

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION - MALAWI
2015-2016 ANNUAL REPORT

BAYLOR MALAWI

CELEBRATING 10 YEARS OF EXCELLENCE





Cover: Healthy children are the goal of the Baylor College of Medicine Children's Foundation Malawi and supporters of its programs.

SERVING CHILDREN AND FAMILIES WITH HIV AND TB

TABLE OF CONTENTS

Letter from the Executive Director.....	5
Baylor-Malawi at a Glance.....	6
Program Highlights.....	6
2015-2016 Accomplishments.....	7
Programs.....	9
Education.....	15
Recruitment and Training.....	18
Facilities and Information Technology.....	18
Credits.....	19
Our Partners and Donors.....	19

MISSION

To provide high-quality family-centered paediatric health care, education and child research in Malawi and worldwide.

VISION

A healthy and fulfilled life for every child and his or her family.



Dr. Peter Kazembe, Executive Director of Baylor College of Medicine Children's Foundation-Malawi, with a teen leader who was entertaining younger patients.

LETTER FROM THE EXECUTIVE DIRECTOR

Dear Friends,

The year 2015-2016 is a significant milestone for Baylor College of Medicine Children's Foundation Malawi (BCM-CFM) because it marks 10 years of service by the Foundation to HIV-infected children and their families in Malawi. This was a year marked by expansion of services and some significant diversification of our funding sources.

Our large USAID-supported Tingathe program not only got an extension to its grant, but it also expanded its activities to all the districts of the South East Zone (SEZ) of Malawi. This is described later in this report.

Bearing in mind the fact that there is institutional security in diversifying our sources of funding, we received three new grants. The first one is an 18-month grant worth \$2.5 million from Children's Investment Fund Foundation (CIFF), a project that collaborates with PEPFAR partners under their Accelerated Children's Treatment (ACT) initiative. The activities under this grant are meant to lead to achieving the 90-90-90 UNAIDS targets focusing on identification of HIV-infected inpatients and their guardians, improving access to care and provision of care. Our CIFF activities are currently limited to our flagship clinic, the Baylor College of Medicine Children's Clinical Centre of Excellence (COE), KCH, Salima District hospital and Zomba Central Hospital.

The second grant, from UKAID, provides £300,000 for expansion of adolescent activities in 8 districts over a period of four years. Though the contract was signed September 2015, the activities commenced in the first quarter of 2016 because of some delay in disbursement of funds from London.

The last and largest of our new grants is a five-year TSP award from the USAID Regional Office in Pretoria for \$69.8 million to provide PEPFAR technical support to 10 southern African countries.

The core activities at the COE continue, and it remains the busiest paediatric HIV clinic in the country, providing comprehensive care to an average of 172 patients every weekday. Baylor Malawi also acts as a national training centre in comprehensive paediatric HIV care through weekly attachment of various cadres of health care workers from health facilities all over the country, as well as scholars from various universities in and outside the country.

Our collaboration with the paediatric ward at Kamuzu Central Hospital (KCH) continues in the form of provision of all the HIV counseling services, support for general paediatric care, care of admitted HIV-infected children and also with the support of our colleagues from Texas Children's Hospital Cancer Centres, the care of all the inpatient and outpatient children with various cancers.

Apart from our work on the paediatric ward, BCM-CF through the Baylor College of Medicine Obstetrics and Gynecology department, faculty are also involved in maternal clinical care and postgraduate training in obstetrics and gynecology in partnership with the Ministry of Health and Malawi College of Medicine (COM) at the Ethel Mutharika Maternity Wing of KCH.

I would however like to single out for special recognition our long-standing partners who have over the years continued to have enough confidence in us to continue to support our programs. These are: AbbVie Foundation, UNICEF, USAID, GIZ, NAC, CONOCO Phillips and also the Malawi Ministry of Health for its leadership and in-kind contributions.

Yours Sincerely,

Peter Kazembe, MBChB, FRCP(C), Hon. FRCPCH(UK)

Executive Director

BAYLOR-MALAWI AT A GLANCE

Budget	\$10.3 million
Patients in care	3,474
Center of Excellence	1
National Outreach Sites	141
Number of Staff at COE	106



PROGRAM HIGHLIGHTS

- 1) 23rd February 2015, signed Tingathe grant for program extension to September 2016. Total value \$10,327,191.50.
- 2) 10th April 2015, visit by Malawi's First lady, Madame Gertrude Mutharika accompanied by two ministers, and heads of UNICEF, UNFPA, UNAIDS and NAC.
- 3) 10th June to 15th June, 2015 visit of nine-member delegation from Texas Children's Hospital's (TCH) departments of obstetrics and gynecology, neonatology, pathology, orthopaedics and medicine for a fact-finding tour and meeting with the Secretary for Health and Chief of Health Services.
- 4) 13th July 2015, signing of a renewed five-year MOU between the MOH and Baylor College of Medicine Children's Foundation Malawi.
- 5) 10th August 2015, signed new grant with Children's Investment Fund Foundation (CIFF) for an 18-month project for the Accelerated Children's Treatment (ACT) initiative worth \$1.924.763.
- 6) 1st September 2015, signed new three-year grant with UKAID for 300,000 Pounds Sterling for expansion of adolescent activities.
- 7) 1st October 2015, signed one-year grant with NAC worth MK19 million for Teen Club activities.
- 8) 31st March 2016, signed TSP award agreement worth \$69.8 million.

All of the services described in these pages are provided to the beneficiaries free of charge. BCM-CF now has activities in 25 of the 28 districts in Malawi. This is only possible because of the support we get from our partners who are listed at the end of this report. Of note is the fact that Baylor Malawi's budget increased from US \$4.3 million in 2014 -15 to US \$10.3 million in 2015-16.



Children enjoy a party celebrating the dedication of the renovated paediatric oncology ward at Kamuzu Central Hospital in Lilongwe, Malawi.

2015-2016 ACCOMPLISHMENTS

Care and Treatment

The Baylor Children's Clinical Centre of Excellence, shortened "Baylor COE," remains the largest provider of paediatric HIV care and treatment services in the country. The COE in Lilongwe has an active case-load of about 3,474 patients, with over 2,958 of them on ART. In the reporting period (October 2015 to June 2016), the COE had an average enrollment of 98 new patients per month. The operational highlights were as follows:

The COE continues to perform routine and targeted viral load tests on its patients to monitor the efficacy of their HAART, per MOH and WHO recommendations. In the reporting period, we managed to send a total of 1,288 viral load samples, of which 74% were suppressed.

We continue to catch those failing first line ART early and switch them to second line ART, due to the proper utilization of the viral load testing facility at the KCH laboratory. This year, we switched 124 patients to second line ART. We also helped peripheral health facilities of the Ministry of Health with mentorship support on the scale-up and interpretation of viral loads.

Baylor clinical officers and paediatricians continue to provide paediatric HIV care consultations in KCH paediatric wards. We also mentor KCH clinicians and medical students with the aim of improving their knowledge and expertise in paediatric HIV management and in general paediatrics. In the same vein, Baylor Malawi has added four new clinical officers under the CIFF project and four nurse midwife technicians (NMTs), based at KCH paediatric wards to help address the shortage of nurses.

The addition of two more community nurses, five community health workers and seven linkage experts helped to beef-up the number of employees actively involved in lost-to-follow-up and defaulter tracking. This team had good success in bringing patients back to care.

In the quest to further improve a holistic approach to caring for our clients, Baylor COE recruited a new psychosocial counselor to add to the one who was overwhelmed with cases. The department helps with psychosocial counseling and support to patients and their guardians both at the COE and on the KCH paediatric wards. The department typically manages an average of 24 clients per week.

The COE incorporated the services of seven new nutrition personnel earlier this year, including a nutritionist and six nutrition assistants. They provide nutrition care at the COE's outpatient therapeutic and supplementary feeding programs (OTP and SFP) and at KCH paediatric wards (including the NRU), as well as mentor the NRUs from the Ministry of Health.

Two more medical doctors joined Baylor in May 2016 under the Baylor Oncology program. These new doctors increase our human resources for an ever-increasing workload in the paediatric oncology department (See oncology section).

Our cervical cancer screening clinic is active every Wednesday and has grown since it first opened in 2013. This clinic screened a total of 199 clients during the reporting period, of which 4 screened VIA positive (2%). Of the total clients, 72 screened were HIV positive (36.2%). The clinic performed 2 cryotherapies and referred 2 to Bwaila for further management.

The Baylor TB program continues to work hand-in-hand with the national TB control program (NTP) of the MOH. In a quest to combat the TB epidemic, the clinic screens and actively treats presumptive and confirmed TB cases. There is a cough booth outside the clinic to minimize transmission of mycobacteria within the clinic.

Testing and Prevention

The Baylor COE continues to lead HIV testing at Kamuzu Central Hospital (KCH) through its Provider Initiated Testing and Counseling (PITC) program, and tested 22,500 clients in 2015-2016. Our goal is to offer and provide HIV testing for all patients and guardians on the paediatric ward and the outpatient Under-5 Clinic at KCH.

BCM-CFM expanded the HIV Testing and Counseling (HTC) team at KCH to include HTC counselors, patient escorts, and linkage experts to assure that all children and guardians on the wards are tested; that all who test positive are counseled on the importance of ART; and all are linked to care in their community post-discharge for ART initiation/continuation.

The HTC team developed a "sticker system" to better identify children needing testing on the busy inpatient wards. After a child is screened, a green sticker is placed on the outside of the chart to alert clinicians that a status of "known infected, newly infected, exposed, or refused testing" can be found inside the chart. Children without a sticker need to be screened/offered testing prior to discharge.

The HTC team also started offering testing services on weekends to help eliminate testing backlogs. With these efforts, the team has consistently tested over an impressive 95% of children and guardians admitted to the inpatient paediatric services, compared to the national average of 2-20% for inpatient testing coverage on paediatric wards.



Baylor Malawi remains committed to supporting Malawi's Prevention of Mother-to-Child Transmission of HIV efforts via direct clinical care and outreach.

Prevention of Mother to Child Transmission

Malawi pioneered the implementation of the highly impactful Option B+ program that promotes universal treatment for all pregnant and breastfeeding women.

Today, Baylor Malawi remains committed to supporting Malawi's PMTCT efforts via direct clinical care and outreach. Direct referrals for breastfeeding mothers to start ART are made from our clinic. We also offer family planning options to women in the clinic. Through mentorship, we emphasize integrated mother-infant care and health center systems strengthening in line with the Ministry of Health's ART/PMTCT guidelines.

Through the Tingathe program, CHWs follow pregnant women and ensure that mother-baby pairs receive all appropriate services including enrollment into an ART clinic, provision of ARVs for mother and prophylaxis for the child, testing and diagnosis of infants exposed to HIV, counseling on infant feeding, and enrollment of newly positive infants into care. They follow their clients at their homes and at health centers, from initial diagnosis until cessation of breastfeeding and negative diagnosis, or successful enrollment of positive infants into care. With the success of universal treatment for all pregnant and breastfeeding women, we are hopeful there will be continued reduction in new paediatric HIV cases in the years ahead.



Nutritional services and education are a priority for adolescents and children.

PROGRAMS

Adolescent and Psychosocial Support:

Baylor Malawi continues to focus on the psychosocial needs of adolescents living with HIV (ALHIV). To meet the needs of this rapidly growing patient population, the adolescent and psychosocial team has grown and now has dedicated senior managers, finance and M&E officers, and program coordinators in addition to life skills coaches, nurses, and psychosocial counselors.

The monthly Teen Club at the COE continues to be robust with over 800 teens enrolled. At Teen Club, ALHIV receive comprehensive medical care as well as participate in activities that address common issues faced by these adolescents: medication adherence, stigma and discrimination, sexual and reproductive health, disclosure and mental health. The expansion of the Teen Club model to other sites throughout Malawi started in 2010 with funding from NAC and continues today with additional funding from UNICEF, GIZ, UKAID, and USAID. In 2015-2016, the adolescent team added 26 new Teen Clubs in 13 districts, totaling 85 Teen Clubs in Malawi across 25 districts.

Baylor Malawi continues to offer technical assistance to the Ministry of Health and partners across Malawi to help scale up adolescent services. The COE offers a week-long clinical attachment to 3 health care providers from each of the new Teen Club sites.

Poor knowledge of sexual reproductive health services is known to be a major gap in comprehensive adolescent services. Baylor Malawi's adolescent nurses developed a sexual reproductive health curriculum for Teen Club trainings and continue to train healthcare professionals from each Teen Club in family planning. The adolescent nurses also developed a Teen Motherhood curriculum and program that will be piloted in 2016 to address the high prevalence in teen pregnancy amongst adolescent girls.

Each year Baylor Malawi hosts a symposium on Adolescent Care, Treatment, and Psychosocial Support for Health Care Providers.

Nutrition:

Nutritional services and education continue to be a priority for adolescents and small children. That is why Baylor Malawi expanded its nutrition team to include a lead nutritionist and 5 nutrition mentors. These staff members offer cooking demonstrations to guardians and adolescents using recipes from the Teen Kitchen recipe book and focus on locally available and affordable ingredients.

Our nutrition team also supports the Nutritional Rehabilitation Unit (NRU) at Kamuzu Central Hospital and will begin mentorship for surrounding NRUs later in 2016.



Placing a gold ribbon for childhood cancer awareness as part of the celebration of the renovated paediatric oncology ward at Kamuzu Central Hospital.

Psychosocial:

Our COE continues to lead Malawi in recognizing the vital role psychosocial support plays in achieving life-long viral suppression for people living with HIV. In 2015, BCM-CFM expanded its psychosocial team with an additional social worker and psychosocial counselor.

Together they offer small group counseling sessions to adolescents and guardians on topics such as second line adherence, adherence at boarding school, accepting HIV status, body image, depression, and parenting. The team has also started Positive Parenting Classes during the week and a Caring Fathers program on the weekends to increase male involvement in the care of their children/adolescents.

We added 3 Peer Supporters who counsel adolescents on the importance of taking ART, and we plan to grow this program further due to its success.

Community and classroom stigma and discrimination and improper disclosure of HIV status continue to be 2 major barriers in adolescents accepting their HIV status. To combat these problems, our psychosocial team developed disclosure materials and leads nationwide trainings for health care providers in proper disclosure of HIV status to children. The team also leads highly successful Teacher Trainings to support HIV-positive children who attend school.

Camp Hope:

In August, in partnership with World Camp and the Serious Fun Children's Network, Camp Hope Malawi expanded to 3 sessions with 200 campers. Campers were recruited from the Baylor Teen Club, the Lighthouse Teen Club, rural Lilongwe, and Teen Clubs from the Mzimba District in the North and Nsanje District in the South.

Camp Hope expanded the Leaders in Training program for Teen Club graduates to return to camp as role models for the younger teens. Camp Hope underwent an accreditation process with Serious Fun's Global Partnership program certifying the Malawi program as one of the top camp sites in the world for children living with chronic illnesses.

A total of 53 adolescents (15-19 years) started on family planning with the most preferred choice being the injectable Petogen Fresenius. It is worth noting that contraception uptake among adolescents has increased gradually from 3% in 2014 to 8% in 2015 and 10% in 2016. This marks a positive step as our country strives to curb teenage pregnancies.

The Teen Support Line:

The Teen Support Line is a toll-free hotline for ALHIV and is the first of its kind to combine cellular phones, a 5-digit short code, and reverse billing technology. ALHIV can either call or send an SMS to communicate with a trained call taker to discuss issues dealing with sexual reproductive health, disclosure, stigma, depression and suicide.

The Teen Support Line has been shared with over 2,500 ALHIV. Stigma and discrimination are the most called about topics followed by ART and adherence. In 2015, TSL answered roughly 300 calls from across Malawi. Call volume decreased in 2015 due to inaccessibility of the line to adolescents in rural areas using the TNM phone provider. In 2016, the TSL team plans to scale up launches, assist with disclosure trainings, and establish a parallel short-code hotline for callers using TNM.

T2 Transition Training:

With a growing number of young people aged 18-25 graduating from our Teen Clubs, there was an overwhelming need to develop a program to help these young adults transition from paediatric care into adult care.

T2 creates a unique and safe space for young adults to learn how to balance career advancement while addressing fears of stigma/discrimination and disclosure. This year, Teen Club graduated 150 participants into the T2 program.



Healthy, HIV-negative babies start with healthy mothers who know their status. Here: A maternity home in Lilongwe, Malawi, coordinates care with a BIPAI-affiliated obstetrician.

As a result of the Transition Training (T2) program, several participants successfully gained employment, re-enrolled in school, became international representatives for young people living with HIV, and have become mentors for the other adolescent programs.

Going forward, T2 looks to offer double sessions to eligible young adults and include graduates from partner organization Teen Clubs.

The Global Women's Health Initiative:

The Global Women's Health Initiative (GWHI) is a natural outgrowth of BIPAI's mission to provide high quality family centered care through health care services that benefit women and children, especially during pregnancy and childbirth.

When it began in 2013, the program initially focused on strengthening the health care system through educational and clinical support of the OB/GYN MMed program at Kamuzu Central Hospital in Lilongwe and Queens Hospital in Blantyre.

There are now 11 Malawian physicians-in-training who will provide the expertise necessary to improve women's health services in Malawi in future years. While the MMed program continues to grow, five additional programs have been added to the initiative to broaden its impact on women's health in Malawi:

- The Fistula Center at Bwaila Hospital in Lilongwe treats obstetric fistula, a devastating condition that results from damage to the reproductive tract during childbirth. This condition is highly prevalent throughout Africa but can be successfully treated with surgery. Research is underway

at the Fistula Center to develop surgical techniques that can improve outcomes for patients with advanced cases of obstetric fistula.

- The AIM Malawi program, a project jointly supported by Baylor College of Medicine and the American College of Obstetricians and Gynecologists, addresses the high rate of maternal mortality from obstetrical hemorrhage. The program uses innovative procedures and practices that have been shown to reduce maternal deaths in developed countries, modifying them to achieve similar results in a low resource setting. The program is being piloted at Kamuzu Central Hospital and Area 25 Health Center in Lilongwe.

- The Teen Prenatal Clinic at the Center of Excellence provides reproductive health services to pregnant teenagers and young adults who acquired HIV at birth, with the goal of preventing the transmission of HIV to the next generation and assisting them through the challenging transition into full adulthood.

- The Global Women's Health Fellowship Program is a two-year training program for U.S. physicians interested in pursuing a career in global women's health. The program also supports research in innovative clinical services in sexual and reproductive health.

- A community outreach program in Nkhotakota District Hospital provides advanced women's surgical services to a remote rural area of Malawi.

The Global Women's Health Initiative is expected to grow over the coming year and will focus on improving the care and treatment of high-risk pregnancies at Kamuzu Central Hospital while expanding its existing clinical services.



Patients and their families crowd the renovated playground between the wards during the dedication of the renovated paediatric oncology ward at Kamuzu Central Hospital.



Care and treatment are available for more children after a new paediatric hematology/oncology outpatient unit and renovated inpatient paediatric wards were dedicated at Kamuzu Central Hospital in Lilongwe, Malawi. Cutting the ribbon are Melissa Walsh, vice president of AbbVie Foundation, and Hon. Dr Peter Kumpalume MP, Minister of Health.

Paediatric Oncology:

In the last year, Baylor Malawi has rapidly expanded its paediatric oncology services by adding a paediatric haematologist and two medical officers. The program also supported an oncology clinical officer enrolled in palliative care degree studies at Makerere University, Uganda, and a lab manager who trained on flow cytometry in Houston, Texas, USA.

The highlight of this year's expansion occurred when a memorandum of understanding was signed between the Ministry of Health of Malawi and Baylor College of Medicine/Texas Children's Cancer Centre for the provision of oncology and cancer services for children. Through a grant from AbbVie Foundation, significant renovations were made to the children's wards at KCH, including the paediatric cancer section and clinic. These refurbished spaces were dedicated in June 2016 by the Minister of Health of Malawi and AbbVie Foundation's Senior Director of Global Philanthropy.

State of the art cancer diagnostic equipment was purchased, with support from AbbVie Foundation. This has established the only flow cytometry service for haematological malignancies in the country, and one of very few in the region.

Our improved diagnostic capacity has unveiled the prevalence of conditions that were previously thought to be non-existent in this region. In addition, the department has witnessed good tolerance to chemotherapy, improved survival for common conditions and great improvement in the availability of blood products.

Late presentation to our clinic remains our biggest challenge, and in response we have planned outreach

talks to health professionals in district hospitals, health centres and mission hospitals with the goal of identifying childhood cancers and blood disorders earlier.

Outreach: Tingathe Program

Tingathe is an outreach program implemented by Baylor College of Medicine Children's Foundation – Malawi (BCM-CFM) that employs community health workers (CHW) to improve prevention of mother-to-child transmission of HIV (PMTCT), early infant diagnosis (EID), HIV case identification, adult and paediatric HIV care and treatment services. The project provides support for HIV testing, clinical and health systems strengthening, mentorship, community education, training of clinical staff, and patient case management.

In the past year Baylor Malawi expanded the Tingathe program from 30 sites in the central region of Malawi to 140 sites within the Central zone (Lilongwe and Salima districts) and Southeast zone (Zomba, Balaka, Machinga, Mulanje, Phalombe and Mangochi districts) of Malawi. The Tingathe program is working in collaboration with the Ministry of Health in both the Central Zone (CZ) and Southeast Zone (SEZ) and with Dignitas International in the SEZ.

Recognizing that new strategies for HIV testing and counseling (HTC) are needed to meet UNAIDS 90-90-90 goals, Malawi Ministry of Health's department of HIV/AIDS requested support from Tingathe and other partners in the pilot deployment of a dedicated cadre of HIV testers called HIV diagnostic assistants.

Over the course of the year, Baylor, in partnership with subcontractors Macro and DAPP, trained and deployed 239 HIV diagnostic assistants to scale up PITC/active



Malawi is strengthening identification and treatment of HIV-infected children, adolescents and adults.

case finding, HTC mentorship and training in Machinga, Mangochi, Mulanje, Phalombe, Balaka, and Zomba districts. The pilot resulted in an increase in detection of HIV-infected patients across supported sites that saw over 540,000 clients tested.

To complement the scale-up of testing services and ensure quality clinical care, Tingathe continues to conduct clinical and health systems mentorship at outreach sites. Teams comprised of a clinical officer and a nurse provide cadre-to-cadre clinical mentorship as well as health systems level mentorship and supervision. The mentors deliver a paediatric-focused curriculum on HIV, which include topics on ART prescribing, TB, malnutrition, disclosure to adolescents, as well as side-by-side support of clinical documentation and reporting.

This year we provided care to 194,962 patients on ART, including 44,686 new HIV-infected clients and 39,486 exposed infants. We provided more than 813,000 HIV testing and counseling encounters and 18,967 early infant diagnostic tests. The program supported ART initiation in 34,810 individuals with HIV.

Notable achievements this year include:

- Supported Ministry of Health HTC Department to conduct quarterly HTC supportive supervisions of all sites in the six Southeast Zone districts and target sites in Lilongwe and Salima.
- Continued capacity building through mentorship, reaching over 90 health providers in the Central Region and over 450 in the Southeast Zone.
- Strengthened referral networks and clinical support through continued access to clinical hotline and expansion of clinical hotline in the Southeast Zone.

- Conducted ART refresher training and initial MOH ART training for MOH and Tingathe providers.
- Continued intensive case-finding at Central Zone sites for patients who are both HIV-positive and infected with TB.
- Provided ongoing technical support to the HIV unit in planning for 2016 HIV/PMTCT guidelines.
- Provided nutritional support to CZ sites.
- Continued to implement innovative operational research and QI projects, including evaluation of the Linkage Expert program and root cause analysis of HIV test kit stock outs.
- Developed and rolled out innovative pre-ART counseling materials: the Hope video and pre-ART flipchart.

In the upcoming year, Tingathe anticipates provision of continued support to Malawi's progress towards achievement of the UNAIDS 90-90-90 goals. With additional support from USAID, in October 2016 Tingathe will transition to a new model providing comprehensive support for all facets of HIV care and treatment in USAID-supported facilities in four districts in the Central and Southeast zones of Malawi.

Under this new mechanism, Tingathe will support facilities to achieve earlier identification and linkage of HIV-infected children, adolescents and adults to services; increased treatment coverage, retention and viral suppression; strengthened VL monitoring and laboratory systems; improved quality and efficiency of services; strategic integration of HIV with TB and other health services and strengthened capacity of staff in health facilities.

EDUCATION

Building capacity of health care providers on paediatric HIV care and treatment still remains a mandate for our COE. From July 2015 to June 2016, Baylor has facilitated a number of capacity building activities varying from managerial/supervisory trainings to specific trainings for health care providers and also provided clinical and NRU attachments and staff exchanges within Malawi and abroad.

A total of 2,314 staff and health care providers have benefited from the different trainings that Baylor Malawi provided in the year. For health care providers, Baylor conducted disclosure trainings, family planning trainings, Teen Club trainings for the mentors, clinical and nutrition attachments and exchange visits for a total of 1,005 providers from outreach sites and the COE.

Apart from these, Baylor has built the capacity of 209 of its beneficiaries (adolescents) in activities that will assist in their transitioning to adulthood. Baylor has also conducted sessions with more than 750 guardians with the aim of imparting nutrition education both theoretical and practical and assisting them to psychologically accept their situation and be better role models to their HIV-positive children. In addition, 214 teachers were targeted with training similar to the guardian training, in order to reduce stigma and discrimination happening in the schools.

Managers and supervisors in all departments were not left out during these trainings. A total of 34 managers and supervisors were also trained in leadership by consultants. These trainings will assist in management of the staff reporting to those leaders and help ensure there is proper coordination and communication in all business transactions at the foundation.

Baylor Malawi also continues to provide educational opportunities to international visiting scholars and medical students from the University of Malawi. Twelve international medical scholars participated in a month-long rotation at the COE and 90 medical students from University of Malawi participated in week-long rotations at the Centre of Excellence.

Research and Publications:

Baylor College of Medicine Children's Foundation – Malawi implements high quality, high impact operational research focusing on HIV and AIDS, tuberculosis, reproductive health, mental health, oncology, malnutrition. We made significant strides in advancing the foundation's agenda on operational research.

Our leadership, and monitoring and evaluation and research departments continue to support and encourage the foundation's staff to identify new challenges, enhance innovative conceptualization and articulate identified problems, develop novel interventions and utilize robust

scientific methods to measure the intervention's impact. The ensuing evidence has helped inform practice and policy at the local, national and international level to improve service delivery.

While advancing solutions to best practices with operational research, capacity building remained one of the top priorities, providing an opportunity for the staff to grow and develop their research skills. This was done through direct technical support and didactic training. The foundation promotes local and international collaboration with renowned researchers by engaging its staff in protocol development, institutional review board (IRB) processes, implementation of research projects, abstract writing, abstract presentations and publication of research papers in peer-reviewed journals.

In this reporting period, Baylor Malawi published 11 papers in peer-reviewed journals. In addition, a number of our staff made presentations at local and international scientific conferences. On the following pages is a list of the publications and presentations made.



Nurses from the Malawi Ministry of Health also work in the paediatric oncology ward at Kamuzu Central Hospital.

Publications

1. Ahmed S, Schwarz M, Flick R, Rees CA, Harawa M, Simon K, Robison J, Kazembe PN, Kim MH. Lost opportunities to identify and treat HIV-positive patients: results from a baseline assessment of provider-initiated HIV testing and counseling in Malawi. *Tropical Medicine and International Health*. 2016 April; 21(4):479-85. PMID: 26806378. PMCID: PMC4881304 DOI:10.1111/tmi.12671.
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8. Kim MH, Ahmed S, Abrams EJ. Pediatric HIV: Progress on Prevention, Treatment, and Cure. *Current Pediatrics Reports*. 22 July 2015 DOI: 10.1007/s40124-015-0087-7.
9. Kim MH, Ahmed S, Hosseinipour MC, Giordano TP, Chiao EY, Yu X, Nguyen C, Chimbwandira F, Kazembe PN, Abrams EJ. Implementation and Operational Research:

The Impact of Option B+ on the Antenatal PMTCT Cascade in Lilongwe, Malawi: Pre/post evaluation of the impact of Option B+ on the antenatal PMTCT cascade in Lilongwe, Malawi using patient level data. *Journal of Acquired Immune Deficiency Syndrome*. 2015; 68(5):e77-83. PMID: 25585302 PMCID: PMC4359035 DOI: 10.1097/QAI.0000000000000517.

10. Flick RJ, Kim MH, Simon K, Munthali A, Hosseinipour MC, Rosenberg NE, Kazembe PN, Mpunga J, Ahmed S. Burden of disease and risk factors for death among children treated for Tuberculosis in Malawi. *International Journal of Tuberculosis and Lung Disease*. 2015 Aug; 20(8):1046-54. DOI: 10.5588/ijtld.15.0928.

Conference Presentations

8th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, Vancouver, Canada – 19th to 22nd July 2015.

1. Assessing tuberculosis infection prevention measures and barriers to care for health care workers in public health facilities in Malawi.
2. Why Did I Stop? Barriers and Facilitators to Acceptance of and Retention in the Option B+ Program in Lilongwe, Malawi.
3. Factors Associated with Depression among Adolescents Living with HIV in Malawi: A Strong Association with Bullying Victimization.
4. Lost opportunities to identify and treat HIV-infected patients: results from a comprehensive study of provider-initiated HIV testing and counseling (PITC) in Malawi.
5. Age-based Differences in Referrals for Individual Psychosocial Counseling in Adolescents Attending a Pediatric ART Clinic in Lilongwe, Malawi.

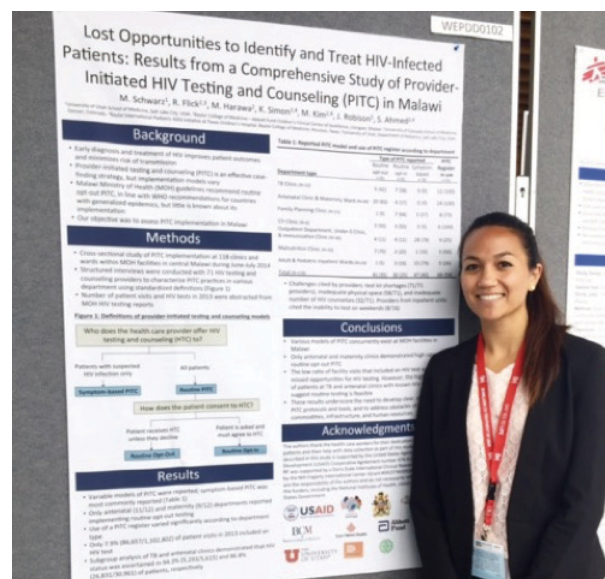
47th Congress of the International Society of Paediatric Oncology (SIOP) – Cape Town – 8th to 11th October 2015.

1. Treating a wide spectrum of childhood malignancies despite limitations in diagnosis and therapeutic resources in central Malawi.
2. Clinical spectrum of lymphoma in children and adolescents in central Malawi.
3. Kaposi's sarcoma Inflammatory Cytokine Syndrome in HIV-infected children in central Malawi, a district clinical presentation characterized by interleukin-6 related viral pathophysiology.
4. Endemic Kaposi's sarcoma in HIV-negative children in central Malawi: Clinical characteristics and treatment outcomes.

17th BIPAI Network Meeting – Johannesburg, South Africa - 26th to 30th October 2015.

1. Lost opportunities to identify and treat HIV-infected patients: Results from a comprehensive study of provider-initiated testing and counseling (PITC) in Central Malawi.

2. Seasonal variation in malnutrition among children in Malawi.
3. Medication errors in a high-volume pediatric HIV clinic: a quality improvement project for Baylor-Malawi.
4. Hearing loss in HIV-infected children in Lilongwe, Malawi.
5. Quantifying facility-level human resources for HIV testing and counseling.
6. Isoniazid preventive therapy among pre-ART patients in Malawi: A report on uptake and retention.
7. Capacity building through clinical mentorship on paediatric HIV/AIDS: An emerging resource for health systems strengthening in Malawi.
8. Utilizing mapping technology to improve identification, enrolment and clinical care for HIV-infected children and families in Malawi.
9. Improvements in HIV/AIDS knowledge in a high prevalence setting after targeted education by Community Health Workers.
10. The impact of brief mentor-initiated data reviews on antenatal and maternity HIV testing and counseling services at Mchoka Health Centre in rural Malawi.
11. Utilization of a paediatric clinical care hotline for health care workers in Malawi.
12. Preparing for scale-up: High yield rapid assessment for placement of a pilot cadre of dedicated HTC Counsellors in Malawi.
13. A baseline assessment of tuberculosis outcomes and diagnostic practices to inform development of community-based TB/HIV program in central Malawi.
14. Yield of Community Health Workers-driven intensified case finding for tuberculosis among HIV-positive in rural Malawi.
15. Assessing tuberculosis infection prevention measures and barriers to care for health care workers in public health facilities in Malawi.
16. Teen Support Line: Bridging gaps in access to quality psychosocial support and care services for adolescents living with HIV (ALHIV) in Malawi using an HIV-Specific cellular hotline service.
17. Age-based differences in referrals for individual psychosocial counseling in adolescents attending a paediatric ART clinic in Lilongwe, Malawi.
18. The importance of obtaining sustainable funding for patient and family social support at a paediatric HIV clinic in Lilongwe, Malawi.



One of presenters at 2015 International AIDS Society Conference in Vancouver, Canada.

19th College of Medicine Research Dissemination Conference – Blantyre, Malawi – 21st November, 2015.

1. Assessing tuberculosis infection prevention measures and barriers to care for health care workers in public health facilities in Malawi.
2. Lost opportunities to identify and treat HIV-infected patients: Results from a comprehensive study of provider-initiated HIV testing and counseling (PITC) in Malawi.
3. Quantifying facility-level human resources for HIV testing and counseling.
4. The impact of brief mentor-initiated data reviews on antenatal and maternity HIV testing and counseling services at Mchoka Health Centre in rural Malawi.
5. Seasonal variation in malnutrition among children in Malawi.
6. Yield of Community Health Worker-driven intensified case finding for tuberculosis among HIV-positive in rural Malawi.

2016 Tuberculosis Networking Meeting – Lilongwe, Malawi – 11th to 12th February 2016.

1. Burden of disease and risk factors for death among children treated for tuberculosis in Malawi.
2. Assessing tuberculosis infection prevention measures and barriers to care for health care workers in public health facilities in Malawi.



Sithembire Dunda is the first BIPAI employee to receive certification as a Facilities Management Professional from the International Facilities Management Association.

RECRUITMENT AND TRAINING

We recruited 43 new members of staff, thanks to the increase in donors. The total number of staff based at the COE increased to 106 from 73 the previous year.

To train and motivate staff, we sent 8 team members for a one-week exchange visit to Baylor Uganda. During the visit our staff shared knowledge and learned many things from their counterparts.

In late 2015, our facilities coordinator and IT officer attended a week-long training in Swaziland to support our growing infrastructure needs. As part of this effort, our facilities coordinator was the first in the BIPAI network to become a certified facilities manager through the International Facilities Management Association (IFMA).

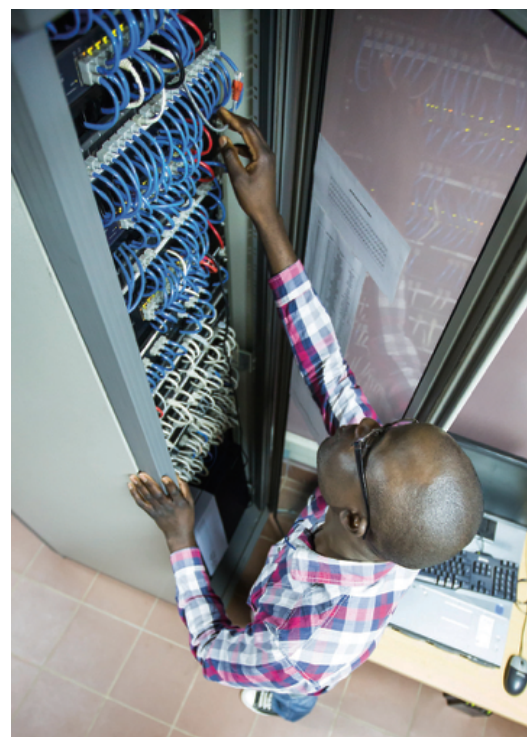


Employee helps carry in medications delivered to the Baylor-Malawi COE's doorstep.

FACILITIES AND INFORMATION TECHNOLOGY (IT)

Installation of 20 New Computers at the Clinic

The COE's leadership always strives to improve services that our patients get at the clinic. One way of improving services is investing in information technology. In line with this, the leadership initiated a project of replacing all computers at the clinic, with a total cost of over 15 Million Kwacha. This is on top of 58,140 Rands that was invested in new servers the previous year. The new computers were installed in all exam rooms, triages, pharmacy, reception HTC and social workers' offices.



Facilities management at Baylor College of Medicine-AbbVie Foundation Children's Clinical Centre of Excellence (COE) at Kamuzu Central Hospital.

CREDITS

Chief Editor
Mr. Joseph Mhango

Contributors
Dr. Peter N. Kazembe, Dr. Maria Kim, Dr. Saeed Ahmed, Dr. Katie Simon, Dr. Allyson McKenney, Dr. Peter Wasswa, Dr. Joseph Sclafani, Mrs. Ivy Chiweza, Mr. Alick Mazenga, Mr. William Kamiyango, Mr. Menard Bvumbwe, Ms. Atupele Makawa, Ms. Tiyanjane Kwaela, Ms. Judy Lungu, Mr. Sithembire Dunda, Mr. Samuel Makuti, Mr. James Kamwagha, Ms. Beatrice Matambo, Ms. Mirriam Masambuka, Mr. Symon Mtambo, Mr. Happy Chivunga

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The programs of Baylor College of Medicine Children's Foundation-Malawi are made possible through the generous support and close partnership of these organizations:



Malawi Government



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Back Cover: A teen leader helps celebrate the dedication of the renovated paediatric oncology ward at Kamuzu Central Hospital in Lilongwe.

Baylor-Malawi

Baylor College of Medicine Children's Foundation-Malawi

Kamuzu Central Hospital
Private Bag B-397
Lilongwe 3, Malawi

Phone: +265 (0)1 750 877/679
or 753 095/098

Fax: +265 (0)1 751 873
Email: administration@baylor-malawi.org

