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### Abbreviations

1. **BICO** Blantyre Institute For Community Ophthalmology  
2. **CBM** Christian Blindness Movement  
3. **CONDOMA** Council for Non-Governmental Organisations of Malawi  
4. **DEHO** District Environmental Health Officer  
5. **DFID** Department for International Development  
6. **DHMT** District Health Management Team  
7. **DHO** District Health Office  
8. **GTMP** Global Trachoma Mapping Project  
9. **HSA** Health Surveillance Assistant  
10. **IAPB** International Agency for the Prevention of Blindness  
11. **ICEH** International Centre for Eye Health  
12. **ICTC** International Coalition for Trachoma Control  
13. **IEF** International Eye Foundation  
14. **KCCO** Kilimanjaro Centre for Community Ophthalmology  
15. **LSHTM** London School for Hygiene and Tropical Medicine  
16. **MDA** Mass Drug Administration  
17. **MOH** Ministry of Health  
18. **MORDOR** Mortality Reduction After Oral Azithromycin  
19. **MOU** Memorandum of Understanding  
20. **NGO** Non-Governmental Organisation  
21. **OCO** Ophthalmic Clerical Officer  
22. **QEDJTF** Queen Elizabeth Diamond Jubilee Trachoma Fund  
23. **RTC** Rural Training Centre  
24. **SAFE** Surgery, Antibiotic, Facial Cleanliness and Environmental Improvement  
25. **SEZ** South East Zone  
26. **TDC** Teachers Development Centre  
27. **TF** Trachomatous Follicles  
28. **TT** Trachomatous Trichiasis  
29. **USF** University of San Francisco  
30. **WHO** World Health Organisation  
31. **YONECO** Youth net and Counselling
1. BACKGROUND INFORMATION

Blantyre Institute for Community Ophthalmology (BICO) is the only registered local eye health NGO in Malawi. It was established in 2008 with a mission to contribute towards the prevention and control of blindness in Malawi and neighbouring countries in the Southern African region through operational research on eye health, community eye health programme delivery, consultancy & advocacy on eye health service delivery. It is registered under Trustees Incorporation Act of Malawi.

BICO is a registered member of Council for Non-Governmental Organisation (CONGOMA) and also a member of NGO Board of Malawi. Recently, BICO has attained international recognition by becoming a member of the International Coalition for Trachoma Control (ICTC), a network of international NGOs that supports ministries of health in Trachoma control globally. Currently the organisation is to be one of the four NGOs in Malawi entrusted to implement the Queen Elizabeth Diamond Jubilee Trust Fund supported project to eliminate trachoma in Malawi by 2018 using SAFE Strategy. In this project, BICO will carry out surgery, mass drug administration, surveys (surveillance, drug coverage and impact surveys) in 8 districts of Nsanje, Chikwawa, Machinga, Ntcheu, Mchinji, Dowa and Mangochi.

BICO also collaborates with international organisations such as Kilimanjaro Centre for Community Ophthalmology (KCCO), International Eye Foundation (IEF), CBM, London School of Hygiene and Tropical Medicine, Sightsavers, Lions Clubs and International Centre for Eye Health (ICEH).

Based in Blantyre, at John Hopkins Project Building second floor adjacent to Queens Lions Sight First Eye Hospital, BICO implements most of its projects in partnership with ministries of Health and Education which provide policy guidance on national standards in the projects.

2. INTRODUCTION

This report covers all activities undertaken in the quarter 2 (April – June 2015) under review in 3 major projects being implemented by BICO and these are Trachoma Elimination Programme (TRUST Project), MORDOR, Global Trachoma Mapping Project and SEZ Vision 2020 Eye Care Programme.

3. MAJOR PROGRAMMES UNDERTAKEN

i. THE TRUST PROJECT.

a. TT Surgeries.

During the quarter, the following has been achieved in the three districts of Machinga, Chikwawa and Nsanje Districts.

- 446 (174 males & 272 females were screened for TT. Of which 193 (43 males & 150 females) were identified with TT.
150 TT patients were operated (had their Trichiasis corrected) and 14 opted for epilation. In total 164 TT patients accessed TT surgical services.

Table 1. Showing breakdown of Number of people screened for TT, identified with TT, TT surgeries done in Nsanje, Chikwawa and Machinga in the quarter under review.

<table>
<thead>
<tr>
<th>Name of the District</th>
<th>Number of people identified with TT (M/F)</th>
<th>Number of people identified with TT (M/F)</th>
<th>No. of PEOPLE having TT surgery (M/F)</th>
<th>No of eyes operated (TT)</th>
<th>No of people (M/F) who chose to manage with epilation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Machinga</td>
<td>43</td>
<td>67</td>
<td>19</td>
<td>63</td>
<td>14</td>
</tr>
<tr>
<td>Chikwawa</td>
<td>108</td>
<td>145</td>
<td>10</td>
<td>30</td>
<td>7</td>
</tr>
<tr>
<td>Nsanje</td>
<td>23</td>
<td>60</td>
<td>14</td>
<td>57</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>174</td>
<td>272</td>
<td>43</td>
<td>150</td>
<td>28</td>
</tr>
</tbody>
</table>
TT patients on line in readiness for surgery at Ngabu Rural Hospital in Chikwawa

TT surgeries at Ngabu Rural Hospital in Chikwawa on 23rd June 2015 – done by Rex Bwanausi
b. Case Finders Training.

A total of 66 case finders trained during the quarter trained in Machinga (30), Chikwawa (17) and Nsanje (19) against a total target of 165. The focus shifted to operations and not training. A study to determine their effectiveness in TT case finding is being planned for the next qu
c. Mass Drug Administration

BICO will this year conduct MDA in Nsanje, Zomba, Machinga, Ntcheu and Machinga districts. Therefore, BICO undertook the following activities during the quarter under review.

i. Briefing of Zomba, Machinga, Ntcheu and Dowa District Health Management Teams (DHMT) on 2015 Trachoma MDA.

ii. Orientation of supervisors in Zomba, Machinga, Ntcheu and Dowa Districts on 2015 Trachoma MDA registration.

iii. Orientation of 80 HSAs in Zomba, Machinga, Ntcheu and Dowa Districts on 2015 Trachoma MDA registration.
HSA orientation in progress above and below Phillip Muwa OCO Machinga making point

Saidi Ndau going through the registration form with HSAs at Thondwe RTC in Zomba
Several MDA preparatory activities were undertaken and these include MDA District budgets preparation, negotiation and approval for Nsanje, Machinga, Zomba, Ntcheu and Dowa, development and signing of MOUs for smooth implementation of the MDA, procurement and delivery of 3,385 MDA registers for registration in all the five districts and delivery of 321 height dose sticks to Machinga District.

d. TRACHOMA MAPPING IN DEDZA & MULANJE

i. RATIONAL FOR THE SURVEY/BACKGROUND INFORMATION

Malawi has a total of 28 districts. Until 2011 Malawi did not have a written plan to eliminate blinding trachoma in the country. As part of the SAFE strategy implementation, the first mass drug administration with Zithromax commenced in 2011 in the first 2 districts mapped in 2008 (the only ones mapped at that point). Three (3) more districts were mapped in 2012, but only 2 were found to be endemic. The Global Trachoma Mapping Project (GTMP) funded by DFID through Sightsavers led to 18 new districts being mapped in 2013 by the Ministry of Health, assisted by the Blantyre Institute for Community Ophthalmology (BICO). This meant 23 out of 28 had been originally mapped, with 5 non suspected districts remaining. Among the 5, 2 districts (Mulanje and Dedza) which were originally believed not to have endemic trachoma had new data that suggested trachoma may have been a problem in that area. It was in view of this that mapping for these was planned and executed between February and June 2015.

ii. Survey Objectives

The objective of the survey was to determine using the GTMP methodology, the prevalence of trachoma and associated risk factors in Dedza and Mulanje districts. It is expected that the results will guide the Malawi Ministry of Health (MOH) to determine whether there is a need for a trachoma program in these districts or not.

iii. Description of activities undertaken

Several activities were undertaken to conduct the survey and these include pre-survey district visits, selection of clusters, training sites, grader trainers and enumerators; verification of survey dates, refresher training for graders and actual field survey.

iv. Results

The TABLE below shows prevalence of active trachoma infections –trachoma follicles (TF) and prevalence of potential blinding condition Trachoma Trichiasis (TT)
<table>
<thead>
<tr>
<th></th>
<th>TF (ACTIVE INFECTION)</th>
<th>TT (POTENTIAL BLINDING CONDITION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDZA</td>
<td>6.3% (PREFERRED &lt;5%)</td>
<td>0</td>
</tr>
<tr>
<td>MULANJE</td>
<td>2.1% (PREFERRED &lt;5%)</td>
<td>0</td>
</tr>
</tbody>
</table>

From this table, Dedza will need one round of mass treatment with Zithromax while Mulanje district will need no intervention.

e. IMPACT SURVEY IN MCHINJI

i. Rational for the survey.

Mchinji was one of the two districts in Malawi that identified to be Trachoma endemic. As a result, the district was put on the Trachoma Programme hence MDA was administered for three years (2012 – 2014). This was followed by an Impact Survey (June 2014) whose results showed that the district was still trachoma endemic with more than 5%. The survey was conducted in fulfillment of WHO guidelines and with financial support of the Queen Elizabeth Diamond Jubilee Trust (QEDJT) to International Coalition for Trachoma Control (ICTC) through Sight savers. The survey was conducted to find out whether trachoma was still prevalent in these districts after four years of mass drug administration for Azithromycin. It is as a result of the survey results that in 2014, another round of MDA took place in the districts to determine whether to stop active interventions and continue with surveillance or identify residual hotspots that would need targeted treatment. This survey took place between 8th and 19th June 2015.

ii. Objectives.

The objective of the survey, which was the second after the first one done in 2014, was to find out whether trachoma prevalence was still above 5% or below in Mchinji after additional one year of mass drug administration for Azithromycin. The results of the survey will be used to determine whether to stop active interventions and continue with surveillance or identify residual hotspots that would need targeted treatment.

iii. Description of all activities undertaken

Several activities were undertaken to conduct the survey and these include pre-survey district visits, selection of clusters, training sites, grader trainers and enumerators; verification of survey dates, refresher training for graders and actual field survey.
iv. Results

Mchinji was divided into 3 sub-districts of approximately equally proportions denoted by the following names:

<table>
<thead>
<tr>
<th>Area</th>
<th>TF (ACTIVE INFECTION)</th>
<th>TT (POTENTIAL BLINDING CONDITION)/PER 1000 IN PERSON AGED 15 AND ABOVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MKANDA GUMBA</td>
<td>4.3% (PREFERRED &lt;5%)</td>
<td>1</td>
</tr>
<tr>
<td>LUZI KOCHILIRA</td>
<td>2.1% (PREFERRED &lt;5%)</td>
<td>0</td>
</tr>
<tr>
<td>DHO NKHWAZI</td>
<td>1.7% (PREFERRED &lt;5%)</td>
<td>2</td>
</tr>
</tbody>
</table>

As you will note, in regard to Trachoma infections this means Mchinji does not need any more antibiotic and will proceed to surveillance in 2017. Mchinji does not need any more MDA. In regard to TT there are still some TT cases needing surgery though these will be difficulty to find. Of specific areas to focus and check would be around Mkanda/Gumba Health centre (TA Mkanda) and also around DHO/ Nkhwazi health centre (TA Mavwere).

v. SEZ VISION 2020 EYE CARE PROGRAMME

This is a three year programme in BICO and is implemented in the six districts in the zone; Mangochi, Balaka, Machinga, Zomba, Phalombe & Mulanje. The goal of the programme is to contribute to eradicating avoidable blindness in South East Zone of the Republic of Malawi. It is implemented within the framework of VISION 2020: Right to Sight”, which is the “Global Initiative for the Elimination of avoidable blindness” by the year 2020. Vision 2020 is a partnership between International Agency for the Prevention of Blindness (IAPB), World Health Organisation (WHO) and various Government and Non-Governmental Organisations, of which BICO is part of.

The South East Zone Vision 2020 Comprehensive Eye Care Project is funded by Kilimanjaro Centre for Community Ophthalmology (KCCO). The programme focuses on three main areas; Cataract Operations, Childhood Blindness and Refractive Errors.

1. ACHIEVEMENTS BY OBJECTIVES

Objective 1: Disease Control-targeting 5 diseases; Cataract, Trachoma, Onchocerciasis, Childhood blindness and Refractive errors.

During this reporting period, three key activities were conducted only in Zomba; publicity/ promotion, screening and conducting cataract surgeries. These activities targeted 4 Health facilities namely Nasawa, Magomelo, Chingale and Chipini.
2. **PROGRESS/RESULTS**

   a. **Promotion**
   
   4 health facilities were reached with promotion messages namely Nasawa, Magomero, Chingale and Chipini. Both posters and YONECO radio were used for publicity.

   b. **Screening**
   
   56 people were screened and treated for other eye conditions.

   c. **Cataract operations**
   
   46 went through cataract operations of which 32 (14 males; 18 females) were done during outreach while 14 (9 Males; 5 Females) came as walk in patients. This represents 46% of the target surgeries for the quarter.

No activity was undertaken under other programme objectives during the quarter under review.

vi. **MORDOR Study**

MORDOR is a multi-country (Malawi, Niger, and Tanzania) and multicentre randomised clinical study that is being implemented in collaboration with London School of Hygiene and Tropical medicine and the Ministry of Health in Malawi. Under this study, Azithromycin (used for MDA in trachoma endemic areas) Mass Drug Administration (MDA) is being tested if it can reduce child mortality and morbidity in Mangochi District which result from malaria, pneumonia and diarrhoea infections in the under-five children. For Malawi, Mangochi district was chosen because it is estimated to have relatively high infant and child mortality and morbidity prevalence rate. Based on the Trachoma situational report, Mangochi has an intermediary prevalence of active trachoma estimated at 7.4% in 1-9 year olds which would normally require mass treatment with Azithromycin for trachoma control only for one year.

During the quarter under review, the following activities were undertaken:

a) **Setting an Office in Mangochi.**

BICO finalized the setting up of MORDOR office at Mangochi Boma furnished with all office furniture and equipment. This was done to ease logistical challenges in the implementation of the project as well as significantly cutting project running costs.
b) Recruitment & Deployment of staff.

A total of seven (7) nurses, a driver, two (2) OCOs and 10 field workers were recruited and deployed to Mangochi for the project. The picture below shows the new local members of staff attached to the Morbidity Section of the project in Mangochi.
c) Study drugs and other medical supplies

Study drugs and other medical supplies for the MORDOR project were procured and delivered to Mangochi. Some of these came from the LSHTM and the USFF
d) Project implementation progress

The following table shows the activities undertaken during the quarter

i. Training of 141 HSAs Monkey Bay (45), Chilipa (54) and Makanjira 42
ii. Training of 55 Enumerators – Mangochi Boma (10), Monkey Bay (15), Chilipa (15) and Makanjira (15).

MDA for Azithromycin and placebo conducted in Chilipa and Monkey Bay. Below is Queen Kandoole (HSA) giving Azithromycin drug to a child using a syringe


e) Project challenges

The project encountered the following challenges during the quarter under review among others

i. Failure and refusals by some households to take part in the study citing religious beliefs and misconceptions are contributing factors.

ii. Double registration hence enumerators could not find the registered households and their household members in the APP as some household members forgot to remember the double registered names. Double registration came about because some thought the registration was for handouts such as mosquito nets, flour for porridge, coupons for fertilizer subsidy and even clothes.

iii. Vehicle breakdown due to poor roads. This led to postponement of some critical activities hence delayed implementation.

iv. HSAs boycotting field work because they wanted pay rise. This led to some enumeration areas taking longer time to be completed.

vii. LOW VISION

During the period under review, no activity was done under the Low Vision Project. The activities are planned for the July – September 2015 quarter.
4. CAPACITY BUILDING & HUMAN RESOURCE

i. Staffing and Staff welfare

During this quarter a total number of 10 members’ staff were recruited as shown below:

<table>
<thead>
<tr>
<th>No</th>
<th>Name of Officer</th>
<th>Position</th>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fraser Chisale</td>
<td>Administrative Ass</td>
<td>MORDOR</td>
</tr>
<tr>
<td>2</td>
<td>Geoffrey Maseko</td>
<td>Field Worker</td>
<td>MORDOR</td>
</tr>
<tr>
<td>3</td>
<td>Mercy Patel</td>
<td>Field Worker</td>
<td>MORDOR</td>
</tr>
<tr>
<td>4</td>
<td>Milliano Dzimbiri</td>
<td>Field Worker</td>
<td>MORDOR</td>
</tr>
<tr>
<td>5</td>
<td>Glory Muleya</td>
<td>Field Worker</td>
<td>MORDOR</td>
</tr>
<tr>
<td>6</td>
<td>Christine Lukhere</td>
<td>Field Worker</td>
<td>MORDOR</td>
</tr>
<tr>
<td>7</td>
<td>James Simwaza</td>
<td>Field Worker</td>
<td>MORDOR</td>
</tr>
<tr>
<td>8</td>
<td>Yamikani Hoja</td>
<td>Field Worker</td>
<td>MORDOR</td>
</tr>
<tr>
<td>9</td>
<td>Chimwemwe Mateche</td>
<td>Field Worker</td>
<td>MORDOR</td>
</tr>
<tr>
<td>10</td>
<td>Munderanji Salomie</td>
<td>Field Worker</td>
<td>Trainee – ICT and Data</td>
</tr>
<tr>
<td></td>
<td>Balakasi</td>
<td></td>
<td>Management</td>
</tr>
</tbody>
</table>

This shows that BICO has continued to grow in numbers from 2 new staff members in the last quarter to current 10 making it 24 as total number of members of staff for BICO.

ii. Team building

BICO organised a second team building training to all members of staff on 4th May 2015 at the new BICO office in Mangochi. This was in view of the new members of staff that joined BICO in Mangochi following the establishment of the new sub office to facilitate the smooth implementation of the MORDOR Study in the district.
Above: BICO staff having fun at Nkopola lodge after the orientation & team building
iii.  Assets and Equipment

The organisation continued to increase its fleet of vehicles by procuring another vehicle Toyota Prado NE 1275. This vehicle will support the Mordor study in Mangochi

BICO also received several drugs and consumables from Sightsavers for TT surgeries.

iv.  Project Proposal development

During this quarter, one proposal that was resubmitted – Low Vision Project Proposal for one more year with funding from Wilden Ganzen/Lion Club of Netherlands got approved and implementation will commence in the next quarter (July – September 2015).

5.  BICO Visitors.

During the quarter under review, the following dignitaries visited BICO and undertook various assignments in all BICO implemented projects and all of them came as Mordor project guests.

1. Prof Robin Bailey, London School of Hygiene & Tropical Medicine. He came twice in May and June 2015. During his first visit, Prof Bailey participated in the MORDOR project staff orientation in May and enumerators’ training. On his second visit, he came with Jeremy Keenan and Nicole Stoller from the University of California-San Francisco for a project progress observation and monitoring.

2. Henry Mark, Jeremy Keenan, Nicole Stoller, Aamina Verity and Abdul Karim Dahiru. These came for various assignments. Aamina Verity and Abdul Karim Dahiru are master’s degree students from the London School of Hygiene and Tropical Medicine. Amina supported the project in training one morbidity team nurse in carrying out verbal autopsies. Abdul Karim was working on a project titled, “Nutritional Status and Morbidity among Children under 5 years in Rural Malawi”, an investigative research to establish a positive association between under-nutrition and common childhood morbidity amongst children under 5 years in rural Malawi.

Below is a picture of Abdul and Verity during one of the filed visit in Mangochi
Verity to the right and Abdul next to Verity in Mangochi