

BICO 3RD QUARTER REPORT – OCTOBER 2011

Blantyre Institute for Community Ophthalmology (BICO) has since July 2011 undertaken and accomplished a number of activities. This report highlights the activities that have been done.

GLOBAL BASE KNOWLEDGE RESEARCH DISSEMINATION

The Global Base Knowledge research whose aim was to find community solutions to improve blind and visual impaired children's access and acceptance to surgery, optical corrections and follow-up in Southern Malawi was finally completed in July 2011. At the end of this project BICO organised a dinner for all the participants at Chez Mackey in Blantyre and thanked all the members who participated in this research.

Between 25th July and 2nd August 2011, the director of BICO attended a one week meeting in Washington in USA and presented results of the Global base Knowledge research. The meeting was organised by A2Z with funding from USAID and had more than 40 participants. The final report has been submitted to A2Z.

The Global Base Knowledge research was a joint venture between International Eye foundation and BICO.

TASKSHIFTING STUDY

As part of the Taskshifting research which aims to assess the productivity and quality of eye care services to assist decision making; by imparting eye care skills to other health care workers such as nurses, clinical officers and health attendants there was a supervision visit on the 18th of August 2011 in Mulanje where two health centres (Chinyama and Dzenje) were visited and the supervision was done for the health workers in these two health centres. The purpose of the visit was to see how supervision is conducted.

In regard to Taskshifting research, the supervision of the health workers in health centres in Mulanje is ongoing on and data is collected on each and every visit by the District Eye Coordinator of Mulanje who conducts the supervision. The collected data is sent to BICO and is entered in Epidata. The supervision started in late November 2010. So far all the health centres (20) in which the health workers were trained in eye care have been visited and supervision conducted. Some health centres have been visited a number of times while others once as can be seen in the table below.

Table of summary of supervision visits to Health Centres in Mulanje since October 2010

Name of HC	Dates Visited	Number of visits
Chambe	25/11/2010, 28/04/2011, 14/07/2011	3
Kambenje	25/11/2010, 28/04/2011	2
Muloza	18/11/2010,07/07/2011	2
Namasalima	18/11/2010, 21/04/2011, 07/07/2011, 22/09/2011	4
Mbiza	11/11/2010, 30/06/2011, 15/09/2011	3
Thuchila	04/11/2010, 20/01/2011, 26/01/2011, 07/04/2011, 08/09/2011	5
Chinyama	11/11/2010, 30/06/2011, 18/08/2011	3
Namulenga	04/11/2010, 07/04/2011, 08/09/2011	3
Lujeri	28/10/2010, 31/03/2011, 31/03/2011, 01/09/2011	4
Mimosa	28/10/2010, 31/03/2011, 28/07/2011, 16/06/2011	4
Mulomba	21/10/2010, 24/03/2011, 09/06/2011, 25/08/2011	4
Chonde	02/12/2010, 07/06/2011	2
Bondo	09/12/2010, 28/07/2011	2
Naphimba	09/12/2010, 01/09/2011	2
Nkomaula	15/11/2010, 20/05/2011	2
Dzenje	30/12/2010, 17/03/2011, 18/08/2011	3
Milonde	23/10/2010, 08/04/2011, 08/04/2011, 11/08/2011	4
Mpala	23/12/2010, 11/08/2011	2
Thembe	17/03/2011	1
Namphungo	05/05/2011	1

HSA FOLLOW-UP STUDY

BICO has also conducted a follow-up study of the Health Surveillance Assistants (HSAs) that were trained in the Childhood blindness project in Mulanje in the year 2008. The main aim of this study was to follow-up on the HSAs that were trained with the following objectives:

1. Trace those that were trained and find out where they are.
2. List the number that admits to still be involved in childhood blindness (enumerating children).
3. Interview the HSAs about knowledge and skill retention regarding childhood blindness activities that they were taught.

There were 59 HSAs in total that were trained. The follow-up study which was done on the phone was well planned. A questionnaire was designed in order to collect information about the HSA. The questionnaire also included some questions about knowledge retention where HSAs were asked what they still remember about the training.

The HSAs follow-up study was successful because out of the 59 HSAs that were trained 54 were interviewed representing 92%. One of the HSAs died while three have been

transferred out of Mulanje district and were not interviewed because they could not be traced. One HSA still works in Mulanje but the health centre where she works there is no network coverage and this has made it impossible to interview her.

CHILDREN SCREENING

On the 22nd of September, 2011, BICO organised a screening activity which was conducted at Montfort Demonstration primary School which is in Nguludi in Chiradzulu district. This is an integrated school because it teaches children that have normal sight and the visually impaired children. The school has a boarding facility for the visually impaired children who come from different districts in the southern region. A team comprising of one doctor, four Optometrists and BICO Projects Coordinator visited and screened the children at this school.

This screening activity on this day was supposed to benefit all the children from the school but there was not enough time to screen all the children. As such only a few children were screened; only those that are visually impaired. In total fifty-five (55) children were screened on this day. Among these 40 were male and 15 were female. Six (6) of these children were less than 10 years old and nine (9) were 10 years old. Thirty-nine children were aged greater than 10 years.

EXTERNSHIP TRAINING

BICO conducted six week training for four Canadian optometry students from August to October 2011. The students were trained by Dr. Kalua who is an Ophthalmologist based at Lions Sight First Eye Hospital. Dr. Kalua is also the director for BICO. The four students were also exposed to community work where they were involved in eye screening at Montfort Demonstration primary school in Chiradzulu district. They also did some eye screening in Mulanje district. The training falls under the externship programme link between BICO and the University of Waterloo in Canada.