

## **BICO 4<sup>th</sup> Quarter Report - December 2011**

During the months of November and December BICO has undertaken several activities. This report highlights the activities.

### **AHSI TASKSHIFTING PROJECT**

There has been an on-going enhanced supervision of the health workers in the health centres where the taskshifting training for the health workers was done in Mulanje district. The District Eye Coordinator for Mulanje district conducts supervision of the health workers. The supervision has been going on well despite some challenges.

During 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 going through. 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 visits did not take place, the District Eye Coordinator who conducts the supervision was optimistic that the failed visits to the health centres will be rescheduled and the supervision will be done all depending on the availability of fuel.

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, Mimosa 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. There it is recommended that those health centres that have been visited less should be a priority and be visited more as well.

### **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.