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Key Numbers (HIV Programmes)

- **Total annual budget**: USD 18,229,632.61
- **Total employees**: 1,332

- **28,959** clinic visits at COE
- **93.3%** patients on ART virally suppressed
- **402** HIV disclosures conducted

- **Tested for HIV at different outreach supported facilities**: 464,507
- **Clients initiated on ART (in different outreach supported facilities)**: 9,403
- **Supported more than 500 children with cardiac defects**: 9,403

- **Performed over 600 pediatric surgeries**
- **Teen mother nutrition program reached 276 mothers**
- **Registered 8,101 births at Area 25 Health Facility**

- **Performed over 400 fistula repairs**
- **203 New oncology patients**
- **273 New hematology patients**

- **Sensitized 390 health care workers on hematology and oncology**
- **2,600 staff trained in various programmatic areas**
As implementing partners of the Texas Children’s Global Health Network, each foundation collaborates and shares knowledge for the purpose of collectively solving complex health problems both locally and globally.
Foundation Background

Baylor College of Medicine Children’s Foundation – Malawi (Baylor Foundation Malawi) is a not-for-profit organization working in partnership with the Government of Malawi (GoM) since 2005. Baylor Foundation Malawi’s main areas of focus are: direct service delivery, systems strengthening, training and research with an overall goal to improve the health and lives of HIV-infected children and families through high quality, high impact, high ethical, state-of-the-art comprehensive care and treatment, training of health professionals and clinical research.

In recent years, Baylor Foundation Malawi has broadened its service delivery to include pediatric hematology and oncology, maternal health services, mainly at Ethel Mutharika Maternity Wing, Kamuzu Central Hospital (KCH), Area 25 Health Centre Maternity Ward, and The Fistula Centre at Bwaila Hospital, pediatric emergency medicine and cardiology at the pediatric ward at KCH and pediatric surgical and anaesthesia services also at KCH. The Foundation also manages a robust HIV care and treatment program. In 2008, the program expanded initially, to respond to suboptimal uptake of PMTCT and pediatric HIV services in Malawi. The Tingathe program has grown since then 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 (PLWH) from the time of diagnosis to linkage and full engagement in care. CORE programming is funded by USAID, and is 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, high 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 families

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

VALUES
• Excellence: We value to consistently meet and manage patient expectations.

• Innovativeness: We value research and technology in playing a greater role in providing comprehensive high-quality services to our clients and patients.

• Integrity: We believe in our actions that are honest and trustworthy.

• Accountability: We value putting in place the 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 will endeavor to work within the prescribed standards of operation at all times.
Last year was full of challenges especially due to the Covid 19 pandemic that impacted the world economy as well as health care delivery across the globe. However, as Baylor Foundation Malawi we were able to deliver health care to our clients and were privileged to carry out activities that impacted the Foundation positively and our stakeholders both in Malawi and beyond. We held the first ever local RAISE symposium where 17 abstracts ranging from programmatic, quality improvement and research were presented and different stakeholders were invited to attend. We also developed and implemented the first strategic plan for the Foundation.

Over the last year, we witnessed an evolution in terms of mindset change among our staff members as we embraced a different attitude and approach to health care delivery. We are becoming more client centered, more quality conscious, better utilizing data-based decision making and technology oriented in terms of service delivery. For example, two new computer systems for financial (SUN) and human resource (Aruti) management were implemented.

The biggest challenge we faced is the effect of economic down turn on programs and staffing. It has been hard to find people with right skill set to meet Foundation needs and there has also been an inability to retain existing health work force which led to downsizing in some service lines.

However, we are excited about what the future holds for Baylor Foundation Malawi. Amongst all the activities taking place, we are working towards consolidation of service lines; strengthening activities such as nutrition, tuberculosis (TB) and research and focusing on improving our partnerships through enhanced networking and collaborations. Additionally, we are strengthening governance with the creation of board committees to enhance checks and balances for the organization and creating a business development committee to support our sustainability initiatives.
Adolescent Programmes

Research Programmes

Clinical Programmes

Paediatric Haematology

Education And Training Programmes

Adolescent Programmes

Psychosocial Support Programmes

Botswana Baylor Trust Physician Outreach Programme

Visiting Scholars Programme

Expanded in-reach psychosocial support services for families affected by HIV and childhood cancer

Teen Club

Tutoring

Finding the leader within programme

Botswana Comprehensive Care and Support for Orphan and Vulnerable Children (OVC) Project

Psychosocial Support Programmes

Clinical psychology

Social work

In-reach psychosocial support services for families affected by HIV and childhood cancer

Paediatric Infectious Disease Clinic (PIDC)

Cervical cancer screening

Training and capacity building

Palliative care services

Psychosocial services

Bereavement and grief support

Patient and family centred materials

Reducing stigma to improve HIV/AIDS prevention, treatment, and care among adolescents living with HIV in Botswana

Friendship Bench Study (PCNB)
Center of Excellence (COE) Clinic

Though the reporting period was characterized with a number of challenges, it was a wonderful year in which the COE clinic continued to perform well across its indicators. From July 2021 to June 2022 the clinic had 28,959 clinic visits, averaging 80 clients per day. 2,593 of our clients were active on anti-retroviral therapy (ART), with 2,541 (98%) transitioned to a Dolutegravir (DTG) based regimen as recommended by the Malawi national guideline. We tested 16,442 clients for HIV with 8 average HIV new cases per month.

The clinic also continued to perform well in viral load measurement and number of patients with suppressed viral load (VL). We routinely tested 2,429 clients (93.7%) and 2,266 (93.3%) had a suppressed viral load. The VL suppression improved due to initiatives at the COE such as appointment of a high viral load focal person, improving documentation and establishing the “High viral load must fall” initiative. This initiative is led by a special multidisciplinary team comprising of clinicians, nurses and social workers appointed to take care of all clients who fail to have their VL suppressed after intensive adherence session (IAC) before decision is made to send for genotyping to ascertain ART resistance. From July 2021 to June 2022, 6 samples were sent for genotype application to the third line committee of Malawi MOH and 4 were approved.
The COE clinic continued to screen its clients for TB with 97.6% of clients screened. Of the 11 clients diagnosed with TB, all started on treatment and 7 were cured with the rest still continuing on treatment. There were no deaths recorded.

In terms of nutrition services, the COE screened 2,606 clients for malnutrition and 287 were diagnosed with malnutrition. 50 had severe acute malnutrition (SAM) and 237 had moderate acute malnutrition (MAM). 81.5% of clients diagnosed with malnutrition were older than 5 years. All patients were treated and cured and no deaths recorded.

The adolescent program implemented at the COE and 30 other health facilities supported by United Nations International Children’s Emergency Fund (UNICEF) and World Vision International (WVI), continued to serve young people living with HIV. Supporting 30 teen clubs, 9 under UNICEF and 21 under WVI, the program established 8 new teen clubs 4 in Ntchisi, 3 in Lilongwe and 1 in Mchinji. The program also conducted disclosures of HIV status at the COE clinic to 402 clients. Total clients that received full disclosure were 128 and those who received partial disclosure were 98.

The adolescent program also runs a transition clinic (TraC) that began in October 2021. So far, the project has reached 134 adolescents and Youth Living with HIV (AYLHIV) with clinic occurring every Wednesday at the COE. The participants are supported with coaching sessions from social workers and adolescent staff to prepare them for adulthood. Other adolescent programs at the Foundation include an innovative model called Camp Hope, a residential program for adolescents living with HIV with the aim of improving psychosocial support which consequently increases adherence to medications and improves viral suppression. Camp Hope with support from Serious Fun Children Network (USA) was held at Chongoni, in Dedza for 79 adolescents November 28th to December 3rd 2021 with the Theme “WINNING TOGETHER (KUPAMBANA LIMODZI).”

Camp Hope 2021 held a second session for the oncology family weekend for 21 families, including 22 children and 21 guardians. This was the first oncology family weekend sleep away camp for children with cancer aiming to reinforce collective efforts in comprehensive treatment and clinical care. The activities at the Camp are designed to ensure that all the children and guardians participate and benefit. Caregivers were engaged in education sessions on nutrition and positive parenting while campers/patients were engaged in education sessions on adherence (self-awareness/danger-signs awareness), nutrition, exercise & physical activities.
Cardiology

Baylor Foundation Malawi supports the KCH cardiology clinic, where more than 500 children with cardiac defects receive care each year. Half of the children followed have acquired heart disease, most with rheumatic heart disease, and half with congenital heart disease. The cardiology clinic is led by Treasure Mkaliainga, a KCH clinical officer, and Dr. Amy Sanyahumbi, a Baylor College of Medicine / Texas Children’s Hospital pediatric cardiologist. The team is also actively engaged in inpatient pediatric cardiology consults. Dr. Sanyahumbi is also studying how to improve adherence to benzathine penicillin in children with rheumatic heart disease and investigating parasitism-induced immune dysregulation and susceptibility to acute rheumatic fever in children. In addition to clinical care and research, the team has also trained local trainees and staff in echocardiography and pediatric cardiac care.

Pediatric Surgery

Last year, the pediatric surgery team led by Dr. Bip Nandi, performed 600 cases and saw 30-50 patients per week in clinic. Children as young as one day old, as well as children who cannot breathe because they have inhaled a peanut can have it safely removed at KCH, instead of undertaking a perilous five hour ambulance ride to Blantyre.

The program also focuses on training and quality improvement. Through a grant to improve pediatric anaesthesia, five anesthesia clinical officers were able to be mentored by pediatric anesthetists for nine months at KCH. In June this year the mentees completed a 3 week attachment with specialist pediatric anesthetists in Kenya as part of the grant and now feel more confident and capable administering anaesthetics to children.

Our first two Malawian pediatric surgery trainees, started last year, and have made an encouraging progress. After three years with us they will be qualified pediatric surgeons, assisting us to care for more families whose children need surgery and further improve the quality of care we give.
The Texas Children’s Global HOPE (Hematology Oncology Pediatric Excellence) program in collaboration with Baylor College of Medicine Foundation Malawi and Ministry of Health of Malawi, continued to provide comprehensive quality care and treatment to pediatric hematology and oncology and blood disorder patients at the National Cancer Center located within Kamuzu Central Hospital. In the reporting period, 476 new patients were enrolled into the program – 203 new cancer patients and 273 patients with blood disorders; predominantly sickle cell disease. Of these, 136 patients received palliative care support through our robust palliative care program.

The program has partnered with Kamuzu College of Nursing (KCN) to develop specialized pediatric oncology training for nursing students. This curriculum provides two foundational pediatric oncology nursing courses namely: “Pediatric Oncology Nursing” and “Principles of Chemotherapy”. Two sessions were completed in this fiscal year representing 34 hours of classwork teaching and 80 hours of clinical experience, for 19 students. The program also embarked on outreach activities to sensitize health workers in the community on the early identification of children with cancer and blood disorders. In the period under reporting, 390 health care workers from 82 health centers in the central and northern regions of Malawi were reached.

With the generous support from SeriousFun Children’s Network and through Baylor Foundation’s Adolescent program, a first of its kind oncology family weekend camp was conducted. Themed “Kupambana Limodzi” (translated as winning together), this event was aimed at reinforcing collective effort in the comprehensive treatment and care of children living with cancer. In the usual fashion, the International Childhood Cancer Day (ICCD) with the theme “Better survival is achievable #Throughourhands”, and the World Sickle Cell Day (“Malawi Shine Light on Sickle Cell disease”) were also commemorated on February 15th and June 18th respectively.
Maternal Neonatal Health

The maternal health program at Area 25 health facility, established in early 2014, to support the growing need for maternal and neonatal health care within Area 25 catchment area. Last year, the clinic saw over 12,000 antenatal women, and 8,108 births. Area 25 health facility also houses the permaculture program that works at integrating nutrition, education and good environmental practices with good clinical health. In this reporting period, our teen mother nutrition program reached 276 mothers and more than 1,000 trees, bamboo, indigenous and fruit trees, were distributed to new mothers as they left the facility.

This past year, the program also instated the only artificial intelligence fetal monitoring system in sub-Saharan Africa to monitor babies during labor in order to improve neonatal outcomes. There has also been a decrease in the number of intrapartum fetal deaths from 0.57% to 0.39%.

The program’s partners with the Freedom from Fistula Foundation to ensure women have access to fistula repair surgeries. Last year our team performed over 400 fistula repairs. At KCH, our program ensures there is continuous delivery of high quality maternity care mostly high risk patients. The program also supports Kamuzu University of Health Sciences OB/GYN residency training by providing direct hands on teaching in the hospital as well as regular educational lectures. This last year the program has financially supported twelve residents on OB/GYN residency.
Tingathe

Tingathe, which means “together we can” in Chichewa, is implementing the Client Oriented Response for HIV Epidemic Control (CORE II) Program, a five-year (2021-2026) agreement between Baylor Foundation Malawi and USAID Malawi at 95 health facilities in 6 districts in Malawi.

Tingathe’s program strategies and activities are designed to achieve the following objectives:
1) Increased uptake of optimized HIV case finding strategies; 2) Improved treatment coverage and continuity services; 3) Improved and optimized HIV care and treatment services; 4) Increased viral suppression for PLHIV; 5) Increased uptake of prevention services; and 6) Health Systems Strengthening for HIV response including improving the availability and use of quality site level data through support for site-level electronic and paper-based systems.

The program is supporting the MoH to reduce new HIV infections, HIV morbidity and mortality 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 (TB), and viral load suppression among People Living with HIV (PLHIV), all within the COVID-19 context.

Elements at the core of program implementation include:

i. High quality service delivery that provides a comprehensive chronic care and treatment package for PLHIV

ii. Innovative and flexible programming framework in the era of COVID-19 with priority to staff and client infection control, vaccination and mental health support

iii. Efficient supervision and performance monitoring systems through high-quality data collection and robust use of real-time data across all levels of the healthcare system to inform and adapt programming

iv. Human Resources for Health model that supports direct service delivery at health facilities through staff deployment of clinical and lay staff and capacity building

v. D-tree designing Tingathe Application to digitize the Community Health Worker (CHW) workflow across the 95-95-95 cascade and In Tune for Life (ITFL) to develop the CORE video and animation platform for client education and health provider training.

vi. Tingathe experts participate in various national technical working groups, task forces and strategic teams. The program provided technical expertise in revision of HIV clinical management guidelines as well as HTS.
Program Performance highlights

95-95-95 targets at a glance

| 1st 95 | 464,507 tested for HIV; 9,327 notified of a positive HIV test result |
| 2nd 95 | 9,403 clients initiated on lifesaving ARVs; 100% linkage to ART |
| 3rd 95 | 92% of clients on ART are virally suppressed |

- HIV positivity yield of 2.1%, with over 9,000 clients newly diagnosed with HIV
- 100% of newly identified PLHIV linked to care
- 100% of adults and children were transitioned to optimized ART regimens
- 100% TB screening for PLHIV & 100% HIV testing among TB clients
- 92% of ART clients are virally suppressed
- Over 3400 people initiated on Pre Exposure Prophylaxis
- Over 2600 staff trained in various program areas to enhance capacity building
- 100% of supported health facilities provided with PPE and supplies to fight COVID-19
Manny Phiri (real name withheld), a 15-year-old girl who is in Standard 7 who comes from Malomo and shared how Teen club impacted her life.

"I was fully disclosed at age of 11, for me this was a huge turning point as it assured me of my real status and why I was taking medication daily, through Teen Club sessions, I have gained knowledge on my ART, Viral load interpretation and what it means for me to attain suppression of the HIV.”

She shares more on her disclosure process.

“For me disclosure was an eye opener since I know the truth as to why I am taking medication. I had a lot of unanswered questions for my parents. I am happy and have made a point to stay focused on my medication since I know the truth about my status.”

She concluded our chat by saying

“Teen club is my second home and I feel safe, loved and cared for at Teen club!”
Elizabeth Limani is a widow, mother of three children and staying at Walilanji Trading Centre in Mchinji district. She had this story to share.

“My husband died in a road traffic accident in 2010, leaving me with three children. I was found HIV positive in 1998. My two children, one male is now 21 years and another one is female now 18 years are also HIV positive and started ART treatment at Nkhwazi Health Center some years ago. The third born, now 15 years is negative” she continued.

Upon asking her how she sees Teen Club initiative. She said

“Being HIV positive in those days was already a heavy burden, plus my two children who were also looking at me for support was too much pressure on me alone. “The facility helped me through up until when Teen Club was introduced in 2015. My children were among the first teens to be enrolled and Teen Club has supported my children in so many ways and it has lifted the burden from me. As a mother, I was relieved from the stress I had on adherence support, answering difficult questions and providing encouragement through general education on positive living”.

She concluded our discussion by saying

“My children are able to interact well with their peers and I am seeing them growing into productive citizen”.

She requested that the program should focus more on discussing Sexual and Reproductive Health and Rights (SRHR) issues like safe sex and condom use now that they are grown up. She wants to see her children doing well in future.
Ruth Moyo, Registered Nurse Midwife joined Baylor College of Medicine Children’s Foundation – Malawi Area 25 Maternal Health Project.

She is currently working as the maternity waiting women in-charge and has helped to develop maternity waiting home standard operating procedures for patients. She has also worked as a team leader in the maternity ward at Area 25.

Working with Baylor Foundation Malawi has improved Ruth’s knowledge and skills in the provision of comprehensive quality care to women of all backgrounds through mentorship and continuous professional development at Area 25. Ruth is now in leadership roles because of the skills she received through the Baylor Foundation Malawi leader’s mentorship program. Through her work with the maternal health project, Ruth developed a passion to improve women’s health and would like to study for a Masters of Science in Reproductive Health.

She likes making friends, reading and listening to gospel Music.
Naomi is 31 years old, with one living child born a week ago. She was admitted at Area 25 Maternity center on 18th September, 2022 for operative delivery. She had had 2 early neonatal deaths in her previous pregnancies where she delivered in her home district of Karonga, at a rural facility. Due to the history of the prior losses, her relatives who are close to the Area 25 health center, advised her to come and deliver at Area 25y because of the quality care rendered to patients. She arrived in Lilongwe and benefited from the maternity waiting home for a month along with consultant clinics. Although she had a low blood count she was able to be treated with a transfusion and after close monitoring, delivered a bouncing healthy baby. She is grateful that Area 25 health center has afforded her the dream of being a mother and appreciate the vigilant and respectful care she received.

Jimmy a 4 years and 7 months old boy is HIV positive and on ART since 2017. Jimmy has also had six months of TB preventive therapy and on a prophylaxis. However, on 13/11/21 Jimmy presented at KCH with a week history of neck stiffness and weakness on the left side of his body such that he was not able to speak, walk or sit. Immediately he was treated for a possible cerebral malaria and carried out a number of tests to rule out strokes and other diseases.

A CT scan finding revealed that Jimmy had TB meningitis and he was immediately started on anti-TB medications.

After starting the medications Jimmy had dramatic improvement. Within a week he was able to open his eyes, was able to speak and could obey commands. However, he still had weakness of left side and could only move his left arm and leg. We started him on physiotherapy and the following week Jimmy slowly started regaining function of the left side. He started sitting as well as feeding on his own. His mother was taught how to do physiotherapy at home so he could continue recovery there. Jimmy is now able to walk and has improved so much that he is able to
Lonjezo was only 12 years old when the news that he had Osteosarcoma, the most common bone cancer in children, was broken to him and his mother. Referred from Kasungu District Hospital, after the clinicians there had observed he had a swelling in his left leg, he came to Kamuzu Central Hospital, where he was received by the Pediatric Hematology-Oncology Program. After obtaining some X-rays, a piece of his cancer was taken and later confirmed the diagnosis of Osteosarcoma. Fortunately for him, the cancer had not spread to his lungs.

Lonjezo’s treatment journey started with three months of a combination of cancer drugs for which he had to be admitted in the hospital for a couple of days. Later on, as part of the treatment for this type of cancer he underwent surgery; in this case an amputation of his left leg. Our clinical team and social worker supported him and his family to accept this very difficult decision. After he had recovered from his surgery, he went on to receive another 10 months of chemotherapy. He was assisted with crutches to enable him moved around. Lonjezo completed his treatment in November 2021, and he is currently thriving well and has had three normal check-up visits within this year.