

# BIPAI

Baylor International  
Pediatric AIDS Initiative



## Annual Report 2013 Lilongwe, Malawi



# Our Mission

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

# Our Vision

A healthy and fulfilled life for every child and their family.

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# Letter from the Executive Director

The year 2013 has been mostly a year of consolidating the Baylor College of Medicine Children's Foundation Malawi's (BCM-CF) adolescent care programs due to the increasing number of older children and adolescents we now manage. Our patients between the ages of 10 to 18 have now grown to 965. We have been taking care of most of these patients since they were toddlers, and thanks to treatment now live long enough to get to this age. The programs we have created to address the special needs of this group include a Teen Support Line (TSL), psychosocial counseling services, a teen mentorship program, expansion of Teen Club activities to other health facilities nationwide and a transition program to prepare our older adolescents for adult life.

As we expand our teen programs, we have not neglected our other work. Our clinical on-site mentorship program continues to keep up with our mandate to assist the Ministry of Health in national scaling up of comprehensive paediatric HIV care to all areas of the country. We continue to expand in the Central Region through our Tingathe program and in the Northern Region through the EQUIP program, in collaboration with Partners in Hope (PIH), an HIV care provider in Lilongwe. Both programs are supported through funds from USAID.

We continue to provide comprehensive paediatric outpatient HIV care at our flagship clinic, the Baylor College of Medicine Abbott Fund Children's Clinical Centre of Excellence (the COE). We now see 168 patients on the average clinic day and have a total population of 3,042 active patients. As a service to the predominantly female guardians of our patients and the older adolescent girls, we provide Visual Acetic Acid (VIA) screening for cervical cancer one day a week. Currently patients positive during screening are referred to Bwaila Hospital for cryotherapy. In the New Year we expect to get our own cryotherapy gun.

Our essential long-term collaboration with Kamuzu Central Hospital (KCH), in particular the paediatric department, continues to grow. The COE continues to function as the paediatric HIV outpatient clinic for KCH and any of our patients who need inpatient care are admitted to the KCH paediatric ward.



## Malawi at a Glance

BIPAI Malawi is headquartered in Lilongwe, Malawi.

**Budget** \$1.5 million (US)

**Patients in care** 3, 042

**Center of excellence** 1

**National outreach sites** 50

**Number of staff** 292

For this reason, we have at least one clinician and one nurse assigned to KCH on a daily basis. Some of our paediatricians also perform general paediatric consultations on the ward as well as participate in teaching clinical officer students from Malawi College of Health Sciences and medical students from the Malawi College of Medicine. The BCM-CF provides all the HIV counselors who perform HIV counseling and testing on the hospital's paediatric ward. We are also running the paediatric oncology clinic in the paediatric department through provision of staff as well as patient supplies, including medication.

The following are the main milestones for 2013;

1. Establishment of Malawi's first free hotline for HIV-infected adolescents in March, the Teen Support Line (TSL)
2. Launch of free flights to the north for our staff with Airborne LifeLine Foundation in July
3. Indigenisation of our board which is now fully registered with the Council for NGO's in Malawi (CONGOMA).
4. Our programs are now operating in all three regions of the country and in 17 of the 29 districts
5. Two of our teen club members were invited and attended three high-profile international meetings to participate in panel discussions. These were the International Youth Conference on Family Planning in Addis Ababa (November); Launch of UNICEF's 6th HIV AIDS stock taking report in Johannesburg (December); and the ICASA conference in Cape Town (December). They were funded by Bill and Melinda Gates Institute for Population and Reproductive Health and UNICEF, respectively.
6. The June visit of top leadership of our main funder for our core COE budget, Abvie Fund (previously Abbott Fund); the President Tracy Haas and Senior Vice President Jeff Richardson. They also visited the KCH paediatric ward.

Finally, I would like to thank our multiple partners without whose support our teams would not be able to provide any of the services described here. All of our services are provided free to the beneficiaries as per Baylor International Paediatric AIDS Initiative (BIPAI) tradition. I would like to single out our main long-term partners, listed in alphabetical order; Abvie Fund, Ministry of Health (Malawi), National AIDS Commission (NAC), Partners in Hope (PIH), UNICEF Malawi and USAID. Our other significant partners are listed at the end of this report. To reiterate, we value all of our partners.

# About BIPAI Malawi

Baylor College of Medicine Children's Foundation Malawi (BCM-CFM) represents BIPAI in Malawi.

BCM-CFM was registered as a trust in August 2005 after the signing of a memorandum of understanding with the government of Malawi through the Ministry of Health in March 2005. The foundation's flagship clinic, the COE, was officially opened in November 2006. It is Malawi's first and only stand alone paediatric HIV clinic in which all the BIPAI programs are housed; it also functions as the paediatric outpatient clinic for KCH.

Our programs operate at five levels;

1. Direct patient care and training activities at the COE and the general paediatric ward at KCH.
2. Direct patient care and mentorship at outreach clinics within and outside Lilongwe district.
3. Direct patient care, training & supervision at outreach clinics in all three regions.
4. Community outreach activities within Lilongwe District and now expanding to other districts.
5. Participation in national policy level activities, including training and policy formulation.



# 2013 Highlights

## Testing & Prevention

The Provider Initiated Testing and Counseling (PITC) program continues to lead the way in HIV testing at the Baylor COE and Kamuzu Central Hospital (KCH). Our goal is to provide HIV testing for the paediatric ward and the outpatient Under-5 clinics at KCH. More than 14,000 patients were tested over the past year through this initiative at the Central Hospital and the COE. Additionally, we have over 8 Community Health Workers (CHW) trained in HIV testing and counseling (HTC) working throughout our 17 Tingathe outreach sites. In these combined settings, close to 50,000 patients have accessed these services.

Efforts have been made to improve early infant diagnosis and confirmatory testing for infants with presumed severe HIV disease on the paediatric wards and to narrow the time between testing and availability of results. Results are now available on average in 2 weeks for outreach sites and within 48 hours for patients on the wards or tested at the COE. Faster results help us initiate life-saving ART.

## Prevention of Mother-to-Child Transmission

Prevention-of-mother-to-child-transmission has always been a focus of Baylor Malawi. In 2011, Malawi made news by implementing Option B-Plus. Taking the WHO 2010 Treatment Guidelines one step further, our Ministry of Health implemented national policy for all breastfeeding and pregnant women to start ART for life, a step directly aimed at reducing vertical transmission, thereby reducing new paediatric infections.

Baylor Malawi has remained focused on PMTCT through 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 centres, 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.



*Triage in progress*

# Highlights, continued

## Adolescent Care & Camps

Baylor Malawi continues to focus on the psychosocial needs of adolescents living with HIV (ALHIV). The monthly Teen Club at the COE has continued to grow. Currently there are just under 1,000 teens enrolled in our Teen Club. 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. Teen Club graduates 50-100 young adults annually from its program to become Teen Mentors for younger teens.

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. In 2013, we were able to add 17 new Teen Clubs in 10 districts, totaling 25 Teen Clubs in Malawi across 21 districts. With the addition of these new Teen Clubs, the annual Teen Club Symposium in 2013 was successful in bringing together providers from each district to share and develop new ideas and programs for our continued Teen Club success. In addition, each new Teen Club is invited to send three providers to the COE for a week-long clinical attachment.

As ALHIV need support from multiple sources, we have continued to hold guardian support sessions at all Teen Clubs. UNICEF also provided funds to hire a psychosocial counselor at the COE who provides one-on-one and group counseling sessions with special focus on newly disclosed teens and ALHIV on second-line therapy. Through these interventions, our goal is to provide a safe and supportive environment for our teens.

## Camp Hope

In August, with the assistance of World Camp and the Serious Fun Network, 80 Teen Club patients attended Camp Hope, a week-long sleep away camp focused on positive living and planning for the future.

## Teen Support Line

With the technical support of Airtel-Malawi, Baylor launched the Teen Support Line in March 2013. 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 or reproductive health, adherence, disclosure, stigma, discrimination, depression and suicide.

The service was first available to ALHIV enrolled in Baylor's Teen Club but has expanded to ALHIV within Lilongwe's District providing access to over 1,000 ALHIV. By the end of 2013, the support line was receiving over 20 calls per month. ART and adherence are the most discussed topics followed by stigma and discrimination. Baylor plans to continue expanding the Teen Support Line to all ALHIV in Malawi.

## Transition Training (T<sup>2</sup>) Program

With a growing number of young people (ages 18-25) graduating from our Teen Clubs, there was an overwhelming need to develop a program to help this age group transition from paediatric care into adult care. The Transition Training (T<sup>2</sup>) Program was developed in response to this need and in response to a needs assessment with our Teen Club graduates. T<sup>2</sup> creates a unique and safe space for young adults to learn how to balance career advancement while addressing fears of stigma/discrimination and disclosure. Twenty-one participants attended the eight-week T<sup>2</sup> pilot. As a result of the Transition Training (T<sup>2</sup>) program, two participants successfully gained employment, three were awarded internships, and four decided to re-enroll in school.

## Success Story: Pediatric Clinical Case Studies: A Rapid Teaching Tool

Baylor mentorship at health facilities often involves working side-by-side and reviewing patient encounters as they are seen throughout the day. Many ART clinics are busy, with more than 50-100 patients being seen back-to-back by one provider in a single day. It is often difficult to take the time to teach a topic between patient encounters while there are other patients waiting. By the end of the day, clinicians and nurses are tired and sometimes busy with other responsibilities. Therefore, formal teaching through didactic lectures at the end of the day is also not always practical. Mentors found it challenging to be able to thoroughly teach topics in a structured, quick way that would allow the mentee to grasp the key points.

Additionally, despite paediatric care and treatment guidelines being incorporated into the Malawi national guidelines, ART providers at most Baylor-mentored health facilities reported paediatric care as an area of weakness due to few paediatric patient numbers and little experience.

In response to these challenges, Tingathe developed paediatric-focused clinical case studies to be used as a rapid teaching tool for busy clinicians and nurses. Each case covers a different topic related to paediatric HIV care. There are nine topics total, ranging from diagnosis of exposed infants and presumptive severe HIV disease, to opportunistic infections and tuberculosis in children.

Each case is printed on a double-sided card and laminated for durability. One side has a short clinical vignette and a few follow-up questions. On the reverse side, there are answers with explanations to each question, and a list of key points that the mentee should know by the end of the mentoring session. Cases can be used by the mentor in a one-on-one or small group setting, and each is meant to take about 10 minutes to review.

Final versions of these tools are now being used by all mentorship teams and have been shared with colleagues at Dignitas and Partners In Hope, who do similar side-by-side mentorship




**Diagnosis: Case Study 1**

**Case:**

**Patience, a 5 month old infant, presents to Under-5 with complaints of fever and vomiting for 2 days. She is breastfeeding less than usual. You recognize the mother as an ART patient but have never cared for the child there. Passbook has vaccinations documented and weight on growth chart.**

**Questions:**

1. What are possible causes of the child's fever and vomiting?
2. What do you do next?
3. What test(s) would you order today?
4. If the HIV rapid test is positive (reactive) today would this infant be exposed, infected, or uninfected?
  - How do you explain these results to the mother?
  - How do you treat the baby?
  - What feeding advice do you give to the mother?
5. If the HIV rapid test is negative (non-reactive) today would this infant be exposed, infected, or uninfected?
  - How do you explain these results to the mother?
  - How do you treat the baby?
  - What feeding advice do you give to the mother?

 Clinical Cases in Pediatric HIV Management, Malawi  
Developed April 2013



# Highlights, continued

## Satellite Services & Outreach

### Tingathe and EQUIP

Tingathe is a community outreach program initiated in 2008 by Baylor Malawi in partnership with the Malawi Ministry of Health and Lilongwe District Health Office. The program focuses on using community health workers (CHWs) to improve PMTCT, EID and pediatric HIV care and treatment services.

Pregnant women diagnosed with HIV at the antenatal clinic are assigned a CHW. The CHW supports the woman and her baby throughout their care, until final diagnosis of the infant. The CHW helps women access the complete cascade of available PMTCT services. CHWs also find infected children and families in the health centers and communities. Senior CHWs are certified in HTC and conduct both facility and community-based testing.

Clinical and health systems mentorship is also conducted at outreach sites. The team is comprised of a clinical officer and a nurse who 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, Kaposi sarcoma and disclosure to adolescents. This past year, in response to challenges with data quality at MOH sites, we added side-by-side support of clinical documentation and reporting.

Community healthcare workers and mentors work hand-in-hand with the health facility and its surrounding community. This collaborative model has proven to be quite successful. The program now exists in 6 districts and 21 health facilities in the Central Region and is supported by USAID. In addition, we provide mentorship support in the Northern Region of the country. This year we provided care to 17,649 patients including 10,733 HIV-infected children and exposed infants. Currently there are 13,684 active patients in the program, which represents a more than two-fold increase from the 6,398 active patients at the start this year. Over 4,726 are infected children, of whom more than 88% are on ART.

The program also has over 4,819 pregnant and lactating women of whom, 98.8% are on ART. We also have over 4,000 exposed infants currently in care.

In 2013, we expanded beyond community mentorship and outreach to strengthening tertiary care services and the referral network for complicated HIV cases. Activities have included initiation of structured clinical attachments for graduating mentees from outreach sites, development of a disability directory of services in partnership with Ministry of Disability, estimation of the prevalence of depression amongst Malawian HIV-infected youth, and establishment of an HIV hotline for clinicians to call our COE with questions related to paediatric HIV care.



*Tingathe Program Administration*

Baylor's partnership with the Elizabeth Glaser Pediatric AIDS Foundation and Partners in Hope continues with an ongoing presence in the Northern region of the country through the EQUIP project. This year, mentorship has expanded from 32 sites to 52 sites in Mzimba North, Mzimba South, Karonga and Nkhata Bay districts. With expansion to Karonga, the team has grown and now consists of three clinical officers, two nurses, and three Tingathe Community Health Workers mentors under the supervision of a family medicine physician from Partners in Hope with a paediatrician from Baylor providing monthly technical support.

Teams provide clinical mentorship and systems strengthening support to Ministry of Health and Christian Health Association of Malawi (CHAM) facilities, with visit frequency depending on each site's needs. Mentors perform side-by-side clinical mentorship with staff at each site to address system issues, and meet regularly with district management. HSA mentors strive to improve health facility links with the community through partnerships with and mentorship of HSAs.

Monthly paediatric supervision visits by a Lilongwe-based paediatrician from Baylor continue to provide paediatric technical assistance and to promote excellence in paediatric HIV care. EQUIP mentors are coached on paediatric HIV issues, and teaching is provided on general paediatrics and paediatric HIV-related topics. Group discussions of challenging clinical cases are held. Presentations have been provided monthly to health care workers at Mzuzu Central Hospital by a Baylor paediatrician. Lectures covered disclosure, treatment failure, childhood growth and development, high-yield paediatric HIV review, and paediatric ART. Participants included clinicians, nurses, optometrists, physical therapists, radiology technicians and laboratory technicians.

Finally, in a new initiative we conducted two pilot trainings adapted from the Tingathe CHW training curriculum to HSAs. This training strengthened their paediatric HIV knowledge and empowers them to participate in provision of community education and identification of children with HIV.

## Summary

### Achievements

- 99% of infants born to HIV-infected women receiving a virologic HIV test within the first 12 months of life
- Ongoing focus on identification and enrollment of HIV-infected and -exposed children
- Increased emphasis on identification and tracing of defaulters from exposed infant care
- 2 pilot trainings conducted for Ministry of Health HSAs with a goal to increase paediatric case identification, identify Option B+ defaulters, and improve community awareness of paediatric HIV issues in the northern region.

### Challenges

- Mentorship: Frequent staff turnover has prevented two sites from achieving graduation and created barriers to provision of support by mentors to health care workers
- Lack of resources for defaulter tracing has limited HSAs' ability to return defaulters to care in the absence of Tingathe CHWs

### Next Steps

- Continue with mentorship and training to local staff at the program participating health centers, with plans to graduate PIH to maintenance phase and continue a support visit to Nkhoma Mission Hospital.
- Continue our clinical attachment program, which provides opportunities to enhance paediatric HIV knowledge of mentees with strong evaluations who meet eligibility criteria
- Mentors and Northern Liaison will continue to give CPD lectures at health facilities
- Expand HSA trainings

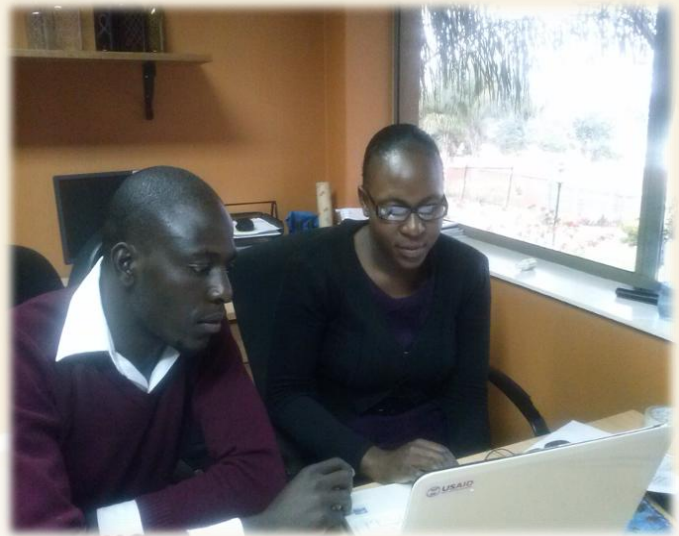
# Highlights, continued

## Care & Treatment

Baylor-Malawi continues to be the largest provider of paediatric HIV care and treatment services in Malawi and the COE in Lilongwe has an active caseload of 3,042 patients, with 2,456 on ART. In 2013, the average enrolment was 59 new patients per month and the number of new ART initiations per month has steadily gone down. This may be attributed to intensified and early PMTCT interventions as well as proper follow up for exposed infants.

Highlights in 2013 include:

- The average number of patients seen per week day is steady at 137-189 patients, including teen club days. We continue to strive for efficiency by fast-tracking patients who are stable on treatment, have no complex psychosocial issues and have good medication adherence. On average, we fast-track about 30 to 40 patients per day.
- We are now able to routinely check viral loads on our ART patients and identify treatment failure prior to clinical or immunologic decline, averaging 100 to 160 viral load tests per month.
- We continue to work closely with the National TB program to coordinate dual care for HIV-infected children. We have begun using INH prophylaxis for all pre-ART patients who have been screened negative for TB, and continue the same for young children and infants exposed to TB.
- We expanded psychosocial services with the addition of a full-time psycho-social counselor who sees children with complex adherence and psychosocial concerns on daily basis.
- Our social workers are actively involved in



*Monitoring and Evaluation Staff at Work*

Lost-to-follow-up and defaulter tracking and have had good success bringing patients back to care. Our psychosocial counselor has started small group counseling sessions for families whose kids have persistent poor adherence and complex social situations.

- Beginning September 2013, we started cervical cancer screening using VIA for our female guardians and adolescent patients. So far, 60 clients have been screened. Nine had a positive screen and were referred to Bwaila Hospital for cryotherapy.
- In addition to working with KCH clinicians, Baylor is now partnering with the College of Medicine to scale-up all paediatric services at KCH hospital. Our clinicians continue to provide consultation for any HIV-infected or exposed children who are admitted to the wards. Clinicians also provide part-time teaching services to medical students and clinical officers on the wards as well as providing some general paediatric care.

## Care & Treatment, continued

### Oncology

Since its inception in 2006, Baylor College of Medicine- Children's Foundation Malawi (BCM-CFM) has had an interest in children with cancer. However, until 2010 this focus was mainly on HIV-related malignancies, particularly Kaposi sarcoma, and not on general paediatric cancers.

Since 2010, Baylor Malawi has continued to expand its oncology services and remains Malawi's largest provider for HIV-related malignancies in the central and northern regions.

In 2013, the oncology program expanded its focus beyond HIV-related malignancies to include general paediatric cancers.

2013 highlights include:

- On-the-job training for four clinical officers and two nurses in general paediatric oncology. Two clinical officers are based at the children's oncology bay in Kamuzu Central Hospital and focus on general paediatric cancers, while the other two at Baylor Malawi Center of Excellence (COE focus on HIV-related malignancies).
- Sensitization talks on common presentation of paediatric cancers, availability of treatment and importance of early referral were conducted at almost all district hospitals in the central region and some districts in the northern regions. As a result, the oncology bay has doubled its cases from about 150 a year to over 300. The COE in 2013 saw a record high of 32 new cases with Kaposi sarcoma.
- A delegation from Texas Children's Hospital oncology section in Houston carried out a site assessment at Kamuzu Central Hospital, with a possibility of rehabilitating the paediatric oncology bay into a state-of-the-art ward with funding from Abbvie.

- The availability of pathology services improved significantly due to a pathology laboratory set up by the University of North Carolina Project at Kamuzu Central Hospital with an amazing turn-around of results of within a week.
- The availability of much-needed transport funds for patients through the Tingathe outreach program helped greatly reduce the default rate since the majority of our patients come from the remotest areas and do not have earnings to pay for transport to and from the hospital.



*Oncology Team*

# Education

Building capacity of health care providers in paediatric HIV care and treatment throughout the country continues to be a big part of our mandate. This has been achieved through clinical mentorship, didactic training, lectures, workshops, student rotations and clinical attachments to the COE. Through these interventions, over 472 health care professionals, volunteers, teachers, students and others were educated in 2013.

Tingathe, Baylor's main outreach program, has for the last couple of years provided clinical mentorship. Over 75 health care providers received side-by-side mentoring. Sites are mentored fortnightly, weekly, monthly or quarterly, depending on site needs and stage of mentorship. Ministry of Health tools are used during mentorship and assist in determining the stage of mentorship for each of 19 sites.

Didactic training included Clinical Management of HIV in Children and Adults (2011 Ministry of Health ART/PMTCT guidelines), teacher training and weeklong clinical attachments to the COE by medical students, residents and Ministry of Health staff from various outreach sites and others interested in learning. Health care providers and volunteers were trained in the provision of psychosocial support and care through the establishment of Teen Clubs. Providers underwent a one-day basic training and later underwent a one-day advanced training on the use of the Teen Club curriculum, disclosure and other issues.

Ministry of Health providers had opportunities to attach to the COE for weeklong periods where they had the chance to see and provide care to patients with complicated HIV cases as they worked side-by-side with COE healthcare providers. In addition, they had a chance to improve crucial skills like disclosure and adherence counseling through real practical sessions. About 40 clinical officers, medical assistants, nurses as well as counselors were attached to the COE.

Towards the end of the year, the attachment curriculum was revised to incorporate changes from the new ART/PMTCT guidelines.

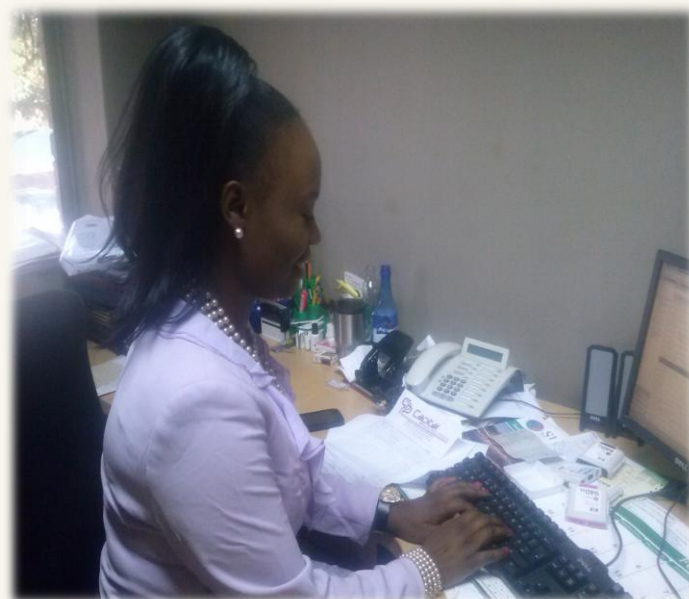
The revised curriculum includes revised hour-long lectures on various topics, expectations on both the part of the provider attaching and the COE, guidelines on attachment conduct, attachment selection criteria and a pre and post test for assessment.

Baylor Malawi continues to provide educational opportunities to international visiting scholars, medical interns from the University of Malawi and other health professionals. Fifteen international visiting scholars did month-long rotations at the COE. Forty medical interns from the University of Malawi participated in week-long rotations at the COE.

## Education in 2013

BIPAI Malawi provides one-on-one training and group educational events to hundreds of local health care workers each year.

<b>1-to-1 Mentoring</b>	75
<b>Doctors</b>	4
<b>Clinical officers</b>	16
<b>Nurses</b>	10
<b>Medical Assistants</b>	10
<b>Other Professionals</b>	190



*Executive Secretary at work*

# Research and Publications

In 2013, health research at Baylor Centre of Excellence (COE) continued to grow in accordance with our mission to impact the health and well-being of children and families by providing quality, high-impact, ethical patient care, health professional training, and clinical research focusing on HIV/AIDS, tuberculosis, malaria and malnutrition. Health research helps us test, improve and advance our clinical practices and methods of treatment in order to improve people's lives and build a healthier and productive nation. Current on-going studies cover all age groups and a range of issues thought to be of great clinical significance in Paediatric HIV.

This year, we have advanced our collaborative research efforts with both local and international researchers and institutions in order to find credible clinical solutions and create a promising future of healthcare provision in our area of specialty in Malawi and beyond. We are proud to report that in 2013, the Baylor COE-Malawi recorded a number of achievements in research. The following are some of the positive developments of 2013:

- Publication of research work (use the standard scientific notation for publication, with full listing of authors except where there are more than 5)
  - Buck, W.C. et al. Risk factors for mortality in Malawian children with Human Immunodeficiency virus and tuberculosis co-infection. *International Journal of Tuberculosis and Lung Disease*. 2013; 17(11):1389–1395.
  - Cox C. et al. Clinical Characteristics and Outcomes of HIV-Infected Children Diagnosed With Kaposi Sarcoma in Malawi and Botswana. *Wiley Online Library - Pediatric Blood & Cancer*. 2013; 60(8): 1245–1391, E52–E69.
  - Devendra A. et al. HIV and Childhood Disability - A survey at Paediatric ART Center in Lilongwe, Malawi. *PLOS ONE*. 2013; 8(12), E84024
  - Kim M. et al. Prevalence of Depression and Validation of the Beck Depression Inventory-II and the Children's Depression Inventory-Short amongst HIV-infected Adolescents in Malawi.
    - Findings of Prevalence of Depression disseminated at 7<sup>th</sup> International AIDS Society (IAS) Conference and 5<sup>th</sup> International Workshop on HIV Paediatrics in Kuala Lumpur, Malaysia.
    - Manuscript for publication has been submitted and peer reviewed.
- Drafting of the institutionalized Standard Operating Procedures (SOPs) which is to be finalized and adopted in 2014.
- On-going research studies include;
  - Growing up: Perspectives of Female Adolescents, their Caregivers, Service Providers Regarding Needs of Adolescents with Perinatally-acquired HIV by Gertrude Mwalabu (Thesis for PhD)
  - Epi-Aid investigation of chronic lung disease among HIV-infected youth in Malawi and Zimbabwe – a CDC Collaboration
  - HHV-8 Associated Malignancies in HIV+ Children in Malawi by Nader El-Mallawany et al
  - Tingathe TB - A prospective Evaluation of the Impact of a Community Health Worker - based program to Improve active Case Finding, Contact Tracing and treatment Supervision in HIV - affected Population by Saeed Ahmed et al
  - Cardiac dysfunction in HIV positive Malawian children by Amy Sims et al,

# Research

- Baylor Malawi had representation at the following research conferences and presented on a range of topics:
  - 7<sup>th</sup> IAS Conference and 5<sup>th</sup> International Workshop on HIV Paediatrics presentations in Kuala Lumpur, Malaysia:
    - HIV and Childhood Disability Survey
    - Prevalence of Depression in HIV Infected Adolescents in Malawi
  - 15<sup>th</sup> BIPAI Network meeting
    - More than five presentations were made.
  - College of Medicine – National AIDS Commission Research Dissemination Conference
    - Five presentations were made
  - 3rd Annual Malawi Mental Health Research and Practice Development Conference
    - Determining the Prevalence of Depression amongst HIV Infected Adolescents Receiving Care at Baylor – Malawi COE
- Weekly Journal Club at the COE continues to both local and international researchers, clinical practitioners and international faculty members and scholars the opportunity to present scientific work on a wide range of topics.



*BIPAI presents at the 5<sup>th</sup> International Workshop on HIV Paediatrics in Kuala Lumpur, Malaysia*

# Finance and Administration

## Local Board Formed

In 2013 Baylor College of Medicine Children's Foundation - Malawi created a board of directors formed of local experts and BIPAI representatives. The board had three scheduled meetings and, among other things, approved Baylor Malawi terms and conditions of service, indirect cost recovery rate, the 2013/14 budget and the 2012/13 audit report.

## Completed membership registration with Council for Non Governmental Organization in Malawi (CONGOMA) and Non Governmental Organization (NGO) Board

BCM-CF completed membership registration with Council for Non Governmental Organization and Non Governmental Organization Board which are local bodies which regulate the operations and existence of Non Governmental Organizations in Malawi.

## Facility Management Conference

Malawi facility personnel participated in a Facility Management Conference at the Houston headquarters in April 2013. This conference focused on how to expand and improve ongoing maintenance and renovation of our facilities, an important behind-the-scenes effort to maintain quality care for our patients.

## Challenges

We still face challenges in prices of commodities due to the fluctuation of local currency to the U.S. dollar. Changes in prices can significantly affect our operations, making it difficult to plan/budget for program activities.

## Audit and Special Assignments Reports

In 2013 three audits of our operations were conducted by USAID, NAC and Baylor Annual External Audit. The results for the three audits were good.

During 2013 we also carried out a special assignment to determine Baylor Malawi's indirect rate recovery. This is the rate we will use when sending out proposals for new funding.

## Local Funding

Locally we managed to secure funding from NAC and UNICEF.

## Challenges

We do not have payroll software and staff salaries are being processed using Microsoft Excel. As the number of staff expands this is proving to be a challenge to our finance team.



*Finance Staff at Work*



# Consolidated Financials

## BIPAI Malawi Center of Excellence

(Fiscal year ending Month 12, 2013)

		Exchange Rate MK350/\$1:00
	<b>MWK</b>	<b>\$USD1</b>
<b><i>INCOME</i></b>		
Gross Income	1,147,353,199	3,278,152
Expenses	<u>1,134,047,469</u>	<u>3,240,136</u>
<b>Surplus (Deficit)</b>	<b>13,305,730</b>	<b>38,016</b>
 <b><i>BALANCE SHEET</i></b>		
Assets		
Non - Current Assets	530,840,325	1,516,687
Current Assets	<u>206,321,001</u>	<u>589,489</u>
<b>Total</b>	<b>737,161,326</b>	<b>2,106,176</b>

# Partners

We would like to thank those who have contributed to the success of our programs in 2013. Special thanks go to Abbvie (formerly the Abbott Fund) for continuing to support our activities; Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) and Texas Children's Hospital for providing leadership, funding and our Global Health Corps doctors; Bristol Myers-Squibb Foundation for supporting our Paediatric AIDS Corps doctors, UNICEF Malawi; National AIDS Commission (NAC); USAID; University of Malawi-College of Medicine; Partners in Hope; Elizabeth Glaser Pediatric AIDS Foundation; Segal Family Foundation; AmeriCares; Light House Clinic; Feed the Children, Airborne Lifeline Foundation and Global AIDS Interfaith Alliance for supporting our ongoing services.

In addition, we wish to acknowledge the Malawi Ministry of Health for providing leadership and significant in-kind support and all of our collaborating partners for joining hands in bringing hope to millions of HIV-infected and -affected families in Malawi.

This list is not to be taken as exhaustive since we work in various capacities with many other partners who are not singled out in the above listing.

Our patients and their caregivers also deserve a special mention for showing us courage and resilience. Last but not least, thanks go to the staff of Baylor Children's Foundation-Malawi for all their hard work and dedication to make Baylor Children's Foundation a Centre of Excellence in 2013.

## Credits

Chief Editor

*Mr. Joseph Mhango*

Contributors

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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



