BLANTYRE INSTITUTE FOR COMMUNITY OUTREACH

(BICO)

BICO STRATEGIC PLAN

2016-2020
1. Introduction

Blantyre Institute for Community Ophthalmology (BICO) was established in 2008 at the Lions Sight-first Eye Hospital (LSFEH) in Blantyre, Malawi, as a centre of excellence for community eye health. LSFEH has a Department of Ophthalmology, the College of Medicine (COM) teaching hospital, and is the Ministry of Health (MOH) service delivery referral hospital.

How we started

The idea to start the institute was conceptualized after realizing that despite achievements in the tertiary and secondary level clinical ophthalmology and service delivery, after the launch of the VISION 2020: the Right to Sight: the global initiative to eliminate avoidable blindness by the year 2020, Malawi had still not made much progress in community eye-health, especially the areas of operational research, effective community eye care programs, data management, advocacy, and publications. At that time, BICO’s initially primary goal was to strengthen capacity building and operational research at community level, and generate information that could be used to influence policy.

The institution’s aim was to pioneer and coordinate eye operational research activities at community level and support midlevel eye care professionals in Malawi, with skills that can help them manage eye care problems at community level.

The initial focus of BICO was to assist relevant partners (MoH, other NGOs, academic institutions, service clubs, and others) to achieve the targets set out in the VISION 2020 initiative. Its primary activities included training, programme development and delivery, and operational research with a focus on trachoma, childhood blindness and low vision. These programmes were meant to
become models to be replicated everywhere in Malawi. Testing, monitoring and documentation of lessons were key components.

At that time, the strengths of BICO were as follows; most of which remain true to date 2016):

1. BICO uses critical expertise both within Malawi and outside through collaboration with institutions such as the Kilimanjaro Centre for community Ophthalmology (KCCO), International Centre for Eye Health (ICEH), London School for Hygiene and Tropical Medicine (LSHTM), Sightsavers, Lions Clubs and other International and Local academic and charitable organizations in its programme delivery mainly through ministries of health (MOH) and education (MOE).

2. The BICO Board of Advisors, drawn mainly from industry and academic institution has been instrumental in guiding the establishment and expansion of the centre, using a business model.

3. Accountability and transparency remain key pillars in BICO’s delivery of programmes, research and training. All BICO income and expenditure are audited using the most stringent auditing measures.

4. BICO builds on the success of existing programmes and institutions, and learns from mistake. The childhood blindness project started by BICO in 2008 at Lions Sight-first Eye hospital has evolved into a strong National Program, and BICO has been using experiences from this project to scale up its activities in other areas.

5. BICO has benefited from mentorship program delivery by Kilimanjaro Centre for Community Ophthalmology (KCCO), which has the support of a network of many non-governmental eye care organizations to help expand programmes and share knowledge. This mentorship allows BICO to tap into the network of KCCO resources, to expand its model programmes in Malawi.
6. BICO’s strong leadership demonstrated in mapping Trachoma in Malawi, on behalf of Ministry of Health, from 2008 till 2015 is a key signal that BICO has the potential to scale up and achieve targeted goals towards program delivery, training and research.

7. BICO is committed to the people of Malawi and is managed by Malawians.

8. BICO is the only local eye NGO’s in Malawi which has been formed based on the local needs of the communities and which uses information on the ground and local innovative solutions and approaches to deliver its programs, conduct training and research. The tailor made innovative approaches and the flexibility to change approaches is more likely to lead to quicker successes than using other set rigid protocols that may not be suitable for the needs of the country.

- Significant progress has been made over the last 8 years, with several successes achieved, and these are shown on the BICO website: www.bicomalawi.org.
- However new developments and challenges have also emerged, necessitating the need for changes within BICOs organisational development, and a new strategic plan is desirable.

Over the next 4 years (2016-2020), a major focus of BICO organizational development will be to broaden the scope of BICO activities beyond eye care, to integrate and add in other general disabilities (ear health, oral health and physical disabilities), and apart from Trachoma, to focus on other Neglected Tropical diseases (NTD’s), to address specific areas of community needs such as sanitation and hygiene (WASH), and also to address gender imbalances in education, with the focus on the Girl Child Education, as BICO’s experience has shown that educated mothers are a key to improving the health of the community. This will require building the capacity of BICO’s to provide both technical program and build operational research expertise, and also to improve governance structures. Our flag carrier will remain the excellent in “Community Eye Health”.

BICO will strengthen its operational research collaboration with academic institutions and organisations such as World Health Organisation (WHO), NTD support Centre, KCCO and LSHTM, other Universities, and other new supporting and implementing partners, needing operational
research that will guide policy and practice, in any health related areas that affect rural communities.

- BICO’s 4-year strategic plan presents a strong commitment, not only to be part of the Global Vision 2020 initiative, and Global Elimination of Trachoma (GET2020), but also to be part of the new global agenda for achieving the Sustainable Development Goals (SDG’s). As part of the plan, we are proud to announce the change of abbreviation of BICO, for the last “O” to stand for “Outreach rather than Ophthalmology”, so that we are now called the Blantyre Institute for Community Outreach (BICO).

- The strategic plan is a BICO roadmap to achieve its goals with a collective sense of responsibility and urgency for action.

This strategy has broad aims:

- To focus on the most important things to achieve our goals
- To communicate our strategic decisions to help engagement
- To identify how the priorities will be achieved and the ways of achieving them.

The key strategic steps are presented below:

1. BICO’s Mission, Vision and Values
2. BICO’s Strategic Drivers and Goal
3. BICO’s strategic Map
4. Resources and Capacity needed

2. MISSION STATEMENT, VISION AND VALUES

BICO has established the three fundamental elements for a strategy: a vision, a mission, and values. These three elements define the strategic space BICO works within
Mission Statement
To contribute improvements in community health in Malawi through programme delivery, capacity building, and conducting practical operational research on community health, consultancy and advocacy in eye care and general health.

Our Vision
To achieve extraordinary improvements in community health in Malawi, and to ensure that all rural Malawians who are currently suffering from unnecessary treatable and preventable eye and other health conditions have access to affordable health care services.

Our Values
We believe that regardless of status, all people deserve better eye and general health. In conducting charitable work, we believe in professional efficiency, integrity and honesty.

3. BICO’s Strategic Drivers and Goal

Through the 8 years of our work, we have identified the priority issues from the drivers for the new BICO strategy as being:

- The need to develop the sense of urgency, whenever we conduct community health work, to achieve our goal.

- The need to build on the existing frameworks that have worked, using evidence generated from operational research.

- The need to support and strengthen leadership for scaling up community programs that will include establishment of community eye health care centers.

- The need to mobilize all stakeholders (NGDOs, Academic Institutions, Governments, Donors, WHO etc.) to work together, in our goal to improve community health.

- The need to identify new sources of financial support, among partners working locally.

- The need to be innovative and to engage more in operational and clinical research, to
establish links between improvement in “WASH” and in “Health of communities”, and how “WASH” can be integrated into the health system.

➢ These priorities inform the identification of a specific goal for BICO, to be achieved the next four years. The goal is deliberately broad and general, to allow flexibility and adaptation in determining how we will achieve it.

Our Goal

By 2020, BICO achieves, and is recognised by the Government of Malawi, academic institutions and NGDO’s, as a centre of excellence in community eye health and other health programs in Malawi.

Scorecard for BICO’s strategy

The vision, mission, values and strategic goal are the foundations of the BICO’s. These present the impact BICO aspires to achieve. BICO has identified how it will deliver the strategy by developing objectives using four perspectives.

There are both internal and external perspectives to ensure the balance is maintained throughout the strategy and its implementation. The map is not intended to present a hierarchy of objectives or to be read left to right.

All the objectives need to be achieved to the targets identified in the scorecard if the strategy is to be a success. They are all interconnected.

To identify the objectives, each perspective asks a specific question:

1. **Beneficiaries**: What must we achieve for our beneficiaries?
2. **Internal Processes**: What must we excel at in order to achieve for our beneficiaries?
3. **Learning and Growth**: Where do we need to invest in order to excel?
4. **Resources**: How will we ensure we are adequately resourced?
BICO Strategy 2016 - 2020

4. Strategy Map

4.1 The objectives are presented in the form of a strategy map below.

<table>
<thead>
<tr>
<th>Strategy Map</th>
</tr>
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<tbody>
<tr>
<td><strong>VISION:</strong> Communities free from treatable and preventable disabling health conditions</td>
</tr>
<tr>
<td><strong>Mission:</strong> Contribute to improvement in health of communities in Malawi</td>
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</table>

| Strategic Goal | By 2020, BICO achieves, and is recognised by all, as a centre of excellence in community health programs in Malawi |

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Government support for specialised community health programs</th>
<th>Technical assistants at National and district levels</th>
<th>Financial resources to sustain programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>What must we achieve together?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal Processes</th>
<th>Capacity Development</th>
<th>Advocating for Action</th>
<th>Enable Action at the all Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>What must we excel at?</td>
<td>Operational Research and training</td>
<td>Awareness arising</td>
<td>Promote research programmes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning and Growth</th>
<th>Provide evidence based communication channels</th>
<th>Stakeholder engagement</th>
<th>Identify new stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where can we invest?</td>
<td>Provide research information from community to guide policy</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources</th>
<th>Demonstrate Added Value to</th>
<th>Demonstrate Impact of BICO’s Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will we be adequately resourced?</td>
<td>Engaged to conduct operational research, surveys and evaluations</td>
<td>Number of partners supported by BICO</td>
</tr>
</tbody>
</table>
BICO Strategy 2016 - 2020

5. BICO Strategic Objectives

5.1. Priority outcomes for BICO:

5.1.1 Government support for community health programmes at the country level: National Governments must provide support and collaborative letters for obtaining financial resources, and also deploy its staff when needed to support community health programs. Success depends on the alignment of numerous stakeholders (including government departments - health, water, and education) at different levels of decision-making (Headquarters or districts)).

5.1.2 Technical assistance for programs: National NTD programmes such the Trachoma require training, data collection (mapping and analysis), planning, logistics, coordination and implementation through community based programmes. BICO will develop research capacity to support Ministry of Health (MOH), other supporting NGDOs, and other stakeholders to ensure all programmes can achieve their plans.

5.1.3 Financial resources for supporting program coordination: BICO prioritises the clinical department that falls under the director of Clinical services in the Ministry of Health, and is responsible for eye health in Malawi, and will be influencing donors to access funding sources; which will be used to support coordination at the Ministry, but also for NTD funding that include support for trachoma control programmes. BICO will also fundraise to support programs under the Ministry of Education, special needs department that deals with disability.

5.2. Priority processes BICO must excel at:

5.2.1 Capacity development: BICO supports capacity development by supporting research and training initiatives based on evidence and learning by members. BICO, through its links with academic institutions, will only use and disseminate materials that ensure best practice is adopted and the knowledge base is maintained.
BICO Strategy 2016 - 2020

5.2.2 Advocacy for action: BICO will raise the awareness of the burden of neglected tropical diseases such as trachoma, and burden of disability in children such as severe visual impairment, and offer solutions available to address the problem at national, district and community levels.

5.2.3 Enabling action at the community level: BICO supports coordination among members and other stakeholders at district and community level, interested in improving community health, and girls education.

5.3. Priority investments for BICO:

5.3.1 Accessible evidence base: Evidence will form the basis of BICO’s advocacy work. BICO will ensure an accessible communications platform for information, mapping and analysis on all activities and developments, is in place.

5.3.2 Stakeholder engagement: BICO will actively identify, motivate and engage new members and partners interested in improvement of health of communities and girl child education.

5.4. Priorities for resource base:

5.4.1 Demonstrate added value for members: BICO must ensure its offer as a catalyst for action at community level, and acts a focal point for information on community health, and that information is readily accessible by all interested partners.

5.4.2 Demonstrate the impact of BICO’s work: BICO will report and promote its role in community health and girl child through various forms of communication, including mass media and print.
## 5.4.3 Scorecard

The Scorecard defines how each objective will be measured. Each objective has at least one indicator of success. BICO’s scorecard is below.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Indicators</th>
<th>Means of Verifying indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Government support for Community health programmes by BICO</td>
<td>• No. of districts /projects approved by Government and being implemented by BICO.</td>
<td>• Government supported projects implemented by BICO</td>
</tr>
<tr>
<td>2. Technical assistance for Research /community work from BICO</td>
<td>• No. of research activities involved by BICO</td>
<td>• Research reports</td>
</tr>
<tr>
<td></td>
<td>• Number of trainings conducted/facilitated by BICO</td>
<td>• Training reports</td>
</tr>
<tr>
<td></td>
<td>• No. of Collaborative research partners</td>
<td>• Links between health and Education, and Health and WASH</td>
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<tr>
<td></td>
<td></td>
<td>• Links with Universities</td>
</tr>
<tr>
<td>3. Advocacy for action</td>
<td>• No. and type of advocacy initiatives to increase political will, technical support or funding.</td>
<td>• Minutes of meetings with stakeholders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reports on advocacy activities</td>
</tr>
<tr>
<td>4. Capacity development</td>
<td>• No. and type of trainings undertaken at country level.</td>
<td>• Training reports</td>
</tr>
<tr>
<td></td>
<td>• No of training resources developed by BICO</td>
<td>• Developed training resources/materials</td>
</tr>
<tr>
<td>5. Enable action at the district /school level</td>
<td>• No. of districts / schools supported by BICO.</td>
<td>• Database of districts and schools supported by BICO</td>
</tr>
<tr>
<td></td>
<td>• No of eye care centers established at the district</td>
<td>• Data on eye care Centers established</td>
</tr>
<tr>
<td>6. Accessible evidence base</td>
<td>• No. of ‘new’ districts / new initiatives / reports on BICO website.</td>
<td>• Quarterly and annual reports on BICO website</td>
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<tr>
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<td>--------------------------------------------------</td>
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<tr>
<td>7. Stakeholder engagement</td>
<td>• No. of partners actively supporting or implementing projects in partnership with BICO</td>
<td>• Signed new partnerships agreements with BICO</td>
</tr>
<tr>
<td>8. Demonstrate added value of BICO</td>
<td>• No. of other social activities undertaken by BICO.</td>
<td>• Activity reports</td>
</tr>
</tbody>
</table>
| 9. Demonstrate impact of partnerships work | • Increased awareness of BICO’s work amongst stakeholders. | • Minutes of stakeholder meetings  
• Reports on partnership work with stakeholders |
5.4.4 Strategic Initiatives

These are the key projects required to achieve the strategy. Separate pieces of work.

<table>
<thead>
<tr>
<th>Strategic Initiatives</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Data on community Health and Ministry of Education special needs education programme</strong></td>
<td>BICO will make available on its website comprehensive information on the status of all its activities (including detailed project reports), collaborators and sources of funding</td>
</tr>
<tr>
<td><strong>2. Capacity development plan including curriculum, manuals and trainings, best practice guidelines.</strong></td>
<td>BICO, depending on available financial resources, will support any analysis of its capacity development needs for expansion and scaling up, including training, resources and research required, and embedding its work within a University setup.</td>
</tr>
<tr>
<td><strong>3. Advocacy plan</strong></td>
<td>BICO will identify key advocacy messages, targets and resources to ensure it raises awareness, influences and promotes the change members requires in terms of policy, funding or support.</td>
</tr>
<tr>
<td><strong>4. Meeting planning, networking and communication plan</strong></td>
<td>BICO will convenes and support information sharing and updates through a systematic communications plan and activities.</td>
</tr>
<tr>
<td><strong>5. Database of mapping and analysis</strong></td>
<td>BICO will support the dissemination and analysis of all operational research undertaken, and ensure all actors are informed and able to plan accordingly.</td>
</tr>
<tr>
<td><strong>6. Stakeholder mapping and networking</strong></td>
<td>BICO will identify new and the key actors in community health, special needs education and girl child, promote engagement with them, by the executive group and staff at their meetings and events.</td>
</tr>
<tr>
<td><strong>7. BICO annual report</strong></td>
<td>BICO will produce an annual report highlighting the development and progress made in the previous year, and acknowledging other stakeholders and partners.</td>
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</table>
6. Resources and Capacity

- BICO had, as of 31st December 2015, 25 full time employees headed by the Director. It is envisaged that staff capacity will continue to increase gradually over the next 4 years.
- BICO’s technical capacity is supplemented by staffs from London School of Hygiene and Tropical Medicine, who are the main collaborators to BICO. This relationship is likely to grow over the next four years.
- BICO will link with new Universities in Malawi and Outside to promote its research agenda.
- BICO plans to have its own office space, to cope up with the expansion.
- BICO plans to increase its staff in Mangochi districts, and have new offices, with staff posted to Lilongwe.

For more information about BICO, contact

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