Outstanding Achievement

Prof Khumbo Kalua (2nd from right) having a conversation with Her Majesty the Queen
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1 INTRODUCTION

1.1 MESSAGE FROM THE DIRECTOR

Once again, I am delighted to present to you the BICO 2019 annual report, the year where BICO met the Queen of England, and made history.

BICO fulfilled its mandate of being a centre of excellence in community health, as clearly demonstrated by our engagement in research and implementation with several global partners. BICO has become an expert in implementing activities for neglected tropical diseases (NTDs), through operational and clinical research. BICO has also continued implementing eye health service delivery projects through its clinics situated throughout Malawi. It remained committed to supporting the Ministry of Health in completing the National Trachoma surveys, having conducted several surveillance surveys in more than 8 evaluation units, which resulted in Malawi being certified to not needing any more mass drug administration for Trachoma control and scaling down of the trachoma activities in Malawi. To this effect, BICO received an award from the Queen Elizabeth Diamond Trust for its dedication to elimination of Trachoma in Malawi.

The Deworm3 Clinical trial, a 5-6 year multicounty study being conducted in Malawi, Benin and India, funded by the Bill and Melinda Gates Foundation through the National History Museum in London and the University of Washing in Seattle, USA, scaled up its activities, conducting field work from March in communities around Namwera, Mangochi. The study had its two more rounds of mass drug administration (MDA 3 and MDA4) with Alben-dazole and praziquantel, implemented between June and December 2019. The climax for BICO was reached during the last week of October 2019, when BICO, represented by myself, attended the celebration of the Queen Elizabeth Diamond Jubilee Trust (QEDJT), at the Buckingham Palace in London, where I had a one chat with the Queen. What was envisaged initially as a dream to be a “Centre of excellence in community eye health” a decade ago has finally become a reality.

As we enter the year 2020 (the next decade), BICO will continue being a centre of excellence in community health, expanding our scope to cover a wide range of programs.

Our collaborations with international partners continued growing stronger each day, with the latest partners who joined in 2019 were the disability PENDA project from the London School of Hygiene and Tropical Medicine, UK, the University of Sheffield, HIV/AIDS care giving technology project, and the Child Blindness Project (CBP) targeting the Northern Region of Malawi.

Once again, it gives me great pleasure to present to you our annual report for 2019. It is my hope that this report will continue stimulating your interest to engage with BICO now or in the future.

Dr Khumbo Kalua, 
PhD (London), Msc, MMED, MBBS, 
DLSHTM, Dip. Implementation Science. 
DIRECTOR

Blantyre Institute for Community Outreach – BICO 
P. O. Box E180, 
Post Dot Net. 
Blantyre, Malawi. 
Tel: 265 993 589 506/ +265 999 958 176

Email: director@bicomalawi.org 
Website: www.bicomalawi.org

Registered charity (CONGOMA) 
No: C627/2013
1.2.1 Mandate

Blantyre Institute for Community Outreach (BICO) exists to champion community eye health in Malawi and the region 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 and advocacy and partnership, promotion of girl child education and water and sanitation.
BICO would like to thank the following people whose generous and insightful contributions made the 2019 BICO Annual Report possible.

1. BICO Staff: Dr. Khumbo Kalua, James Simwanza, Rejoice Msiska, Wongani Lungu, Rose Wilson, Hastings Mangawa, Hendrine Nyondo and Providence Nindi.

2. BICO’s Board of directors for all the guidance during the year under review

3. Mr Lazarus Juziwelo (Program Manager for Schistosomiasis and STH in the Ministry of Health) for his support in the implementation of the deworm3 project.

4. Mangochi District Health Office and staff for all the support during the Deworm3 Project implementation in the year under review

Furthermore, BICO would like to acknowledge the financial and technical support it received from the following development and supporting partners:

a) London School of Hygiene and Tropical Medicine, UK for Deworm3 and Penda projects

b) Natural History Museum (NHM), London for Deworm3 project

c) Bill and Melinda Gates Foundation

d) University of Washington, Seattle, USA

e) USAID - Child blindness project

f) University of Sheffield, UK

g) Queen Elizabeth Diamond Jubilee Trust, UK

h) Sightsavers, UK

i) College of Medicine, Blantyre, Malawi
### 1.4 ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BICO</td>
<td>Blantyre Institute for Community Outreach</td>
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<tr>
<td>CE2</td>
<td>Census Update 2</td>
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<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>DEC</td>
<td>District Executive Committee</td>
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<td>DEM</td>
<td>District Education Office</td>
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<td>DHO</td>
<td>District Health Office</td>
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<td>European Union</td>
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<td>Health Surveillance Assistance</td>
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<td>ICT</td>
<td>Information Communication Technology</td>
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<td>International Coalition for Trachoma Control</td>
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<td>LSHTM</td>
<td>London School of Hygiene and Tropical Medicine</td>
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<td>MASM</td>
<td>Medical Aid Society of Malawi</td>
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<td>MDA</td>
<td>Mass Drug Administration</td>
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<td>Ministry of Health</td>
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<td>Natural History Museum</td>
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<td>Primary Education Advisor</td>
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<td>School Based Deworming</td>
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<td>SFS</td>
<td>School Facility Survey</td>
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<tr>
<td>SUCOMED</td>
<td>Sugar Corporation of Malawi Medical Scheme</td>
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<td>Teachers Development Centre</td>
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2 DEWORM3 PROJECT

2.1 Clinical Trial

The Deworm3 Project is 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. It is a 5 year 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.

This part covers all the main activities that were done in the year 2019 in Namwera, Mangochi at the Deworm3 Study site in Malawi. These activities are census update, mass drug administration phase 3 and 4, and school-based deworming.

2.1.1 Sensitisation

In preparation for the Deworm3 activities in Mangochi, Malawi study site, sensitization activities were carried out as awareness-raising activities that targeted administrative authorities, traditional authorities, and community members. The awareness campaign included information, educational and communication (IEC) tools in appropriate local languages through drama. This was to inform the communities of impending DeWorm3 census update (CE2) and Mass Drug administration activities.

The community sensitization started with meeting of Community Advisory Board (CAB) which was put together by BICO to act as a bridge between the Community and BICO. The CAB consists of representatives from all the three TAs where BICO is carrying out the Deworm3 project. Sensitization then proceeded to the four Area Development Committees (ADC) which are Malombola, Katuli, Majuni and Bwananyambi. Each meeting was attended by Traditional authorities from within the study site, chiefs, ADC leaders, Ministry of Health officials, religious leaders, Village Development Committee (VDC) representatives, staff from BICO and CAB members as facilitators.

Figure 1: Sensitization team at work in the community
2.1.1.2 CAB Meeting
The meetings aimed at reviewing the previous MDA phase and coming up with solutions on how best the current MDA phase would be improved. Some of the points that were noted to have negatively affected MDA3 included:

- Most sensitization meetings at village level are attended by women
- People refusing treatment due to misconceptions
- Village wrangles affecting the work
- Enumerators arriving late in villages

These issues were raised at almost all meetings and were dealt with in detail and some of the proposed solutions were:

- Local chiefs to be holding rallies with both men and women in the villages. The chief is to summon all who did not attend to the meetings for various reasons.
- At least one BICO staff to be present during village meetings so as to address any misconception that may arise about the study
- Proper fieldwork plan to be made for villagers to know when enumerators will be visiting

During the meetings other sensitization modes like dramas, use of megaphones to broadcast the messages, use of posters were proposed. The use of religious leaders and youth clubs were also other sensitization ways suggested.

From the ADC meetings, the next step was for the attendants to start holding meetings at village level where they were to share the information acquired with other villagers. The village chiefs were to champion the process with other CAB and ADC members in attendance.

On CE2, the participants were alerted on how the exercise will be carried out. Information shared involved the visits to every household in the study area and recording information of each household member and assets, the use of Deworm3 Identity cards and registering of new households for families who have moved in from outside the study area.

One crucial issue was the addition of questions about Child health and wellbeing tackling the Washington questions in children between the ages of 5 and 17.
2.1.1.3 Census update

The purpose of this exercise was to update the existing socio-demographic database that constitutes the sampling frame for DeWorm3 activities and provide an up-to-date quantification of the population size of the DeWorm3 study site.

i. Training of enumerators

In March 2019, enumerators were trained on data collection using SurveyCTO (an application that is installed on android smartphones used for collecting data). The questionnaire covered household roster information, household information and asset ownership and WASH information. Depending on what data was previously been collected from households, the form required enumerators to confirm existing information or add new data that has not previously been recorded. A group of 60 enumerators were recruited for the activity. The training was facilitated by BICO staff at the study site in Namwera.
27,796 households and 61,166 individuals were censused during CE2.

The census update exercise was well planned and executed though there were some challenges which included:

- Migration: a good percentage of residents migrated to areas outside the study area where they could not be traced
- People giving out different names to the ones that were registered with in CE1 resulting in individual duplicates
- Missing ICards resulted in some households being duplicated especially if they have moved in from another cluster or village
- Age: some residents with no National IDs or health passport would not be able to tell their actual age so a proxy answer was being used in that case

All in all, in about 8 weeks of carrying out the CE2 activities, no big challenge hindered the team from visiting almost all households within the study area.

2.1.1.4 Mass Drug Administration Phase 3 (MDA3)

MDA3 was implemented as per MDA1 and MDA2, whereby HSAs delivered treatment door-to-door under the supervision of a BICO enumerator, who recorded treatment at individual level using a SurveyCTO form ‘MDA Treatment Log’ and was responsible for transporting the study drug between the office and community every day.

As previously noted during MDA1 and 2, the major challenge in terms of coverage remains the high proportion of absent individuals, in addition to reliance on a single HSA to administer treatment to a relatively high number of individuals. These are characteristics of the study site and health sector respectively.

The previously noted challenge during MDA1 and 2 whereby HSAs were recalled to other trainings and activities during the actual MDA period was not experienced during MDA3 due to the engagement of the District Health Office in the planning phase prior to implementation.
The main challenge during MDA3 were the refusals though most of them were well-addressed by the CAB members and the chiefs. Some of the reason mentioned for refusing treatment were;

- Misconception of the drugs as some thought it is for birth control
- Religious beliefs that hinder one from taking any drug
- People expecting other incentives on top of drugs
- Disagreements within the villages with volunteers or chiefs

Since MDA started soon after CE2 exercise, challenges arising from migration were insignificant and that led to the teams covering almost all targeted households. Households or individuals that were missed during the MDA3 were covered in mop-up week. Where households were hard to trace, a map marking their site would then be presented to enumerators to track them down.

There was an increase in treatment coverage of up to 87.2% in MDA3 which demonstrated the sustained gains made through the implementation of new and responsive mechanisms as compared to MDA2 with treatment coverage of about 78.9%.

2.1.1.5. School Facility Survey (SFS2)

The annual school survey was conducted in all 58 schools located in the 40 trial clusters (both intervention and control clusters). The aim of the survey was to geo-position all schools located in the trial clusters and secondly to assess the status of water, sanitation and hygiene (WASH) facilities in schools.

30 data enumerators were recruited and trained on how to collect data using SurveyCTO. The enumerators administered the SFS in 58 schools. The questionnaire required that the enumerators record the school characteristics e.g. whether buildings are permanent or temporary, floor, roof and wall materials. They were also required to record learner enrolment and attendance and this attendance was recorded based on standard 3 and 5. The number of teachers based on gender was also recorded. Recording of school assets was also done and lastly if the school took part in any WASH or school health activities including any deworming in the last 12 months.
After the SFS exercise was done, a database was developed of all the schools located within the trial clusters or 5km of the study site boundary within the Republic of Malawi.

2.1.1.6. School Based Deworming (SBD2)

School Based Deworming aimed at distribution of Albendazole and Praziquantel to all pre-SAC and SAC aged 2-14 years / 1-19 years / 5-14 years whether enrolled in school or not.

Training for teachers, HSAs and enumerators took place in October 2019. 64 HSAs, 58 teachers, 58 head teachers and 5 PEAs (Principal Education Assistants) from all zones of Namwera were trained and sensitized prior to MDA. Training was conducted by 4 BICO Field officers supported by the MoH STH Programme Manager, Lazarus Juziwelo. Training was conducted following SOPs 508 “Administration of Albendazole in schools” and 511 “Surveillance and reporting of AE/SAEs” as adapted and authorized for Malawi. Drugs were delivered by HSAs. Teachers provided class registers. 66 BICO enumerators and 4 BICO field officers supervised the process.

Enumerators were trained by BICO staff on how to collect data about students, school structures and class setup as well as WASH facilities. A pilot was arranged at schools in Malindi area which is outside the deworm3 study area.

Registration of learners in all schools was done by teachers and recorded in the registers logs with summaries of learners in each class. In cases where registers were not readily available, a head count was done by the enumerators on site with help from the Head master/mistress. Observations relating to WASH of the school were recorded by the enumerators with the teacher responsible for sanitation hygiene and nutrition.

A meeting with teachers and HSAs was done before drug distribution. This was to remind them of the procedure as most of them were involved in SBD1 and other deworm3 activities. A team comprising of the Head teacher, SHN teacher, HSA and enumerator were deployed to each school to treat the students with Albendazole and Praziquantel.

Depending on height, learners were given varying amount of Praziquantel tablets and 1 Albendazole tablet. For learners recorded as absent in the first 3 days at school, a community follow up was arranged to treat them in their respective villages.
The main challenges of SBD2 were:

- Refusals: Places where fainting was the common side effect in SBD1 led to learners shunning away from the drugs

- Another major challenge to SBD is the inclusion of Praziquantel. In addition to the negative perception of Praziquantel relative to the study drug (Albendazole), the scarcity of school feeding programs and recommendation to have taken a heavy meal before treatment resulted in HSAs only being willing to treat up to mid-morning, reducing the number of children who could be treated per day.

- Absenteeism: learners absconding classes negatively affected the coverage per school

One notable case of refusals was at Kwilembe primary school where learners, some with advice from their parents, stayed away from school during the distribution period. Hunger stricken families would not allow their children to take drugs especially Praziquantel. With intervention from CAB and the T/A responsible all issues were addressed and a second distribution exercise was done successfully.

Due to the timeframe allocated to the activity, it was impossible to track all kids. For example, schools with a higher number of learners covering more than 5 villages, only one or two villages could be visited within the 2 days allocated for community mop-up.

### 2.1.1.7 Mass Drug Administration Phase 3 (MDA4)

MDA4 targeted the 20 clusters in the intervention arm of the study. Training was done with 66 enumerators as they were already conversant with mass drug administration protocols.
Sensitization was done at all levels i.e. from national to village level by the BICO staff and the CAB members. Other sensitization activities were being carried out throughout the MDA period in targeted villages via dramas and megaphone broadcasts.

Due to increased familiarity by both HSAs, enumerator and study communities following the previous round of MDAs, MDA3 was implemented with minimal challenges. Unlike MDA3 where teams would target clusters under a particular health center before proceeding to the next ones, in MDA4, all clusters were started at the same time. Enumerators were dispersed to all areas and where HSAs were not enough, volunteers were allowed to distribute drugs from the onset.

83.4% treatment coverage was reached during MDA4. Migrations resulted in some households not being located and lowering the coverage percentage of the targeted population. From experience acquired during MDA3, refusals were kept to a minimum this time with Chiwanda, Mlumbwa and Kamwepe villages registering a few of them.

### 2.1.2 Implementation science

As part of the study and in trying to understand people’s knowledge, attitude and barriers to a smooth deworm3 project interventions in the study area the following IS activities were undertaken during the period under review.

#### 2.1.2.1 Focus group discussion

The aim of these activities were to investigate the factors that impact treatment coverage of community members during MDA, understand what community members think about deworming and why they did or did not agree to be treated. The focus group discussions were done in randomly selected communities, 2 from high coverage clusters and the other 2 from low coverage clusters. The following were the villages where the focus group discussions took place:

1. Malowa
2. Chingwenya
3. Kwilembe
4. Nkandu
5. Malamia(Pilot)

From each village, four groups of FGDs were conducted, men, women, children and local leaders. Each group consisted of a minimum of 5 people.
The other focus group discussions were done with HSAs and these were also randomly selected according to how their clusters had performed in the last 3 MDAs.

2.1.2.2 Indepth interviews

Indepth interviews were also conducted to hear the views of the key people that were involved in the previous MDAs. These were purposively sampled as the study needed people who were involved and had more knowledge of MDAs. The following were the sample people for IDIs:

1. James Simwanza (Deworm3 coordinator)
2. Mr Mogoya (CAB Chairman)
3. Mr Peter Kamwadi (Senior HSA)
4. Mr Mwayi Chipeta (Area Environmental Health officer)

2.1.2.3 Translation and transcription

BICO also engaged a Yao speaking intern to continue the process of transcription and translation of data analysis, all the focus group discussions audios which were recorded in the native Yao language. This is part of data analysis and involves listening to the audios, writing the words in verbatim and then translate to English for proper understanding.

2.1.2.4 Visitors

At the start of 2019, IS received visitors, Marie-Claire and Maitreyi Sahu, who came to give support and also to understand the challenges that the Malawian team was facing with data collection process.

![Figure 8: BICO staff with the visitors Marie-Claire (2nd from left), Maitreyi Sahu (1st from right).]

2.1.2.5 University of Sheffield visit to Malawi.

Dr Laura Sbaffi and Efpraxia Zamani visited Malawi from 19th June to 22nd June, 2019. Their project focused on the informal caregivers in the rural areas of Nampiya. Informal caregivers are people without training or education in healthcare who have taken up caring responsibilities for a family member, and whose role, still too often in less developed countries, is not supported nor recognized by society, government initiatives and the healthcare system. The aim of this project was to bring together caregivers, NGOs, local authorities and academics to explore opportunities for future collaborations on the use of ICTs for creating and maintaining a support community for informal caregivers of people living with HIV in Malawi. To achieve this, a face-to-face workshop,
including a dedicated focus group with local informal caregivers, was organized in Namwera, Mangochi at the beginning of the project to set up a plan of action. The proposed project aligns firmly with the UN sustainable development goals #3 “Ensure healthy lives and promote well-being for all at all ages, which is a challenge area of priority for Malawi.

Figure 9: First line Dr Laura (2nd from right), Efpraxia (1st from left) with the caregivers after the focus group discussions

Figure 10: shows the participants during the caregivers’ focus group discussion

2.2 DISABILITY STUDY
BICO in partnership with the London School of Hygiene and Tropical Medicine is planning to conduct a qualitative research study in line with disability and Deworm3 project. The aim is to look at the impact of the Deworm3 intervention (i.e. school based mass drug administration) on children with disabilities (quantitative study) and also identify factors that influence children with disabilities to be in and out of school (both quantitative and qualitative study).
Prof Thom Shakespeare and Hannah Kuper visited Malawi from 9th of September to 14th September 2019 and conducted a workshop with officials from Federation of Disability Organizations in Malawi (FEDOMA) and BICO on DeWorm3 and Disability. This workshop took place at Fort Johnstone Hotel in Mangochi. Figure 13 shows participants of the workshop with the trainers.

Figure 11 Thom Shakespeare seated (3rd from right), Hannah Kuper (1st from right) with some of the workshop participants.

2.3 TRACHOMA ELIMINATION PROJECT
Malawi has been known to be endemic for blinding trachoma since the 1980s. The initial Trachoma Control Programme was launched in Malawi in 2011 to implement the “SAFE” (Surgery, Antibiotic, Facewashing and Environmental Improvement) strategy through the Government, with supporting partners being a consortium of non-governmental organisations, which are members of the International Coalition for Trachoma Control and WHO Alliance for Global Elimination of Trachoma by 2020.

In 2019, BICO, in collaboration with the Ministry of Health (MoH) conducted Trachoma Surveillance Surveys in 13 EUs where interventions had been done in the past 2 years. This was done to determine whether there was need to do further interventions. The 13 EUs were from 5 districts of Kasungu, Nkhotakota, Lilongwe, Dedza and Chikwawa.
The following activities were done during the period

- **16th-17th May**: BICO conducted a training for new recruited recorders. The training was held at BICO head office (Chinyonga).

![Figure 12: Recorders practicing using the androids](image)

- **29th May-2 June**: BICO conducted refresher training for 14 recorders (fresh university graduates) and 15 Ophthalmic Clinical Officers from the Ministry of Health who were trained and certified as graders. Recorders were taught how to use android tablets and how to record data on the android whilst the graders were taught how to safely examine children and adults for evidence of TF, TI and TT. The training consisted of both theoretical classroom lessons and field practice where the grader and the recorder practiced together.

- **3 June-29 June**: Survey field work commenced with 14 teams, each team comprising one recorder and one grader. Each team was surveying 31 households in one cluster per day.
2.4 CHILDHOOD BLINDNESS PROJECT (CBP)

The Child Blindness Project is a USAID funded project. The objective of the project is to strengthen Pediatric Eye Care through Refractive and Low Vision Correction in Northern Malawi. The project targets children aged 0 and 15 years in the northern districts of Malawi by linking pediatric eye health with education.

As a way of serving humanity, the project’s goal is to help identify children with visual problems through eye screening and refer them to district/central hospitals where need be, for treatment. With this project, BICO intends to increase the number of children provided with quality eye care services in the north.

During the year under review, the following activities were undertaken;

1) 7th - 8th November 2018: BICO conducted a stakeholders orientation workshop and training for Itinerant Teachers (ITs) and partners were drawn from Ministries of Education (Special Needs Department) and Health, the media, Faith-Based Organizations and others working in disability fields. These were tasked to discuss ways on how to successfully implement the project. The meeting was held at Ilala Crest Lodge in Mzuzu. Figure 14 shows workshop participants.
2) An optical center has been established at Mzuzu Central Hospital where all children aged 0-15 years with different refractive errors that need correction or referrals are being assisted.

2.5 SMART EYE CAMERA - VISIT FROM TOKYO, JAPAN

Shintaro Nakayama, Vice president from aOUI Inc., a start-up company in Tokyo, Japan, founded by Japanese Ophthalmologists, visited BICO from 30th November to 8th December for a collaboration to introduce a novel device (portable slit lamp) – known as the Smart Eye Camera (SEC). The device, a certified medical device in Japan, is designed as a smartphone attachment for ophthalmic examinations. The device utilizes a smartphone camera and light source to achieve high resolution images, it is not only handy and convenient but also proven to have as high specifications as the existing professional slit-lamp microscopes. Additionally, as one can share images with patients on the spot, SEC helps us overcome the language barrier. SEC is already successfully used in various medical scenes in Japan, Vietnam, Mongolia and Zambia. Mr Nakayama visited Chikwawa and BICO clinics in Zomba.

2.6 PROFESSOR ROBIN BAILEY

Professor Robin Bailey (PI for Deworm 3 Malawi team) had several visits to Malawi.
3 BICO EYE CLINICS AND OPTICAL CENTRES

BICO, as part of improving and strengthening eye health has established eye clinics and optical centres in various districts in Malawi.

The following is the list of the clinics BICO is operating and their location in the various districts and areas:

<table>
<thead>
<tr>
<th>Name of Clinic</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>Blantyre</strong></td>
<td>near old kips behind Galaxy house (previously located in city health clinic)</td>
</tr>
<tr>
<td></td>
<td>Chinyonga, at Plot No 37 (within BICO Head Office building)</td>
</tr>
<tr>
<td></td>
<td>Contact Phone number: +265 994 896 442</td>
</tr>
<tr>
<td><strong>Ntcheu</strong></td>
<td>Along M1 road near Engen filling station</td>
</tr>
<tr>
<td></td>
<td>Contact Phone number: +265 888599 206</td>
</tr>
<tr>
<td><strong>Lilongwe</strong></td>
<td>Daeyang Luke Hospital</td>
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<td></td>
<td>Partners in Hope</td>
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</tr>
<tr>
<td><strong>Zomba</strong></td>
<td>Zomba town behind Zomba bus depot (near Ntata clinic)</td>
</tr>
<tr>
<td></td>
<td>Contact Phone number: +265 881 517 008</td>
</tr>
</tbody>
</table>

Working hours: Monday to Friday: 8:00 am to 5:00 pm
Saturday: 8:30 am to 12:00 pm

The following services are offered at these BICO eye clinics and optical centres:

- Free computerised eye test
- Free eye glasses and devices to children below 10 years
- Expert advice on frame and lenses to meet your specific needs
- A wide range of latest frames (ray ban, Gucci, Tom ford, Lacoste etc.
- A variety of lenses: PGXT, S.S.MAR, Bifocal and progressive etc.
- Sunglasses
- Repair of metal and plastic frames

All these services are offered at a subsidized cost to adults.
CLINICS ACROSS MALAWI

- **MEDICAL AID SCHEMES ACCEPTED**
  - MASM, UNIMED, Liberty Health, Horizon Health, Water Board, Escom, Malawi College of Health Sciences, Medi Health and all medical aid schemes acceptable.

- **FREE EYE TESTING**
- **OPTICAL CENTRE**
- **MANAGING DIFFERENT EYE CONDITIONS**

Contact: 0881 517 008/ 0998 001 570/ 0885 285 444/ 01 875 377 | bicooptical@bicomalawi.org | www.bicomalawi.org

...Excellence In Community Eye Health
3.1 SCHEMES ACCEPTED

The following schemes are accepted at BICO clinics and eye centres:

- MASM
- LIBERTY HEALTH
- UNIMED
- HORIZON HEALTH
- MEDHEALTH
- NABMAS
- SUCOMED
- RESMED
Figure 17: Some of the flames on display at one of the BICO clinics
4 STAFF RECRUITMENT AND TURN OVER

The following new members of staff were recruited in the course of the year

1. Chikumbutso Tambulasi joined as a Research Assistant
2. 10th October 2019; Glory Marah joined as an IT intern.
3. 11th October 2019; Tiwonge Gondwe joined as an accounts assistant intern
4. 2 September 2019; Catherine Chilomba joined as an optometry technician intern
5. 21 October 2019; Hajira Godeni joined as an optometry technician intern
6. 8 July 2019; Robert Silungwe joined as an optometry technician intern
7. 1 November 2019; Sarafina Mkuliwa joined as an optometry technician intern

The following staff left BICO - Blessings Chisambi, Zacharia Kamwendo, David Chinyanja, Roselyn Hara, Stanley Yohane, and Samuel Phiri. BICO wishes them all the best in their future careers.

5 BICO SOCIAL NEWS

5.1 Football Bonanza News
As part of its social responsibility and strengthen the bond that already exists between BICO and the Namwera community where the Deworm3 Project is being implemented, a football bonanza was organized and teams from all over Namwera took part. The Football bonanza was fully planned by the community advisory board who worked on the fixtures, venues and also the officials to officiate the matches. This was done so that there would be no bias. 11 teams took part in the bonanza including a BICO team. The bonanza was played during weekends with a few games being played in mid-week. The first match was played on 26th October, 2019 and other matches followed.

Figure 18: Part of the crowd that watched the final game between Chiponde and namwera
The third place match was on 17th November, 2019 and the final game was played on 24th November, 2019.

Figure 19: James Simwanza presenting a trophy to winners of the bonanza

A band was hired to play on the day of the final game, it was a very colorful occasion which was attended by senior chiefs, the advisory board representatives, BICO staff and other prominent business people in Namwera.

In addition, BICO sponsored “Sports Award ship” and “we are one Acapella” organized by Sports Council and Seventh Day Adventist Church respectively.

5.2 Others
Providence Nindi, Deworm IS Research Assistant got married to Isaac Chelewani on 12 October 2019.
The Director of BICO (Prof Kalua) was invited by Her Majesty the Queen of England to Buckingham Palace to celebrate the progress that has been made in trachoma elimination in Malawi and globally by the Queen Elizabeth Diamond Jubilee Trust’s Trachoma initiative, to which BICO was one of the implementing partners. The reception took place on 29th October, 2019. The Director also met the former Prime minister of UK, Sir John Major, representing the House of Lords in England.

Figure 20: Prof Khumbo Kalua (2nd from right) having a conversation with Her Majesty the Queen
7.1 Table 1: Summary of Income and Expenditure for 2019

<table>
<thead>
<tr>
<th></th>
<th>Kwacha (MK)</th>
<th>Dollar ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Funds received</td>
<td>558,036,056</td>
<td>758,758</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EXPENDITURE</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Field work</td>
<td>347,292,870</td>
<td>472,212</td>
</tr>
<tr>
<td>Salaries</td>
<td>127,252,385</td>
<td>173,024</td>
</tr>
<tr>
<td>Project Administration</td>
<td>171,307,288</td>
<td>232,925</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>645,852,543</td>
<td>878,161</td>
</tr>
<tr>
<td>Deficit/Surplus for the year</td>
<td>-87,816,487</td>
<td>-119,403</td>
</tr>
<tr>
<td>Opening Fund Balance</td>
<td>574,727,334</td>
<td>781,453</td>
</tr>
<tr>
<td>Closing Fund Balance</td>
<td>486,910,847</td>
<td>662,049</td>
</tr>
</tbody>
</table>

![Chart Title](chart.png)
## 7.2 BICO STAFF 2019

Table 2: BICO Staff as at 31st December 2019

<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>Wongani Lungu</td>
<td>Accountant</td>
<td><a href="mailto:wongani@bicomalawi.org">wongani@bicomalawi.org</a></td>
</tr>
<tr>
<td>3</td>
<td>James Simwanza</td>
<td>Project Coordinator - Deworm</td>
<td><a href="mailto:jamessimwanza@bicomalawi.org">jamessimwanza@bicomalawi.org</a></td>
</tr>
<tr>
<td>4</td>
<td>Rose Wilson</td>
<td>Projects Officer &amp; Personal Assistant to Director</td>
<td><a href="mailto:rosewilson@bicomalawi.org">rosewilson@bicomalawi.org</a></td>
</tr>
<tr>
<td>5</td>
<td>Chikondi Chikotichalera</td>
<td>Accountant</td>
<td><a href="mailto:chikondi@bicomalawi.org">chikondi@bicomalawi.org</a></td>
</tr>
<tr>
<td>6</td>
<td>Providence Nindi</td>
<td>Research Assistant - IS (Deworm3)</td>
<td><a href="mailto:providence@bicomalawi.org">providence@bicomalawi.org</a></td>
</tr>
<tr>
<td>7</td>
<td>Hastings Mangawah</td>
<td>Projects Assistant</td>
<td><a href="mailto:hastings@bicomalawi.org">hastings@bicomalawi.org</a></td>
</tr>
<tr>
<td>8</td>
<td>Rejoice Msiska</td>
<td>Assistant Data Manager</td>
<td><a href="mailto:rejoice@bicomalawi.org">rejoice@bicomalawi.org</a></td>
</tr>
<tr>
<td>9</td>
<td>Ranneck Singano</td>
<td>Logistics Assistant</td>
<td><a href="mailto:rsingano@bicomalawi.org">rsingano@bicomalawi.org</a></td>
</tr>
<tr>
<td>10</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>11</td>
<td>Sidreck Nkomela</td>
<td>Garden boy - Namwera Field Office</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Tembo - Guard</td>
<td>Guard - BICO Head office</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Wilson Matiki - Guard</td>
<td>Guard - BICO Head office</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Hendrine Nyondo</td>
<td>Optometry Technician &amp; Clinics Coordinator</td>
<td><a href="mailto:hendrina@bicomalawi.org">hendrina@bicomalawi.org</a></td>
</tr>
<tr>
<td>15</td>
<td>Fanny Mbewe</td>
<td>Optometry technician - Lilongwe</td>
<td><a href="mailto:Fanny@bicomalawi.org">Fanny@bicomalawi.org</a></td>
</tr>
<tr>
<td>16</td>
<td>Ester Solomoni</td>
<td>Optometry technician - Mzuzu</td>
<td><a href="mailto:esta@bicomalawi.org">esta@bicomalawi.org</a></td>
</tr>
<tr>
<td>17</td>
<td>Willy Majiya</td>
<td>Technician - Mangochi</td>
<td><a href="mailto:willy@bicomalawi.org">willy@bicomalawi.org</a></td>
</tr>
<tr>
<td>18</td>
<td>Sara Mwasulama</td>
<td>Receptionist - Lilongwe</td>
<td><a href="mailto:saramwa@bicomalawi.org">saramwa@bicomalawi.org</a></td>
</tr>
<tr>
<td>19</td>
<td>Zione Mwabile</td>
<td>Receptionist - Zomba</td>
<td><a href="mailto:zione@bicomalawi.org">zione@bicomalawi.org</a></td>
</tr>
<tr>
<td>20</td>
<td>Elliot Light</td>
<td>Technician - Zomba</td>
<td><a href="mailto:elliot@bicomalawi.org">elliot@bicomalawi.org</a></td>
</tr>
<tr>
<td>21</td>
<td>James Daka</td>
<td>Garden boy - BICO Head Office</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Samson Charles</td>
<td>Optometrist - Blantyre</td>
<td><a href="mailto:samson@bicomalawi.org">samson@bicomalawi.org</a></td>
</tr>
<tr>
<td>23</td>
<td>Lyson Zikani</td>
<td>Optometry technician - Zomba</td>
<td><a href="mailto:lysonzikani@bicomalawi.org">lysonzikani@bicomalawi.org</a></td>
</tr>
<tr>
<td>24</td>
<td>Karen Chirwa</td>
<td>Asst. Coordinator - Chinyonga Clinic</td>
<td><a href="mailto:karen@bicomalawi.org">karen@bicomalawi.org</a></td>
</tr>
<tr>
<td>25</td>
<td>Yusuf Fatch</td>
<td>Intern - Zomba Clinic</td>
<td><a href="mailto:yusuf@bicomalawi.org">yusuf@bicomalawi.org</a></td>
</tr>
<tr>
<td>26</td>
<td>Angela Katole</td>
<td>Receptionist - Ntcheu Clinic</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Edina Matumbila</td>
<td>Receptionist - Lilongwe Clinic</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Victor Mulewa</td>
<td>Technician - Chinyonga</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Glory Marsh</td>
<td>IT Intern</td>
<td><a href="mailto:glory@bicomalawi.org">glory@bicomalawi.org</a></td>
</tr>
<tr>
<td>30</td>
<td>Tiwonge Gondwe</td>
<td>Accounts Assistant Intern</td>
<td><a href="mailto:tiwonge@bicomalawi.org">tiwonge@bicomalawi.org</a></td>
</tr>
<tr>
<td>31</td>
<td>Hajira Godeni</td>
<td>Optometry Technician Intern</td>
<td><a href="mailto:hajira@bicomalawi.org">hajira@bicomalawi.org</a></td>
</tr>
<tr>
<td>32</td>
<td>Catherine Chilomba</td>
<td>Optometry Technician Intern</td>
<td><a href="mailto:catherine@bicomalawi.org">catherine@bicomalawi.org</a></td>
</tr>
<tr>
<td>33</td>
<td>Chikumbutso Tambulasi</td>
<td>Research Assistant</td>
<td><a href="mailto:chikumbutso@bicomalawi.org">chikumbutso@bicomalawi.org</a></td>
</tr>
<tr>
<td>34</td>
<td>Sarafina Mkulwana</td>
<td>Optometry Technician Intern</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Robert Silungwe</td>
<td>Optometry Technician Intern</td>
<td><a href="mailto:robert@bicomalawi.org">robert@bicomalawi.org</a></td>
</tr>
</tbody>
</table>