Distinguished delegates with the Malawi Minister of Health (middle) at the Global Trachoma Expert Committee (TEC) meeting in Mangochi, Malawi, November 2017
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1. PART ONE: INTRODUCTION

1.1 Foreword

MESSAGE FROM THE DIRECTOR

The year 2017 is likely to be remembered as the year BICO made global news in the fighting against blindness, and in global health.

In contrast with other years, by January 2017, our teams had already being mobilised for field surveys planned for Kasungu, Karonga, Chikwawa, NKhotakota, Mchinji, Ntcheu and Mangochi districts. With the coming of the Royal visitor from the Queen Elizabeth Diamond Jubilee Trust (funder for Trachoma project), we had to ensure that we gathered adequate survey data for Malawi, in support of ministry of Health, to demonstrate that Trachoma was no longer a public health problem in Malawi. Indeed, once a notable blinding disease of great importance, we have witnessed the decline of Trachoma in Malawi, to levels which are likely to be of less public health importance in 2018.

A few outstanding activities need a special mention: The MORDOR study (a three year multicounty study implemented in Malawi, Niger and Tanzania) led by BICO in Malawi, investigating if a drug routinely used for trachoma mass drug administration can reduce child mortality, successfully came to an end in July 2017. The results of this study are likely to shape global policy.

BICO then hosted the first Southern Africa Regional meeting on Trachoma, attended by participants and observers from the United Kingdom, USA, Mozambique, Zimbabwe, Zambia, Tanzania and Malawi in July 2017. This was a successful meeting, held at the Makokola Retreat (Club Makokola), and placed BICO on the global map. The meeting was funded by International Trachoma Initiative (ITI), which is under Task Force for Global Health, in USA.

We then proceeded to implement the largest district mass drug administration ever done in Malawi, where over a million residents of Mangochi took antibiotic treatment to prevent Trachoma. The activity itself was complex, and took us over 6 months (starting with a census of Mangochi, followed up by trainings, publicity, mass drug administration and drug coverage survey). Thanks to the kind donation from Pfizer, and the logistics of the drug management by ITI, Malawi had enough drugs to give to everyone in Mangochi. An activity of this magnitude will never take place in Malawi again, and Mangochi was the last district as we approach elimination stage of Trachoma.

Having demonstrated our track record, we continued the year with two other notable key events. In October, we launched the Deworm3 project and started field work in Mangochi (Namwera in particular as our impact area). The Deworm3 project aims to assess the feasibility of interrupting the transmission of worms, and Malawi is one of the three countries (others being Benin and India) taking part in this study, which will run for 5 years (2017-2022). Once again, BICO is a major implementing partner in this study, in collaboration with the London School of Hygiene and Tropical Medicine, and the Global Deworm3 team, while working with Ministry of Health.
The year ended on a very high note, with Malawi being the first country in Southern Africa to host the Global Trachoma Expert meeting (TEC), where all trachoma experts meet and discuss trachoma implementation activities and progress in all endemic countries. BICO was the implementing partner that coordinated the work on the ground, hosted all the 40 plus delegates, who attended the meeting held at Club Makokola, from 26th Nov-1st Dec 2017. With advocacy at the highest level, this meeting was officially graced and opened by the Honourable Minister of Health (Malawi) Hon Atupele Muluzu MP, who stayed most of the day to understand progress made towards Trachoma elimination in Malawi. The front cover of this report shows the Minister of Health with some of the distinguished TEC delegates.

There are so many successes to mention, such as our low vision work in Ntcheu, but due to limited space, only a summary of these are mentioned. I am delighted to report that BICO has fulfilled its mandate of being a centre of excellence in community health, and this is clearly demonstrated by our engagement with several global partners.

Our hard work has resulted in us succeeding and getting more projects. We remain committed to support the Ministry of Health in completing the Trachoma mapping and implementation the work which we started in 2008, and we look forward to being there in 2019/2020, when Malawi will be declared to be free from Trachoma, as a public health problem. We will continue with surveys in 2018, as data generation remains our main strength.

The listed achievements come as a result of having a hard working team, and believing in a common goal. I would like to thank all BICO staff for their dedication, since they started working for BICO. BICO was officially registered as a local charitable NGO in April 2008. Therefore in April 2018, BICO will be celebrating 10 years of its existence in supporting community health projects. What was envisaged initially as a dream has finally become a reality. I still remember at that time being asked by so many, how we would sustain our activities and generate an income from our local charitable work. Well, read the report and you will understand how this is done. The Almighty God has favoured us and continues blessing BICO beyond measure. If God is for us, then who can be against us (Romans 8:31).

Once again, it gives me great pleasure to present to you our annual report for 2017. It is my hope that this report will continue stimulating your interest to engage with BICO now or in the future.

Dr Khumbo Kalua
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Website: www.bicomalawi.org
Registered charity (CONGOMA) No: C627/2013
1.2 About BICO

1.2.1 Mandate
Blantyre Institute for Community Outreach (BICO), exists to champion community eye health in Malawi and the region (Southern Africa) in order to achieve extraordinary improvements in eye care service delivery for the prevention and control of avoidable blindness in Malawi and the region.

1.2.2 Vision
‘Quality and affordable eye care services for everyone’

1.2.3 Mission Statement
To improve the quality of lives of people through facilitation and or the provision of quality and affordable eye care services, eye care operational research, capacity building in community eye health, advocacy and partnership, girl child education and water and sanitation.

1.3 Acknowledgement
BICO would like to thank the following members of staff who made generous contributions towards the preparation of this report: David Chinyanya (who compiled the initial report), Limbani Mitengo, Alvin Chisambi, Zachariah Kamwendo, James Simwanza, Florence Kalua, Christopher Phiri and Professor Khumbo Kalua.

We also thank BICO’s Board of Directors for their oversight and policy guidance, Assistant Director of Clinical Services (Ophthalmology) - Ministry of Health, DHOs and staff from Nsanje, Chikwawa, Zomba, Machinga, Ntcheu, Mangochi, Dedza, Mchinji, and Dowa DHOs and Zomba Central Hospital for supporting and directly involved in the implementation of various BICO supported projects and activities in their respective districts during the year under review.

We also acknowledge the support we received from staff under Ministry of Education and the district education managers(DEM) offices in Phalombe, Nthcheu, Chikwawa, Salima, Dedza and Lilongwe during the implementation of the Low Vision Project. BICO further acknowledges the financial and technical support from the following development partners:

1. Queen Elizabeth Diamond Jubilee Trust Fund: Trachoma Elimination Programme
2. Sightsavers
3. London School of Hygiene and Tropical Medicine-
5. USAID – Low Vision Project
6. Heart to Heart Foundation – collaborator, for supporting S, F& of the SAFE Strategy in Machinga
7. Natural History Museum for deworm3 Project
8. MERIT -RTI, The National Early Grade Reading Project
9. International Trachoma Initiative
11. Amref Health Africa- collaboration in F&E
1.4 Acronyms

ADC Area Development Committee
BICO Blantyre Institute for Community Outreach
CBR Community Based Rehabilitation
CDSS Community Day Secondary School
DBS Dry Blood Sample
DEM District Education Manager
DHO District Health Office
DQA Data Quality Audit
EU Evaluation Unit
FOCHTA Friends of Claude Ho in Thyolo Association
GET Global Elimination of Trachoma
HHLD House holds
HQs Headquarters
HSA Health Surveillance Assistance
ITI International Trachoma Initiative
LSHTM London School of Hygiene and Tropical Medicine
MDA Mass Drug Administration
MERIT – RTI Malawi Early Grade Reading Improvement – Research Triangle Institute.
MOH Ministry of Health
MORDOR Mortality Reduction after Oral Azithromycin
NGO Non-Governmental Organisation
NHM Natural History Museum
NICE National Initiative for Civic Education
NTD Neglected Tropical Diseases
OCO Ophthalmic Clinical Officer
OPC Office of the President & Cabinet
SAFE Surgery, Antibiotics, Facial Cleanliness and Environmental Improvement.
SEZ South East Education Zone
STH Soil Transmitted Helminths
TDC Teachers Development Centre
TEC Trachoma Expert Committee
TEO Tetracycline Eye Ointment
TF Trachoma Follicles
TFGH Task Force for Global Health.
TT Trachomatous Trichiasis
UK United Kingdom
USA United States of America
USAID United States Agency for International Development
2. PART TWO: BICO PROJECTS PROGRESS
Four major projects were implemented during the year under review namely; Trachoma Elimination, Mordor Clinical Trial, Low Vision and Deworm3.

2.1 TRACHOMA ELIMINATION PROJECT

2.1.1 Trachoma Mass Drug Administration
The Trachoma Elimination Project is a 5 year (2014-2019) Queen Elizabeth Diamond Jubilee Trust Fund to the International Coalition for Trachoma Control (ICTC) through Sightsavers. It is being implemented using the SAFE strategy. BICO has been implementing the A & S of the strategy in 9 districts of Nsanje, Chikwawa, Zomba, Machinga, Ntcheu, Dedza, Dowa, Mangochi and Mchinji and surveys - drug coverage, trachoma mapping, Impact and surveillance surveys in all the 17 trachoma endemic districts of the country.

This year under MDA, the following activities were implemented:

a) From January to May 2017 – Trachoma impact and surveillance surveys in Kasungu, Karonga, Dedza, Nkhotokota, Mchinji, Lilongwe east and Chikwawa district. These are later covered under a separate session

b) 15th May to 31st July 2017, BICO conducted registration in all the five Health Zones of Mangochi; Chilipa, Monkey Bay, Mangochi, Makanjira and Namwera. All the 44 health facility catchment areas were covered. This was in preparation of the Trachoma MDA. Table 1 shows the results of the pre Trachoma MDA Census.

### Table 1: Mangochi District Pre Trachoma MDA Census Results - August 2017

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Health Zone</th>
<th>No. of Villages</th>
<th>No. of HHLDs</th>
<th>Registered Population per Age Group</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0-6 months</td>
<td>6-59 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>1</td>
<td>Chilipa</td>
<td>277</td>
<td>28,408</td>
<td>1,220</td>
<td>1,268</td>
</tr>
<tr>
<td>2</td>
<td>Makanjira</td>
<td>170</td>
<td>40,785</td>
<td>1,809</td>
<td>2,048</td>
</tr>
<tr>
<td>3</td>
<td>Mangochi</td>
<td>288</td>
<td>63,757</td>
<td>2,944</td>
<td>2,951</td>
</tr>
<tr>
<td>4</td>
<td>Monkey Bay</td>
<td>217</td>
<td>33,395</td>
<td>1,359</td>
<td>1,519</td>
</tr>
<tr>
<td></td>
<td>Sub Total</td>
<td>1267</td>
<td>233,270</td>
<td>10,292</td>
<td>10,964</td>
</tr>
<tr>
<td></td>
<td>Total by age group</td>
<td></td>
<td></td>
<td>21,256</td>
<td>191,855</td>
</tr>
<tr>
<td></td>
<td>Percentage by age group</td>
<td></td>
<td></td>
<td>2</td>
<td>17</td>
</tr>
</tbody>
</table>
c) 18th September 2017 – 4th December 2017, BICO conducted Trachoma MDA in Mangochi covering all five district health zones. A total of 489 HSAs and 16 district supervisors were involved. Figure 1 below shows the total number of people treated per zone.

Figure 1: Total population treated per zone- December 2017

The total treated represents 91% of the total targeted population in the district.
Delivering Drugs at Monkey Bay ready for MDA – James signs delivery notes

James Simwanza briefing Malindi/Chowe ADC members on MDA
HSA measuring a child before giving out drugs
H.S.A distributing drugs in Mangochi

2.1.2 TT Case Management
During the year under review, a total number of 145 TT patients were treated, 27 Males and 118 Females as shown in Table 2 below.

Table 2: TT patients identified, screened and operated

<table>
<thead>
<tr>
<th>District Name</th>
<th># Case Finders Trained &amp; Mobilized</th>
<th>Total suspected of TT patients identified</th>
<th>No of suspected patients screened</th>
<th># TT patients Operated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Chikwawa</td>
<td>172</td>
<td>153</td>
<td>419</td>
<td>920</td>
<td>416</td>
</tr>
<tr>
<td>Nsanje</td>
<td>222</td>
<td>125</td>
<td>237</td>
<td>493</td>
<td>208</td>
</tr>
<tr>
<td>Sub total</td>
<td>394</td>
<td>278</td>
<td>656</td>
<td>1413</td>
<td>624</td>
</tr>
<tr>
<td>Total</td>
<td>672</td>
<td>2,069</td>
<td>1,917</td>
<td></td>
<td>145</td>
</tr>
<tr>
<td>% by Sex</td>
<td>59</td>
<td>41</td>
<td>32</td>
<td>68</td>
<td>33</td>
</tr>
</tbody>
</table>

As the table shows, a total of 2069 suspected TT patients were screened; of which 1413 (representing 68%) were females. 81% of those operated were also females further amplifying the general belief and knowledge of the existence of the burden of the disease on women and children.
2.2 MORDOR CLINICAL TRIAL PROJECT
The Mortality Reduction after Oral Azithromycin (MORDOR) as a study, was implemented in Mangochi District from 2014-2017. Apart from Malawi, other countries where the study took place were Tanzania and Niger. The study purposefully tried to compare azithromycin to a control medicine (Placebo) to understand its effect on child health and mortality. After successful phases of collecting baseline data, four and three rounds of mass drug administration and sample collection, the study finally came to an end in July 2017.

During the reviewed period, the following were the main activities

2.2.1 Data collectors training
Enumerators training on survey application tool to collect information on sanitation and child diseases, health facilities, schools and water sources that communities use. This was done between 16th and 17th March 2017.

2.2.2 Health Surveillance Assistants Briefings
Between 6th March and 1st June 2017, BICO conducted H.SA pre-census brief meetings. A total of 372 Health Surveillance Assistants (HSAs) comprising of 205 males and 167 females attended the briefing which focused on MORDOR End-line pre-census. These were drawn from different health zones. The meeting looked at end-line census etiquette, survey’s to be conducted in morbidity villages, death auditing, review of field challenges, adjustments in field work and roll out of the field work.
2.2.3 End-line Census (Mortality)
The end-line census in mortality villages was conducted. This was done between 20\textsuperscript{th} March and 31\textsuperscript{st} July 2017.

2.2.4 Sample Collection (Morbidity arm)
Sample collection in morbidity villages by nurses in morbidity team of the study was conducted. This started on 13\textsuperscript{th} March 2017 and ended on 30\textsuperscript{th} June 2017. Five different samples (nasopharyngeal, conjunctival, hemoglobin level, thick plus thin blood smear and lastly stool) were collected from each of the randomly selected 40 children. Head circumference, Middle Upper Arm Circumference, leg length, weight and height measurements were taken on each child for anthropometry. Figure 2 shows a summary of samples collected during Mordor 24.

![Figure 2: Summary of samples collected during Mordor 24](image)

From the Figure 2 above, the highest number of samples collected was from Mangochi and followed by Namwera.

2.2.5 Verbal Autopsy (VA)
Under Five Death auditing (also known as verbal autopsy) started on 24\textsuperscript{th} April 2017 and was completed on 14\textsuperscript{th} July 2017. This activity collected data on health information of a child and a description of events prior to death through conversations or interviews with a person or persons familiar with the deceased and analyzed by health professional or computer algorithms to assign a probable cause of death.

A total number of 543 deaths (287 males and 256 females) were recorded as shown in Table 3.
Table 3: Total number of under-five deaths audited during mordor-24

<table>
<thead>
<tr>
<th>Zone</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monkey Bay</td>
<td>20</td>
<td>17</td>
<td>37</td>
</tr>
<tr>
<td>Chilipa</td>
<td>66</td>
<td>42</td>
<td>108</td>
</tr>
<tr>
<td>Makanjira</td>
<td>41</td>
<td>51</td>
<td>92</td>
</tr>
<tr>
<td>Namwera</td>
<td>80</td>
<td>75</td>
<td>155</td>
</tr>
<tr>
<td>Mangochi D.H</td>
<td>80</td>
<td>71</td>
<td>151</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>287</strong></td>
<td><strong>256</strong></td>
<td><strong>543</strong></td>
</tr>
</tbody>
</table>

2.2.6 Data Quality Audit (DQA)
Audit & data verification was the last activity of the study. It was done by both teams—Mortality and Morbidity, and was conducted to ensure data quality, accuracy and reliability for quality assessment and informed decision making.

2.3 LOW VISION PROJECT
With financial support from USAID, the following were main activities conducted under Low Vision Project:

a) Low vision review meeting
A review meeting which drew participants from Blantyre, Ntcheu, Mangochi and Zomba was conducted on 9th January 2017, to discuss the following among others:

- 2017 targets for South East and Central Region low vision projects
- Low vision data collection tools, reporting, deadlines and requirements
- Challenges faced in 2016 and find possible solutions
- Work plans for quarter 1 (Jan to March, 2017)

George Moyo (an optometrist) leading a discussion during the review meeting
b) Central West Dissemination Workshop
A workshop was conducted on 15\textsuperscript{th} December 2017 at Annie’s Hotel in Zomba to disseminate results of this project to partners and officials from Ministries of Education and Health. During the workshop, the exit plan was shared and later, the partners gave some feedback and recommendations.

c) Meeting on Nsiyaludzu maize mill project.
A meeting with stakeholders was conducted on 3\textsuperscript{rd} November, 2017 with an aim of discussing the safety and operation of the maize mill at Nsiyaludzu, for maximum benefits for the intended beneficiaries.

d) Distribution of eye glasses and low vision devices
BICO distributed eye glasses and various low vision devices to some learners with low vision in both Central West and South-East Zone.

Bruno Chimaliro (front) in a picture with some of the learners at Nazombe resource Centre - Phalombe who received eye glasses and low vision devices
e) Eye screenings

BICO organized mass eye screenings in the SEZ and Central West Zones targeting in and out of school going children in the zones and school screening for primary and secondary school children. Out of 2,476 children screened during the period under review, 510 (M241 F270) children received glasses. 87 children received low vision devices.

Most of all children assessed were identified by trained teachers and key informants in schools and communities. The actual assessment was done by a team comprising of Optometrists, Optometry Technicians and Ophthalmic Clinical Officers.

f) Capacity building.

During this reporting period, BICO also conducted trainings for teachers and volunteers in both SEZ and Central West Zones (s). In total 66 (M35; F31) Volunteers/CBR workers and 86 (M54; F32) teachers were trained. Among them, 13 were specialist teachers for visual impairment, 2 specialist teachers for hearing impairment, 30 regular teachers, a journalist from Chisomo radio station and a representative from NICE.

A counsellors training in Low Vision was conducted at Zomba Central Hospital Eye Department which was attended by 4 people (2 Males 2 Females). These were counsellors from Machinga and Zomba (CBR workers and Receptionists).
2.4 DEWORM3 PROJECT

The Deworm3, funded by Bill and Melinda Gates Foundation through Natural History Museum and the London School for Hygiene and Tropical Medicine and implemented in Mangochi, Malawi by Ministry of Health through BICO in collaboration with College of Medicine, is a 5 year multi-country research programme which aims at determining whether community wide mass drug administration (MDA) of albendazole can interrupt the transmission of soil transmitted helminths (STH).

The trial includes a package of implementation science research designed to assess the feasibility and sustainability of the MDA approach to STH control through stakeholder analysis, qualitative and quantitative formative research and process mapping.

Main activities conducted include:

a) Stakeholder sensitization meeting which took place on 15th August 2017 in Lilongwe. This meeting drew participants from BICO, Ministry of Health, Education and their district line officers.

b) Pilot Census which commenced on 25th August, 2017 and ended on 5th September, 2017. This was done jointly with its collaborating partner; London school of hygiene and Tropical medicine (LSHTM), to pretest pragmatic tools and team composition.
An enumerator collecting data at a household

c) 19th to 21st October 2017 - Recruitment of enumerators. A total of 48 enumerators were recruited and invited to the training which happened on 24 and 25th October 2017. 40 were finally selected to be part of the baseline survey team for the project

d) Briefing of health surveillance assistants, volunteers and area development committee members within the study catchment areas Enumerator training, done between 30th October and 1st November 2017

e) Baseline census started 3rd November 2017 with the final 40 selected enumerators (13 females and 27 males) who were divided into 10 teams, each team having 4 members and a team leader. Below an enumerator doing census at a household as a village volunteer helps with obtaining consent forms at a household as the supervisors from BICO and LSTHM observe.

f) Quality control survey was conducted using 6 nurses in areas under 7 of the 8 selected health centers.
Supervisors (standing) observing while an enumerator doing census at a household level

3. PART THREE: RESEARCH, PARTNERSHIP & COLLABORATION

3.1 TT only Survey

From 28th February to 8th March 2017, a TT only survey was conducted in Karonga District. Based on its population, the district was subdivided into two evaluation units (Karonga North and Karonga South).

Following these results, Karonga with TT prevalence above 0.1% of the population, has the highest TT cases in Malawi. Over 100 TT cases were identified during the survey. Figure 3 shows results of the survey in Kalonga, while adjusting for age and sex.

Figure 3: TT prevalence in two EUs of Karonga
3.2 Trachoma Impact & Surveillance Survey
February – May 2017. In support of other partners the Trachoma Elimination Project, BICO conducted impact and surveillance surveys for trachoma in 6 districts split into 17 sub districts in the country. Below is the figure showing results of the survey.

![Figure 4: Trachoma Impact & Surveillance Survey Results, May 2017](image)

3.3 Operational Research
BICO conducted an operational research in Lulanga, Makanjira zone of Mangochi an area suspected to be a Trachoma hotspot in Malawi. The survey was conducted from 17th May to 1st June 2017. Below Prof Robin taking DBS and examining eyes for trachoma and Maddy Gupta (PHD student from the London School for Hygiene and Tropical Medicine) helping with the examinations during an operation research in Makanjira.
Following the conclusion of the Mangochi Trachoma MDA and production of the district treatment report, a coverage survey was commissioned to verify the DHO’s drug treatment report. This took place from 11th October to 17th November 2017. The table below shows the results.

**Table 4: Summary of trachoma drug coverage**

<table>
<thead>
<tr>
<th>Name of Health Zone</th>
<th>No of people interviewed</th>
<th>No of people who took drugs</th>
<th>Drug coverage (Therapeutic)%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monkeybay</td>
<td>1,288</td>
<td>1,129</td>
<td>87.66</td>
</tr>
<tr>
<td>Chilipa</td>
<td>1,300</td>
<td>1,125</td>
<td>86.54</td>
</tr>
<tr>
<td>Makanjira</td>
<td>1,235</td>
<td>1,035</td>
<td>83.81</td>
</tr>
<tr>
<td>Namwera</td>
<td>1,241</td>
<td>1,031</td>
<td>83.08</td>
</tr>
<tr>
<td>Mangochi</td>
<td>1,256</td>
<td>1,013</td>
<td>80.65</td>
</tr>
</tbody>
</table>

### 3.4 International meetings

From 13th -14th July 2017, BICO hosted the 1st Annual Meeting on Strengthening Cross-Border Collaborations and Partnerships to Achieving Trachoma/NTD Elimination in Southern Africa.
This meeting was funded by ITI. Held at Makokola Retreat, the purpose of the meeting was to explore the possibility of cross-border partnership and collaboration in the fight against Trachoma and other NTDs in Southern Africa as a way of accelerating the countdown to GET 2020. Over 40 participants from Ministries of Health and eye health NGOs from Malawi, the host nation, Zambia, Zimbabwe, Mozambique, Tanzania. Others included Sightsavers UK, Ghana, ITI (Atlanta (USA) and Ethiopia), London School for Hygiene and Tropical Medicine and OPC in Chad attended the meeting. The picture below shows delegates to this meeting.

Minister of Health Dr Peter Kumpalume (middle) with Prof Kalua (BICO T-Shirt), Dr Paul Emerson, ITI Director (while jacket)

November 27-29, 2017, BICO with support from ITI, organised the 17th Trachoma Expert Committee at Makokola Retreat in Mangochi to review Malawi progress towards trachoma elimination, review and recommend a course of action on Nigeria’s mid-year application for Zithromax for programme year 2018. The meeting also reviewed preliminary results from the MORDOR trail (a multi-country placebo controlled cluster randomised trial on the effect of Aithromycin MDA on child mortality) and discuss how the findings may influence TEC deliberations and role of ITI among others.
The picture below shows some distinguished dignitaries during the TEC meeting.

Minister of Health, Hon Atupele Muluzi ©) Prof K Kalua (BICO Director in a T-Shirt) and Dr Paul Emerson (ITI Director) far right

3.5 Support to partners

a. Support to Ministry of Health

BICO continued its monthly support of K150, 000.00 to the department of clinical services (ophthalmology section) in the Ministry of Health to enhance its communication with partners within and outside Malawi.

On 8th March 2018, BICO donated boxes of Tetracycline Eye Ointment drugs to Karonga DHO – Eye Department.
Salomie Balakasi (centre) from BICO makes a donation of TEO to Karonga DHO (in white dust coat)

BICO supported the Environmental Health Department of Mangochi DHO to hold an annual review meeting on 15<sup>th</sup> December 2017 at Fort Johnston Hotel in Mangochi. The meeting was organized to review progress of activities in 2017 and map the way forward for 2018. Below are participants to the annual review meeting.

Participants during the annual review meeting Fort Johnston Hotel in Mangochi
b. Support to Ministry of Education

i. Nsiyaludzu Resource Centre

On 8th May 2017, BICO donated a computer and 50 reams of braille papers to Nsiyaludzu Resource Centre for blind and visually impaired children in Ntcheu district. This was in response to a request made by specialist teachers at the centre. In addition to this, BICO provided a maize mill to Nsiyaludzu for a sustainable funding source for the school especially in aid of learners with visual impairments.

ii. Salima Secondary School

Another computer was donated to Salima Resource Centre on 27th June 2017.

Christopher (L) handing over a computer to one of the teachers at Salima Secondary school
c. Support to Fochta

Using its own generated resources, BICO is supporting Fochta to implement a one year project on Promotion of Girl Child Education in TA Kapichi in Thyolo District. During the quarter under review, the following were done;

- 5 bicycles were donated to 5 girls who walk very long distances to and back from school.
- 10 girls received 10 solar powered lamps for home study and groups discussions at night. These were drawn from Mikate and Chikolombe CDSS. Other items given included school uniform, shoes and mathematical instruments for use in science subjects.

In the pictures below, (R) shows David Chinyanya handing over a lamp to one girl while Zione Matale, ED for Fochta looks on at a ceremony that took place at Chikolombe CDSS while (L) shows the bicycles that were donated at the same ceremony.

Lamps and bicycles were donated to students from Mikate and Chikolombe CDSS

d. Support to Centre for Girls and Interaction in Mzuzu

On 5th May 2017, BICO financially supported Centre for Girls and Interaction, a youth based organisation in Mzuzu in support of their programme on Initiative for Her Power (i.HEPO). The organisation conducted an advocacy workshop for girls, to call for action to eliminate and abolish harmful traditional practices that subject marginalized girls and young women to sexual, emotional and physical abuse and violence. Over 27 girls and young women have been directly reached under a workshop title; Edge For Her Power, focusing on the following topics; Self-esteem, Living
Spiritually, Use of Social media & Girls Empowerment to amplify voices of girls and young women.

Some of the girls during a workshop in NkhataBay

The girls workshop took place at Chikala Beach on 12\textsuperscript{th} June 2017, and it was attended by 24 girls from Mzuzu and Nkhata Bay.

3.6 Visitors & their assignments with BICO

a) In June 2017, Dr Karin Van Djik, a low vision consultant, came to conduct a midterm review of the Central West low vision project.

b) Prof Robin Bailey, the PI of the Mordor and Deworm3 from London School for Hygiene and Tropical Medicine came during the end of Mordor project part on 30\textsuperscript{th} June 2017 and subsequent visits prior to commencement of the deworm3 project.

c) From 30\textsuperscript{th} June to 6\textsuperscript{th} July 2017, Mr. Chris Pearson, the Grants Manager at CBP visited BICO to see progress made on both Central West and South-East Low Vision programs. He also had to

- Review BICO’s accounting, bank and cash management, procurement and disbursement systems and progress made on milestone and program deliverables outlined in the grants against approved work plan, budget, M&E plan and other program materials.

- Document challenges faced by BICO and any mitigating measures taken to address the issues.
In the pictures above, Mr. Pearson witnesses the distribution of low vision devices at Makande Resource Centre in Chikwawa on the left while on the right, he poses with some BICO staff at its Head office, Blantyre.

d) 16\textsuperscript{th} November 2017, Katya Galactionova, Swiss Institute for Tropical Economics in Geneva, Switzerland visited BICO to conduct training on economic evaluation tool for Deworm3 Project.

e) 20-26\textsuperscript{th} November 2017, BICO received a ITI filming crew to visit communities near Mangochi, Malawi to document how lives have been impacted/improved by MDAs (Mass Drug Administration) for ITI’s 20\textsuperscript{th} anniversary documentary. This was led by Dr Paul Emerson, Director of ITI, a programme for the Task Force for Global Health. They came to produce a documentary for ITI 20\textsuperscript{th} Anniversary Celebration.

f) From 27\textsuperscript{th} -30\textsuperscript{th} Nov 2017, all Trachoma Expert committee (TEC) members (See appendix 3) visited BICO offices in Mangochi.

g) On 28\textsuperscript{th} November 2017, Dr Charles Mwansambo, Chief of Health Services in the Ministry of Health, visited Mangochi office during the TEC Meeting in Mangochi. He was accompanied by some distinguished guests from Task Force for Global Health, ITI, Sightsavers and Bill and Melinda Gates Foundation among others.

h) Visitors during the deworm3 census

i. On 15\textsuperscript{th} of November, 2017, 3 visitors came to see the Malawi field work progress; Prof Robin Bailey (Principal investigator, London School for Hygiene and Tropical Medicine),
Fabian Schaer (Malawi Country Program Manager) and Katya Galactiaonbia (Health Economist from Swiss Institute for Tropical Economics).

ii. On 30th of November, 2017, Simon Brooker (Program officer for NTDs from Bill & Melinda Gates Foundation) and Birgit Benton (Senior Program Associate, ITI).

Birgit Benton (2nd from right in ITI T-shirt) and Simon Brooker (3rd from right) with some community members and BICO staff

4. PART FOUR: INSTITUTIONAL & ORGANISATIONAL DEVELOPMENT

4.1 Information, Communication and Technology

4.1.1 Migration to new server and new website

During the year under review, BICO had migrated to a new server and new look website due to increase in Project activities hence the need. The website has a better Content Management System (CMS) and has support for desktop, Mobile and tablet platforms (views) which was lacking on the old website. The new mini server looks far much better in terms of renewal fees, space (2 times the size of old server), working memory (RAM- 4 times old server) and the technology on the new server is much advanced compared to the old one. All in all, we have acquired a cheaper and better server in comparison to the previous one. All these are virtual cloud servers and are hosted through Memset, UK. The whole Server Migration has been done with support from Stonegate IT, UK and was finalized in March, 2017. The new website was uploaded on April, 2017 and is live on www.bicomalawi.org.
4.1.2 **BICO Visibility**
In order to enhance BICO’s visibility – BICO designed and distributed BICO 2017 calendars to its partners. It has also designed beautiful flyers which are specifically for the low vision project and BICO optical centers in Zomba, Mangochi and Ntcheu.

4.1.3 **Training data collectors (mobile health)**
BICO continued to use ODK to collect Trachoma data (surgeries and follow up) in 2017. Using the same application, BICO has also designed a form to collect and manage data from all its optical centres. BICO also used other mobile application such as Tropical Data, MORDOR-Wuha, ODK and Survey CTO during its surveys and census.

4.1.4 **Phones/Tablets for Data Collection**
Throughout the year, BICO received 10 android phones – BLU phones from the Task Force for Global Health to help with data collection of Trachoma data during the surveys and 60 Samsung J3 phones for new DeWorm3 project.

4.1.5 **Capacity Building**
31<sup>st</sup> July - 4<sup>th</sup> August 2017 BICO organized a 5 day data management training to enhance the capacity in data management within the organization.

4.2 **Staff recruitment and turn over**
The following new members of staff were recruited in the course of the year

- a) Roselyn Hara as Accounts and Administration officer based at HQs.
- b) Sellah Mwalweni as an Optometry Technician at BICO Blantyre Clinic.
- c) 40 enumerators to be working in Mangochi – Namwera deworm 3 project, all are based in Namwera.

Following the end of the of the MORDOR project on 30<sup>th</sup> June 2017 and Low Vision for South East Zone and other reasons, 3 drivers, 2 OCOs 2 optometry technicians, 10 nurses and two programme officers were laid off.

A party to celebrate the successful end of the MORDOR project was held at Traveler’s Lodge in Mangochi on 30<sup>th</sup> June 2017.

Virginia Mlenga (Personal Assistant to Director) and Salomie Balakasi (Project Officer – IT) resigned for greener pastures. BICO is wishing them well.

4.3 **Asset acquisition**
BICO acquired another Toyota Land Cruiser (BICO 1). This is the fourth land cruiser for the organization.
4.4 Staff news
The following staff got married during the year under review:

a) Roselyn Harawa, Accounts & Administration Officer, got married to Kamwana on 4th November 2017. It was celebrated at Mt Soche Hotel

b) Pilirani Makuta, nurse under Mordor project, got married to Trust Kalima Banda. Their marriage was celebrated at College of Medicine Sports Complex.

c) Yamikani Hoja, nurse under Mordor project, got married to Irene Katungwe. It was celebrated in Dedza
APPENDICES

Appendix 1: Financial report

Summary of Income and Expenditure for BICO Projects for the Year Ended 31 December 2017

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Kwacha (MK)</th>
<th>Dollar ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Funds received</td>
<td>1,243,156,044</td>
<td>1,695,984</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects</td>
</tr>
<tr>
<td>Salaries</td>
</tr>
<tr>
<td>Administration</td>
</tr>
</tbody>
</table>

| Total expenditure         | 1,232,755,145 | 1,681,794 |

| Deficit/Surplus for the year | 10,400,899 | 14,189 |
| Opening Fund Balance        | 317,071,371 | 432,493 |
| Closing Fund Balance        | 327,472,270 | 446,757 |

Pie Chart showing 2017 BICO expenditure
## Appendix 2: BICO staff

### BICO staff as at 31st December 2017

<table>
<thead>
<tr>
<th>No</th>
<th>NAME</th>
<th>POSITION</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prof Khumbo Kalua</td>
<td>Director</td>
<td><a href="mailto:director@bicomalawi.org">director@bicomalawi.org</a></td>
</tr>
<tr>
<td>2</td>
<td>David Chinyanya</td>
<td>Senior Programme Manager</td>
<td><a href="mailto:dchinyanya@bicomalawi.org">dchinyanya@bicomalawi.org</a></td>
</tr>
<tr>
<td>3</td>
<td>Limbani Mitengo</td>
<td>Senior Accountant/Grants Officer</td>
<td><a href="mailto:limbani@bicomalawi.org">limbani@bicomalawi.org</a></td>
</tr>
<tr>
<td>4</td>
<td>Zacharia Kamwendo (PA)</td>
<td>Project Officer</td>
<td><a href="mailto:zkamwendoz@bicomalawi.org">zkamwendoz@bicomalawi.org</a></td>
</tr>
<tr>
<td>5</td>
<td>James Simwanza</td>
<td>Project Coordinator -Deworm</td>
<td><a href="mailto:jameessimwanza@bicomalawi.org">jameessimwanza@bicomalawi.org</a></td>
</tr>
<tr>
<td>6</td>
<td>Blessings Chisambi</td>
<td>Data manager</td>
<td><a href="mailto:bchisambi@bicomalawi.org">bchisambi@bicomalawi.org</a></td>
</tr>
<tr>
<td>7</td>
<td>Florence Kalua</td>
<td>Project Officer (Logistics &amp; Procurement)</td>
<td><a href="mailto:florencekalua@bicomalawi.org">florencekalua@bicomalawi.org</a></td>
</tr>
<tr>
<td>8</td>
<td>Roselyn Hara</td>
<td>Accounts Assistant – Head Office</td>
<td><a href="mailto:roselyn@bicomalawi.org">roselyn@bicomalawi.org</a></td>
</tr>
<tr>
<td>9</td>
<td>Chikondi Chikotichalera</td>
<td>Accountant – Mangochi Office</td>
<td><a href="mailto:chikondi@bicomalawi.org">chikondi@bicomalawi.org</a></td>
</tr>
<tr>
<td>10</td>
<td>Christopher Phiri</td>
<td>Projects Assistant &amp; Personal Assistant to Director</td>
<td><a href="mailto:christopher@bicomalawi.org">christopher@bicomalawi.org</a></td>
</tr>
<tr>
<td>11</td>
<td>Hendrine Nyondo</td>
<td>Optometry technician</td>
<td><a href="mailto:hendrina@bicomalawi.org">hendrina@bicomalawi.org</a></td>
</tr>
<tr>
<td>12</td>
<td>Funny Mbewe</td>
<td>Optometry technician</td>
<td><a href="mailto:Fannymbewe@bicomalawi.org">Fannymbewe@bicomalawi.org</a></td>
</tr>
<tr>
<td>13</td>
<td>Stanley Yohane</td>
<td>Optometrist</td>
<td><a href="mailto:stanley@bicomalawi.org">stanley@bicomalawi.org</a></td>
</tr>
<tr>
<td>14</td>
<td>Ester Solomon</td>
<td>Optometry technician</td>
<td><a href="mailto:estasolomoni@bicomalawi.org">estasolomoni@bicomalawi.org</a></td>
</tr>
<tr>
<td>15</td>
<td>Sella Mwaluweni</td>
<td>Optometry technician</td>
<td><a href="mailto:sellah@bicomalawi.org">sellah@bicomalawi.org</a></td>
</tr>
<tr>
<td>16</td>
<td>Providence Nindi</td>
<td>Implementation Science Research Assistant</td>
<td><a href="mailto:providence@bicomalawi.org">providence@bicomalawi.org</a></td>
</tr>
<tr>
<td>17</td>
<td>Ranneck singano</td>
<td>Logistics assistant</td>
<td><a href="mailto:rringano@bicomalawi.org">rringano@bicomalawi.org</a></td>
</tr>
<tr>
<td>18</td>
<td>Fraser Chisale</td>
<td>Driver and Logistics</td>
<td><a href="mailto:fraserchisale@bicomalawi.org">fraserchisale@bicomalawi.org</a></td>
</tr>
<tr>
<td>19</td>
<td>Willy Majiya</td>
<td>Clinic Technician - Mangochi</td>
<td><a href="mailto:willy@bicomalawi.org">willy@bicomalawi.org</a></td>
</tr>
<tr>
<td>20</td>
<td>Sara Mwasulama</td>
<td>Receptionist - Mtcheu</td>
<td><a href="mailto:sarahmwasulama@bicomalawi.org">sarahmwasulama@bicomalawi.org</a></td>
</tr>
<tr>
<td>21</td>
<td>Sidreck Nkomela</td>
<td>Garden boy – Mangochi S/Office</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Zione Mwabile</td>
<td>Receptionist- Zomba</td>
<td><a href="mailto:zione@bicomalawi.org">zione@bicomalawi.org</a></td>
</tr>
<tr>
<td>23</td>
<td>Eliot Light</td>
<td>Clinic Technician</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Raphael Maganga</td>
<td>Garden boy -BICO Head Office</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Dominic Tembo</td>
<td>Guard – BICO Head office</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Wilson Matiki</td>
<td>Guard - BICO Head office</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Nellie Chatsika</td>
<td>Driver - BICO Head office</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Samuel Phiri</td>
<td>Optometrist - Intern</td>
<td><a href="mailto:samuelphiri@bicomalawi.org">samuelphiri@bicomalawi.org</a></td>
</tr>
<tr>
<td>29</td>
<td>Samson Charles</td>
<td>Optometrist - Intern</td>
<td><a href="mailto:samson@bicomalawi.org">samson@bicomalawi.org</a></td>
</tr>
<tr>
<td>30</td>
<td>Lyson Zikani</td>
<td>Optometry technician - Intern</td>
<td><a href="mailto:lysonzikani@bicomalawi.org">lysonzikani@bicomalawi.org</a></td>
</tr>
<tr>
<td>31</td>
<td>Vitumbiko Ng’ambi</td>
<td>Optometry technician - Intern</td>
<td><a href="mailto:vitumbiko@bicomalawi.org">vitumbiko@bicomalawi.org</a></td>
</tr>
</tbody>
</table>
Appendix 3: TEC members

Trachoma Expert Committee (TEC) members and other participants – TEC meeting at the Makokola Retreat, Club Makokola, Mangochi 27Nov - 1st Dec 2017
Appendix 4: Sustainability - BICO Optical Centres where to get free eye examination, eye medication, glasses and low vision devices

BICO is aware that current supporting partners/donors may not be available throughout. The issue of how some services started by BICO would be sustained is on top of our agenda. This is why we have started establishing BICO eye clinics and Optical centres in various districts. The revenue generated from these clinics will be used to support the BICO head office in Blantyre, existing BICO staff, and also support running costs for the clinics.

We provide free eye glasses and devices to children below 10 years. We subsidize costs to adults.

**WE PROVIDE FREE EYE TESTING IN ALL OUR CLINICS**
**WE SELL GOOD QUALITY GLASSES AS PART OF OUR SUSTAINABILITY MODEL**

Here is a list of our clinics:
- **Blantyre town**: BICO optical centre at City Health Clinic and at Chinyonga BICO head office.
- **Zomba town**: BICO optical centre at City Health Clinics and Zomba Central hospital Eye Department.
- **Mangochi town**: BICO optical centre at BICO eye unit next to NBS bank.
- **Ntcheu**: BICO optical centre at BICO offices near Engen Filling station.
- **Lilongwe**: BICO optical centre at Daeyang Luke Hospital near MIM.
- **Mzuzu**: BICO optical centre coming up soon!

**BICO Optical centre**
NICE HOSPITAL WITH COMPUTERISED EYE TESTING

MODERN EYE EQUIPMENT
ARE YOU OVER THE AGE OF 40?
OR ARE YOU HAVING PROBLEMS WITH YOUR SIGHT?
HAVE YOU EVER DONE YOUR EYE TEST?
PLEASE VISIT THE NEAREST BICO OPTICAL CENTRE FOR A FREE COMPUTERISED EYE CHECK UP?

HOTLINE : 01875 377, 0212262833, 0999958176
Blantyre Institute for Community Outreach (BICO)
Lions Sight First Eye Hospital
P.O. Box E180
Post Dot Net
Blantyre.
Chinyonga - Blantyre
Website: www.bicomalawi.org
twitter: www.twitter.com/bicomalawi
facebook: www.facebook.com/bicomalawi.org
blogger: www.bicomalawi.blogspot.com