



# BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION



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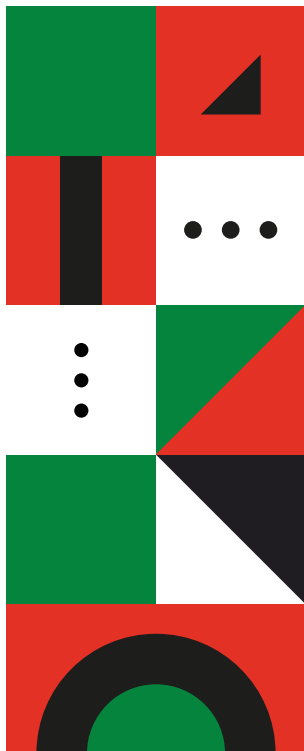
MALAWI

Baylor  
College of  
Medicine

  
Texas Children's  
Hospital

Global Health  
Network

BAYLOR  
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MEDICINE  
  
MALAWI



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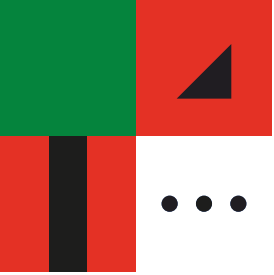
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Smiley Pool



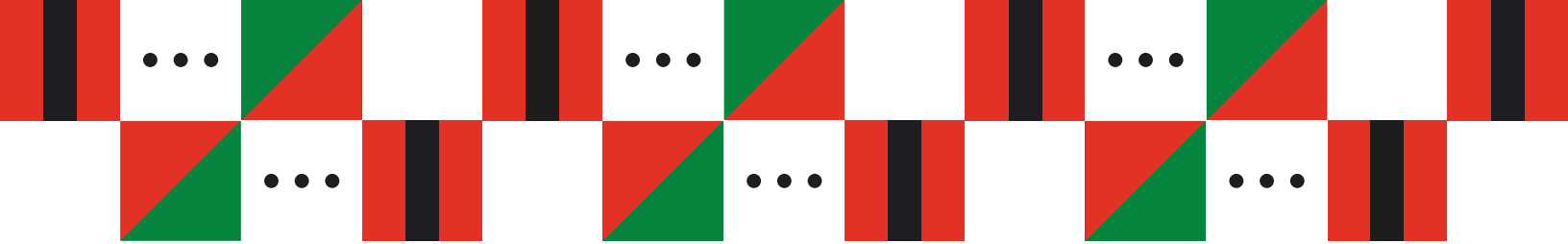
# TABLE OF CONTENTS

Thank You	<b>03</b>	<b>00</b>	Global Health Network
Foundation Background	<b>05</b>	<b>06</b>	Executive Director's Interview
Global Scheme of Programs	<b>07</b>	<b>08</b>	Featured Programs
Additional Programs	<b>11</b>	<b>17</b>	Testimonies

## THANK YOU!

### Sponsors and Partners

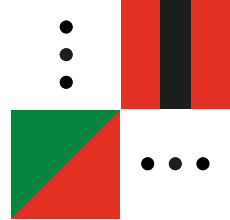
AbbVie Foundation	UNICEF
Malawi Government, through Ministry of Health	NAC
Baylor College of Medicine	ActionAid
Paediatric Texas Children's Hospital	Airborne Lifeline Foundation
USAID	Positive Action for Children Fund (PACF)
UKAID	Bristol-Myers Squibb Foundation
	Direct Relief International



## Foundation Background

Baylor College of Medicine Children's Foundation – Malawi (Baylor Foundation Malawi) is a not-for-profit organization working in partnership with the Malawi Government in the Health Sector. The first Memorandum of Understanding (MOU) with the Ministry of Health (MoH) was signed in March 2005 and Baylor Foundation Malawi was registered as a trust in August of the same year. The MOU is subsequently renewed every five years. Baylor Foundation Malawi's overall goal is to improve the health and lives of HIV-infected children and families through high quality, high impact, highly ethical, state-of-the-art comprehensive care and treatment, training of health professionals and clinical research.

Baylor Foundation Malawi has now been operating in Malawi for more than fifteen years. Over the years, the Foundation has broadened its service lines to include paediatric hematology and oncology at Kamuzu Central Hospital (KCH); maternal health services at Kamuzu Central Hospital (KCH), Area 25 District Health Centre, and Freedom from Fistula Care Centre at Bwaila Hospital; cardiology, paediatric emergency medicine, and paediatric surgical and anaesthesia services also at KCH. The Foundation also manages a robust HIV care and treatment program called Tingathe, which was established in 2008, initially to respond to sub-optimal uptake of paediatric HIV and prevention of mother-to-child transmission (PMTCT) services in Malawi. The Tingathe program has grown over the past 12 years to support the full cascade of HIV care and treatment services. The current Tingathe Client Oriented Response to the Epidemic Control (CORE) program seeks to support the Malawi Government in achieving epidemic control, by providing client-focused care to people living with HIV from the time of diagnosis to linkage and full engagement in care. Baylor Foundation Malawi's CORE programming is funded by USAID, and is currently operating in 6 districts in Malawi: Lilongwe, Salima, Balaka, Mangochi, Machinga and Phalombe.



## Overall Goal

To improve the health and lives of HIV-infected children and families through high quality, high impact, highly ethical, state-of-the-art comprehensive care and treatment, training of health professionals and clinical research.

## Vision

A healthy and fulfilled life for every child, woman and family.

## Mission

To provide comprehensive, high quality paediatric, maternal and family centered health care, education and health research in Malawi.

## Values

**Excellence:** We strive to consistently meet and manage patient expectations.

**Innovation:** We use research and technology to improve the quality services we provide to our clients and patients.

**Integrity:** We strive for honesty and trustworthiness in our actions

**Accountability:** We create procedures and processes by which one party justifies and takes responsibility for its activities.

**Teamwork:** We strive to interact interdependently with a common purpose, working toward measurable goals that benefit from leadership that maintains stability while encouraging honest discussions and problem solving.

**Professionalism:** We endeavor to uphold professional standards of operation at all times.

# Executive Director Interview

The year 2021 was one of the most difficult years in decades worldwide and Malawi was not spared. It was a year when countries of the world suffered the devastating effects of COVID-19, with numerous COVID-19 related infections and deaths. In Malawi, just like in most countries, the health care system was overwhelmed and almost failed to contain the situation.

Baylor College of Medicine Children's Foundation-Malawi (BCMCF-M), with its headquarters located in Lilongwe, Malawi, implements programs in different parts (districts) of the country. One of the greatest achievements for the Foundation was its ability to continue providing services to its clients in the midst of COVID 19, a pandemic which has never had devastating effects like any other in generations. Towards the first quarter of 2021, Malawi Ministry of Health (MoH) lifted all restrictions on routine HIV/AIDS activities that were imposed due to the surge and BCMCF-M immediately resumed all activities that were either stopped or scaled down.

Additionally, towards the last quarter of 2021, BIPAI Headquarters resumed Global Health Corps (GHC) travels to Malawi and we received one GHC pediatrician and 3 residents. In addition, expatriates who had been repatriated to the USA due to COVID 19 also returned to Malawi. This increased the number of health workers for the Foundation and as such, most of our indicators performed relatively well across service lines namely COE; Global HOPE; Maternal Child health; and the Tingathe Outreach Program.

The COE, with a total number of 2, 716 registered clients tested 2,181 Viral Load samples in 2021 and 85.1% of them were virologically suppressed. We managed to send 54 genotyping applications to the third line committee of the MoH. It is interesting to note that 7 of our clients have had pan-sensitive genotyping panels despite having persistent high viral loads and Intensive Adherence Counselling (IAC), and psychosocial support (PSS). The clinic enrolled 75% of these patients on Dolutegravir (DTG) based regimen, which is more efficacious with less pill burden and will most likely resolve poor adherence and resistance to ART.

BCMCF-M also continued to provide technical support to MoH through the Teen Club (TC) model, which is a unique intentional programming and child, focused approach to advocate for, and provide integrated services in Sexual Reproductive Health Rights (SRHR)/HIV/Sexual and Gender Based Violence (SGBV) and Protection against Sexual Exploitation Abuse (PSEA). The SRHR and SGBV project was implemented in Mulanje, Mangochi and Nkhatabay districts with funding from UNICEF. In addition, the project addressed challenges faced by in and out of school Adolescent (boys and girls) Living with HIV (ALHIV) through funding from ActionAid Malawi (AAM) under the Joint TB/HIV Global Fund Grant, by delivering a contextualized Adolescent Girls and Young Women (AGYW) module in line with the national AGYW strategy.

Baylor Malawi continues to provide the only Pediatric Surgeon at Kamuzu Central Hospital (KCH), who is also the only one in the whole central region of Malawi. The Surgeon treated a wide range of surgical infections from appendicitis to typhoid, about 100 hernias, congenital malformations and surgeries to remove tumors. With his KCH team, the Surgeon also managed 50 trauma cases. The patients range mostly from one-day-old babies weighing less than 2kg to 12year old, although recently he operated on a 16 years old girl.





BCMCF-M also continued to provide Maternal Health (MH) services at Area 25 Health Center, where a 9-bed maternity unit has helped to reduce referrals to the district hospital by 80% and stillbirths by 50 %. Between 2018 and 2021 the BCMCF-M Maternal Health service line has delivered over 7000 babies. The MH program in area 25 is a Center of Excellence and it also have a model permaculture garden benefiting pregnant women and young mothers enrolled in the program, by promoting nutrition and taking care of the environment.

BCMCF-M Pediatric Hematology Oncology (PHO) services at KCH reached more than 300 children who were diagnosed with childhood cancers and hematological diseases. 100 new patients were enrolled in the palliative care program-including 40 provider home visits to patients and their families. More than 350 health workers across the country were trained on early recognition of pediatric cancers. The first pediatric oncologist supported by Global HOPE who completed fellowship at Makerere University in Uganda returned to Malawi and has since rejoined the PHO service line. The service line is also supporting pediatric residency training for 3 Malawian medical doctors.

Our Tingathe outreach program continued to focus on delivering HIV/AIDS Care and Treatment services to clients with specific attention to clients who were unable to be reached for viral load collection and case finding (Index Case Testing contacts). Additionally, during the final year of TSP-Tingathe implementation, the program continued to implement a hybrid model of in-person and virtual methods of training and mentoring of both internal and external (MoH and partner) staff to maintain quality standards in HIV service provision, towards achieving UNAIDS 95-95-95 targets in Malawi.

The Foundation appointed a COVID 19 committee to ensure continual provision of quality services during the Covid-19 pandemic and also to monitor required levels of, Personal Prevention Equipment (PPE) for staff. Some of the objectives of the committee included; (i) ensuring that both staff and clients as were as visitors were adhering to PPE measures, counselling staff who tested positive to COVID 19 and conducting contact tracing. They also provided updates on national COVID 19 guidelines to staff, including the importance of getting the COVID 19 test, treatment if found positive, and taking the COVID 19 medication. BCMCF-M also introduced screening of all staff and clients and adopted working in shifts to decongest the work spaces while maintaining full patient's coverage. The Foundation introduced Virtual Hope at Home Engagement Sessions to provide support to adolescents in Teen Clubs. This was aimed at keeping ALHIV well informed of COVID-19, SGBV and SRH, nutrition and medication adherence issues. M&E intensified monitoring of activities and providing data and interpretation for decision making. There were more meetings happening both virtually and in person to ensure no major unexplained deviations happened or for reprogramming purposes. These efforts minimized the number of infections and impact of COVID 19 among the staff and clients. They also helped the Foundation to maintain the standard of excellence for clients and staff despite the challenges of COVID 19.

In the coming year the Foundation has aligned its programing with its 5-year (2021-25) strategic plan so as to remain resilient even as the COVID-19 pandemic continues. BCMCF-M will focus on Quality Improvement (QI) projects, development and use of Standard Operating Procedures (SOPs), enhanced monitoring of all BCMCF-M activities and capacity building of staff for better health outcomes. The Foundation intends to keep the gains registered in the past year and remain innovative, leveraging on the presenting opportunities.

Sincerely,  
**Phoebe Nyasulu, MBA**  
Executive Director

# HIGHLIGHTS

**75.9%**

Transitioned 2,060 (75.9%) clients to a Dolutegravir (DTG) based regimen at the Centre of Excellence (COE), which is likely to improve adherence to medication and consequently increase viral load suppression among our clients.

**60**



Received 60 boxes (or 9,000 sachets) of ready-to-use therapeutic food (RUTF) from UNICEF through the Ministry of Health and 12,000 packets of corn soya blend (Vitameal) from Feed the Children used to treat clients with severe acute malnutrition and moderate acute malnutrition, respectively.

**2.080**



Distributed 2,080 long-lasting insecticidal-treated nets to COE clients as one of the key tools for malaria vector control.

**4.010**



Conducted play therapy sessions with 4,010 children and conducted education sessions for 2,940 children at the KCH paediatric ward.

**87**

Supported 87 young mothers under the young motherhood program against the annual target of 60 mothers representing 145% increase.



**300**

Diagnosed more than 300 children with childhood cancer and hematological diseases.



**350**

Trained more than 350 health workers in various district hospitals and health centers across Malawi on early recognition of paediatric cancer.

Tested 2.4 million clients for HIV, and notified 65,000 of a positive HIV test result and initiated over 64,000 clients on lifesaving ART through the Tingathe program.



**2.4 million**



**CORE award for Tingathe**

Competed successfully for the CORE award for Tingathe, a follow-on five-year care and treatment program designed to support client-oriented care to achieve HIV epidemic control in 95 health facilities in 6 districts including Phalombe, Machinga, Mangochi, Balaka, Salima and the COE in Lilongwe.



## CENTER OF EXCELLENCE (COE) CLINIC

The Baylor Foundation Malawi COE clinic continues to be the largest pediatric center for HIV management in Malawi. In the period July 2020 to June 2021, the COE provided care to 24,855 clients and 2,716 clients are currently on ART. The average HIV new cases per month were 11 and an average of 82 clients were treated per day. During the period, Ministry of Health Department of HIV/AIDS rolled out DTG, an ART belonging to the class of integrase inhibitors that is more effective and easier to take with fewer side effects compared to other ART regimens. The COE therefore transitioned 2,060 (75.9%) clients to a DTG regimen, which is likely to improve adherence to medication and consequently increase viral load suppression among our clients.

The COE clinic also continues to perform routine and targeted viral load (VL) tests on its clients to monitor ART efficacy. In this regard, the clinic tested 2,181 VL samples and 1,856 (85.1%) were virologically suppressed.

Our ART cohort continues to mature and we have continued to see increasing numbers of second line patients having high viral loads, suggestive of second line ART failure. We have so far managed to send 54 genotyping applications to the third line committee of the Ministry of Health. Some have been approved, while others are still awaiting review. This helps in identifying second line ART failure and instituting the appropriate intervention. We have since switched seven patients with confirmed second line ART failure to third line ART. We confirmed second line ART failure in seven patients; five of them are still active, one was transferred to another facility, and one died due to advanced HIV disease. About 10 results showed no resistance to their second line ART. These patients were linked to psychosocial services and the others are virologically suppressed.

BCMCF-M COE clinic also continues to provide specialized services and training in various areas at KCH such as pediatric surgery, pediatric cardiology, pediatric endocrinology and diabetes. Additionally, we have visiting physicians through the Texas Children's Global Health Corps program in various pediatric specialties including emergency medicine, neurology, nephrology, infectious diseases, adolescent medicine, pulmonology and neonatology, just to mention a few. We also continue to mentor intern clinicians, medical doctors, nurses, and social workers with the aim of further building their knowledge and skills in HIV management and psychosocial counselling.

## TB SERVICES

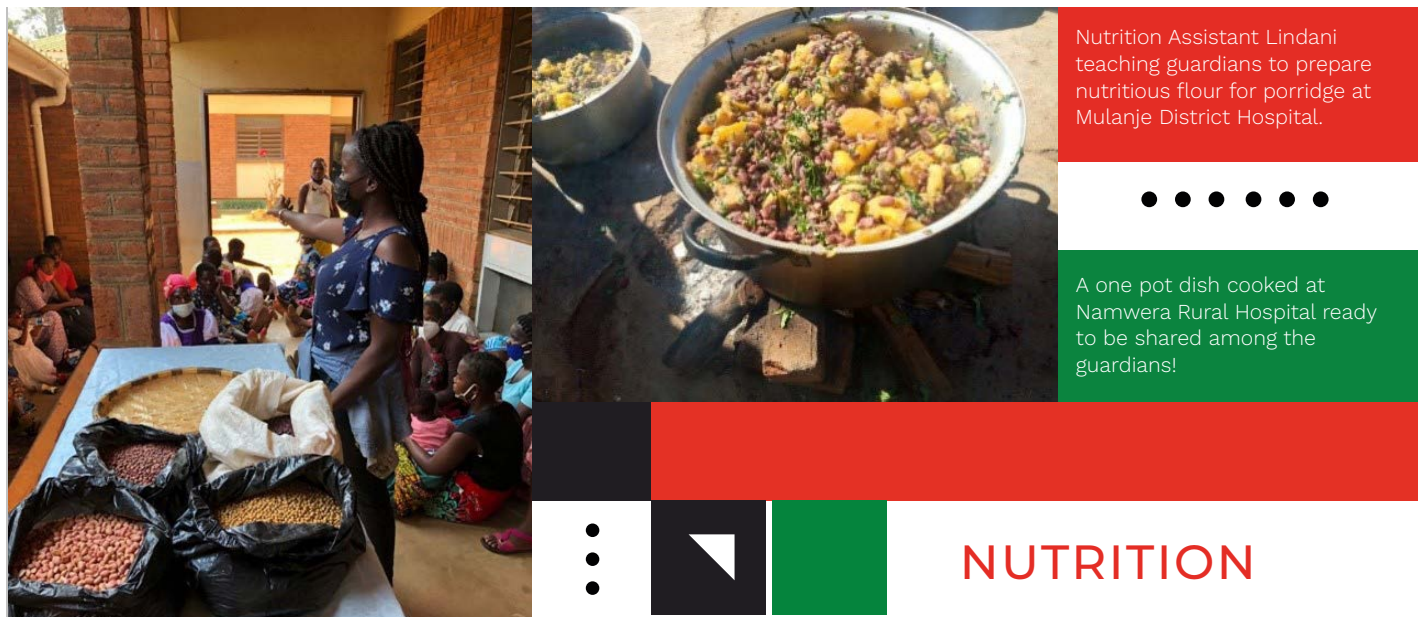
KCH pediatrics department established a tuberculosis (TB) clinic in 2017. Major components of the TB clinic include:

- Early detection, review, investigation, diagnoses and treatment initiation;
- Routine, monthly progress monitoring of clients on TB treatment;
- ART/TB drug interaction modification and management; and
- Management of comorbidities while on TB treatment.

In the period of July 2020 to June 2021, we saw a total of 18 patients and of these 12 were males and 6 were females. Additionally, the age range of the patients was 4 months to 10 years. Of these patients, 14 were admitted at KCH and 4 were treated as outpatients. We categorized 16 cases as new TB infections and 2 as relapse; 8 had pulmonary TB and 10 extra-pulmonary TB. Furthermore, eight patients had completed treatment, one died, four cases are still active on treatment and three were lost to follow up.

It had always been a challenge managing TB treatment for children on an ART regimen. One of the primary concerns was drug interaction and possible side effects. The introduction of DTG has simplified our TB/ART drug interactions problem. Despite the fact that a double dose is required, the pill burden is much more accommodating prior to initiating DTG.





Nutrition Assistant Lindani teaching guardians to prepare nutritious flour for porridge at Mulanje District Hospital.

A one pot dish cooked at Namwera Rural Hospital ready to be shared among the guardians!

## NUTRITION

The nutrition services provided by Baylor Foundation Malawi are part of the comprehensive care we provide to children and adolescents living with HIV, children exposed to HIV, as well as pregnant and lactating mothers. The initiative aims to maintain and expand nutrition knowledge, maintain or restore a healthy body weight, prevent or control micronutrient deficiencies, and treat or minimize HIV or medication-related complications that interfere with intake or absorption of nutrients. This can prolong life and improve quality of life.

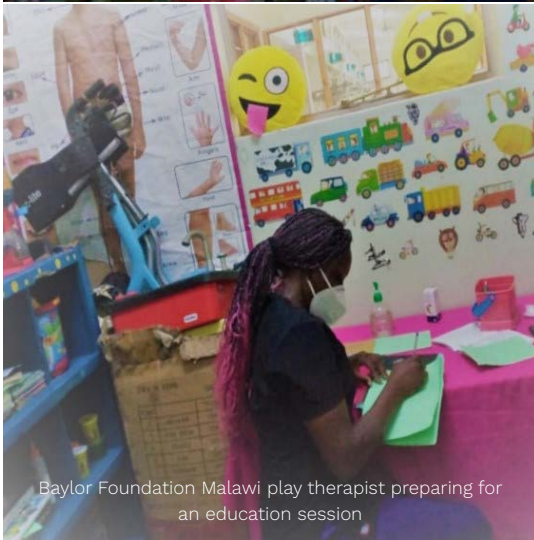
All clients accessing services at the COE undergo a nutrition assessment to screen them for malnutrition. Those identified as having malnutrition receive counselling and supplementary therapeutic food. From July 2020 to June 2021, 136 clients were treated with ready-to-use therapeutic food (RUTF) for severe acute malnutrition (SAM) and 421 clients were treated with corn soya blend (Vitameal) for moderate acute malnutrition (MAM). During the reporting period, over 60 boxes (9,000 sachets) of RUTF were received from UNICEF through the Ministry of Health that were used to treat clients with SAM. Furthermore, about 12,000 packets of Vitameal were received from Feed the Children for treatment of MAM.

During the same period, 102 exposed infants and 89 pregnant or lactating mothers that attended the COE clinic received Vitameal for prevention of malnutrition and 72 mothers faced household food insecurity, which makes it difficult to prevent malnutrition. In addition, we received a donation of 100 packets of Nestle Cerelac (baby instant cereal) from GAME Stores, a South African department store in Malawi. The packets were distributed to 32 HIV-exposed infants aged 6 to 12 months as a complementary food in their diets.

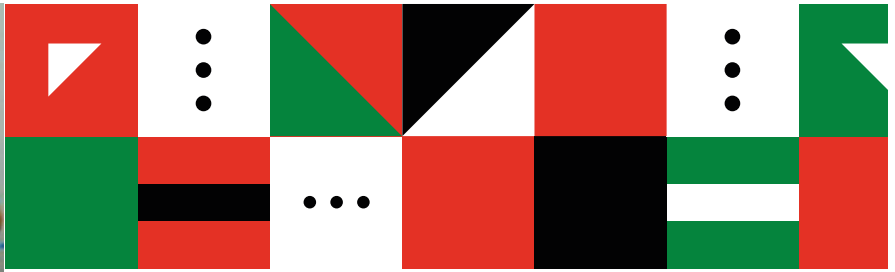
Nutrition team also conducted guardian sessions with financial support from UNICEF. The sessions were conducted in 6 teen club sites; Usisya Rural Hospital, Nkhatabay District Health Office, Namwera Rural Hospital, Mangochi District Health Office, Chonde Rural Hospital and Mulanje District Health Office). This involved teaching 384 guardians of adolescents living with HIV about the importance of good nutrition for people living with HIV, as well as providing them guidance on the right foods that are readily available in their communities. The guardian sessions involved a cooking demonstration to impart skills on how to prepare nutritious meals using locally available foods.



Play therapy room at the KCH pediatric ward



Baylor Foundation Malawi play therapist preparing for an education session



## PLAY THERAPY

Baylor Foundation Malawi conducts play therapy and education sessions at the KCH pediatric ward. Play therapy is a form of counseling or psychosocial support that uses play to communicate with and help children to limit and resolve psychosocial challenges. Hospitalized children miss significant portions of their schoolwork. In addition, children who stay for longer periods or have multiple hospitalizations usually face problems of repetition of the school academic year. In the past year, the Foundation recruited 2 play therapists and they conducted play therapy sessions with 4,010 children and education sessions for 2,940 children at the KCH pediatric ward. In the same period, Women Lawyers Association of Malawi donated play therapy and education materials such as toys, books, notebooks, pens, pencils, erasers, coloring books, stickers, crayons and sharpeners.

## HIV TESTING AND COUNSELING SERVICES AND PREVENTION

Baylor Foundation Malawi continues to provide HIV testing at KCH through the Program for Infant Toddler Care (PITC) model, which was pioneered in 2008. Our goal is to offer and provide HIV testing and counselling to all patients and guardians on the KCH pediatric ward and outpatients at the under 5 clinic to prevent stigma and discrimination amongst our clients.

We have ten HIV testing services counsellors who provide these services. A total of 16,763 clients were tested in the reporting period with 179 being new positives, representing a 1.08% positivity rate; 69 exposed and 16,515 new negatives. The total tested is less than the same period in 2019 due to a reduction in admissions during the peak of the Covid-19 pandemic.

To continue HIV testing services during the Covid-19 pandemic, we formulated two teams, working for alternating week-long shifts and were able to maintain 99% testing coverage. In addition, self-testing was implemented as a screening tool to help special populations and busy clients who are not able to access HTS services due to busy schedules.



## CARDIOLOGY

Baylor Foundation Malawi supports the KCH cardiology clinic, where more than 500 children with cardiac defects receive care per year. About half of the children that we follow have acquired heart disease, most with rheumatic heart disease, and half with congenital heart disease. The cardiology clinic is led by Treasure Mkaliinga, a KCH clinical officer, and Dr. Amy Sanyahumbi, a Baylor College of Medicine / Texas Children's Hospital paediatric cardiologist. Dr. Sanyahumbi is supported by an NIH research grant with the aim to improve adherence to benzathine penicillin in children with rheumatic heart disease. In addition to clinical care and research, the team also trains local staff and leads echocardiography training workshops.

## YOUNG MOTHERHOOD PROGRAM

The Young Motherhood Program receives funding from Positive Action for Children Fund (PACF) and UNICEF. The program aims at increasing Prevention of Mother to Child Transmission (PMTCT) amongst pregnant adolescents and young people living with HIV (AYPLHIV) in Malawi through increased access to quality comprehensive clinical, psychosocial, sexual and reproductive health services that would positively influence healthy decisions, parenting techniques, self-care skills, and also delay future pregnancies and therefore improving maternal and neonatal health.

PACF continued support for 3 sites in Central Malawi covering Lifuwu Health Centre and Salima District Hospital in Salima district () and the COE clinic in Lilongwe. UNICEF also continued to support Nkhatabay District Hospital in Northern region, Muloza Health Centre and Malombe Health Centre, both in Southern Region.

Baylor Foundation Malawi provided support through outreach to 87 mothers, 145% of the annual target of 60. Additionally, 19 infants had HIV DNA PCR tests at 6 weeks and were all negative; 21 mothers had cervical cancer screening and all were negative; and 19 received family planning methods. All mothers with adherence issues and high VL had accessed Intensive Adherence Counseling (IAC) and psychosocial support.

With support from UNICEF, Baylor Malawi reached out to 73 mothers (121%) against an annual target of 60 mothers. 40 infants had DNA-PCR checked, and 95% were negative. 4 mothers were screened for cervical cancer and were negative. Furthermore, 14 received family planning methods.

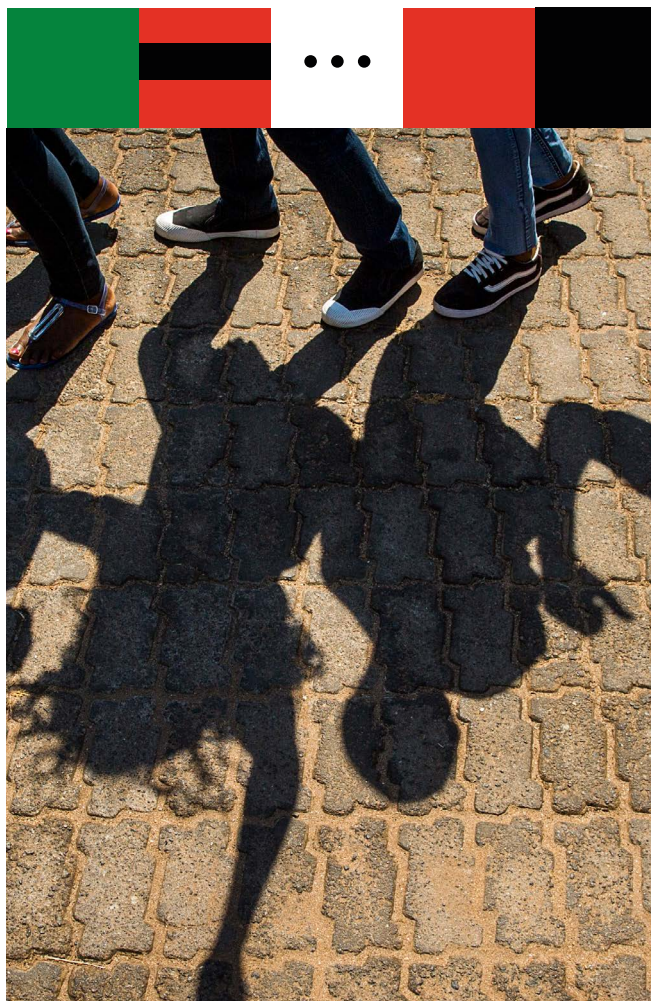
The program managed to prevent transmission of maternal HIV infection in over 97% of exposed newborn babies.

## ADOLESCENT PROGRAM

Baylor-Malawi continues to implement the Teen Club model for integrated services in sexual and reproductive health and rights, HIV, sexual and gender-based violence and prevention of sexual exploitation and abuse with support from UNICEF, ActionAid Malawi and the Joint TB/HIV Global Fund Grant.

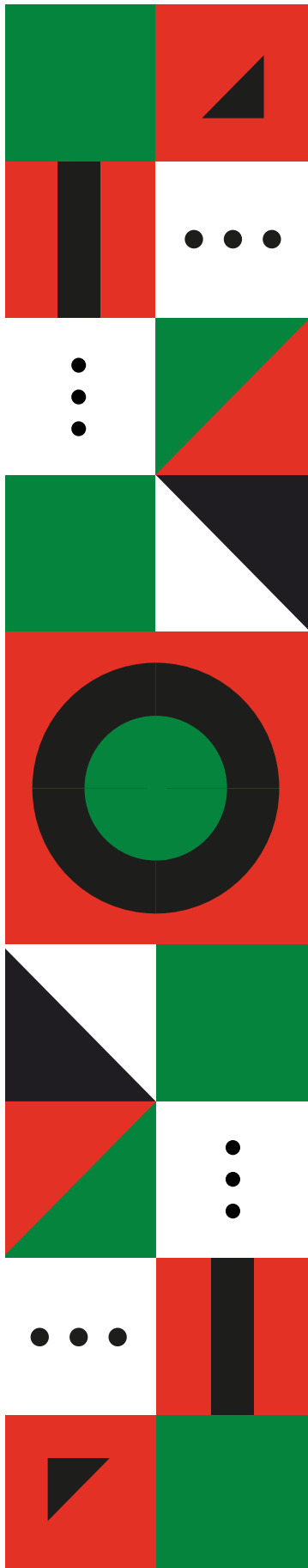
The program addresses challenges faced in and out of school by adolescents living with HIV (ALHIV) by delivering a contextualized adolescent girls and young women module in line with the national strategy. Baylor Foundation Malawi established and manages 24 Teen Clubs in eight districts: Lilongwe, Dedza, Kasungu and Mchinji districts in Central Region; Nkhatabay in the Northern Region; and Balaka, Mulanje and Mangochi districts in Southern Region. All of the Teen Clubs continued to register considerable positive results in reducing incidents of HIV/AIDS, sexual and gender-based violence and prevention of sexual exploitation and abuse amongst teens enrolled in a club. The 193 participants reported increased knowledge and access to sexual and reproductive health services,

The success of Teen Club activities has contributed to Ministry of Health initiatives to reduce sexual and gender-based violence, improve uptake of contraceptives and improve screening for cervical cancer among adolescents, while encouraging those already pregnant to access post-partum contraceptives, and also reduce new infections and reinfection among ALHIV by supporting adherence to medication to achieve viral load suppression.



The Teen Club at the COE continues to serve as a mentorship site for all newly established Teen Clubs in Malawi. Monthly gatherings were held at the COE where teens were grouped into three clusters: younger adolescents (10-13 years), middle adolescents (14-15 years) and older adolescents (16-19 years). Each group attended Teen Club on two Saturdays monthly. The three age groups allow us to maintain reasonable mentor to adolescent ratios and differentiated care. Baylor Foundation Malawi conducted a two-day facility-based Teen Club basic training at all 21 sites in Mchinji, Ntchisi, Lilongwe and Dedza districts. In addition, disclosure trainings were conducted targeting health workers. Three-day trainings were conducted in Nkhatabay, Mangochi and Mulanje to equip facility-based health workers and other direct implementers with basic psychosocial support skills.

The suspension of gatherings due to COVID-19 resulted in increased activity on the Teen Support Line, a toll-free helpline exclusively for adolescents living with HIV. Clinic visits for adolescents were conducted via mobile phone to address questions on medication, COVID 19, sexual and reproductive health and rights issues and other emergencies.



## CAMP HOPE MALAWI

Through Camp Hope, Baylor Foundation Malawi continued to engage and provide support to adolescents in Teen Clubs by staying connected through Virtual Hope at Home Engagement Sessions amidst service disruption due to COVID-19. This engagement aimed at keeping ALHIV well informed on COVID-19, sexual and gender-based violence issues, sexual and reproductive health, nutrition and medication adherence issues. The virtual engagement sessions target adolescents newly disclosed and enrolled in Teen Club to attain the “third 95” of viral load suppression under the UN strategy. The adherence rate in the sub-population is worrisome amongst the 10-19-age group at below 50% according to the Malawi Population-Based HIV Impact Report.

## MATERNAL HEALTH

The Malawi Ministry of Health and Baylor Foundation Malawi have partnered with Baylor College of Medicine and Texas Children’s Hospital to reduce maternal and infant mortality in Malawi since 2014. The program began with providing care and capacity building at KCH and grew to include the ongoing supervision of University of Malawi College of Medicine Obstetrics and Gynecology Residents. The program then grew to include provision of obstetric fistula repair services at the Fistula Care Center at Bwaila Hospital in partnership with Freedom from Fistula Foundation. In 2016, the program expanded services to Area 25 District Health Center and grew the services and physical campus to accommodate a rapidly expanding delivery volume and highly-skilled obstetric surgical services. In addition, the program supports a Maternity Waiting Home, ongoing Midwife training and an integrated permaculture and nutrition education program. These efforts have all contributed to a significant reduction in maternal and infant mortality.

## PAEDIATRIC EMERGENCY MEDICINE

The Texas Children’s Global Paediatric Emergency Medicine program continues to work in partnership with Baylor Foundation Malawi to support KCH in the treatment of paediatric emergencies and enhanced provision of acute care. These care and capacity building initiatives are implemented through a consortium, PACHIMAKE (“at the heart of the matter” in Chichewa), that includes KCH Department of Paediatrics, University of Malawi College of Medicine, University of Utah, Cincinnati Children’s Hospital, University of North Carolina, Baylor Foundation Malawi, Baylor College of Medicine and Texas Children’s Hospital. Through a sustainable, bi-directional collaboration, the consortium develops and implements effective, coordinated, high-quality clinical, educational, quality improvement and research initiatives.

## CANCER & HEMATOLOGY

The Texas Children's Global HOPE (Hematology Oncology Pediatric Excellence) program is a multidimensional initiative to improve paediatric care for cancer and blood disorders in Botswana, Malawi and Uganda. Global HOPE continues to make great progress in clinical care, education and research. In Malawi, the team provides inpatient and outpatient care for children with cancers and blood disorders at the Malawi National Cancer Center at KCH.

Since Global HOPE began working in Malawi in 2016, more than 1,500 children have been diagnosed with childhood cancer and blood disorders. Over 2,000 health care workers in Malawi have been trained on the recognition of childhood cancers and blood disorders.

In the reporting period, 300 children were diagnosed with cancer and hematological diseases and over 100 new patients received support through our robust palliative care program, including 40 provider home visits to patients and their families. Treatment of these children with chemotherapy and supportive care drugs was made possible through partnerships with Direct Relief International, TEVA Pharmaceuticals, Texas Children's Hospital and local, in-kind support.

Further, 350 health workers in various district hospitals and health centers received training on early recognition of paediatric cancer, representing 68 unique health care facilities and about a third of the districts in Malawi.

This year the first Malawian-born Paediatric Hematologist Oncologist completed the Global HOPE fellowship training program at the Makerere University & Mulago Hospital in Kampala, Uganda. He returned to serve the people of Malawi. Global HOPE is supporting three additional physicians in their paediatric residency training.

## PAEDIATRIC SURGERY

It is estimated that 28% (the Lancet Global Health 3 (S2)) of the global burden of disease is surgical. The world is realizing that surgery is an indivisible part of health systems - children with HIV get surgical infections and fistulas; many children with cancer cannot be cured without surgery. Baylor Foundation Malawi partners with Baylor College of Medicine and Texas Children's Hospital to support the delivery of paediatric surgery services for the Central and Northern regions of Malawi at KCH through the provision of a fulltime paediatric surgeon and surgical clinical officer. In 2012 Malawi only had one paediatric surgeon based in Blantyre in the Southern Region. Now there are six, four in Blantyre, one in Lilongwe in the Central Region leading our program, and recently one in Mzuzu in the Northern Region.

At KCH, the team treats a wide range of conditions requiring surgical interventions including traumatic injury, appendicitis, typhoid, hernias, congenital malformations and removal of tumours. Patients range from one day old babies weighing less than two kilograms to teenagers.



The KCH paediatric surgery unit has become a regional training center. In 2019, trainees from Zimbabwe and Zambia visited for six months, one winning the prize for paediatric surgery in her final exams, competing against surgeons from many countries in the region. In 2020 we launched a five-year paediatric surgery training program in Malawi accredited by the College of Surgeons of East, Central and Southern Africa (COESCSA). Two students from South Sudan joined our training program in 2021 and will go on to become South Sudan's first paediatric surgeons.

Improvement of care of children at KCH undergoing anesthesia was identified as a need. Due to COVID-19 travel restrictions, trainees were not able to access the only anesthesia training program on the continent outside of South Africa in Kenya, so an anesthetist from the United Kingdom instead travelled to Malawi to mentor the trainees. KCH also received its first physician anesthetist in September 2021 to augment the care provided by anesthetic clinical officers that we trained in 2019.



## TSP-TINGATHE

Tingathe, which means “together we can” in Chichewa, is a Technical Support for PEPFAR (TSP) program that supports the Ministry of Health to accelerate progress toward achievement of the “95-95-95” targets established by the United Nations for HIV epidemic control in Malawi through implementation of cost-effective and innovative interventions to increase HIV case finding, linkage to treatment for HIV, management of associated conditions including tuberculosis, and viral load suppression among people living with HIV (PLHIV).

The program is implemented under a bilateral cooperative agreement with Baylor Foundation Malawi designed to:

- 1.** Increase uptake of optimized HIV case finding strategies,
- 2.** Improve treatment coverage and retention services,
- 3.** Improve and optimize HIV care and treatment services,
- 4.** Increase viral suppression for PLHIV,
- 5.** Increase uptake of prevention services for targeted populations, and
- 6.** Health systems strengthening (HSS) for the HIV response.

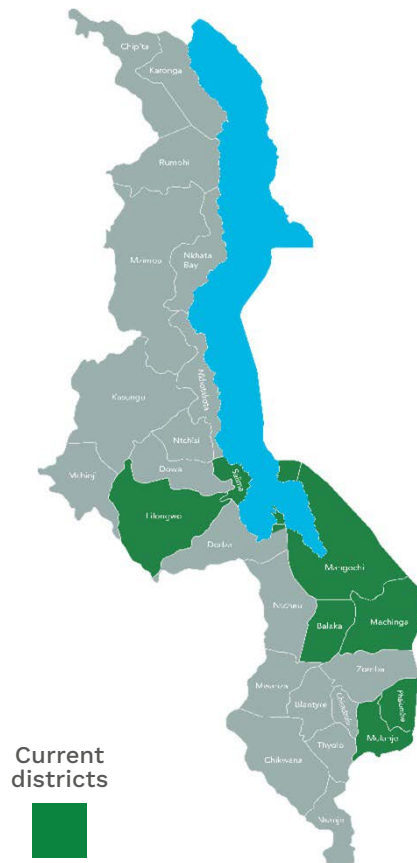


The TSP-Tingathe program has continued to strengthen Malawi’s health system through human resources support, helping establish efficient systems, promoting quality service delivery, and assisting with basic infrastructure, and participates at various national level forums in collaboration with Ministry of Health, USAID and other partners, including national technical working groups, task forces, and strategic development teams.

During the reporting period, TSP-Tingathe implemented four key approaches: optimized HIV case finding (index case testing, HIV self-testing); retention, adherence, and back-to-care; strengthened viral load cascade and optimized ART; and TB/HIV case identification and management. The delivery model was designed around the use of high-quality data to improve service delivery, infrastructure, human resources for health, and systems and processes in order to improve health outcomes across the 95-95-95 cascade.

**High-quality Service Delivery:**

TSP-Tingathe provided a comprehensive chronic care and treatment package to people living with HIV (PLHIV). The package featured comprehensive HIV services across the 95-95-95 cascade including HIV diagnosis and linkage to life-saving ART; screening, diagnosis and treatment of advanced HIV disease including TB and other comorbidities; automatic enrollment of new and returning-to-care clients in the newly launched Takulandirani-Welcome Care; client-centered adherence support and ART optimization to promote viral suppression; access to critical prevention services including cervical cancer screening and early treatment/referral, screening for, and management of gender-based violence . The TSP-Tingathe care model catered and adapted flexibly to the needs of men (adjusted clinic hours, male-only clinics, ART refills at workplaces; robust index and self-testing services), young people (strong linkages with partners, Teen Clubs, sexual and reproductive health services), and women and children (early infant diagnosis, mother-infant pairing, paediatric regimen optimization and support groups).





*Infrastructure Investments:*

TSP-Tingathe invested in infrastructure to enable clients to move more seamlessly through health facilities and to optimize privacy and confidentiality. Site assessments were conducted to determine needs and TSP-Tingathe responded with infrastructure investments that enhanced the client-centred experience, and the working environment for staff.

*Human Resources for Health:*

Baylor Foundation Malawi implemented its health workforce model in TSP-Tingathe districts to improve program performance. This included planning, deployment, training, and mentorship for delivery of the comprehensive service package, and direct clinical care supported by shifting and recruitment of additional health worker cadres, including nurses, clinical officers, and medical assistants for site-level management of advanced HIV disease, and ART care delivery directly to clients. A key feature of Baylor-Malawi's HRH model is the use of community health workers to improve HIV services. With established success in training and supervision, Baylor Foundation Malawi recruited, selected, trained, and supervised nearly 1,000 lay health workers in TSP-Tingathe supported districts.

*Efficient Systems:*

During the twoz final project years, TSP-Tingathe laid the groundwork for sustainable performance at all 118 supported sites, including assessing site needs, hiring staff, implementing interventions, and rapidly enacting uniform systems for service delivery across sites.

*Robust Partnership Framework:*

The TSP-Tingathe approach to partnership management included senior level partnership management, joint partnership agreements, clear meeting agendas, efficient and productive meetings, recording of partnership decisions, and communication on partnership activities to USAID and stakeholders in a timely manner. The foundation coordinated and collaborated closely with various partners in supported districts

*Flexible Programming in COVID-19 Context:*

Malawi was impacted by several waves of COVID-19 during the reporting period. The TSP-Tingathe delivery model was rapidly adjusted in response to COVID-19, with the aim to keep staff and clients safe and healthy, and maintain delivery of high-quality, essential HIV services, such as life-saving ART. TSP-Tingathe cut back services during the pandemic following government of Malawi guidance and then delivered “surge” services to catch clients up on health care they had missed. Surge programming led to marked improvements in performance, and generated lessons and best practices that have been applied to enhance routine programming.

By March 2021, the COVID positivity rate had dropped and Tingathe continued to focus on delivering “surge” services to clients who were unable to receive them during the first and second COVID-19 wave due to guideline restrictions, with specific attention to clients who were unable to be reached for viral load collection and case finding. Staff in each site continued to implement best practices and site-specific interventions developed during the “Surge 2.0” and integrated into routine programming.

Innovations and best practices developed and implemented during the first and second wave incorporated in routine programming include: phone-based psychosocial support (; remote supervision by programmatic supervisors using daily WhatsApp reporting and weekly phone calls; expanded phone tracing; continued the use of the paediatric drug optimization tool to facilitate remote support for transition of clients to DTG-based regimens; enhanced supply chain support to address supply chain challenges related to global shortages; enhanced and integrated TB/COVID screening and referral; enhanced infection control protocols; provision of personal protective equipment; development and deployment of COVID-related training for providers as well as health talks/education for clients about COVID; remote and video-based counselling.

During the final year of TSP-Tingathe implementation, the program continued to implement a hybrid model of in-person and virtual methods of training and mentoring of both internal and external staff to maintain quality standards in HIV service provision. Client feedback was sought via anonymous exit interviews with clients about a range of client service topics and feedback used to adjust programming to deliver client-centered care. Program adaptations were made in response across the three 95's resulting in improved performance across key indicators.

**...phone-based psychosocial support (; remote supervision by programmatic supervisors using daily WhatsApp reporting and weekly phone calls; expanded phone tracing...**



# TESTIMONIES



(Nkhwazi Health Centre - Mchinji) Ketrina, a 14-year-old girl, is a victim of a divorced family for years now. She stays with her mother and stepfather who is financially unstable. The teen lacks good parental care and support as her stepfather always insults her and publicly discloses her HIV status around. Ketrina struggles with her adherence because of her home condition and reactions from community around. She has gone through a number of Intensive Adherence Counselling (IAC) sessions after joining Teen Club and home visits. Both parents were engaged during Guardian Sessions forums. These interventions helped to improve the home environment and her adherence to medication. Ketrina continues in care and is happily attending Teen Club monthly.

*"It is through guardian sessions that my parents and more especially my father were engaged and opened up and now my home environment has changed for the better and thanks to the teen club. I am now happy and my health has improved."*

**Ketrina**

(Gillime Mission Hospital – Mchinji) Chiku (not real), a 17-year-old adolescent boy, his challenges started due to late and accidental disclosure that happened at the age 16 years. He immediately went into denial that stimulated some negative behavior, within the same year he started stealing, smoking Cannabis, and drinking beer. This led to poor adherence to medication. He was enrolled in Teen Club in 2019; this ignited something new in him. The peer connection and support he got from mentors and fellow adolescents played a big role in rebuilding his character. With time, Chiku's behaviour has completely changed to a more positive and admirable one both at home and Teen Club. He is now adherent to treatment.

*“My late and accidental status disclosure was a shock to me, I felt bad and I discontinued treatment. After some time I was sick for a considerable period, one day when I visited the clinic, I was started on a fully disclosure process and I am happy to be enrolled in a Teen club where I met new friends and went through life skills sessions that have changed me for the better.”*

### Chiku

(Tembwe Mission Hospital – Mchinji) Mary and Jane (not real names) are girls in their late adolescent stage and sexually active. Being sexually active and living with HIV put them in danger of contracting STIs, pregnancy, transmission and resistant virus. Their challenge was accessing Sexual and Reproductive Health (SRH) services; they were shy, afraid of being judged and questions from adults and did not know where to access them. When they joined Teen Club, they opened up to say they did not know where to access SRH information, services e.g. Condoms. The girls used to come with their parents during normal ART clinic days (before joining Teen Club) for drug refill, which posed a challenge for them to access SRH information as well as condoms. Right now, they are able to access SRH information and services without any hindrance at the Teen Club.

*“Jane and myself have known our sexual and reproductive health and rights through Teen Club and now we are able to access contraceptives without fear. “*

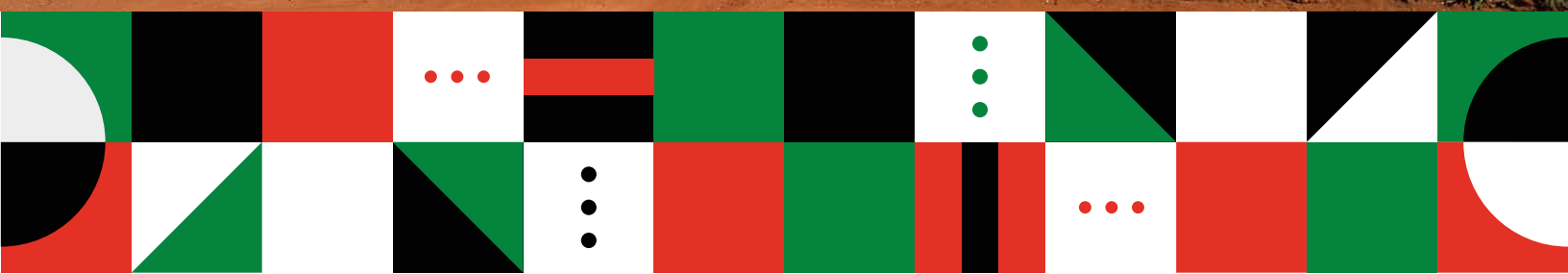
### Mary



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20

21



Global Health  
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