

BAYLOR COLLEGE OF MEDICINE
CHILDREN'S FOUNDATION
MALAWI 



BAYLOR
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MEDICINE
Children's
Foundation
MALAWI

2020

BIPAI Baylor International
Pediatric AIDS Initiative
at Texas Children's Hospital®

BAYLOR COLLEGE OF MEDICINE
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Foundation
MALAWI


Texas Children's
Hospital®

Baylor
College of
Medicine

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION

MALAWI

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BIPAI HISTORY AND SCOPE



“I am extremely honored and proud of BIPAI’s accomplishments in its first 20 years. BIPAI is committed to its vision and mission and the people it serves despite the ongoing challenges presented by the COVID-19 pandemic and any other issues the future might bring. We have a strong foundation and a team of dedicated experts willing to care for those in need and to support and train others to do the same.”

Michael Mizwa
Chief executive officer

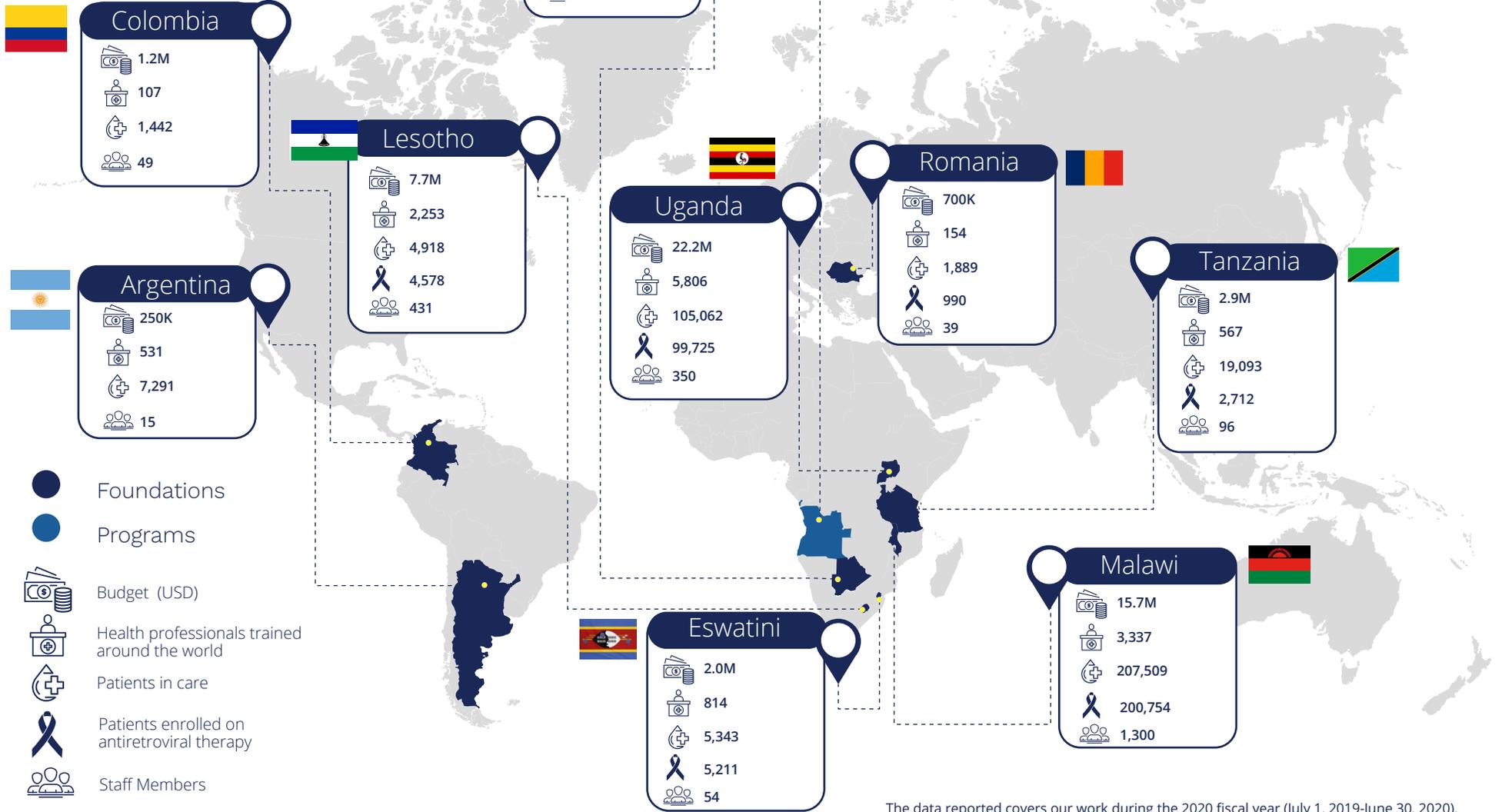
Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) at Texas Children's Hospital is the largest care and treatment network based at an academic institution supporting programs for HIV-infected and -affected children in the world. BIPAI consists of a network of nine independent, non-governmental organizations (NGOs) operating 14 Centers and satellite centers of excellence that provide comprehensive outpatient care for more than 350,000 children and families worldwide. Over the past 20 years, BIPAI has also evolved its mission beyond HIV to include comprehensive health programs designed to work within the local health systems and improve maternal and child health outcomes. BIPAI provides technical assistance to its network to ensure the highest level of quality care and treatment, education and training for health professionals, and operational research to improve patient care.





BIPAI Network Statistics

- \$59.5M** → Budget (USD)
- 138,432** → Health professionals trained around the world since 2003
- 365,559** → Patients in care
- 319,285** → Patients enrolled on antiretroviral therapy
- 2,468** → Staff Members



- Foundations
- Programs
- Budget (USD)
- Health professionals trained around the world
- Patients in care
- Patients enrolled on antiretroviral therapy
- Staff Members

The data reported covers our work during the 2020 fiscal year (July 1, 2019-June 30, 2020).





EXECUTIVE DIRECTOR'S LETTER

2020 has been a year where the world has gone through one of its most difficult times due to the COVID-19 pandemic. This led to a number of adjustments in how we socially interact and also how we operate in our day-to-day activities. Most of the Foundation's core activities were scaled down after the Ministry of Health (MoH) enacted measures to help manage the spread of the pandemic in the country. During the same period, the Foundation had most of its Global Health Corp doctors return to their respective countries before borders were closed. During this time and the months that followed, outreach activities slowed down tremendously with only daily clinical services continuing but with less numbers seen per day. The Foundation's response to COVID-19 outbreak in Malawi and infrastructure put in place to protect staff and patients has been briefly shared at the end of this report.

Months before the pandemic, the Foundation, with funds from the Global Fund, kick started a new project which continues to scale up Teen Clubs. Twenty four new Teen clinics were established in six districts in the country supported by the Adolescent Program. The Program continues to provide virtual technical support to the newly established and old Teen Clubs funded by UNICEF-Malawi.

Our Foundation remains the largest provider of HIV care and treatment in the country with more than 90% of our patients on antiretroviral therapy (ART). This financial year, we had 24 third line genotyping samples sent to South Africa and currently five of our patients are on third line medications. Our clinic continues to provide holistic care to all patients on ART including nutrition support, tuberculosis (TB) screening, Visual Inspection with Acetic Acid (VIA) for cervi-cal cancer screening and sexually transmitted infection (STI) screening to the adolescents and their guardians. With the STI care and support, MoH officially recertified the Foundation as an STI clinic.

The Maternal Health Program, at Kamuzu Central Hospital (KCH), continues to support Ministry of Health and College of Medicine (COM) in teaching obstetrics and gynecology residents from Malawi and other countries, as well as medical officers, interns, clinical officers and midwives. At Area 25 District Health Centre, Baylor-Malawi facilitated construction of a maternity unit, a four-room operating theatre suite and recently a new maternity extension. As a result, demand for services at the Rural Health facility has increased from 1,600 deliveries per year in 2013 to now a projection of over 7,000 deliveries by the end of 2020.

The Foundation continues to provide pediatric surgery services at KCH through provision of a full time pediatric surgeon. From Jan to Aug 2020, we logged 283 cases in the operating room, a drop in our usual output which is attributed to COVID-19 related restrictions as elective sur-geries were stopped in April. Of these, 165 were major cases such as congenital anomalies, tumour resections, abdominal and urological operations. 118 were minor cases such as hernias and biopsies. There were also many cases done with sedation on the wards, which are not logged, and mostly include the cleaning and suturing of wounds and draining of pus from ab-scusses.

The hematology-oncology services at KCH have continued to expand over the years as part of Texas Children's Global HOPE program (Global HOPE). The Program's dedication to excellence in the care and treatment of children globally has enabled it to build capacity of doctors and nurses locally and internationally on application of state-of-the-art treatments and cutting-edge research on can-cer and blood disorders. The hematology-oncology clinic this year relocated from the main campus of KCH to the Malawi National Cancer Center on April 14.

Finally, our Tingathe program, implemented under the Technical Support for PEPFAR Programs in Southern Africa (TSP) continues to provide technical assistance to the Ministry of Health on comprehensive HIV services in an effort to achieve the UNAIDS 95-95-95 targets throughout Malawi. The program has also continued to strengthen Malawi's health system through human resources support, helping establish efficient systems, promoting quality service delivery, and assisting with basic infrastructure in seven districts in the country.

Sincerely,
Phoebe Nyasulu, MBA
Executive Director





MISSION

To provide high-quality, high-impact, highly ethical pediatric and family-centered healthcare, health professional training and clinical research, focused on HIV/AIDS, tuberculosis, malaria, malnutrition and other conditions impacting the health and well-being of children and families worldwide committed to improving the health and lives of children and families globally

VISION

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



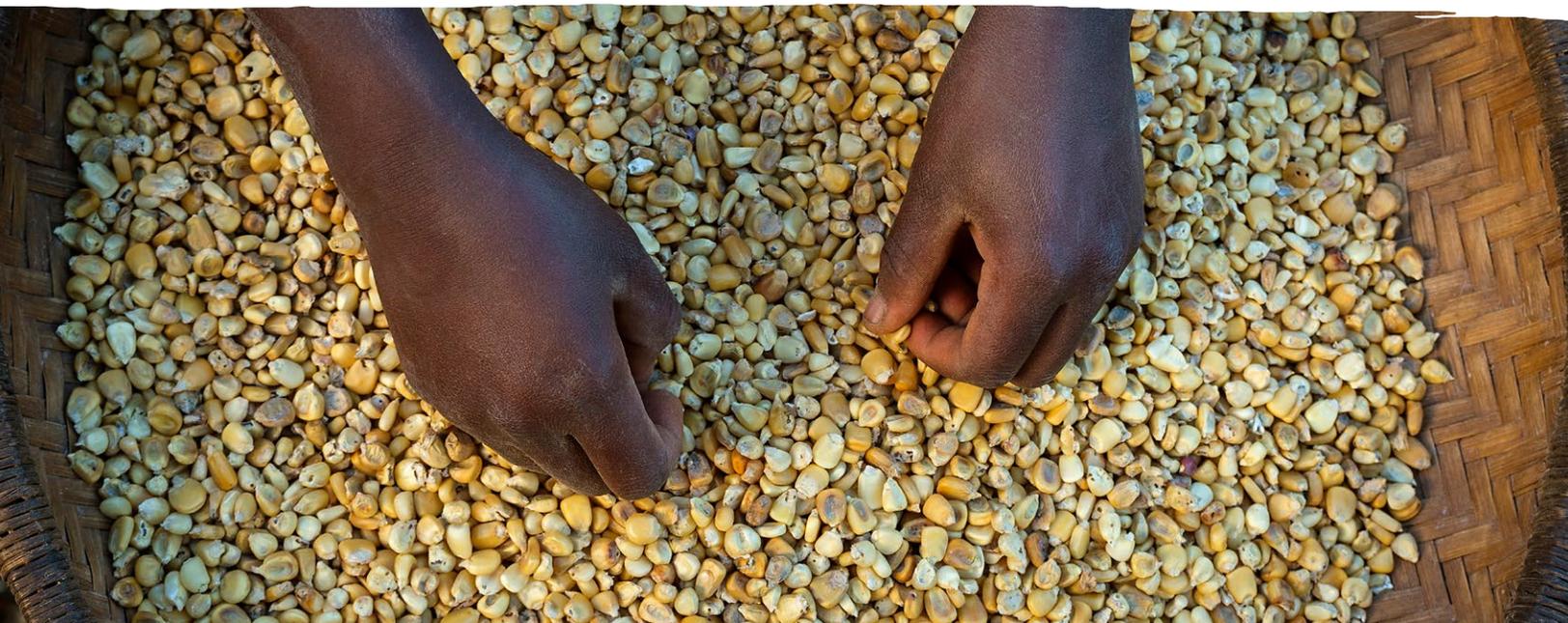
BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION

MALAWI |

The Baylor College of Medicine Children's Foundation – Malawi (Baylor-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-Malawi was registered as a trust in August 2005. The MOU was subsequently renewed at the expiry of the first one. Like the other BIPAI-affiliated foundations in Botswana, Lesotho, Eswatini, Uganda Tanzania, Romania, Colombia and Argentina, we have three main areas of focus: service delivery, training and research, in that order of priority. Our original mission was to improve the health and lives of HIV-infected children and families through high quality, high impact, ethical, state-of-the-art comprehensive care and treatment, training of health professionals and clinical research. Baylor-Malawi has now been operating in Malawi for nearly fifteen years. Over the years we have broadened our mission to include maternal health care services, mainly at Ethel Mutharika Maternity Wing at Kamuzu Central Hospital (KCH) and Area 25 Health Centre, pediatric oncology at KCH, pediatric emergency medicine on the pediatric ward at KCH and pediatric surgical and anaesthesia services at KCH. Through its main outreach arm, the Tingathe Program, Baylor-Malawi assists the MoH in improving prevention of mother-to-child transmission, early infant diagnosis, and pediatric HIV care and treatment services through onsite mentorship teams in various districts of the country, but currently is working in seven districts in Central and South eastern Malawi: Salima, Lilongwe, Balaka, Mangochi, Machinga, Mulanje and Phalombe.

HIGHLIGHTS 2020

- Managed to secure funding from ActionAid Malawi under the Joint TB/HIV Global Fund Grant, on Adolescent Girls and Young Women programing to be implemented in six districts.
- Managed a smooth transition when the former Executive Director, the late Dr. Peter Kazembe, retired.
- Baylor-Malawi COE was officially recertified as a sexually-transmitted infection (STI) clinic by the Malawi MoH and continue to provide VIA for cervical cancer screening.
- Organized the first pediatric oncology nursing and pharmacy workshop titled, “Exploring Pediatric Oncology Nursing and Pharmacy: Bridging Knowledge and Skills,” at Kamuzu College of Nursing Lilongwe, with over 150 attendees from all over the country.
- Global HOPE Malawi officially relocated from the main campus of KCH to the Malawi National Cancer Center on April 14, 2020.
- A unique partnership between Texas Children’s Global HOPE, Teva Pharmaceutical Industries Ltd and Direct Relief (a humanitarian aid organization) brought medicines to help improve the lives of children with cancer in Sub-Saharan Africa. This initiative has been piloted in Malawi.
- First longitudinal sickle cell clinic for children established in Lilongwe, Malawi through collaboration between Global HOPE, University of North Caroline Project and KCH. Global HOPE Malawi actively supports the provision of essential medications for management of sickle cell disease.





- Baylor-Malawi, through the HTC team, has consistently tested 98% of children and guardians admitted to inpatient pediatric services.
- Baylor-Malawi, through its outreach program Tingathe, managed to screen 9,444 HIV positive women for cervical cancer.
- Designed and constructed a nine-bed labor ward extension at Area 25 Health Centre, which was opened for service in June 2020 and development of a small neonatal ward with five beds to avoid neonatal transfer to the referral hospital.
- Reduced the number of stillbirths, early neonatal deaths and surgical complications. No maternal deaths and full implementation of the WHO Safe Surgical Checklist and 100% use of prophylactic antibiotics.
- Successful procurement of funds from USAID for bridge funding for the Malawi College of Medicine Obstetrics & Gynecology residency program.
- Implemented 4 Camp Hope sessions with a total of 305 (155 female, 150 males) newly disclosed teens 10-15 years old where adolescents experienced an environment that had a strong emphasis on learning, empowerment, and treatment adherence, future planning guidance, improved nutrition and personal hygiene.
- Partially accredited by COSECSA (College of Surgeons of East Central and Southern Africa) as a training centre for pediatric surgery.
- Awarded a \$50,000 grant to improve pediatric anaesthesia on our unit at KCH





KEY NUMBERS

\$17.8M
Budget
(Usd)

3,121
Patients in Care

1
Center of
Excellence

119
National
Outreach Sites

107
Staff at COE

1,193
Staff at
Outreach sites

6
Publications



PROGRAMS



Clinical Officer Rankin Kachingwe donates blood at our second annual blood drive in conjunction with the Malawi Blood Transfusion Service

Care and Treatment

3,121

Active patients at COE in Lilongwe, with 2,829 of them on ART

The Baylor-Malawi Clinical Center of Excellence (COE) remains the largest provider of pediatric HIV care and treatment services in Malawi. The COE in Lilongwe has an active caseload of about 3,121 patients, with 2,829 of them on anti-retroviral therapy (ART). In the reporting period, the COE had an average enrollment of 20 new patients per month. We provide comprehensive care to an average of 102 patients every work day.

1,756

Viral load samples, of which 83.9% were suppressed

Baylor-Malawi continues to perform routine and targeted viral load tests on its patients to monitor the efficacy of ART. In the reporting period, we sent for testing a total of 1,756 viral load samples, of which 83.9% were suppressed. We have created a new database for our third line genotyping samples, and have sent 24 samples for genotyping in South Africa and currently have five patients on third line medications.

We were officially recertified as a sexually-transmitted infection (STI) clinic by the Malawi MoH and continue to provide VIA for cervical cancer screening. We have referred all of those who screen positive to KCH for further treatment and care.



Baylor-Malawi clinical officers and pediatricians continue to provide pediatric HIV care consultations in KCH pediatric wards. We also mentor KCH clinicians and medical students with the goal of improving their knowledge in pediatric HIV management and general pediatrics.

We continue to strive toward a holistic approach to each patient. At Baylor-Malawi, we work closely as a team with the clinicians, nurses, HIV testing counselors, psychosocial counselor, social workers, community health team, nutrition counselor, peer supporters, lab and pharmacy to treat the patients and their families. An example of this holistic care is a group that we started for caregivers of HIV infected infants and young children. Given that there are limited options in ART formulations for infants and young children, and many parents and guardians have difficulty administering the pellets and granules that are available, we started a group for these caregivers. This group is run by the psychosocial counselor and the community health nurse and meets monthly. The guardians are able to learn from each other and from the experienced nurse as well as gain the support from each other and the psychosocial counselor.

HIV Testing and Counseling Services and Prevention

20,000

Clients tested

Baylor-Malawi continues to lead HIV testing at KCH through its Provider Initiated Testing and Counseling (PITC) program, and tested nearly 20,000 clients during the 2019-2020 reporting period. Of that, 19,277 were negative and 225 were newly positive. Our goal is to offer and provide HIV testing for all patients and guardians on the pediatric ward and the outpatient Under-5 Clinic at KCH. The counselors work at the COE and in the hospital and provide testing and counseling seven days a week.

98%

Of children and guardians admitted to the inpatient pediatric services

The full range of services that are provided with HIV Testing and Counseling (HTC) are pre- and post-test counseling, and subsequent linkage to appropriate HIV prevention, treatment, care, and any other clinical and support services required. HTC also works directly with laboratory services to support quality assurance and delivery of correct results. We are proud of the HTC team's efforts, as they have consistently tested 98% of children and guardians admitted to the inpatient pediatric services.

The HTC team continues to mentor and train students and new graduates, and to work closely with the local community. In March 2019, Baylor-Malawi HTC team received three newly qualified employees who were under mentorship for six months, and who now are working independently. They also mentor newly qualified counselors and students from the three colleges surrounding KCH. Baylor-Malawi counselors are called upon to be part of the team at the MoH, Department of HIV/AIDS assisting in development of guidelines. Baylor-Malawi has worked closely with Lilongwe City Council in honoring the International Memorial days such as World Aids Day and International Candlelight Memorial.



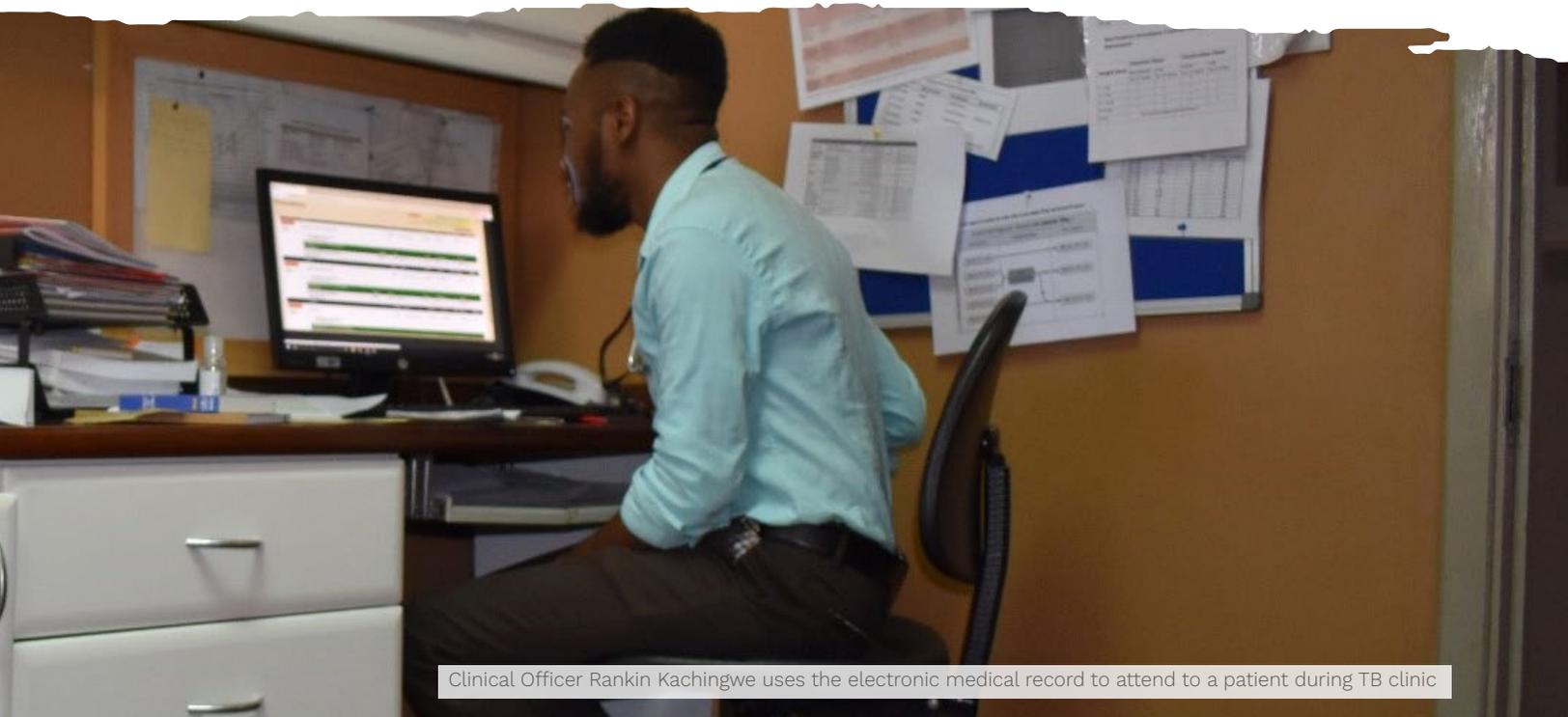
HTC Success Story – Point-of-Care Machine

The HIV epidemic in Malawi has affected every sector of the society, children included. To address this challenge, The Malawi Strategic Plan for HIV and AIDS (2015-2020) endorsed the joint United Nations Program on HIV/AIDS 90-90-90 Treatment Targets in 2020 for epidemic control by 2030. In view of the above statement, the Children's Ward at KCH and Baylor-Malawi received a donation of a Point-of-Care Machine from Clinton Health Initiative which has put smiles on the faces of the caregivers. It is a fully automated machine that processes and analyses whole blood specimen in a cartilage in less than an hour. It detects HIV1/2. It has shortened turnaround time for test results and has decreased transport costs for guardians which is a big issue amongst our caregivers. As soon as the client gets a positive result, the client is linked to care right away. The client is monitored throughout to make sure that the viral load is suppressed. The machine has restored hope to our care givers and it is a source of pride to the entire HTC team. At the same time, we can happily say that we are in line with the strategy of 90-90-90.

TB Screening and Clinic

We screen every patient during triage for symptoms of TB. For those who show symptoms, we continue to use chest radiograph, GeneXpert MTB/RIF on sputum and focused assessment with sonography for HIV associated TB to aid in diagnosis.

On Tuesdays of each week, we have a clinic specifically for patients with HIV who are also on TB treatment. The goal is to centralize care so that patients receive all medications under one roof and ensure that they are not delayed in receiving care.



Clinical Officer Rankin Kachingwe uses the electronic medical record to attend to a patient during TB clinic





Prevention of Mother-to-Child Transmission

97
young mothers
were seen in
the three sites

Baylor-Malawi continued supporting the three sites with funding from Positive Action for Children's Fund. During the reporting period July 2019 to June 2020, a total of 97 young mothers were seen in the three sites out of the 60 targeted per annum, representing 161% young mothers reached. We received additional funding from UNICEF to implement Young Mother Clinics in three districts, namely: Mangochi at Malombe Health Centre, Nkhatabay District Hospital and Mulanje at Muloza Health Centre. A total of 377 clients have been enrolled in the three new sites.

Achievements

- The program trained a total of 11 providers in STI service provision, six providers on cervical cancer screening, five on Youth Friendly Health Services in order to create demand for such services.
- The program conducted guardian sessions in all sites to share best practices in supporting young mothers.
- All Infants tested for DNA-PCR at six weeks were negative.
- Cooking demonstrations were held at all sites.

Challenges

- One infant whose mother decided not to come to the clinic for eight consecutive months, had a positive DNA_PCR test result.
- Most young mothers have not disclosed their HIV status to their partners. The program is working on a strategy for male involvement.

Adolescent



24

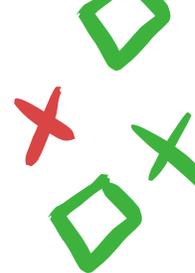
Teen Clubs in
six districts

ActionAid Malawi under the Joint TB/HIV Global Fund Grant, is delivering a contextualized Adolescent Girls and Young Women (AGYW) module in line with the national AGYW strategy. The AGYW program has funds to support Adolescents and Youths Living with HIV (AYLHIV) through provision of health-center based comprehensive clinical and psychosocial care. Under the Joint TB/HIV Global Fund Grant, Baylor-Malawi was sub-granted to establish and manage 24 Teen Clubs in six districts (including the COE Teen Club) namely Lilongwe, Dedza, Mchinji, Balaka, Mangochi and Kasungu from July 2019 to December 2020. Baylor-Malawi's technical support through the Teen Club programming includes trainings, on-site support and mentorship, attachment to mentorship sites and provision of programming supplies (i.e. curriculum, learning and writing materials, sports supplies, and other indoor and outdoor games).

Within the shortest implementation period, Baylor-Malawi managed to partner with EGPAF in Mchinji and One Community in Mangochi who will financially take over supporting Teen Clubs

after Baylor-Malawi moves out of these districts. This will allow continuation of psychosocial support among AYLHIV apart from the clinical care that health facilities provide. Between July 2019 and March 2020, the project registered 41% enrollment (1,021 out of 2,500), which was fairly low due to the project's focus on training MoH staff before enrollment. During this period, Baylor-Malawi Peer Supporters helped teens from some facilities to be enrolled in Teen Club. Retention up to March 2020 was at 100%. This was because absolute numbers were small. Baylor-Malawi, however aims at maintaining retention percentages at above 95% yearly. Viral suppression was also low this reporting period. This was due to delayed viral load (VL) results for some adolescents. Apart from supporting facilities in implementing routine drawing of VL, Baylor-Malawi is also supporting district hospitals facilitate shorter periods of receiving VL results for adolescents. For those adolescents that had their results and had high VL due to poor adherence, recommendation for Intensive Adherence Counselling (IAC) was done, which we hope will bring about improvement in medication adherence and then have suppressed viral loads.





Knowledge is Power – A Success Story

Karen is a 13-year-old orphan living with HIV from Msakambewa village in Dedza.

“I was born with the virus, which was what my parents told me. I am the only child born with the virus in our family of five and I am the last born. I was exposed to the virus at birth and started taking medication at the age of two. I was excited when I was introduced to teen club since this is a platform where we share experiences and challenges faced by adolescents living with the virus.”

Karen and her siblings live with their grandmother, and her eldest brother takes care of the family. Karen was being stopped from taking ARVs by her brother. The brother believed that buying herbal drugs and giving it to her could help get rid of the virus from his sister’s body.

“My brother would beat me up each time I go for checkup and refills. This did not stop me from taking my medication since I know the importance of consistent taking of medication. It improves my adherence and results in a suppressed viral load. I talked to my sister of the torture I was experiencing and we reported the matter to the facility doctor who also supports Teen Club. My brother was requested to go to the clinic and was enlightened on the importance of taking medication and the dangers of not adhering to medication. He is now a changed person and encourages me to take my medication. He now not only reminds me of my clinic visit days but also escorts me at times during guardian sessions. I am happy now because my brother stopped beating me and I take my medication freely.”

Teen Club is essential in terms of providing a very conducive environment for the teens when getting medication. Teen club is a one weekend day a month, facility-based meeting that aims at providing comprehensive quality clinical care and psychosocial support to adolescents and youths living with HIV. It provides a peer support network and safe environment for adolescents to address the many challenges of living with HIV.





Camp Hope

In July to September of 2019, Serious Fun Children’s Network, Access Health Africa, and Baylor-Malawi with local clinical partner Light House Trust collaborated for the ninth year to plan and implement Camp Hope-Malawi Children’s Retreat Program. These organizations shared responsibilities for Camp Hope, which resulted in an empowering and positive experience for youth living with HIV in Malawi. All four partners continue to demonstrate ownership, responsibility and commitment to the Camp Hope program. This year Camp Hope had four sessions with a total of 305 (155 female, 150 males) newly diagnosed teens of 10-15 years old. As always, staff welcomed campers with huge smiles, glittering painted faces, singing and drums beats, cheering squads, big hugs and lots of high fives. Adolescents experienced an environment that had a strong emphasis on learning, empowerment, and treatment adherence, future planning guidance, improved Nutrition and Personal Hygiene. Campers also had the opportunity to connect with peers facing similar challenges, learn responsibility, self-advocacy and reflection, as well as take advantage of arts and crafts creative zones and talent shows to help with self-discovery and confidence.

Camp is home! Camp is family! – A Success Story

Thokozile says “I was so excited to go to camp for my very first time, while I had been to Teen Club for a few months, camp was a whole new and amazing experience!”

“At camp, I was able to connect with new friends, play different games and enjoy the cooking demonstration. I took on adventures and tried new things while taking medication together with my friends. I don’t need my mom to help me do anything. I fit in and I’m just like everybody else. And that’s what means the most to me now. At camp, we are one big family it is more than home! It is a loving environment. I’ve even decided that when I grow up, I want to be a pediatrician so that I can help other children too. When we arrived at camp, there was a banner that said “Nzotheka” (It’s possible). Camp is a place of possibilities. Camp is family to me. There’s no place else on earth where I felt so included. Thank you for the amazing gift of camp. I can’t wait to go back as a Leader In Training,HAHAHA” she laughed.



Nutrition

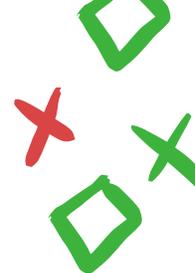
The Baylor-Malawi nutrition team prevents, treats and manages malnutrition and nutrition related disorders in children and adolescents living with HIV. Their specific objectives are to maintain and expand nutrition knowledge, maintain or restore a healthy body weight, prevent or control micronutrient deficiencies, and to treat or minimize HIV or medication related complications that interfere with intake or absorption of nutrients. Through this we can support adherence to medication, prolong life and improve quality of life.

The nutrition department oversees nutrition assessments during every patient visit at the Baylor-Malawi COE, and they counsel, educate and provide therapeutic and supplementary feeds to our malnourished patients.

Due to COVID-19, the department has had to make changes for the process of screening and treating malnutrition, but the actual services for the treatment of severe acute malnutrition (SAM) or moderate acute malnutrition (MAM), the provision supplementary and therapeutic feeds, have not been affected. Children and adolescents with MAM are being given three month appointments instead of 1 month so that there is no congestion at the clinic. This affects the monitoring of their nutritional status. There has been a decrease in SAM and MAM cases because of altered detection of malnutrition. For example, from January to June last year (2019), we had supported 1,050 children/adolescent with supplementary feeds for moderate malnutrition, but this year for the same time period, we have supported just 609 children/adolescents with moderate malnutrition. Baylor-Malawi had been receiving supplementary feeds from donors, such as Feed the Children, but the donors stopped supplying these items. Baylor-Malawi, for the first time, took the initiative of buying the supplementary feeds for those who are malnourished and those with critical food security issues ensuring that the supply to our patients would remain constant.

The Nutrition Department has established a model vegetable garden behind the nutrition office to teach clients from the Baylor-Malawi clinic, as well those from KCH and the oncology ward, about community agriculture. During the next financial year, they hope to expand this program and emulate the permaculture designs of the Area 25 Health Centre.





The nutrition department was also responsible for distributing Long Lasting Insecticidal Treated Nets (LLITN) donated by USAID through the President’s Malaria Initiative. From July 2019 to June 2020, the department has distributed about 1,060 LLITNs. The distribution of LLITNs is one of the key tools for malaria vector control.

The nutritionist provides technical support for management of children with Severe Acute Malnutrition (SAM) at KCH and is part of the quality improvement team on the management of SAM. Since the quality improvement interventions were introduced, there has been an improvement in the detection of malnutrition at the Under-Five Clinic at KCH and these children are referred for appropriate care.

With Global HOPE Malawi the nutritional support for children with cancer at KCH has been enhanced as to decrease mortality and morbidity. The primary drivers of the initiative are as follows: identification of malnourished patients; malnourished in-patients receive therapeutic feeds (milk and Ready-to-Use Therapeutic Food) as well daily supplementary feeds with food such as porridge; guardians are taught what constitutes a sound nutritional diet and how to provide it for their children through weekly nutrition education and cooking demonstrations; access for children to nutritional supplements in their communities through strengthened referral system.



Permaculture garden at Area 25 District Hospital



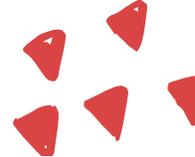
Nutrition Success Story

TN is a 13 year old girl living with HIV. Her HIV status was fully disclosed to her and she was started on ART in 2009. She has also been diagnosed with Kaposi Sarcoma. In addition, she suffers from Severe Acute Malnutrition. Her recovery is slow when compared to the recovery of other children with under-nutrition, probably due to her Kaposi Sarcoma and problems with ART adherence, however, there has been some change. We became concerned that her failure to gain weight was due to failure of second line ART, but after her genotyping was sent to South Africa, the results concluded that her virus was not resistant to the ARTs that she was taking. After many visits with no weight gain despite Ready to Use Therapeutic Food (RUTF) and other medical causes were ruled out, the nutritionist continued to investigate the cause.

TN lives with her grandmother who has been taking care of her since her mother died. Her father is still living but stays in a different location and has since remarried. At first, her father used to send money to her grandmother so that she could buy nutritious food for TN, but he suddenly stopped. That is when TN's nutritional status deteriorated. This information was discovered during discussions with the nutritionist when she tried to find out the cause of the poor nutritional status that did not improve despite TN being provided RUTF for the treatment of SAM. The nutritionist tried to assess the dietary habits of TN, as well as the food security situation at their home. The nutritionist called TN's father. She discussed with him the importance of good nutrition for TN and the need for him to support her with nutritious food. Her father told the nutritionist that he was told by a friend that lives near the grandmother's house that the grandmother sells the food when the father buys them for TN. Therefore, he stopped buying the food. During TN's next clinic visit, the nutritionist told her grandmother about what they had discussed with TN's father. She admitted that it was true that she had been selling TN's food, and she did this so that she could buy other needed household items. The nutritionist explained the negative effect of under-nutrition on TN and the importance of TN eating the foods that her father buys. The nutritionist also advised the grandmother to talk with TN's father so they can work together to support the family's needs. Currently, TN's father provides money for nutritious foods such as eggs, groundnuts and milk, as well as money for other household materials. After this intervention, TN's weight graph is increasing and has moved from SAM to MAM. She is now being treated with Corn Soya Blend for the treatment of MAM.

TN had also attended Camp Hope last year. Camp Hope is a week-long residential, sleep-away style program for newly diagnosed adolescents living with HIV from Teen Clubs and other adolescent related structures. This program integrates comprehensive nutrition activities facilitating the acquisition of sound nutrition practice that can be taken home. TN, after she had attended Camp Hope session, was able to practice better nutrition habits that she learned while at camp. For example, she is able to cook her porridge with CSB that she gets from the clinic in different ways by adding different types of things such as milk, eggs and fruits such as avocado pears. And she is able to recall the Malawi six food groups that she learned while at camp and this helps to guide her on the quality and quantity of foods that she needs to eat in a day to meet all her nutrient needs. This has also greatly helped her to improve her nutritional status. She visits the clinic every two weeks for monitoring and does not miss her appointments.





Play Therapy and Education at Kamuzu Central Hospital

Play Therapy is a form of counseling or psychotherapy that uses play to communicate with and help children to limit and resolve psychosocial challenges. Hospitalized children miss out on significant portions of their school work. Children who stay for longer periods of time or have multiple hospitalizations usually need to repeat a term or even the whole school year. Some do not even return to school to finish their education. During the 2019/2020 financial year, the nutrition department provided the services of Play Therapy and Education. Unfortunately, these services have been disturbed due to COVID-19 such that from February to June 2020, these services were suspended to prevent the spread of the virus.



Nutritionist Susan Mhango holds coloring books and crayons to be used in Play Therapy

Community Health Program

920
patients
visited at
home

We have a successful community health program made up of two community health workers and two community health nurses. Through them, we have been able to bring many defaulters back to care, follow up on HIV+ children who have absconded from the wards (many of them newly diagnosed), follow-up patients who have missed their appointments, link newly diagnosed patients to care and offer emotional support to those who are struggling with the challenges of taking daily medications or other challenges associated with their chronic illness.

During this past reporting period we visited 920 patients at home and called 737 patients. There have been 281 newly diagnosed patients and guardians who were successfully linked to care. Due to COVID-19, we have had to suspend home visits from April 2020 through time of printing, but we have been monitoring missed appointments and calling those with access to telephones.



PACHIMAKE and Pediatric Emergency Medicine at Kamuzu Central Hospital



We are part of a consortium that includes KCH Department of Pediatrics, Malawi College of Medicine, Texas Children's Hospital (TCH), Baylor College of Medicine, Cincinnati Children's Hospital Medical Center, University of North Carolina Chapel Hill / Project Malawi, University of Utah / Primary Children's Hospital. This consortium is known by its acronym PACHIMAKE, the Pediatric Health Alliance for Child Health Improvement in Malawi at Kamuzu Central Hospital, which is also a Chichewa word meaning "the heart of the matter." The goal is to improve the care of acutely ill children at KCH through implementation of effective, coordinated, high-quality clinical, educational, quality improvement and research initiatives. During the reporting period, six pediatric emergency medicine fellows from TCH worked at KCH for one month rotations, and four pediatric emergency medicine attendings spent eight months working at KCH. We had a Global Health Corps pediatrician assigned to educational activities and direct patient care at KCH.

Global HOPE

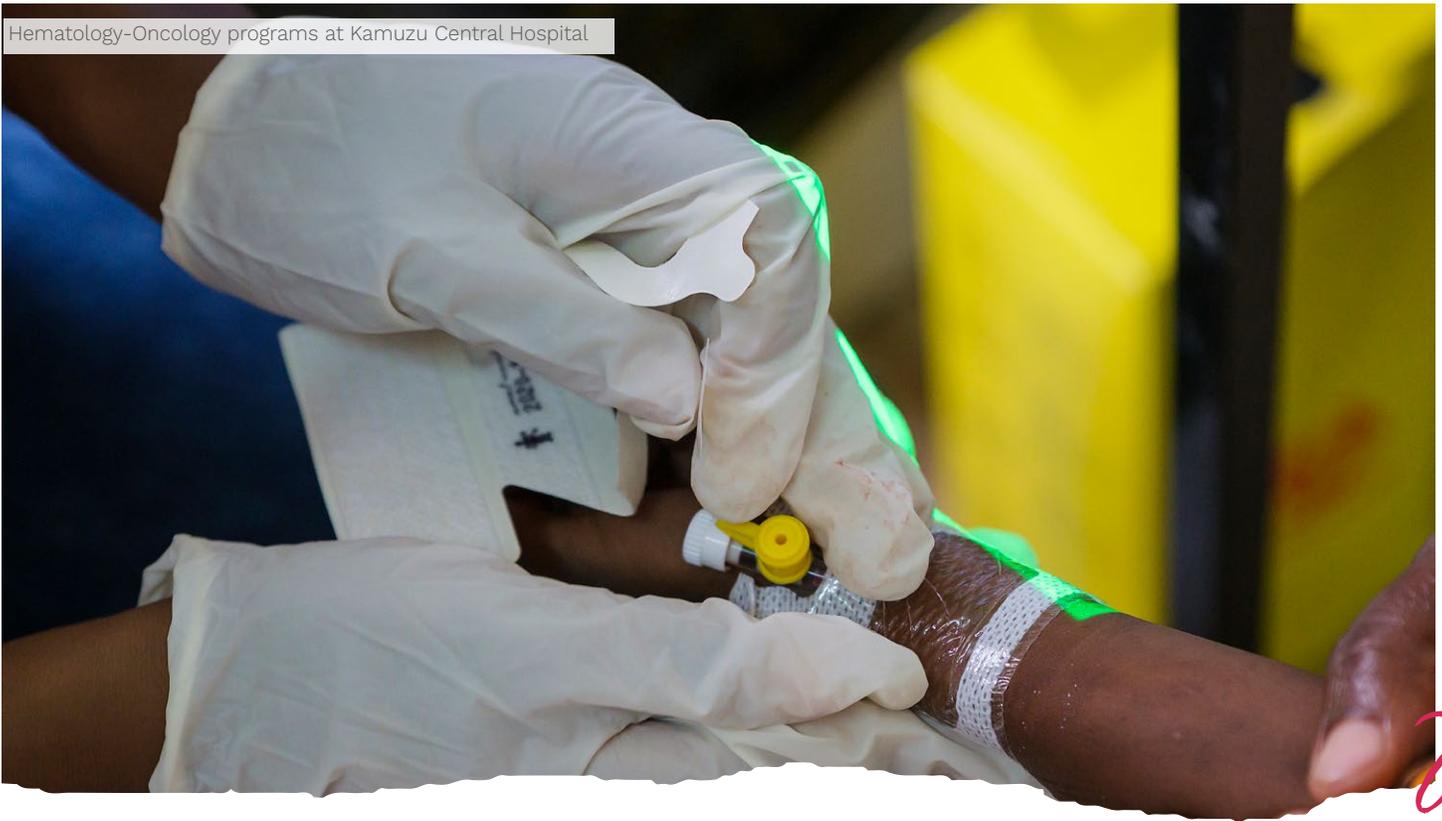
Texas Children's Global HOPE (Hematology Oncology Pediatric Excellence) is a unique, multidimensional initiative to improve pediatric care for cancer and blood disorders in the underserved countries of sub-Saharan Africa (SSA).

Currently operating in three countries, Botswana, Malawi and Uganda, and establishing partnerships with several more in SSA, Global HOPE continues to make great progress in clinical care, education and research. Global HOPE Malawi provides inpatient and outpatient care for children with cancers and blood disorders at Kamuzu Central Hospital, Lilongwe, Malawi.

Updates on Activities/Achievements

Since 2016 more than 700 children have been diagnosed with childhood cancer and received treatment in Malawi, through Global HOPE. More than 1,000 health care workers in Malawi have been trained on the recognition of childhood cancers.

A Global HOPE pediatrician was accepted to the East African Pediatric Hematology-Oncology Fellowship based at the Makerere University & Mulago Hospital in Kampala, Uganda. He is completed training in August of this year, and will be one of two Malawian-born pediatric he-matologist-oncologists in the country.



In February 2020, Global HOPE, Teva Pharmaceutical Industries Ltd and Direct Relief (a humanitarian aid organization) entered a partnership to bring medicines to help improve the lives of children with cancer in Sub-Saharan Africa. This initiative has been piloted in Malawi.

Global HOPE in partnership with University of North Carolina Project and KCH established the first longitudinal sickle cell clinic in Lilongwe, Malawi. This clinic currently has more than 500 active patients. Global HOPE supports the provision of essential medications for management of sickle cell disease.

Global HOPE organized the first pediatric oncology nursing and pharmacy workshop titled “Exploring Pediatric Oncology Nursing and Pharmacy: Bridging Knowledge and Skills.” The workshop was held at Kamuzu College of Nursing in Lilongwe, Malawi on February 6-7, 2020, with over 150 attendees from all over the country.

For the second consecutive year, the International Childhood Cancer Day was commemorated at Baylor-Malawi. The theme was “Iyi Ndi Nkhondo Yathu,” translated as “This is Our Fight.” Over 200 patients, cancer survivors, families and guests were in attendance. The guest speaker was the late Dr. Peter Kazembe.

Global HOPE Malawi was recipient of two grants from the US pharmaceutical company Celgene to support nursing and pharmacy education and a Kaposi Sarcoma program.

Officially relocated from the main campus of KCH to the Malawi National Cancer Center on April 14, 2020.



Maternal Health



At KCH, TCH provides support to all clinical care, educational and research related activities with three consultant level obstetrician gynecologists (full time) and two part time maternal fetal medicine specialists. These providers care for patients and teach OB/GYN residents from Malawi and other countries, medical officers, interns, clinical officers and midwives. They are part of the backbone of the educational effort for the Malawi COM residency program. TCH OB/GYNs, alongside their Malawian counterparts, teach residents the depth and breadth of women's healthcare including: 1.) All causes of direct and indirect maternal mortality and morbidity including postpartum hemorrhage, hypertensive disorders, puerperal sepsis, obstructed labor. 2.) General and specialty obstetrics. 3.) Advanced contraception including Long Active Reversible Contraception (LARC) 4.), general and subspecialty gynecology. 5.) Well-woman care.

3,000

Fistula
surgeries
performed

Dr. Jeffrey Wilkinson was the founding surgeon of the Freedom from Fistula Foundation (FFF) Obstetric Fistula Care Center in Lilongwe, Malawi. This center has been operational for nine years and has performed close to 3,000 fistula surgeries. The center's lead surgeon and medical director, Dr. Ennet Chipungu, is a trainee of Dr. Wilkinson and an adjunct faculty member of BCM. She is also the head of the national Malawi Fistula working group. Malawi COM OB/GYN resident trainees rotate at the Fistula Care Center and graduate from the program competent in preventing obstetric fistula, assessing women with obstetric fistula and performing basic repairs. These graduates then teach other providers about obstetric fistula and the information and skills are disseminated nationally.

7,000

Deliveries
per year

Baylor-Malawi established a public private partnership (PPP) with the Malawi MoH to collaboratively run the Area 25 Hospital (A25) in Lilongwe Malawi. In 2013, a maternity waiting home was built with funding from the Bill and Melinda Gates Foundation. This project was expanded upon with philanthropic and institutional funding to develop a maternity unit, a four-room operating theatre suite and recently, a new maternity extension. As a result, demand for services at A25 has increased. In 2013, 1,600 deliveries occurred at A25 and we are now projecting over 7,000 deliveries per year. The PPP at A25 is led by the MoH matron and in-charge and by two BCM OB/GYN's as medical director and assistant medical director. The assistant medical director is a graduate of the COM OB/GYN residency program. By employing 24/7 coverage of this maternity unit by residency trained obstetrician gynecologists, interand transdisciplinary teamwork activities, continuous quality improvement (CQI), 100% application of the WHO surgical safety checklist (time-out, safety pause) before surgical procedures and 100% rate of prophylactic antibiotic administration as well as numerous other institutional initiatives, we have achieved success eliminating maternal mortality, reducing stillbirth and early neonatal death and reducing the incidence of other major obstetric morbidities including surgical site infection after cesarean.

Pediatric Surgery

Baylor-Malawi provides pediatric surgery services at KCH through provision of a full time pediatric surgeon, Dr. Bip Nandi. Dr. Nandi is a pediatric surgeon from the United Kingdom working at Kamuzu Central Hospital (KCH) in Lilongwe since 2016. Slowly the service at KCH grew to about 600 general anaesthetic cases a year. This was not sustainable and the need was recognized to train local specialist pediatric surgical teams, surgeons, anaesthetists and nurses.

Output

From January to the end of August 2020, 283 cases in the operating room were logged, a drop in our usual output which is attributed to COVID-19 related restrictions as elective surgeries were stopped in April. Of these, 165 were major cases such as congenital anomalies, tumour resections, abdominal and urological operations. 118 were minor cases such as hernias and biopsies. There are also many cases done with sedation on the wards and mostly include the cleaning and suturing of wounds and draining of pus from abscesses.

283

cases in the
operating
room

Our weekly clinic which used to be busy with 40-60 patients, has been halted since the onset of COVID-19. As part of our research effort, we have been trialling a technique new to Malawi where children with gastroschisis (born with their bowels outside the abdomen) are treated non-operatively on the ward. We see about 40 cases a year, although we have a high mortality rate.

Training

2019 ended with a major milestone as our surgery program was partially accredited by COSECSA (College of Surgeons of East Central and Southern Africa) as a training centre for pediatric surgery. In January 2020 our first trainee started. We were awarded a \$50,000 grant to improve pediatric anaesthesia on our unit. Most anaesthetics in Malawi are given by non-physician anaesthetists (NPA's). Anaesthetising a 2kg baby would scare most physician anaesthetists, so NPA's need to be well trained. However there is no specialist pediatric training available for NPA's in Sub-Saharan Africa. To mitigate this challenge, the program planned a six month course, which includes three months training in AIC Kijabe, an exceptional mission hospital with an established anaesthetic programme, followed by three months mentoring in KCH by a United Kingdom pediatric anaesthetist. We hope this programme will develop into a qualification for NPA's on the continent as specialist pediatric NPA's. The potential impact for safer children's surgery in Africa would be substantial. Sadly the programme has been put on hold due to COVID-19. In March 2020, Baylor-Malawi employed a surgical clinical officer to assist with cases.



Equipment

In January 2020, we received a pediatric bronchoscope set. This allows us to put a camera and instruments into a child's trachea. While this has a number of applications, the main one is for removal of inhaled foreign bodies. Previously, they would be sent on a four hour ambulance journey to Blantyre. While some would make it, others would not. Now instead of a nightmare journey, we can offer them effective treatment in KCH. We have used the equipment success-fully six times this year, with no adverse events.



Key Achievements

October 2019 – March 2020

464,776

Clients tested for HIV

12,151

Clients tested HIV positive

2.6%

HIV Testing Yield

12,533

clients living with HIV newly initiated on ART

103%

Linkage to life-saving ART

197,925

Clients currently on ART

88%

Viral Load Suppression Rate

15,141

Adolescent visits to Teen Clubs

89

Teen clubs

518

Survivors provided minimum package of Gender-Based Violence services

9,444

HIV positive women screened for cervical cancer

120

Health facilities supported in 7 Districts

Tingathe

The Tingathe program is implemented under the Technical Support for PEPFAR Programs in Southern Africa (TSP) project, a five-year (2016-2021) bilateral cooperative agreement between Baylor College of Medicine Children's Foundation Malawi (and the USAID Malawi.

This report describes project achievements in semi-annual period (semi-annual progress report -SAPR) that combines quarter 1 and 2 (Q1, Q2) of fiscal year (FY) 20; October, 2019 to March 31, 2020.

The TSP project aims to reduce the impact of HIV/AIDS and attain the ambitious UNAIDS 95-95-95 goals by end of 2020 through care and treatment, prevention and health systems strengthening approaches. Tingathe program supports 120 health facilities in seven districts: Mangochi, Machinga, Mulanje, Balaka, Salima, Phalombe and Lilongwe. Tingathe's work is guided by four key approaches: 1.) Optimized HIV case finding (index case testing, HIV self-testing). 2.) Retention, adherence, and Back to Care. 3.) Strengthened viral load cascade and optimized ART. 4.) TB/HIV case identification and management.

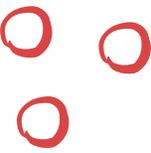


The Tingathe Program, in collaboration with MoH, charts a clear course towards management of HIV/AIDS response in Malawi through focused capacity building and service delivery aimed at achieving HIV epidemic control. In addition, the program continues to assist MOH and influence national health policies to improve pediatric and adult HIV and TB care and treatment services in Malawi. As such the program participates at various national level forums in collaboration with MoH, USAID and other partners, including national technical working groups, task forces, and strategic development teams.

Tingathe, which means “together we can” in Chichewa, supports the MoH to provide comprehensive HIV services throughout Malawi in an effort to achieve the UNAIDS 95-95-95 targets. Tingathe's technical objectives are to optimise the identification of new HIV cases, link HIV+ clients to treatment, retain them in care, drive viral suppression among clients down, and provide gender-based violence (GBV) and cervical cancer services.

The 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. In the first half of the 2019-2020 fiscal year, USAID continued to fund Tingathe to support 120 health facilities in 7 districts.





HIV Case Finding and Linkage to Care

Tingathe is committed to ensuring all Malawians know their HIV status. HIV Diagnostic Assistants (HDAs) and Community Health Workers (CHWs) provided testing to more than 460,000 people during the period from October 2019 to March 2020. Clients are screened by CHWs at multiple health facility service points, including the inpatient and outpatient units, and offered HIV testing at times most convenient to the client, including weekend and early morning testing hours in addition to routine daytime hours. Staff also provides home-based testing to contacts of people living with HIV, including sexual partners and children (known as index case testing, or ICT), and offers HIV self-test kits to clients interested in assisting their family and sexual contacts. ICT remains Tingathe's highest-yield case finding strategy. During this period, Tingathe program staff continually reviewed site-level activities through CQI processes to ensure that case finding strategies remained targeted and appropriate for the facility and clientele served.

Linking PLHIV to life-saving ART and maintaining viral suppression

Once Tingathe identifies someone living with HIV, community health workers ensure that the individual begins life-saving ART. Retaining PLHIV in care and helping them to maintain a suppressed viral load is critical to ensuring their health. To achieve this, Tingathe supports a continuum of care services starting from diagnosis of HIV infection through lifelong services including high-quality, client-focused education, counseling, and client support to overcome barriers to adherence and retention. Pre-ART and ART counselling sessions are provided during the first six months of ART initiation to promote retention during early stages of ART initiation as clients learn to live with a chronic illness.

Clients newly diagnosed with HIV are provided intense, targeted counseling sessions that address the common challenges shared by clients recently diagnosed with HIV. Topics covered include treatment literacy, adherence support, support for disclosure to partner and family and index testing. Clients newly diagnosed and initiated on ART meet individually or in small groups with others who are also recently diagnosed during their follow-up visits during month 1, 2, 3 and 6 and review topics with a community health worker to provide support and enhance understanding of and achieve good retention and adherence. A CHW facilitates care for all new initiation clients through the first 7-8 months of care (until first VL is drawn at six months and a suppressed VL result received), and appointment registers and electronic medical record systems are reviewed to identify and track clients who miss appointments in order to deliver tailored support to help them return to care.

Tingathe continues to support robust programming for adolescents and increased the number of teen clubs supported this year to 148 clubs in order to increase access to comprehensive quality treatment, care and support to adolescents (ages 10–19) living with HIV. Youth mini-symposiums were held in all supported districts to review pediatric ART optimization, delivery of youth friendly health services and provide training on an enhanced teen club curriculum. Trained youth supporters work with adolescents and youth to encourage HIV testing, provide psychosocial support, and promote linkage to care and retention of youths diagnosed as HIV-positive.

COVID-19 Support:

The Tingathe program has taken multiple steps to protect clients, providers, and communities at supported health facilities as healthy and as safe as possible during the COVID-19 pandemic. Support spans all levels of the health system. At national level, Tingathe staff participate in the national International Non-Governmental Organisations forum and the health cluster task force to support the pandemic response. At district and facility level, the teams support district COVID response teams, help coordinate efforts to improve infection control at facilities, provide PPE and oxygen concentrators, provide systems support at site level to improve triage, screening and infection control processes, and develop and implement adjusted program approaches to maintain clients in care and virally suppressed.

- 1. District labs trained/testing for COVID-19:** Training of district laboratory staff on COVID-19 testing was conducted in all seven supported districts, and all have started receiving and processing samples. Tingathe monitors turnaround time for COVID-19 testing, viral load testing, early infant diagnosis testing (HIV DNA PCR), and genexpert TB testing as all are processed on the same platform. Tingathe supports additional shifts for laboratory technicians and data clerks to ensure rapid turnaround time for all testing.
- 2. Commodity stock planning:** Tingathe district teams work closely with the logistics department at the MoH Department of HIV/AIDS to support HIV supply chain commodity flow and quantification of HIV commodities including ARVs and test kits for health facilities. Through daily WhatsApp ART clinic reports and remote supervision by clinical mentors, Tingathe is supporting facilities to track ARV stocks in order to sustain multi-month scripting and transition clients to optimized ART regimens.
- 3. Virtual mentorship:** As part of teleworking and remote mentorship, Tingathe clinical mentors/ cluster coordinators actively communicate with ART providers a day prior to ART clinic to discuss any complex regimen shifts, particularly in event of stock outs and for regimen optimization. The mentors remain available during clinic days for consultation.



Coupled with the COVID-19 response, Baylor-Malawi continues to provide TB care to patients in Lilongwe, Malawi.

le



COVID-19 Pandemic and Response



Executive Director Phoebe Nyasulu washing hands before entering the clinic



Isaac Malowa, pharmacy tech, making hand sanitizer

On December 31, 2019, the WHO was alerted to several cases of pneumonia of unknown origin in Wuhan City, Hubei Province of China. The disease was later identified as Coronavirus-19 also known as COVID-19, and the virus was named SARS-COV2. The WHO declared the COVID-19 outbreak a pandemic on March 12, 2020. On March 20, COVID-19 was declared a national disaster in Malawi, and on April 2, Malawi registered the first case of COVID-19.

Baylor-Malawi responded early to protect staff and clients. We established a hand washing station outside of the COE and procured a touchless thermometer before implementing mandatory hand washing and temperature and symptom screening upon entry to the clinic. We changed our triage system to keep those clients presenting with symptoms apart from those who did not report illness. We limited the number of patients in the waiting room to ensure proper distancing. We changed our cleaning protocol to increase the cleaning of high touch surfaces and to use a bleach-based solution. We were able to make hand sanitizer in our pharmacy per WHO guidelines to provide to clinic staff and all service lines at Baylor-Malawi.

With a generous grant from AbbVie, we were able to procure N95 masks. We provided scrubs for all staff and gowns, masks and head coverings were sewn by a local tailor. We were able to buy and provide protective eye wear to all clinical staff and made informational signs about COVID-19 to hang in clinic.

To limit exposure to our clinical staff, we have reorganized our staffing so that fewer staff members are exposed at any time.

Baylor-Malawi under maternal health in partnership with Concern Universal organized COVID-19 trainings where 251 health care workers were trained. The trainings were divided into two sessions and took two weeks.

Education

Education is a priority at Baylor-Malawi, and building capacity of health care providers on pediatric HIV care and treatment still remains a mandate for our COE. From July 2019 to June 2020, Baylor has facilitated a number of capacity building activities from managerial/supervisory trainings to specific trainings for health care providers and also provided clinical and NRU attachments and staff exchanges within Malawi and abroad.

A total of 3020 staff and health care providers have benefited from the different trainings that Baylor-Malawi provided during this past year. For health care providers, Baylor-Malawi conducted disclosure trainings, family planning trainings, STI trainings, Teen Club trainings for mentors, clinical and nutrition attachments and exchange visits for a total of 823 providers from outreach sites and the COE.

Baylor-Malawi has also conducted sessions with more than 112 guardians with the aim of imparting nutrition education both theoretical and practical, and assisting them to psychologically accept their situation and be better role models to their HIV+ children. In addition, 320 teachers were targeted with training similar to the guardian training, in order to reduce stigma and discrimination happening in the schools.

Baylor-Malawi also continues to provide educational opportunities to medical students and residents. Sixty-eight medical students from University of Malawi participated in week-long rotations at the COE. We continue to have interns rotate through in HTC and nutrition and have had 42 medical interns from KCH participate in week-long rotations. Eight international medical scholars from the US participated in a month-long rotation at the COE during the reporting period.

3020

Healthcare providers received baylor Malawi trainings by TSP

42

Medical students from University of Malawi participated in week-long rotations at the COE



TESTIMONIES/QUOTES

“Actually, I never thought I would work as a cervical cancer nurse in my life. I just took cervical cancer screening as part of an activity, not something I could do on daily basis. As I started the daily screening, I realized that it’s not just about the personal liking of the job, but the job itself that grew the passion in me. With every woman that you provide this service to, there is a great attachment, understanding and comprehensive care that is provided. I get to understand the women, the cultures and different aspects that people have regarding cervical cancer screening. In a way, the job is a window for capacity building in regards to research. It has greatly widened the passion in me to understand and treat an individual comprehensively along with other health workers.”

-Lusubilo Nyondo, VIA nurse

“Oh, I didn’t know that there are so many people even older than me who are HIV infected. You mean they are alive because of ARVs? I will start taking ARVS daily.”

-A 13 y/o boy who was recruited in teen club after full disclosure

“Thanks for saving my life. After I stopped ARVs, I got very sick, thanks for following up, I thought I will not be welcome at the clinic after what I did.”

-Client at Baylor-Malawi supported site

“Your call reminded me to come, thanks.”

-Client at Baylor-Malawi supported site

“You people really care for us, I didn’t think you would be calling us.”

-Client at Baylor-Malawi supported site

“I don’t think I deserve all this love from health workers, I will make sure I take ARVs daily so that I should protect my child from HIV.”

-Pregnant woman who is now regularly taking ART after using the teaching tool with sessions for new clients with psychosocial involvement and home follow ups



“Baylor-Malawi is a good clinic to access health services, even the health providers are so friendly.”

“They encourage us to speak out about all the problems we have about our children, therefore, they should continue their good work.”

“They are doing a commendable job, we really appreciate, they should continue.”

“They are doing a great job, we are so thankful.”

“Keep up the good work and understanding.”

“They are friendly, they do guide us well.”

“They are so loving and committed.”



PATIENT STORIES

Story from the COE

KW is a 12 year old boy with cardiomyopathy, a blood clot in his heart, tuberculosis, HIV and severe acute malnutrition. He is an orphan and is cared for by his elderly grandmother. After finally being discharged from the hospital after a month-long stay he was sent home with numerous medications. Patricia G, a nurse at the COE, very patiently went through all of the medications with KW's grandmother prior to discharge. She made sure the grandmother was comfortable with the many different pills.

KW was supported with transport funds through social work and a nutritious flour and ready to use therapeutic food for nutritional support. When they returned a month later, KW was looking slightly better, but still needed to take all of the same medications. After procuring a pill box, a clinician named Menard B, set to work explaining how to use it. He spent a long time showing the grandmother how to use a pill cutter, and where to put the pills if taking in the afternoon on a Monday or the evening on a Tuesday. She and KW listened carefully. The clinician helped her fill the box for the first week. When KW and his grandmother returned a month later for his appointment, she was beaming. She got out the box that was properly filled and explained to everyone how she used it and filled it. She had a giant smile on her face and exclaimed, "I am a boss! I am a boss of this box!" And then more seriously, she looked around at everyone and said "Thank you to God for all of your help and for this box."

Story from Katuli, Mangochi District

In January 2020, EA, the mother of twins PI and SI from Nagwede village, came to Katuli Health Centre for an HIV test of her children. She was concerned because of frequent illness of her children. They tested positive and were started on ART (9P with granules) the same day. When she went home, she was administering the ARTs to her children by mixing the granules with the porridge (like adding sugar to porridge). The children were refusing to take the porridge because of the bitter taste leading to poor adherence and potential under dosing of the kids. After noting this problem, we booked the mother for Granules Support Group, organized by Violet, who is a psychosocial counsellor at Namwera. EA attended and described on how she was mixing the granules with porridge when administering the ARTs to her twins. Having noted and identified the problem during this session, other experienced guardians demonstrated how they had had success administering granules to their children. In addition, the PSS counselor also reviewed other procedures that are supposed to be done to care for the twins. From that session EA learned how to give medication by using porridge and other foods, and the twins' adherence has greatly improved.

Five months later we conducted another Granule Guardian Support Group session whereby EA was one of the clients demonstrating how to properly administer granules to kids. In this session she reached the point of citing the problems she had giving the medicine to her kids prior to attending granule group, and what success she has had with administration of the drugs after attending and practicing what she learned from the group.

SPONSORS AND DONORS

- AbbVie Foundation
- Malawi Government, through Ministry of Health
- Baylor College of Medicine, Houston, Texas
- Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI)
- Texas Children's Hospital
- USAID
- UKAID
- UNICEF
- NAC
- ActionAid
- Airborne Lifeline Foundation
- Positive Action for Children Fund
- Bristol Myers Squibb Foundation



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