BLANTYRE INSTITUTE FOR COMMUNITY OPHTHALMOLOGY

QUARTERLY PROGRESS REPORT
(APRIL TO JUNE 2014).
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# LIST OF ABBREVIATIONS

- **BICO**: Blantyre Institute for Community Ophthalmology
- **DHO**: District Health Officer
- **DEHO**: District Environmental Health Officer
- **DBS**: Dried Blood Spot
- **EHO**: Environmental Health Officer
- **GET**: Global Elimination of Trachoma
- **HSA**: Health Surveillance Assistance
- **ICTC**: International Coalition for Trachoma Control
- **MDA**: Mass Drug Administration
- **MOH**: Ministry Of Health
- **QEDJT**: Queen Elizabeth Diamond Jubilee Trust
- **WHO**: World Health Organization
1. INTRODUCTION

This report covers the work done between April and June 2014. This includes trachoma mapping in the north, impact surveys in Chikwawa and Mchinji, capacity building, screening and distribution of glasses. The report also highlights eye health professionals that visited and undertook assignments in support of BICO programme interventions during the period under study. It ends with a highlight of proposed and planned activities in the next quarter.

The annex is a summarized financial expenditure report for the quarter.

2. MAJOR PROGRAMMES UNDERTAKEN

Many programmes were undertaken in this quarter. The following are some of the major activities that were implemented during the quarter under review.

1. TRACHOMA MAPPING IN THE NORTH

Much as trachoma has been endemic in Malawi since 1980s, there has been no data based plan to guide implementation of trachoma interventions in Malawi. However, control measures had been integrated into Blindness Prevention Programmes for a number of years. In 2011, the Trachoma Control Programme, sponsored by the Government and a consortium of non-governmental organisations led by Sightsavers, was launched in 2011 to implement the SAFE strategy, a WHO Alliance for the Global Elimination of Trachoma by the year 2020 (GET 2020) strategy. SAFE is an abbreviation where “S” stands for Surgery for trachoma trichiasis, “A” stands for Antibiotic for mass drug administration (MDA) for active trachoma, “F” stands for Facial cleanliness and “E” stands for Environmental improvement.

It was therefore necessary to have credible data to guide all trachoma planning and implementation in the country. The Global Trachoma Mapping Project (GTMP) funded by DFID through Sightsavers provided funding for trachoma survey in Southern and Central regions of Malawi. By 2013, all suspected trachoma impact areas in the two regions were mapped. It was felt that there was need to finish mapping in the north in order to have a national trachoma picture. This survey took place between 6th April 2014 and 4th May 2014 where all the six districts of the north; NkhataBay, Likoma, Chitipa, Karonga, Rumphi and Mzimba were covered. Mzimba was divided into two sub districts – Mzimba North and Mzimba South.

Three stakeholders were involved in this survey; BICO as a main implementing agency; Ministry of Health as coordinator and provider of human as well as material resources and Sight Savers HQ as financier. Information collected included water and sanitation and prevalence of trachoma infections in children (TF) and potential...
blinding trachoma in adults (TT). All data collected using Android tablets was uploaded into the data server in Atlanta for analysis.

In total 180 clusters across the six districts were covered with 5432 households participating in the survey as shown in the table 1 below.

Table 1 showing total number of households and residents involved.

<table>
<thead>
<tr>
<th>Name of District</th>
<th>Total Clusters (30)</th>
<th>Total Households</th>
<th>Total Residents</th>
<th>1-9 year olds examined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mzimba North</td>
<td>30</td>
<td>897</td>
<td>3,344</td>
<td>1,217</td>
</tr>
<tr>
<td>Mzimba South</td>
<td>30</td>
<td>898</td>
<td>3,363</td>
<td>1,302</td>
</tr>
<tr>
<td>Chitipa</td>
<td>30</td>
<td>890</td>
<td>3,293</td>
<td>1,323</td>
</tr>
<tr>
<td>Karonga</td>
<td>30</td>
<td>897</td>
<td>3,797</td>
<td>1,574</td>
</tr>
<tr>
<td>NkhataBay</td>
<td>30</td>
<td>949</td>
<td>3,969</td>
<td>1,534</td>
</tr>
<tr>
<td>Rumphi</td>
<td>30</td>
<td>901</td>
<td>3,622</td>
<td>1,308</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>5,432</td>
<td>21,388</td>
<td>8,258</td>
</tr>
</tbody>
</table>

The table 2 below: showing GTMP survey results. Trachoma follicles (active infection) in children aged 1-9 years and Trachoma Trichiasis (potential blinding trachoma) in adults aged 15 years and above.

From the table 2 above, it shows that Karonga has a Trichiasis (TT) prevalence rate of 0.4% in adults aged 15 and above and around 0.2% in the population (extrapolated) which translates into about 700 TT cases as backlog. This is far above the elimination threshold of <0.1%. Karonga therefore needs surgical intervention for trachoma, while the rest of the districts in the north need nothing, except to continue with surveillance.

II. IMPACT SURVEYS

The trachoma impact survey was the first of its kind to be done in Malawi. In 2008 BICO conducted trachoma mapping in Mchinji and Chikwawa as baseline to
determine the prevalence of TF at district level. The results showed that the two
districts were trachoma endemic. Therefore in 2011 the Government of Malawi
through the Ministry of Health with financial support from Sight Savers conducted
Mass Drug Administration (MDA) for Azithromycin in the two districts for three
years from 2011 to 2013.

Therefore in fulfillment of WHO guidelines, BICO with financial support of the
Queen Elizabeth Diamond Jubilee Trust (QEDJT) to International Coalition for
Trachoma Control (ICTC) through Sightsavers conducted a trachoma impact survey
(first of its kind in Malawi) in June 2014. The survey was conducted to find out
whether trachoma was still prevalent in these districts after three years 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.

The survey started with training of trainers facilitated by external experts in eye health
from the London School of Hygiene and Tropical Medicine and local experts. These
trainers later on trained 16 OCOs who were directly involved in data collection during
the 30 days field work. In this study the OCOs (who were called graders and tubers)
were involved in collecting Conjunctiva Swabs, Dry Blood Spots and trachoma
grading. Recorders were collecting the same data as during the trachoma mapping.
The Android tablet phones were also used for data collection and uploading.

**Recorder scanning a barcode**

**Group photo taking during impact survey training**
Seated from left to right: Roy Hauya (Sightsavers, Country Director), Prof Robin Bailey from LSHTM, Dr Chithopee Meals (DCS MOH), Prof Khumbo Kalua (BICO Director) & Mr Michael Masika (ADCS-Ophthalmology MOH)

Field work in Mchinji in pictures

OCOs collecting blood sample from one of the 1-9 year old participant and below (a) an eye swab is put inside a tube after collection, (b) DBS collection.
III. RESULTS

The results of the Trachoma Impact Survey are shown in table 3 below:

Table 3: showing Trachoma Impact Survey Results – for Chikwawa & Mchinji.

<table>
<thead>
<tr>
<th>District</th>
<th>Sub district Name</th>
<th>EU No.</th>
<th>TF children 1-9 years</th>
<th>TT in adults 15 plus</th>
<th>TT population (calculated) /1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chikwawa</td>
<td>Chapananga</td>
<td>519</td>
<td>4.7</td>
<td>0.3</td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>Ngabu Ngokwe</td>
<td>520</td>
<td>4.6</td>
<td>0.2</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>Kasisi/DHO</td>
<td>521</td>
<td>4.4</td>
<td>0.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Mchinji</td>
<td>Mkanda Gumba</td>
<td>522</td>
<td>7.4</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Luzi Kochilira</td>
<td>523</td>
<td>6.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>DHO Nkwazi</td>
<td>524</td>
<td>5.2</td>
<td>0.2</td>
<td>1.1</td>
</tr>
</tbody>
</table>

IV. CAPACITY BUILDING

During the quarter under review, two main separate capacity building initiatives took place. These are:

a) LOW VISION TRAINING

Between 16th June and 20th June 2014, BICO conducted Low Vision Training, funded through Lions of Netherlands (Wilde Ganzen). The primary objective of the training was to provide refresher skills and knowledge to OCOs and Optometrists on basic clinical low vision care and special needs education teachers on basic educational low vision thereby strengthening their aptitude in handling and managing low vision
clients. In addition, the training helped the participants discuss how to mainstream eye care services in their clinics and schools. The program is currently focusing on 3 resource centres in southern Malawi (Makande in Chikwawa district, Nazombe in Phalombe district and Montfort in Chirazulu district.

Karin teaching during training

Special needs teachers
b) ZACHARIAH KAMWENDO'S TRAINING IN NIGER

Zachariah Kamwendo, a BICO Project Assistant for MORDOR Project, attended a training workshop on mortality reduction after oral azithromycin treatment (MORDOR) in Dosso, Niger. The training workshop, organized by the University of California, San Francisco (UCSF) USA, took place from 11th May to 21st May, 2014. The objective of the training was to train participants (local people within Niger) so that they could become field supervisors on the MORDOR project. The training covered DBS collection, Conjunctiva Swab collection, Nasale swab collection, nasopharyngeal swab collection and Oropharyngeal collection. Zachariah also learnt how the people of Niger plan and organize their field work. This was a huge achievement not only to Zachariah as an individual but also to BICO as an organization. The capacity of the organization has been strengthened besides putting the organization on the map as a key partner in trachoma elimination efforts.

c) HUMAN RESOURCES

BICO increased its capacity through hiring of David Chinyanya as BICO Program Manager; Bruno Chimaliro as part time Low Vision Coordinator and Alvin Chisambi as part time Research Assistant.

On a sad note Professor Khumbo Kalua, Director for BICO was involved in a fire accident at a hotel in June in Malawi while attending a blindness prevention meeting. He was badly burnt (32% of body weight) in the hands back and legs, and had to be admitted at a private hospital for over a month, where he underwent skin graft surgery. He continues to slowly recover at home.

V. SCREENING & DISTRIBUTION OF GLASSES

BICO registered another milestone in low vision programme delivery in Malawi. With support from Caroline Diehl USA, BICO screened more than 1193 people and distributed glasses to more than 1282 people (including 123 pupils) in Blantyre, Montfort, Chiradzulu and Zomba from 26th June 2014 to 28th June 2014.
People lining up for visual acuity before screening in Zomba.

Caroline posing with an albino girl child from Blantyre who receives glasses

Below Mr Chinyanya, BICO programs Manager, standing far left posing with low vision learners from Blantyre Schools after receiving glasses and students from Verde Valley School in USA
3. FUTURE PLANS FOR THE NEXT QUARTER (JULY – SEPTEMBER 2014)

The following activities are proposed to be undertaken in the next quarter:

a) Trachoma Mapping in Dedza, Blantyre rural, Thyolo & Mulanje.
b) Mass Drug Administration in Nsanje & Chikwawa
c) Surgeries in Nsanje, Chikwawa and Machinga
d) Mordor field work in Mangochi
e) Project Proposal Development
f) ICTC In Country Activities
g) Situation Analysis of ZCH eye unit & South East Zone in collaboration with KCCO.
h) M & E activities – reporting and dissemination of research findings
i) Distribution of optical devices to resource centres
j) Low vision follow up and screening for new learners
l) Procurement of software –(software for summarizing documents-Nvivo, CSpro, antivirus, and data bases-Oracle)
m) Training of staff on the use of data bases.
4. VISITORS

The following distinguished eye health professionals and low visions specialist visited BICO and supported in its programme delivery services. These include:

a) Prof Robin Bailey, Drs John Hart and Sarah from the London School for Hygiene and Tropical Medicine. They facilitated the training in DBS, Conjunctiva SWAB collection prior to Trachoma Impact Survey field work.

b) Karin van Dijk, a Global Low Vision Specialist from Netherlands. She same to conduct basic clinical and education low vision training to OCOs, Optometrists and special needs education teachers respectively. The training took place at Sight First Lions Eye Unit, Queens Blantyre from 16 to 20 June 2014.

c) Caroline Diehl & students from Verde Valley School, USA. She supported BICO with funding for screening and provision of glasses for distribution to low vision clients in Blantyre, Montfort - Chiradzulu and Zomba.