

## **BICO ANNUAL REPORT 2011**

In the year 2011 BICO accomplished a number of activities which are highlighted in this annual report.

### **AHSI TASKSHIFTING PROJECT**

There is an on-going enhanced supervision of the health workers in the health centres in Mulanje district. The supervision is being done by the District Eye Coordinator for Mulanje district (Mr. Likongwe). On these supervision trips to the health centres, the District Eye Coordinator collects data on two sets of forms that were designed for supervision. The two forms assesses whether the health workers are able practice the skills that were imparted to them. The completed forms are sent to BICO where the data collected on the forms is entered in Epidata. So far a number of health workers in health centres have been supervised. The supervision has been going on well despite some challenges.

In the months of October, November and December 2011, the on-going enhanced supervision in the health centres in Mulanje did not progress well in that four visits to the health centres did not take place; two in October (20<sup>th</sup> and 27<sup>th</sup> ) and two in November (3<sup>rd</sup> and 24<sup>th</sup> ). In December no supervision was done. This was due to the fuel crisis that the whole country is experiencing. The month of January 2011 will also be affected because the fuel crisis does not seem to end soon.

The fuel crisis directly affected data collection because the District Eye Coordinator collects data on the forms during the supervision which he sends to BICO for entry into Epidata. The forms are provided by BICO. Although the District Eye Coordinator who conducts the supervision was optimistic that the failed visits to the health centres will be rescheduled and the supervision done, it does not seem to work soon because the fuel crisis does not seem to end soon.

The District Eye Coordinator conducts the supervision on his routine visits to the health centres in which he accompanies other health personnel from the district hospital. In these trips they use a car which the district hospital provides specially for the routine visits. These routine visits are conducted once every week.

Sometimes the car is not available to take the health personnel to the health centres due to some hiccups like the fuel crisis which has affected the country for several months this year. Sometimes the cars themselves have faults such that they could not be used. In such times the health personnel use the motor bikes available to them in their departments to get to the health centres. However the District Eye Coordinator reported that his department does not have one and for him to use one he has to borrow from other departments. He also reported that he could not borrow one to use for supervision because the motor bikes were being used by personnel in those departments that own them.

Since the enhanced supervision started in Mulanje in October 2010, each health centre has been visited. Some health centres have been visited five times which is the highest number according to the data that has been received and entered. These health centres are Thuchila, Lujeri, Mimoso and Mulomba. Two health centres have been visited four times. These health centres are Namasalima and Milonde. Nine health centres have been visited three times. These health centres are Chambe, Kambenje, Chinyama, Mbiza, Namulenga, Chonde, Bondo, Naphimba and Dzenje. There are four health centres that have been visited twice. These are Muloza, Nkomaula, Mpala and Chisitu. Thembe and Namphungo health centres have been visited once each.

The table below shows the name of the health centre, dates the health centre was visited and the number of times the health centre has been visited.

**Summary of supervision visits to Health Centres in Mulanje since October 2010**

<b>Name of HC</b>	<b>Dates Visited</b>	<b>Number of visits</b>
Chambe	25/11/2010, 28/04/2011, 14/07/2011	3
Kambenje	25/11/2010, 28/04/2011, 29/09/2011	3
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, 17/11/2011	5

Mimosa	28/10/2010, 31/03/2011, 28/07/2011, 16/06/2011, 13/10/2011	5
Mulomba	21/10/2010, 24/03/2011, 09/06/2011, 25/08/2011, 14/11/2011	5
Chonde	02/12/2010, 07/06/2011, 06/10/2011	3
Bondo	09/12/2010, 28/07/2011, 13/10/2011	3
Naphimba	09/12/2010, 01/09/2011, 17/11/2011	3
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
Chisitu	07/06/2011, 06/10/2011	2

As shown in the table the supervision is going on well despite that some health centres have been visited a few number of times than others. Therefore it has been recommended that those health centres that have been visited less should be a priority and be visited more as well.

## **GLOBAL BASE KNOWLEDGE PROJECT**

The Global Base Knowledge project started in January 2011. This was the second phase of the Childhood Blindness project. The aim of the project was to find community solutions to improve blind and visual impaired children's access and acceptance to surgery, optical corrections and follow-up. The project was conducted in southern Malawi in districts of Zomba, Mangochi and Balaka. This was a six months project. The project's activities went well and ended 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 25<sup>th</sup> July and 2<sup>nd</sup> 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.

### **HSA FOLLOW-UP STUDY**

BICO 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 in 2008, 54 were interviewed representing 92%.

### **CHILDREN SCREENING**

There have been several screenings of children in schools in southern Malawi in districts of Mulanje, Zomba and Phalombe. The screenings in Mulanje and Phalombe were organised by BICO in collaboration with the Lions Club of Limbe and termed the Phalombe Children's project. The screenings that were conducted in Zomba were organised by BICO in collaboration with Rotary Club of Limbe.

The aim of the screenings was to provide glasses to children in schools who have visual problems and require glasses. The children that were screened in Mulanje and Phalombe and found to require glasses were provided with glasses. The glasses were provided to the children by the Lions Club of Limbe in collaboration with the Lions Club of Perugia in Italy. A total of 47 children were provided with glasses under the Phalombe Children's project.

The children that were screened and found to need glasses in Zomba were provided with glasses. The glasses for children in Zomba were provided by the Rotary Club of Limbe. A total of 33 children were provided with glasses in Zomba.

On the 22<sup>nd</sup> 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.

The 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. The screening at Nguludi in Chiradzulu district was organised by BICO.

## **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.

## **CATARACT CHILDREN FOLLOW-UP**

BICO is also conducting a follow-up study for cataract children who were identified in a pilot study that was conducted in Chikwawa district in the year 2006. The pilot study was conducted in Ngabu area by Dr. Kalua. The pilot whose main aim was to determine the productivity of Key Informants (KIs) in identifying blind children in the communities had four main objectives.

The first objective was to train 40 Key informants from Chikwawa district on how to use the KIM method successfully. The second objective was to estimate the prevalence of childhood blindness in Chikwawa District, Southern part of Malawi. The third objective was to identify number of blind children in Chikwawa district. The last objective was to determine causes of childhood blindness.

The pilot study identified 10 cataract children. These children were referred to the hospital to access the appropriate help. Because the pilot study that was conducted concentrated only on the productivity of KIs nothing was done to see to it that the children access help. BICO is interested to know what happened to these children. This is why a follow-up study was designed with the following objectives.

1. Find out where they are and assess their eye conditions
2. Find out how the problem started and if he/she had received any treatment
3. What happened to them (did they access treatment or not and if they did not access help, why?)
4. For those that were in school, are they still schooling?

The available children will be interviewed to collect information about their condition. The data will be recorded on the questionnaire. The data that will be collected will be entered into Epidata, checked and exported to excel for analysis.

To achieve the above objectives BICO used the data that was collected during the pilot study which included names of the children who were identified, their villages, names of the KIs who identified the children in the communities and villages where KIs came from. The available data did not include the contacts.

The follow-up started with phone calls to the District Eye Coordinator for Chikwawa who provided the contacts for one of the health personnel at Ngabu health centre. The health worker at Ngabu health centre linked the Research Assistant to the Health Surveillance

Assistants (HSAs) that work in the villages where the children came from. The HSAs were called and provided with the names of children and KIs and were able to link with KIs and confirmed the availability or unavailability of the children. After data was collected of the availability of the children, a questionnaire was designed to be used for data collection.

Data collection could not start immediately after designing the questionnaire because of logistics problems. In normal arrangement the research team was supposed to go and examine the children in the communities and collect data but because of the fuel crisis in the country it was suggested that the children be told to come to Blantyre, be examined and interviewed. This arrangement has the disadvantage that some of the children may not come regarding the economic status of most Malawians in the country. Most of them cannot afford to find money for transport. Because of this the PI decided that the children being followed up come to Ngabu on an appointed day by the research team and be examined and interviewed there. In line with this decision the HSAs are being contacted to find out whether the children could be able to come to Ngabu health centre on a date to be set after collecting this information. After collecting this information the HSAs will be contacted again to inform the children to go to Ngabu on a date that will be set.