

# Baylor Foundation TANZANIA



# 2022



Global Health  
Network



**Date publication:** 06 - 2023

**Prepared by:** Moses Chodota, Judith Gwimile, Bertha Kasambala, Angelina Kayabu, Eunice Ketang'enyi, Barnabas Kisunte, Lilian Komba, Besson Mayalla, Daudi Mbuba, Kevin McKenzie, Rainald Mgimba, Martine Malendeja, Obed Paul, Nganyanyuka Kapongola.

**Approved by:** Dr. Lumumba Mwita, Executive Director

# TABLE OF CONTENTS

- 04** Thank you
- 05** Network in Action
- 06** Foundation background
- 07** Program map
- 08** Executive Director Interview
- 10** Baylor Tanzania programmes
- 11** Program highlights
- 11** TB programs
- 12** Success story 1
- 13** Impact of garden demonstrations on the socioeconomic status of the community
- 14** Success story 2
- 15** Success story 3
- 16** Adolescent champions program
- 18** Closing the COVID-19 vaccination gap
- 20** Future program highlight: Sauti Ya Vijana program

# THANK YOU



**USAID**  
FROM THE AMERICAN PEOPLE

**seriousfun**<sup>SM</sup>  
children's network  
founded by paul newman



Global Health  
Network

# Network In Action



Global Health Network

Baylor College of Medicine

## Summary statistics

- Program Funding
- People Reached
- Foundation Staff Employed

**Botswana**

- \$3,182,347
- 10,021
- 90

**Romania**

- \$873,790
- 10,357
- 39

**Tanzania**

- \$3,298,911
- 31,761
- 121

**Colombia**

- \$1,528,829
- 16,763
- 58

**Lesotho**

- \$19,190,668
- 334,859
- 383

**Uganda**

- \$35,050,896
- 3,351,247
- 520

**Malawi**

- \$18,229,632
- 675,473
- 1,332

**Argentina**

- \$691,734
- 2,657
- 24

**Eswatini**

- \$2,538,246
- 28,863
- 113

## Collective Impact



**\$84,585,054**  
Total Network Funding



**2,680**  
Total Staff Employed



**4,462,001**  
Total People Reached



**10,561**  
Total Health Personnel Trained

As implementing partners of the Texas Children's Global Health Network, each foundation collaborates and shares knowledge for the purpose of collectively solving complex health problems both locally and globally.

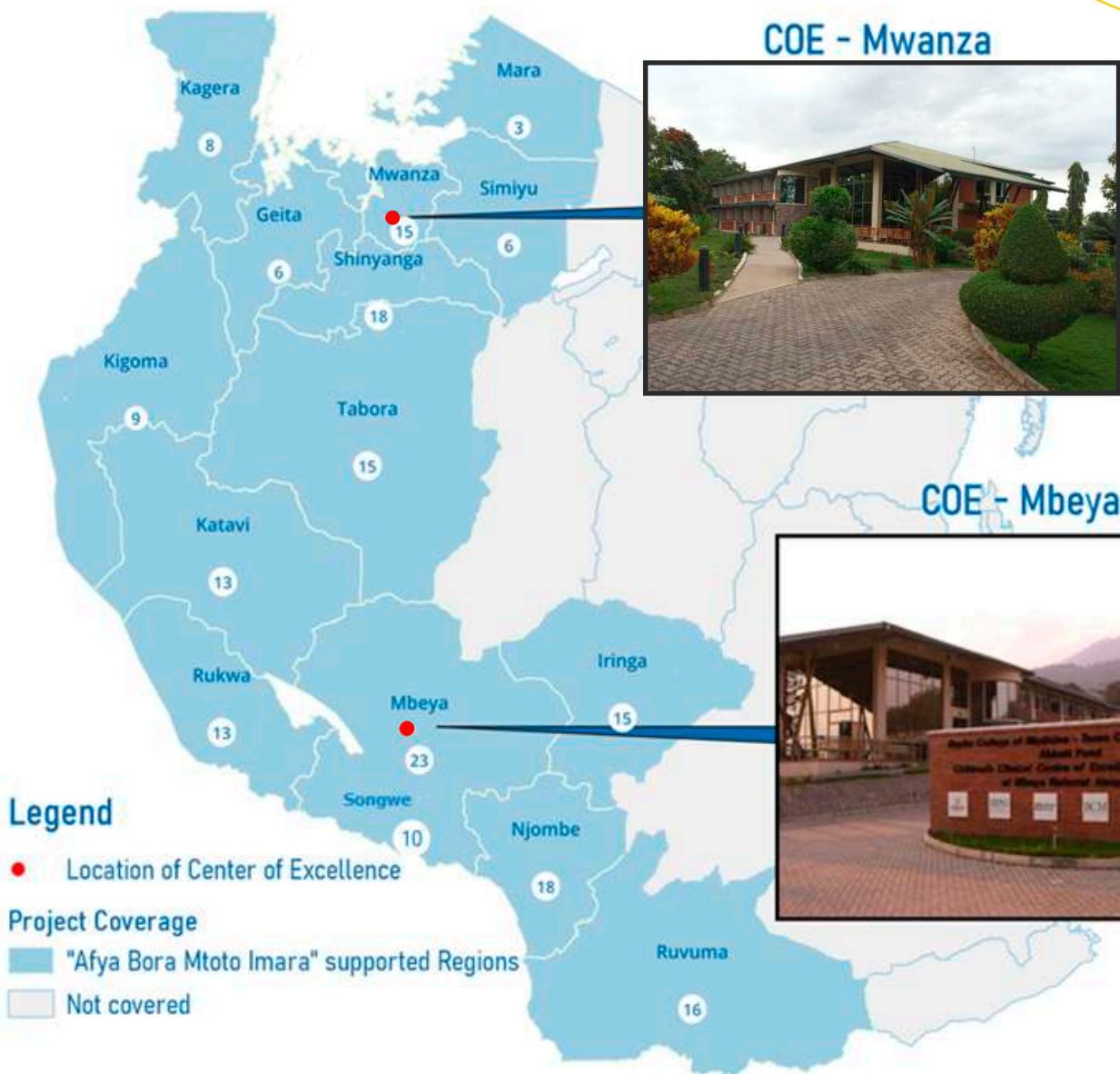


## Foundation Background

Baylor College of Medicine Children's Foundation – Tanzania (Baylor Foundation Tanzania) is a patient-centered, pediatric HIV prevention and treatment program with the goal reducing HIV/AIDS-related morbidity and mortality among infants, children, and adolescents in Tanzania. In addition, Baylor Foundation Tanzania provides comprehensive care and treatment for pediatric tuberculosis, malnutrition, cancer, and other complicated or chronic pediatric conditions. We provide direct service delivery and clinical attachment training at the two Centers of Excellence (COE) in Mbeya and Mwanza, as well as health professional training and mentorship provided at outreach facilities in the Lake and Southern Highlands Zones.

Baylor Foundation Tanzania staff currently work in regional and district hospitals and other health facilities of lower levels to develop relationships with partner organizations and health professionals at all levels to enhance care to children infected and affected by HIV/AIDS. The team devotes significant time and effort to building capacity for pediatric health services by mentoring and training health care professionals.

# Program map



COE - Mwanza



COE - Mbeya





## Executive Director Interview Dr. Lumumba Mwita

### 1. What was the Foundation's greatest accomplishment this year?

The greatest accomplishment for us was providing care for more than 2800 children and adolescents living with HIV (C/ALHIV) with lifesaving antiretroviral therapy (ART) services, enrolling and initiating 330 C/ALHIV on ART, and continuing to provide HIV/TB and malnutrition services to over 4330 children and adolescents through our Centers of Excellence. In addition to providing mentorship and on-site training in 187 supported outreach health facilities, the Foundation was able to improve clinical care metrics such as low mortality rates at 0.6%, viral load suppression at 94.6%, and continuity of care at 97%. In partnership with other organizations, we supported 500 C/ALHIV with school supplies and uniforms; a great achievement as the majority of our clients come from underprivileged families.

### 2. How has the Foundation maintained a standard of excellence for patients and staff despite the challenges posed by COVID-19?

The Foundation maintained its high standard of excellence for patients and staff through a remarkable COVID-19 integration and collaboration strategy with different stakeholders, Regional Council Health Management Teams and supported health facilities. Health talks, among other topics, have included COVID-19 preventive measures, provision of face masks, and vaccination. Teen Clubs and all adolescent activities have been organized and conducted to ensure preventive measures are observed and maintained. We have continued to work closely with other regional and community Implementing Partners (IPs) and stakeholders to ensure clients, especially orphans and vulnerable children (OVC) receive essential services such as socioeconomic, health, and medical support. We have worked to strengthen active linkage for enrolled patients to ensure continuity of care and mitigate interruption in treatment. We also supported distribution of COVID-19 preventive equipment to host institutions and information, education, and communication (IEC) materials to supported outreach facilities.



### 3. What is the most important goal for the Foundation in the upcoming year?

In the upcoming year our major goals include program expansion to cover children and mothers' needs; provision of comprehensive care such as PMTCT and Reproductive, Maternal, Newborn and Child Health (RMNCH); to adopt evidence-based innovations such as community refills and peer supported activities, which will address new health care needs; and to focus on program sustainability.

### 4. What major challenges do you anticipate that the Foundation will experience in the upcoming year?

We anticipate that the erratic supply of pediatric ART regimens will continue into the coming year which has caused low rates of multi-month prescriptions for stable clients. Persistent food insecurity of clients will continue which heightens the vulnerability for C/ALHIV and AGYWs, making it difficult for them to achieve better clinical care.



# Baylor Tanzania Programs

## General medicine

HIV related short- and long-term disease screening is emphasized and identifies at-risk individuals for further follow-up and monitoring. This includes screening and vaccination for pandemic diseases such as COVID-19 and non-communicable diseases.

## Child health

Comprehensive child health care support offered by a multidisciplinary team of health care providers. Services include child HIV care and treatment, TB and malnutrition, mental health wellness, immunization services, orphan and vulnerable child support, survivors of gender-based violence, and violence against children services.

## Women's health

A wide range of sexual and reproductive health (SRH) services are offered to adolescent girls and mothers which includes family planning services, HPV vaccination to the young girls, cervical cancer screening to all at risk, and female empowerment programs.

## Research

Conducts applied research to create evidence to support decisions and scale up ideas on improving comprehensive pediatric care in TB/HIV services.

## Education

For health system strengthening, the COEs work as hubs for capacity building to health care providers, students, and interns. Post training follow-up is done through on the job orientation, supportive supervision, and mentorship visits.

## Nutrition

Good nutrition is key for positive health outcomes. Nutritional education is offered on a one-on-one basis to clients attending the COE and breast-feeding mothers. Nutritional assessment is done for all clients at all visits whereby outpatient therapeutic care is provided to clients with malnutrition. Food support is offered to families with food insecurity while linking caregivers to various economic strengthening programs and initiatives.

## SUCCESS STORY 1

### Prompt diagnosis and treatment of tuberculosis improves the quality of life in calhiv

JM was 10 years old when he presented to a Baylor Foundation Tanzania clinic with cough, weight loss, and on-and-off fevers. He was not playful or eating well, and he stopped going to school because of his illness. He was tested for HIV and the results confirmed that he was HIV positive. He was promptly started on ART. He was also diagnosed with malnutrition and was given nutritional support.

One month after being enrolled in care, JM's caregiver reported some improvements in his condition, and he had gained a small amount of weight. However, he was still coughing. One month later, JM was still unable to attend school. He was losing weight again and had lost all that he had gained and more. He started having high fevers, cough, and at night, he was sweating through his clothes. Physicians recognized JM likely had TB and after examining X-ray findings, decided to start him on anti-tuberculosis therapy. Two months later, JM's weight had shot up almost 18 pounds! His appetite had improved, and he was playful again. Best of all, he was able to return to school.



JM before starting anti-TB treatment



JM five months after starting anti-TB treatment

## TB PROGRAMS

Tuberculosis (TB) is one of the most common opportunistic infections and causes of death in HIV-infected persons. JM's case demonstrates the importance of diagnosing and treating TB in children and adolescents living with HIV. Even though JM had started care for his HIV and malnutrition, his health would not have improved if his TB was not diagnosed and promptly treated.

JM's positive treatment outcome is one of many success stories of children and adolescents living with HIV attending Baylor Foundation Tanzania's COEs. Baylor Foundation Tanzania provides comprehensive and holistic treatment to children and adolescents struggling with HIV/TB/malnutrition. Specifically, clients receive comprehensive services at our COEs including screening and management of malnutrition, TB, common childhood illnesses, and opportunistic infections (OI). In addition, Baylor Foundation Tanzania provides technical assistance to regional partners and health facilities to conduct HIV testing, targeting pediatric populations including orphanage center residents, street children, victims of gender-based violence/violence against children (GBV/VAC), and incarcerated minors.





Teaching clients in the demonstration garden.

## **Impact of garden demonstrations on the socioeconomic status of the community**

A nutrition demonstration garden is a garden designed and maintained under the supervision of nutrition experts. Its purpose is to teach horticultural principles and practices as a part of adult education. Demonstration gardens were created on the grounds of the Baylor Foundation Tanzania clinics to serve as interactive educational programs for all clients and families attending the clinics. Specifically, the gardens aim to provide self-motivation for the youth, adolescents, and caregivers at the clinic while giving them the opportunity to learn gardening skills.

The program begins with educational talks in the waiting area, where caregivers are given a short lecture on the benefits of gardening. Then they are shown the demonstration garden and those who are interested in starting home gardens are encouraged to register with the nutrition team. The eligible caregivers are empowered with detailed knowledge of vegetable gardening. They are then provided with seeds, gardening tools, and composite manure. Monthly support visits by nutrition experts to their home gardens provide further guidance and encouragement, as well as marketing strategies.

## SUCCESS STORY 2

### Improved quality of life Through home gardening

MS is a newly diagnosed HIV-positive woman. She and her sons were living with her brother who, after finding out her HIV status, forced her and her family out of his house. Desolate, the family was found by a good Samaritan who gave them a temporary place to stay. However, the house was made from straw and mud and after heavy rains that year, the mud house was destroyed. MS and her sons were homeless once again. Fortunately, she was given a place to stay by community leaders and soon after, was brought to a Baylor Foundation Tanzania clinic for treatment for one of her sons. After thorough assessment, he was found to have severe malnutrition and TB, as well as HIV. He was immediately enrolled in care for management of his condition. Baylor Foundation Tanzania also supported MS with food and bus fare in order to ensure consistent clinic attendance.

MS was among the first caregivers to start home gardening in their backyard. After a month of gardening, she came back to the clinic and requested more seeds to plant; the first seeds enabled her not only to feed her family but also to buy a small plot of land in the neighborhood.

Currently, MS is a remarkable small garden farmer. She is planting cabbage, tomatoes, and eggplants to feed her family and sell at the local market! MS is also teaching other caregivers and ALHIV gardening in her community. She no longer needs food or monetary support, and she has managed to build a small house. Her son has completely recovered and is helping her with the gardening as well as returning to school.



MS in her impressive garden



MS with her sons and their nearly completed home

## SUCCESS STORY 3

### Medical and social economic impact of intergated management of diseases

PT after treatment, looking great!



PT is a 6-year-old child with late-stage HIV who has been on treatment since 2017. He was enrolled into our clinic relatively late, at 17 months of age. His mother's HIV status was unknown during pregnancy so unfortunately, she didn't receive the interventions that may have kept PT from getting infected. At the time of enrolment, he was severely malnourished, only weighing about 15 pounds.

He had fevers and had been coughing for over 4 weeks, along with diarrhea and vomiting. PT was also developmentally delayed. After thorough review, PT was diagnosed with severe acute malnutrition and TB. His mother was also counseled and linked to care.

PT was started on TB medications and began treatment for malnutrition as well. Soon after, he was also started on treatment for HIV. He had challenges with adherence to ART and missed many clinic visits. His family was struggling with food insecurity, poverty, and had little social support. After missing his clinic appointments for over 12 months, he was traced back to care and diagnosed again with severe malnutrition. Moreover, he had developed a disfiguring cancer in his mouth. PT was restarted on ART and then treated with chemotherapy.

After many months of chemotherapy and diligent counseling and follow up, PT has gained weight, his development has improved, and the mass in his mouth has resolved. He has kept up with his clinic visits and continues his malnutrition management with great weight gain!

# ADOLESCENT CHAMPIONS PROGRAM

The adolescent champions (AC) team is made up of 10 adolescent clinic graduates who have transitioned to adult HIV care. The team is capacitated through a five-day training and orientation on adolescent psychosocial support and counselling skills. Their assigned tasks include conducting home visits to support and provide linkage when needed for ALHIV with social and/or sexual and reproductive health (SRH) issues, high viral load, poor adherence, and those who are only coming to the clinic every 6 months. Each adolescent is allocated a ward and street where they follow up the identified adolescents. They give weekly feedback, with a written report to the adolescent coordinator. During this feedback meeting, ACs discuss the encountered challenges and strategies to improve the program.

## Objectives of the program:

- To increase the uptake of sexual reproductive services (SRHS) among adolescents and youth attending the COE and within the community.
- To provide support to adolescents who are infrequently coming to the clinic by visiting them, counselling with positive messages, and reminding them to adhere to their medications, as well as clinic visits dates.
- To improve adolescent understanding of HIV and SRH at the COE and in the community with the goal to reduce the number of teen pregnancies among adolescents and the number of new HIV infections.
- To improve overall adherence and viral suppression for ALHIV at the COE.
- To compliment HBC efforts of tracing adolescents who have missed appointments by providing support and bringing them to clinic.
- To increase the number of adolescents who are tested for HIV and provide a linkage between the Baylor Foundation Tanzania clinic and the community.
- To support the provision of adolescent friendly services by supporting one-on-one peer counseling, health friendly talks, and education to other peers.



## Impact/Achievement:

ACs program has shown significant impact on:

- Increased uptake of SRH services and education.
- Increased case identification among adolescents and youths for HIV/TB and STIs.
- Improved overall adolescent adherence and viral suppression especially for those struggling with high viral loads.

<b>Indicators</b>	<b>Total numbers (reached/at risk)</b>	<b>Percentage</b>
Adolescents receiving SRH services (including condoms)	549/803	68%
Adolescents doing well on HIV treatment after initial failure (high viral load)	30/61	49%
ALHIV with 6-month clinic visits reached for support	226/254	89%
Adolescents/youths brought to the clinic for HIV testing	31/604	5%

# Closing the COVID-19 Vaccination gap

Recent data revealed that Tanzania was among a few African countries with less than 10% of their eligible target population fully vaccinated with the COVID-19 vaccine. As of June 2022, Tanzania had fully vaccinated only 8% of the target population above 18 years, despite the introduction of vaccines in July 2021. Studies show that more than two thirds of Tanzanians are willing or have the intention of getting vaccinated. Baylor Foundation Tanzania set out to close the gaps across its supported regions, including COEs, with intensified adolescent and youth living with HIV (AYLHIV)-led campaigns. These campaigns took place in March to June of 2022. Efforts to support regions for improved vaccination coverage were highly successful. One great example is from Songwe, a region with consistently low vaccination coverage. Through our technical and financial support, the Songwe region increased its vaccination rates fourfold (15% to 69%) since the beginning of this year! This was made possible through provision of COVID-19 awareness education, infection prevention and control (IPC) measures education, COVID-19 vaccination sensitization, and campaigns through community mobilization in the supported regions. Capacity building was done for health care workers, community health workers, traditional healers, and local leaders, as well as for influential people in the community. Peers who are AYLHIV in supported health facilities were also capacitated to conduct COVID-19 vaccine sensitization campaigns for fellow peers at HIV clinics and in their communities. This special campaign had a slogan: “Mchongo ni Kuchanja, Kijana Chanja Okoa Maisha”, which is translated as,

“Vaccination is the deal: young people, let’s get vaccinated and save lives”.



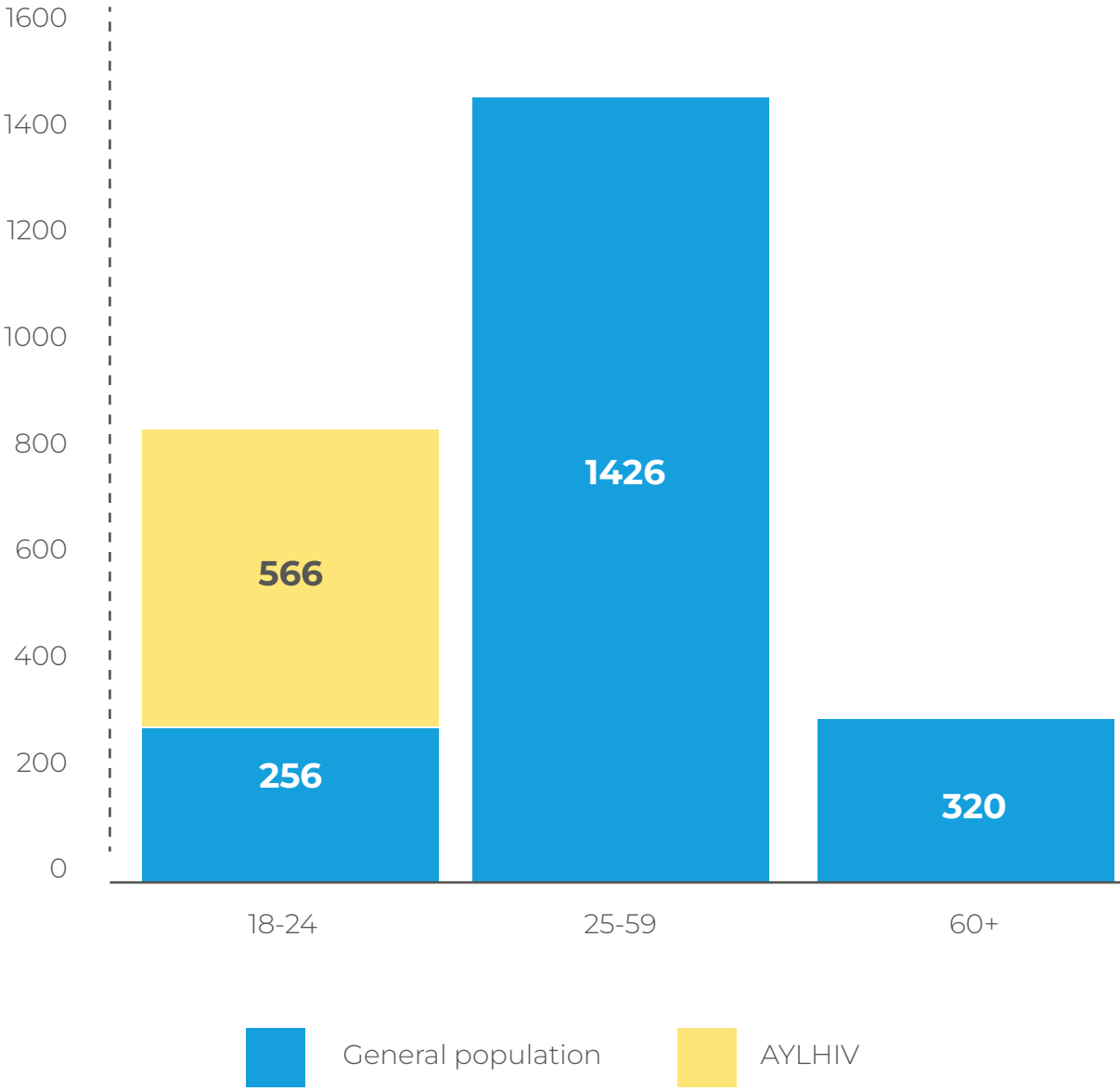
clients getting registered for  
COVID-19 vaccination



Mchongo ni Kuchanja Kijana  
chanja Okoa Maisha

Leaders ready to educate about  
COVID-19 vaccines

### Population vaccinated for COVID-19 aggregated by age





## **FUTURE PROGRAM HIGHLIGHT:** **Sauti Ya Vijana Program**

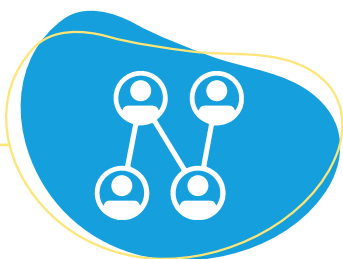
Sauti ya Vijana (SYV), or The Voice of Youth, is a five-year mental health and life skills intervention delivered by young adult group leaders to improve the quality of life of AYLHIV in Tanzania. The program is run in collaboration with Duke University and intends to recruit 700 to 800 young people aged 13 to 24 living with HIV in Tanzania. These young people will attend sessions at four sites around Tanzania. The SYV research program will recruit AYLHIV from the Baylor Foundation Tanzania COEs in Mwanza and Mbeya, as well as from Mbeya Zonal Referral Hospital and Bugando Medical Center youth clinic.

The goal and expected outcome of the SYV research program is to improve HIV care and treatment outcomes of AYLHIV in Tanzania, to help manage their thoughts and emotions, and to build social relationships. The program will help improve their aptitude to learn and to acquire an education, enabling their full active participation in society. Also, SYV aims to address mental health for AYLHIV, providing them the techniques to overcome stress and challenges they face in everyday life.

# Annual report data



	INDICATOR	Children			Adults		
		Male	Female	Total	Male	Female	Total
1	Children Reached						
2	HIV Exposed infants	212	285	497			0
3	HIV Infected clients	1329	1505	2834			0
4	# of people received HTS Service	2304	2484	4788	102	79	4969
5	# of patient received TB services	49	37	86			0
6	HCW received Clinical Attachment training			0	341	676	1017
7	Staff received mentorship			0	80	119	199
8	HBCs trained				15	15	30
9	X-TB Clients trained				50	70	120
		3894	4311	8205	588	959,48	6335
	<b>Grand total</b>	<b>14540</b>					



#	INDICATOR	Children			Adults		
		Male	Female	Total	Male	Female	Total
1	HIV Exposed infants	212	285	497			
2	HIV Infected clients (TX_CURR)	1329	1505	2834			
3	# of people received HTS Service	2304	2484	4788			
4	# of patient received TB services	49	37	86			
	<b>Grand total</b>	<b>8205</b>					



INDICATOR	Children			Adults		
	Male	Female	Total	Male	Female	Total
<b>1</b> Women Reached						
<b>2</b> HIV Exposed infants		285	285		0	0
<b>3</b> HIV Infected clients (TX_CURR)		1505	1505		0	0
<b>4</b> # of people received HTS Service		2484	2484		79	79
<b>5</b> # of patient received TB services		37	37		0	0
<b>6</b> HCW received Clinical Attachment training					676,48	676
<b>7</b> Staff received mentorship					119	119
<b>Grand total</b>	874					



INDICATOR	Children			Adults		
	Male	Female	Total	Male	Female	Total
<b>1</b> People Reached with HIV services						
<b>2</b> # of clients received HTS services	2304	2484	4788	102	79	4969
<b>3</b> # of exposed infants received EID services	212	285	497	0	0	0
<b>4</b> HIV Infected clients (TX_CURR)	1329	1505	2834	0	0	0
Total	3845	4274	8119	102	79	4969
<b>Grand total</b>	13088					



INDICATOR		Children		
<b>1</b>	Health Work Force personel trained	Male	Female	Total
<b>2</b>	Clinical Attachment	340,52	676,48	1017
<b>3</b>	X-TB patients trained	50	70	199
<b>4</b>	HBCs trained	15	15	30
<b>Grand total</b>		1246		

<b>Program funding/Annual Budget</b>	<b>\$ 3,298,911</b>
<b>Foundation Staff</b>	<b>121</b>





**Baylor Foundation  
TANZANIA**

**2022**



Global Health  
Network

