy to improve the attainment of development goals. Still, people require good near vision to be able to benefit from programs to improve literacy. While new treatments are being developed for presbyopia, spectacles represent a practical, economical option for low- and middle-income countries.

2.5 Diabetic Retinopathy

Sub-Saharan Africa faces an epidemic of diabetes, with Nigeria having the highest burden followed by South Africa. Diabetes causes significant morbidity, including visual loss from diabetic retinopathy (DR), which is largely preventable. In this resource-poor setting, health systems are poorly organized to deliver chronic care with multiple system involvement. The specific skills and resources needed to manage DR are scarce. The costs of inaction for individuals, communities, and countries are likely to be high. Diabetic retinopathy is the fifth major cause of blindness globally and was the only cause of blindness that showed a global increase in age-standardized prevalence between 1990 and 2020. With a projected more than 600 million people living with diabetes by 2040, and because people with diabetes live increasingly longer, the number of people with DR and resulting vision impairment is expected to rise rapidly. Screening for DR can significantly prevent the loss of vision resulting from long-standing diabetes mellitus, and is also financially advantageous for both patients and health care systems.

2.6 Capacity Building

Community health workers (CHWs) form the bulk of the primary health care work force in SSA. They must have the appropriate knowledge and skills to render basic health services, including primary eye care. The role of CHWs in primary eye care is primarily health promotion, but CHWs can also be trained to detect common eye conditions and promote appropriate referral. Practical retraining and supervision to achieve primary eye care integration into primary healthcare services have been recommended for CHWs in Nigeria. Collaboration with local hospitals to improve infrastructure and increase the volume and quality of eye care services will enable people to access care long after KEF's involvement has ended.

3. MANDATE

3.1 Vision

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

3.2 Mission

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

3.3 Core values

We have seven core values that represent our beliefs as an organization and are the guiding principles that dictate our conduct in the pursuit of our vision. They include;

1. Faith - We believe in Jesus Christ and all that he represents.
2. Equity - We do not discriminate under any guise. We respect the diversity of tribe, gender, religion, and political affiliation.
3. Integrity - We are accountable and transparent in the management of resources.
4. Compassion - We carry out our mission with understanding, patience, and kindness.
5. Professionalism - We strive for excellence in all that we do.
6. Dedication - We are committed to fulfilling our mission.
7. Teamwork - We work together with our partners to fulfil our vision.

4. GOALS, METHODOLOGY AND OBJECTIVES

4.1 GOAL	4.3 OBJECTIVES
Provision of comprehensive eye care in rural areas of sub-Saharan Africa.	-To carry out 1000 cataract surgeries in 2021 -To increase the number of cataract surgeries by 1000 annually from 2022 to 5,000 by 2025 in Nigeria - To distribute 8000 reading glasses in 2021 and increase to 20,000 by 2025 - To identify local hospitals in Nigeria for collaboration in the provision of free cataract surgery and reading glasses -Screening for diabetic retinopathy at eye camps -Screening for glaucoma at eye camps and provision of free antiglaucoma eye drops - To sponsor 500 cataract surgeries in 2 other West African countries by 2024, and increase number to 1000 in 2025
4.2 METHODOLOGY -Organization of free comprehensive eye camps -Collaboration with local hospitals in provision of affordable eye care - Capacity building at the community level	

5. SWOT/BEEM ANALYSIS

SWOT	BEEM
Strengths - Experience of volunteers in eye camps in northern Nigeria. - Skilled eye care professionals that can be approached to participate in organization's activities	**How we will BUILD on Strengths** -Seek collaboration of eye care professionals - Provide an enabling environment for them to work while in the camps
Weakness - A new organization just starting from the scratch	**How to ELIMINATE Weakness** - Identify and work in collaboration with other non-governmental organizations involved in eye care whose organisational philosophy and geographical reach are complementary to ours
Opportunities - Availability of community health extension workers that can be trained in primary eye care. - Large number of people who are blind or visually impaired and have no access to eye care	**EXPLOITING Opportunities** - Advocacy - Identify and collaborate with other non-governmental organizations involved in eye care
Threats - Security issues in northern Nigeria that may restrict activities in certain areas in the region - Funding for treatment of patients that will require highly specialized care, such as patients with proliferative diabetic retinopathy - Poor accessibility to some rural areas due to bad road network	**Steps to MINIMIZE Threats** - Advocacy - Partnerships/Community engagement

6. WORK PLAN

	ACTIVITY	BY WHOM
Services	- Organize 10 free comprehensive eye camps in 2021 and increase to 20 annually by 2025 -To carry out 1000 cataract surgeries in Nigeria in 2021 -To increase the number of cataract surgeries by 1000 annually from 2022 to 5,000 by 2025 in Nigeria - To distribute 8000 reading glasses in 2021 and increase to 20,000 by 2025 - To identify local hospitals in Nigeria for collaboration in the provision of free cataract surgery and reading glasses -Screening for diabetic retinopathy at eye camps -Screening for glaucoma at eye camps and provision of free antiglaucoma eye drops - To sponsor 500 cataract surgeries in 2 other West African countries by 2024 and 1,000 by 2025	Volunteer eye care professionals
Manpower	- To identify eye care professionals who would be willing to partner with the organization by June 2021	- Executive Director
	- Employ 3 drivers, 1 accountant, 1 administrative officer, 1 security guard, and 1 store keeper by August 2021	Board of Trustees
	Employ 2 field officers in Nigeria in 2022	Board of Trustees

Infrastructure/Equipment	- To rent office space by October 2021 - To write grants for funds for the acquisition of 4 plots of land for an office building in Jos by July 2022 - Purchase 1 operating microscope and 5 cataract sets in January 2023	-Board of Trustees -Legal Adviser
	- Architectural drawing for office complex by January 2023 - Obtain government approval for the building of the office complex by April 2023 - Commence construction of the office complex by August 2023	-Architect - Legal adviser
Capacity Building	- Training of 25 community health extension workers per eye camp in primary eye care.	- Ophthalmologists - Ophthalmic nurses
	- Identify and collaborate with local hospitals in rural areas where eye clinics may be established beginning from the commencement of eye camps in 2021	- Executive Director - Field officers
	- To write proposals for the purchase of basic eye equipment such as slit lamp and Goldmann applanation tonometer, visual acuity charts for hospitals identified for the establishment of these eye clinics from January 2022	- Executive Director

7. FUNDRAISING

The organization will be raising funds through different sources to carry out its yearly activities and execute its strategic plan. The funding sources will include;

1. Private individuals
2. International/local foundations
3. Non-governmental organizations involved in blindness prevention
4. Development assistance agencies
5. Corporate organizations

8. DEVELOPING PARTNERSHIPS

Kolmarg Eyesight Foundation intends to be a key stakeholder in the elimination of avoidable blindness in sub-Saharan Africa. It will be building partnerships with other non-governmental organizations with similar objectives in the region to facilitate our mission's achievement. The organization will work with state and local governments in capacity building, specifically in training community health workers in primary eye care, establishment of eye clinics in primary and secondary health centres where none exist, and also to improve on existing eye care infrastructure. The organization will advocate for human resource development, accessibility to eye care, basic eye drops in hospitals/clinics, and monitoring the quality of care.

9. MONITORING AND EVALUATION

To ensure accountability to donors and beneficiaries and assess our programs' impact, an evaluation will be carried out thrice a year. An external consultant will carry out the last evaluation for the year which will involve the organization's activities for the entire year. Key performance indicators to be used in the monitoring and evaluation of the foundation's activities include;

1. Number of cataract surgeries done
2. Proportion of operated eyes with visual acuity ≥ 6/18
3. Number of reading glasses dispensed
4. Number of community health extension workers trained
5. Number of glaucoma cases diagnosed and treated
6. Number of diabetic patients screened for retinopathy

10. ADMINISTRATION

10.1 Office

The organization is headed by an executive director who oversees the day to day running of the organization. The organization intends to have at least 2 field officers in Nigeria, one in the north and the other in the south, and country representatives with the expansion of activities to other countries in sub-Saharan Africa. The initiation, management, implementation, and evaluation of all projects will be coordinated at the head office in Jos, north-central, Nigeria. In other sub-Saharan African countries where the organization intends to carry out activities, it will employ a part-time country representative.

10.2 Board of Trustees

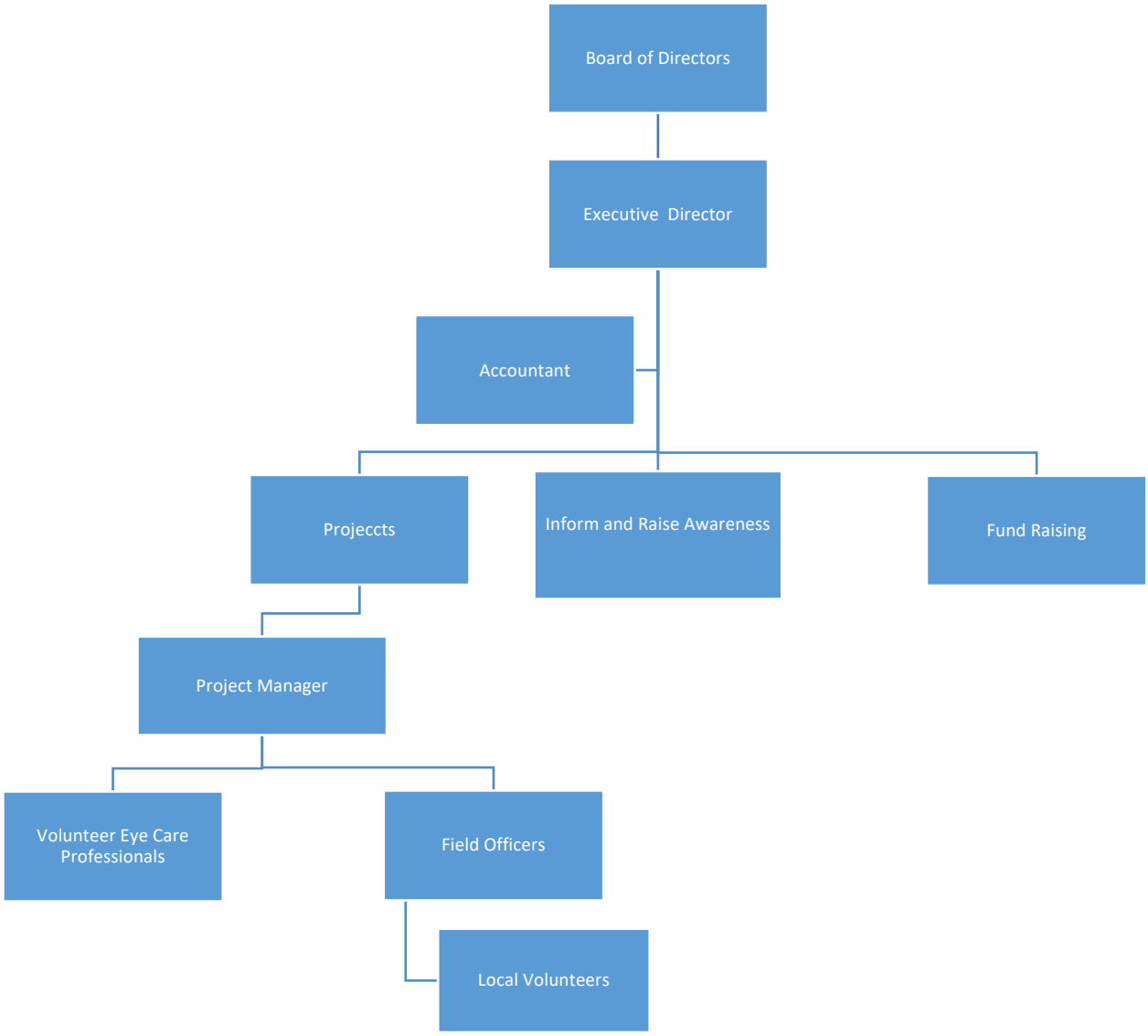
Kolmarg Eyesight Foundation is supervised by a competent Board of Trustees (BOT). The Board has an advisory role, a supervisory role, and also acts as an employer. For its supervisory role, this strategic plan will serve as an important management tool for the BOT. The annual policies derived from this strategic plan will be submitted to the BOT and assessed against the strategic plan. Quarterly and annual reports highlighting the progress of the organization throughout the year will also be submitted to the BOT during periodic meetings. This will enable the BOT to assess the progress being made by the organization yearly.

11. BUDGET

		Cost (Naira, ₦)				
	Item	**2021**	**2022**	**2023**	**2024**	**2025**
	Equipment	15,861,000	-	5,250,000		
	Consumables	3,051,750	6,051,750	9,155,250	12,207,000	16,258,750
	Drugs	4,451,700	8,903,400	13,355,100	17,806,800	22,258,500
	Opticals	6,421,000	8,347,300	10,273,000	12,199,300	14,125,600
	Stationaries	1,005,500	2,011,000	3,016,500	4,022,000	6,000,000
	3 Vehicles including insurance, registration	82,445,000	-	-	-	-
	Media and Publicity	4,541,000	4,541,000	9,082,000	9,082,000	10,000,000
	Training of Community Health Workers	3,353,300	3,353,300	3,353,300	3,353,300	3,353,300
	Travel Expenses	4,740,000	4,740,000	9,480,000	9,480,000	9,480,000
	Professional Services (Honorarium)	21,150,000	21,150,000	42,300,000	42,300,000	42,300,000
	Institutional support	8,350,000	14,350,000	14,350,000	16,350,000	16,350,000
	Capital Project	-	8,000,000	60,000,000	-	-
	Monitoring and Evaluation	500,000	500,000	750,000	750,000	750,000
	Grand Total	**155,870,250 *($410,184)**	**84,317,350 ($221,887)**	**180,365,150 ($474,645)**	**127,550,400 ($335,658)**	**140,876,150 ($368,651)**

* Dollar equivalent based on the official exchange rate of N380 to $1 as of 12th of March, 2021.

12. ORGANOGRAM



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