

Annual report 2020



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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.



The Lancet Global Health Commission described even recently (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. 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.

2.2 Local team

Figure 2 The local team working at the Eye Clinic by December 2020

NAME	SEX	POSITION	TeamMember 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
Silvia Muntanga	F	Assistant	Jul/20
Abraham Mudenda	M	Nurse	Jul/18
Patience Cheelo	F	Nurse	Jan/17
Annette Ngulube	F	Nurse	Jul/20
Quincy Sichimwa	M	Optometry Intern	Oct/20

Medical staff is paid by the Zambian government except for the clinical manager. 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

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

One staff discontinued working with Eye for Zambia in 2020. Hope Zulu was posted in another hospital by the government.

The Board of Eye for Zambia is formed by the following people (as per December 2020):

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

The various roles within the board were discussed and remained the same during 2020. Two new

candidates have been welcomed to support the board with PR and fundraising: Mireille de Laat and Marieke Duchateau. As board we are happy with their enthusiasm and we are looking forward to working more together.

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. 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).

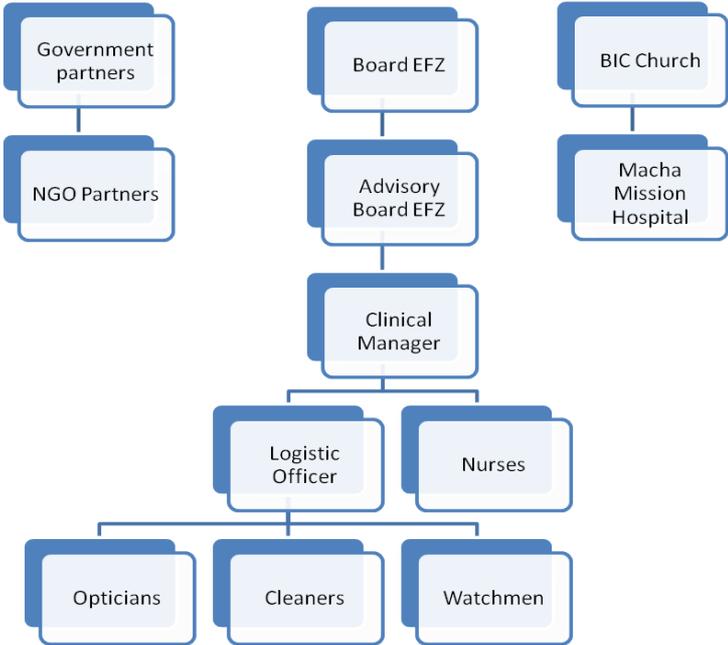


Figure 3 Organogram December 2020. NGO partners vary from international NGOs to Zambian based NGOs. BIC Church and Macha Mission Hospital are the Zambian partners of Eye for Zambia, which the workers also have to report to.

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 4. Patient tested for refractive error.



Chapter 3 Clinical activities 2020

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.

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.



Figure 7 the local staff in the era of COVID-19

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



Figure 8 Tent provided by Eye for Zambia to screen patients for COVID-19

3.3 Out patients and outreaches

Despite the COVID-19 pandemic, the total patient numbers of 2020 were comparable with those in 2018 and 2019. The patient visits in the second quarter of 2020 showed a temporary decrease compared to 2019, but after that the numbers picked up fast. This was also due to support of Christoffel Blinden Mission (CBM) who organised outreaches for cataract screening.

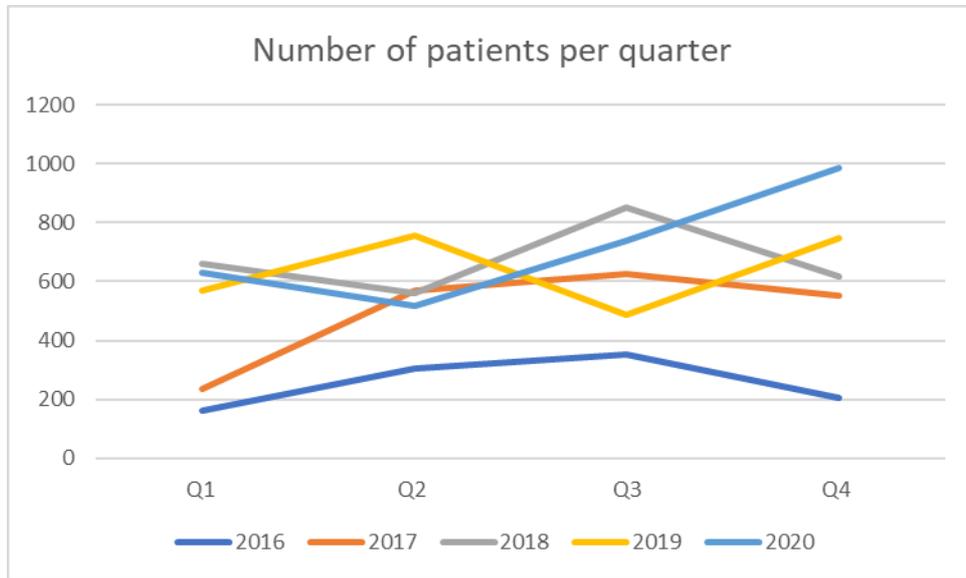


Figure 9 Quarterly number of new patients in 2016-2020.

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

Figure 10 Overview of the number of patients per quarter and totals (2016-2020)

3.4 Diagnoses

According to international standards, the eye clinic started working with the ICD-10 classification in 2020. Before 2020, registration was done in a non-standardised way. The most common diagnosis at Macha Eye Clinic in 2020 was conjunctivitis (not otherwise specified), followed by cataract and bacterial conjunctivitis.

Rank	Diagnosis	Number	Percentage
1	Conjunctivitis nos	773	27%
2	Cataract	347	12%
3	Bacterial conjunctivitis	180	6%
4	Pterygium	169	6%
5	Conjunctival degeneration	156	5%
6	Foreign Body	114	4%
7	Presbyopia	95	3%
8	Glaucoma	79	3%
9	Acute atopic conjunctivitis	77	3%
10	Myopia	72	3%

Figure 11 Top 10 Diagnoses at Macha Eye Clinic (2020)

3.5 Age and sex distribution

The amount of patients under 30 and over 30 were about the same. But because there are less older people than younger people in Zambia, the older age groups were relatively overrepresented compared to the younger age groups. 56% of the new patients was female, 44% was male, which is exactly the same distribution as in 2019.

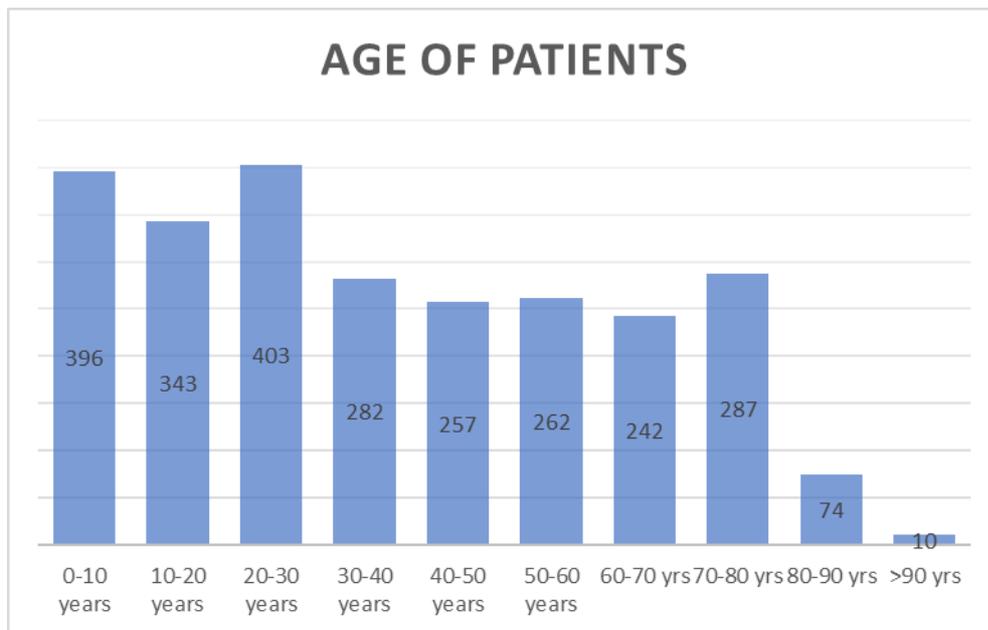


Figure 12 Age of patients

3.6 Home village

All new patients had their home villages and districts registered, as you can see in the figure below.

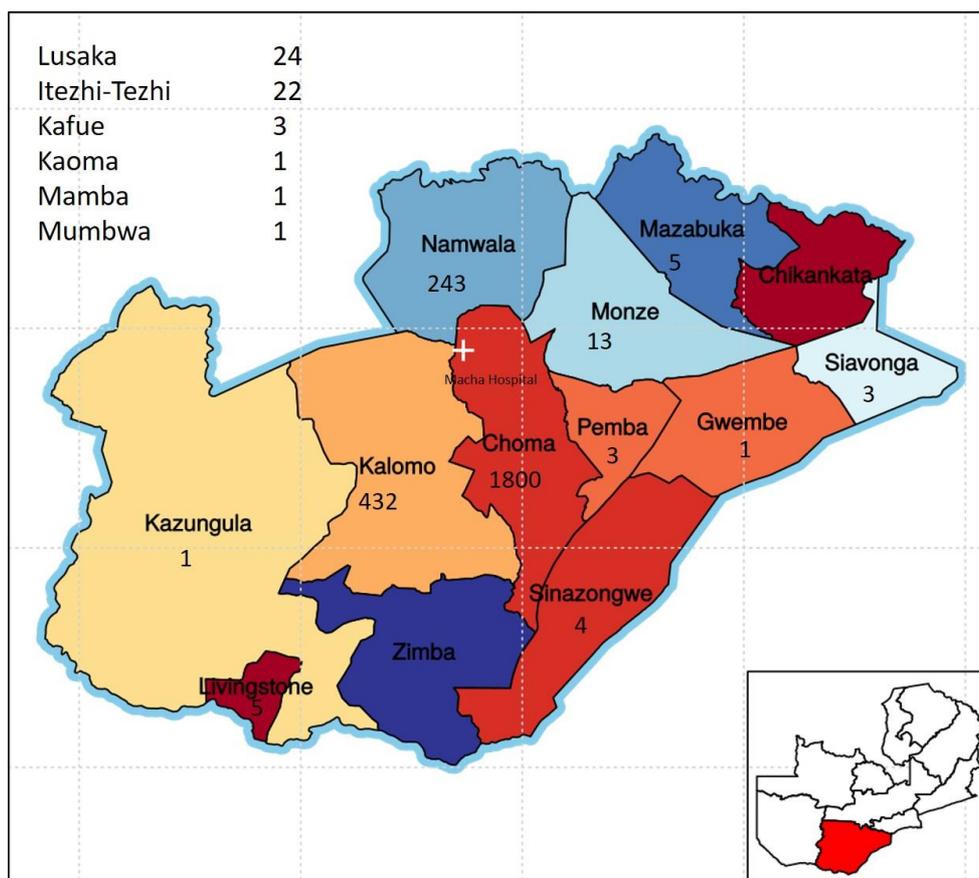


Figure 13 Distribution of origin of patients in 2020 (district level)

3.7 Outreaches and school children

In 2020, Eye for Zambia planned to support monthly outreaches. Unfortunately because of COVID-19, the outreaches could not be performed until August 2020. By then, CBM had stepped in and they organised outreaches within the coverage area of Macha Mission Hospital.

Because the schools were closed for almost the whole year, school screenings were not performed in 2020.

3.8 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	140	36	34	30	40
Evisceration	7	2	2	2	1
chalazion	3	1	2	0	0
repair	13	7	1	2	3
SCC	4	4	0	0	0
Excision	13	2	3	3	5
Others	12	8	1	1	2
Trichiasis	3	0	0	0	3
Total	207	63	45	42	57

Figure 14 Numbers of patients per treatment (Quarter 1 - 4 in 2020)

The total number of SICS (small incision cataract surgery) was 140, Just like other years, excisions of conjunctival growths and eviscerations (removal of the eye) were common operations. SCC (squamous cell carcinoma) operations were done 4 times.

All surgeries took place at Macha Mission Hospital. The Eye for Zambia team did not perform procedures at other clinics.

3.9 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, Patience Cheelo 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 was provided on-site by the ophthalmologist and the optometrist. The nurses and the spectacle technicians also received on-site training specific for their work field.

In 2020, Quincy Sichimwa joined the team as an intern. He is an optometry student who studies in India. He is mentored by Elton Munguya.



Figure 15 Main entrance OPD, left building reception and right building optic shop

Chapter 4 Profit and Loss Statement

This chapter contains the Profit and Loss Statement, please see figure 16. The line 'transferred to local bank account' relates to a local bank account that is used for the optician's shop and local expenses. Furthermore, please note the transfer of the received donations for food aid of EUR 12.4k. If needed, additional information can be provided.

	2020	2019
<i>Revenues from fundraising private individuals</i>	17.509	26.851
<i>Revenues from foundations and enterprises</i>	96.291	232.391
Total revenues	113.800	259.242
<i>Reimbursement of expenses ophthalmologist and optometrist</i>	27.036	29.281
<i>Container</i>	-	15.645
<i>Insurance costs</i>	8.285	9.651
<i>Costs for medicines and equipment</i>	11.625	62.912
<i>Training costs</i>	-	-
<i>Travel costs</i>	9.840	5.800
<i>Renovation costs</i>	215	376
<i>Registration costs and permits</i>	-	1.239
<i>Staff costs</i>	93	2.559
<i>Office costs</i>	-	1.776
<i>Maintenance costs car</i>	-	-
<i>Costs for website</i>	-	-
<i>Costs Elton Munguya</i>	456	3.398
<i>Other costs</i>	1.167	1.243
<i>Transferred to local bank account</i>	37.240	29.689
<i>Transferred to local bank account - food aid</i>	12.410	-
<i>Declaration Samuel and Tamara</i>	-	8.624
<i>Building costs new Eye Clinic</i>	-	88.902
Total costs	108.366	261.096
EBITDA	5.434	(1.855)
<i>Depreciation car*</i>	-	-
Result	5.434	(1.855)

Figure 16 Revenues and costs

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.

*please note that the 2019 depreciation of the car figure has been restated: the car is owned by the locals.

Thank
you 

Chapter 5 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. Furthermore, please note that the car is owned by the locals, figures 2019 have been restated.

BALANCE SHEET					
	Dec-20	Dec-19		Dec-20	Dec-19
Fixed assets (car)	-	-	Equity start of the year	114.978	116.833
			Profit/loss current year	5.434	(1.855)
Stocks	-	-	Equity end of the year	120.412	114.978
Receivables	-	-			
Cash and bank equivalents	120.411	114.978	Other liabilities	-	-
Current assets	120.411	114.978			
Total assets	120.411	114.978	Total liabilities	120.412	114.978

Figure 17 Balance sheet

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.



Figure 18 Testing for refractive error

Chapter 6 Plan for 2021

Coming year Eye for Zambia is aiming to continue to work on its core activity, to provide comprehensive eye care to the people living in Macha region and beyond. Due to new regulations within Zambia the ophthalmic officer Munguya will need to upgrade himself to a Bachelor level. Thanks to his professional background, this could be achieved within one year. This will strengthen his knowledge and skills, but also leads to challenges with staff availability in Macha, since the courses are outside Macha. Macha Mission Hospital has shown great commitment to find a solution, possibly with an interim solution and coverage with a Western ophthalmologist. As the COVID pandemic is still not close to an end, Eye for Zambia is seeking to strengthen local capacity, but also carefully planning for a mission trip later this year.

The following themes will become the focus in the 2021:

1. Human resources – various staff members will participate in courses and training programs. This is stimulating and we support them with their training. At the same time we keep in close contact with partnering eye professionals and the Macha Mission Hospital management to cover the services during their absence. Zimba Eye Clinic, which employed dr. Brighton Samoyo, who is an ophthalmologist, is willing to help out in case help it is needed.
2. Monitoring and evaluation. Since our communication is based on input and data from the local team we have put processes in place to ensure that the eye clinic runs properly and according to standards. Stock charts, reporting logbooks and other means are applied for this manner. If COVID risks reduce, a visit by (advisory) board members will be scheduled later this year.
3. Collaboration with local and international partners remains essential for the eye clinic. This leads to strong partnerships and sustainable funding. Without doubt, this is true for both NGOs and governmental actors (provincial health director and eye service providers). Exploring training facility possibilities will not be prioritized due to reasons mentioned under point 1.
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.

In 2021 plans for outreaches will be revised, but these fully depend on the COVID-19 situation in Zambia. 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. Since a few months the local radio has been working again, and is now used by the eye clinic to attract patients for eye services and outreaches.

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 2020 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 activities 2020

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

	Objectives	Objective Verifiable indicators	
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)	
	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.	Expected statistics	Real-life statistics
		At least 200 cataract surgeries per year (eyes operated on)	The number of cataract surgeries was 140
		5 trachoma cases operated per year	The number of trachoma cases is very low. 3 were done in 2020
		150 additional operations per year	A total of 67 operations was done
		200 glasses dispensed (to people with refractive error)	A total of 307 glasses was dispensed
		50 people treated and supported with low vision per year (mainly people living with albinism)	Unfortunately there was no possibility to send a low vision expert because of COVID. The plan is to do this at least yearly.

		5500 Outpatient Department Patient contacts (OPD) in 2020. (2020, 5500 - 2021, 6000 - 2022, 6500)	5147 patients were seen in 2020.
		500 children in schools with eye screening (2020, 500 - 2021, 1000 - 2022, 1500)	The schools were closed for most of 2020; therefore no school screenings were done. For 2021 there are plans for school screenings.
	1.2 Macha eye clinic is equipped to help at least 6500 patients per year:	6 trained staff: 1 clinical officer / manager 1 logistic officer 1 registered nurse 1 enrolled nurse 2 optical technicians Add in 2022 1 ophthalmic nurse Add in 2023 1 ophthalmic nurse	
	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. This is an ongoing project, which is going on well because the government Health Insurance Scheme pays for glasses.	
	2.1 Work by protocol and operate with quality standards	Protocols in place for clinical, surgical and routine	

	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)	Will be explored during the end of 2021. This is outside our scope as the government has a say in it.
	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
	3.1 Services rendered by the Macha eye unit are known in the Macha region	700 people visiting eye camps in rural areas Because of the COVID pandemic, in 2020 only a few outreaches could be performed.
	3.2 Continually invest in strong partnership with Macha Mission Hospital	Have weekly evaluations with the hospital management.
	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. There is a whatsapp group to support him, also the government has stepped in to help him with instruments. The support from Eye for Zambia is no longer needed starting from 2021.

Annex II 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 200 glasses dispensed (to people with refractive error) 50 people treated and supported with low vision per year (mainly people living with albinism) 6500 Outpatient Department Patient contacts (OPD) in 2022.	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 Risk: see risk at 1.2.

		(2020, 5500 - 2021, 6000 - 2022, 6500) 1500 children in schools with eye screening by 2022 (2020, 500 - 2021, 1000 - 2022, 1500)		
1.2 Macha eye clinic is equipped to help at least 6500 patients per year:	7 trained staff: 1 clinical officer / cataract surgeon 1 logistic manager 1 finance manager 1 registered nurse 1 enrolled nurse 2 optical technicians Add in 2022 1 ophthalmic nurse Add in 2023 1 ophthalmic nurse			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. 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 %.
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	Protocols in place for clinical,	Hard copies and digital copy of protocols, yearly reviewed by	Assumption: protocols will be used	

	with quality standards	surgical and routine	appointed staff and ophthalmology professionals	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	Have weekly evaluations with the hospital management.	Management meeting minutes	

	Hospital			
Activities	<p>1.1.1. To open the eye clinic 5 days a week</p> <p>1.1.2. To perform cataract, trachoma and other surgeries weekly</p> <p>1.1.3. To have a running optic workshop to dispense reading and prescription glasses, 5 days a week</p> <p>1.1.4. To treat and support people with Low Vision</p> <p>1.1.5. To set up a school screening programme.</p> <p>1.1.6. To be creative in reaching patients in this era of COVID-19</p>			
	<p>1.2.1. To source finances to train current and future medical staff in ophthalmology</p> <p>1.2.2. To employ additional workers: optical assistant, financial manager, logistic manager</p> <p>1.2.3. To lobby in Hospital Management for extra nurses in the eye clinic</p> <p>1.2.4. To organize regular training moments for eye clinic staff</p>			
	<p>1.3.1. To use the new eye clinic to create a Tier System</p> <p>1.3.2. To set up a plan for future increment of financial sustainability, starting with running costs</p> <p>1.3.3. To continue selling sunglasses, reading glasses and prescription glasses</p> <p>1.3.4. To make use of a proper finance reporting system</p>			
	<p>2.1.1. To assess available protocols, evaluate them and add on to them</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>			

	<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>

Annex III Budget for 2021-2025

TOTAL EYE FOR ZAMBIA	2021	2022	2023	2024	2025
Income					
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	-	-
Total income	61.000	61.500	52.000	42.500	43.000
Expenses					
<i>Insurances</i>	605	605	605	605	605
<i>Bank costs</i>	750	750	750	750	750
<i>Print costs</i>	250	250	250	250	250
<i>Website costs</i>	500	500	500	500	500
Administration costs	2.105	2.105	2.105	2.105	2.105
Car (maintenance costs)	600	1.650	700	750	1.800
<i>Maintenance building</i>	3.500	3.675	3.859	4.052	4.254
Clinic maintenance	3.500	3.675	3.859	4.052	4.254
<i>Consumables</i>	10.500	11.025	11.576	12.155	12.763
<i>Equipment</i>	2.000	2.100	2.205	2.315	2.431
Consumables & Equipment	12.500	13.125	13.781	14.470	15.194
Travel costs	5.000	5.000	5.000	5.000	5.000
<i>Costs Elton Munguya</i>	4.560	4.697	4.838	4.983	5.132
<i>Costs Osward Muzamba</i>	1.728	1.780	1.833	2.400	2.472
Project managing	6.288	6.477	6.671	7.383	7.604
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

Project: research	500	525	551	579	608
Project: training community health workers	2.200	2.310	2.426	2.547	2.674
Project: training eye health personnel	7.500	7.500	7.500	7.500	7.500
Project: training managers	1.000	1.050	1.103	1.158	1.216
<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>
Salaries personnel	5.136	5.290	5.449	5.612	5.781
Clearing and forwarding containers etc	500	525	551	579	608
Transport expenses within Zambia (mainly car)	500	525	551	579	608
Unforeseen	5.273	5.431	5.596	5.819	6.001
Total expenses	58.002	59.737	61.552	64.013	66.014