



BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION SWAZILAND

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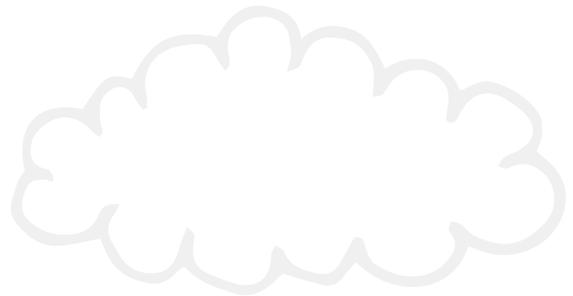
BIPAI Baylor International Pediatric AIDS Initiative at Texas Children's Hospital*


Texas Children's Hospital


Baylor College of Medicine



BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION SWAZILAND



- **At a Glance**
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BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION **SWAZILAND**

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EXECUTIVE DIRECTOR'S LETTER

Baylor Swaziland achieved a number of key strategic, operational, and financial targets during the 2017-2018 fiscal year. We made notable progress introducing fast track, whereby stable patients are moved more efficiently through the clinic, and Teen Health “Inhloso Lenhle” Comprehensive services, a project aimed at improving health outcomes and preventing teenage pregnancies among the adolescents we serve. More children were born HIV free this year thanks to our maternal support services. We introduced baby club and strengthened mother-baby pair programmes through close monitoring and closing gaps where they exist. We also provided ongoing, extensive support to our enrolled clients from all sites and strengthened care and treatment support services, including early infant diagnosis and regular viral load monitoring. It is gratifying to see our efforts and creativity play an increasingly critical role in helping Swazi children take control of their care, reducing the lost-to-follow-up rate and improving health outcomes.

Fiscal Year 2017-2018 Financial Performance Highlights

We continued to navigate a challenging public financing environment that impacted our ability to achieve our highest potential during the 2017-2018 fiscal year. Nevertheless, we improved our partnerships and introduced more projects to increase our revenue. Once again, we achieved a clean audit, which is a positive management outcome regarding our finances.

An Exciting New Era

Fiscal year 2017/18 was marked by significant progress in preparation for the introduction of a major new project in oncology. We are seamlessly integrating oncology for both our children and adults. The key areas include haematology, oncology, and cervical and breast cancer management.

Outlook

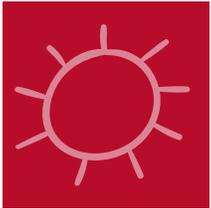
Looking ahead, we anticipate Baylor Swaziland will continue to soar in excellent service provision; however, the financial circumstances will remain challenging and likely to impact staff morale as well as retention of good staff. At the same time, we are excited by the growth opportunities in our programmes, and while we expect total revenue to remain relatively unchanged in fiscal year 2018, our goal is to exit the year in an excellent position to resume top-line growth in fiscal year 2019 and beyond. We believe our ability to drive the paediatric partnership services in fiscal year 2019 will play an important role in boosting our gross margins, which are expected to lead to another year of improved operating success and strong free cash flow. We move forward with confidence in our strategic direction as well as in our staff, services, partners, and programmes. I would like to thank my staff across our local sites and our Board for their continued support. We look forward to sharing news of our progress and achievements in 2018-2019 fiscal year.

Sincerely,
Makhosazana Z Hlatshwayo (Ms), Executive Director



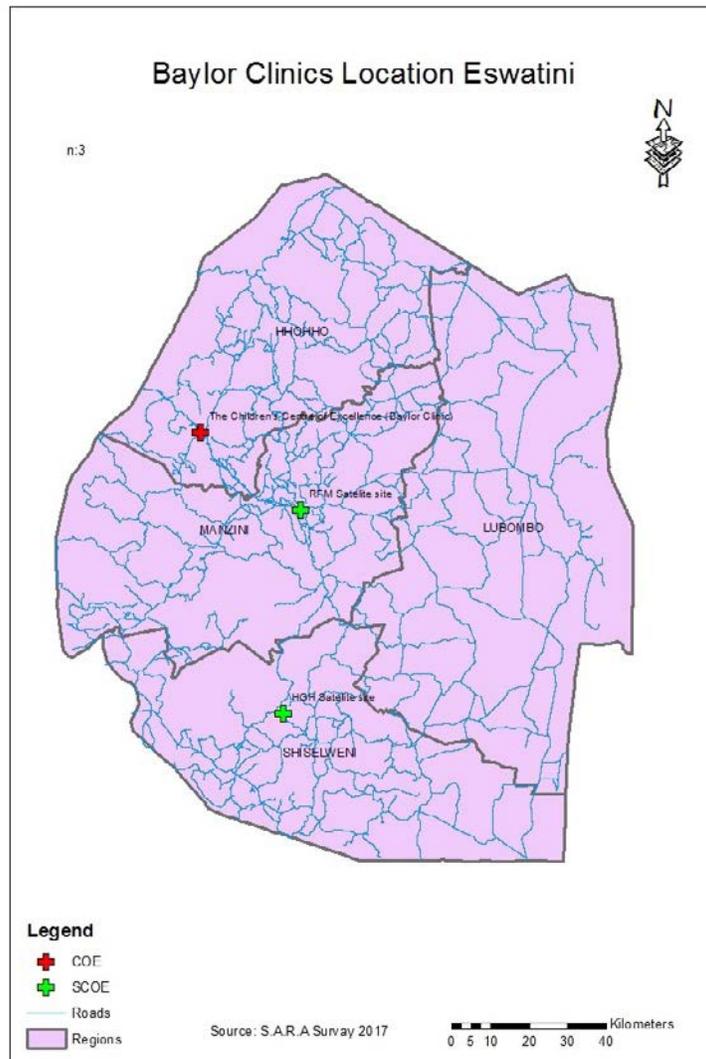
VISION

A nation with healthy and fulfilled children, adolescents and their families.



MISSION

To provide high-quality family-centered paediatric and adolescent health care, education, and clinical research in Eswatini.





 **ESWATINI**

ESWATINI

Landlocked country in Southern Africa bordered by Mozambique.

- 210,000 People living with HIV
- 27.4% Adult HIV prevalence rate (ages 15-49)
- 86% Adults living with HIV on treatment
- 75% Children living with HIV on treatment



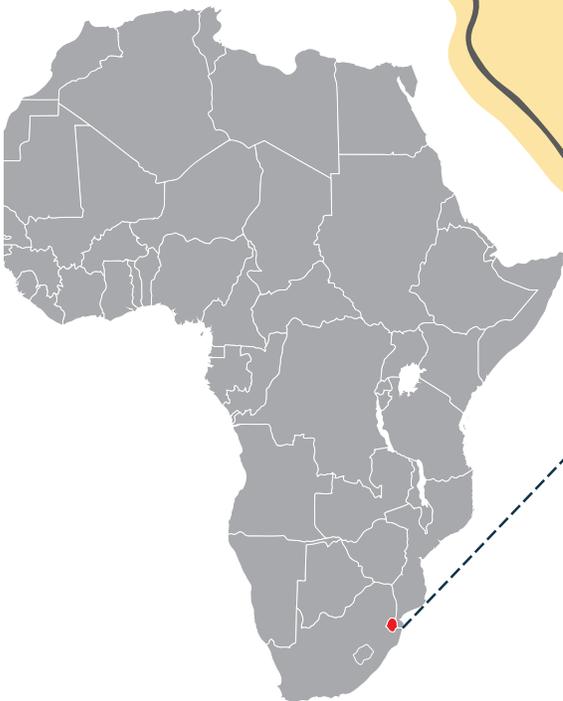
CAPITAL

Mbabane (executive)
Lobamba (legislative)

Nation of
1,093,238
inhabitants



Official languages
SWAZI /
ENGLISH



Officially the
**KINGDOM OF
ESWATINI**

AT A GLANCE

Programmes and Services



MATERNAL HEALTH

- Antenatal care and prevention of mother-to-child transmission of HIV services
- Family planning services
- Mother-Baby-Pair Programme
- Cervical cancer screening and treatment services



HEALTHCARE AND TREATMENT

- Pre-Antiretroviral Therapy
- Antiretroviral Therapy
- Tuberculosis screening, control, and treatment



INTEGRATED CHILD HEALTHCARE SERVICES

- Growth and development monitoring
- Immunisation
- HIV testing
- Management of other child illnesses
- Sunshine club



ADOLESCENT CARE

- Teen club
- Young adult club
- U-Report programme
- Annual Camp



OTHER PATIENT SUPPORT PROJECTS

- Adult Support Group Project
- Connect Health Project

OPERATIONAL OVERVIEW

 **1** Centre of Excellence
  **2** Satellite Centres of Excellence
  **1** TB Centre of Excellence

 **5** Medical Clinical officers
 12  nurses
  **35** Other clinical personnel

 **4** Screening officers
 4 Social workers
 8  Expert clients

 **4** Receptionists
 4  Pharmacists/Assistants

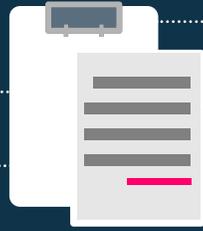
5  Counsellors
 6 Lab technician / Phlebotomist 

COVERAGE

Indicator				Total
	Children (0-9 years)	Adolescents (10-19 years)	Adults 20+ years	
Patients ever enrolled	7,143	10,169	12,718	30,030
Active patients	1,201	2,219	1,850	5,270
Active HIV+ clients	1,109	2,215	1,844	5,168
Active patients on ART	1,101	2,208	1,843	5,152
Active patients on TB treatment	8	3	12	23

We have reached over 200 doctors, nurses, social workers, phlebotomists, and other healthcare workers through mentorship visits in this report period.

To further build the skills of healthcare workers, 50 nurse mentors participated in Continuous Medical Education sessions.



TRAININGS

Nearly 20 nurses and phlebotomists have been attached at Baylor to hone their skills in PMTCT, HTS, phlebotomy, provision of psychosocial care and support, and HIV care and treatment.

We brought 8 social workers from other health facilities in Eswatini to the Baylor COE, where they were trained in the Challenge Clinic approach to HIV care. This intervention provides a stronger focus on the psychosocial aspects of treatment for children failing antiretroviral therapy (ART). These social workers then returned to their communities to establish Challenge Clinics there.

FINANCIAL OVERVIEW

Budget: Amount of funds raised (USD)

• Government subvention	\$915,384.62
• U.S. government funding	\$170,857.92
• UNICEF	\$105,160.77
• CAfGEN	\$76,615.38
• PACT	\$36,889.62
• Other local funding	\$169,139.69

PROGRAMMES AND SERVICES



Through these initiatives, we are helping to ensure that Eswatini reaches the new United Nations target of 95% of people living with HIV knowing their HIV status.

HIV TESTING SERVICES (HTS)

Eswatini has over the years intensified the provision of HTS in line with World Health Organization (WHO) goals. Baylor clinics make a significant contribution in the country's HTS Technical Working Group by providing expertise on the paediatric population. Through the Baylor clinics, we link thousands of HIV-positive children, adolescents, and their families to appropriate HIV care, treatment, and support.

In line with the Integrated HIV Management National Guidelines, we implement a number of HIV testing services. These include: Point of Care-Early Infant Diagnosis (POC-EID), whereby newborns are tested for HIV on-site; HIV re-testing to verify children's HIV status before starting ART; Index Testing (IT), which screens relatives and partners of a person diagnosed with HIV; and HIV Self Testing (HIVST), in which we provide a test kit to anyone who wishes to test themselves for HIV. Baylor clinics implement these programmes to contribute in the HTS uptake, particularly in children and adolescents. Through these initiatives, we are helping to ensure that Eswatini reaches the new United Nations target of 95% of people living with HIV knowing their HIV status.

FAMILY PLANNING SERVICES

Baylor Swaziland clinics provide routine family planning services for everyone of reproductive age seeking health services. This is a key component in the PMTCT programme that aims to prevent unintended pregnancies in women living with HIV.

Through a newly launched programme in the clinic called Teen Health, which aims to reduce pregnancies among adolescents visiting the clinic, our health workers market family planning services targeting these adolescents. Our clinicians empower all sexually active women, including adolescents visiting our facilities, to choose any contraceptive method recommended as part of the WHO Medical Eligibility Criteria.

The family planning methods we offer range from barrier to hormonal, including intra-uterine contraceptive devices and implants. Generally, we have observed a steady increase in the uptake of family planning methods, with just over 512 active users. Notably, uptake of implants has increased compared to the previous year, from 29 to 64 people opting for it. Implanon is the most preferred contraceptive method among adolescents and breastfeeding women. Overall, hormonal injections were the most commonly chosen method.



ANC/PMTCT SERVICES

The antenatal care (ANC) and Prevention of Mother-to-Child Transmission of HIV (PMTCT) services have continued to improve the health of Swazi families. By spending more time in health education sessions with pregnant women, more new mothers have presented early for ANC services, enabling them to receive HIV Testing and Counselling Services, which is an entry point for PMTCT.

During the period under report, 68 women were seen for their first ANC visit, and 41 (60%) of those were in their first trimester, the rest in the second trimester. Though we still have not reached the country's target of 75% of women presenting for first ANC during their first trimester, this represents an 8% improvement. All women presenting for first ANC with an unknown HIV status were offered HTS, and three tested HIV positive. They were all initiated on ART the same day, and at their three-month viral load follow-up were all found to be virally suppressed.

The Baylor Clinic participates in the National Regional Health Semi-Annual Review (ReHSAR) Meetings, which review regional health performance in the four HIV/AIDS-related programmes (TB, ART, HTS, and PMTCT). The Baylor Clinic was again recognised this past year as the top-achieving PMTCT/ANC provider in the country at ReHSAR.

MOTHER-BABY PAIR PROGRAMME

The Baylor Centre of Excellence initiated the Mother-Baby Pair programme in October 2015 based on the new HIV guidelines from the Ministry of Health. The objective of this programme is to keep mothers and their babies in care so they can both receive key health interventions, thereby reducing mother-to-child transmission.

For the fiscal year 2017-2018, Baylor has seen a great increase in the number of biological mothers bringing their babies to the clinic themselves instead of sending their children with relatives or other caregivers. We attribute this success to vigorous health education sessions, which we provide every morning to our patients. In these sessions, we educate caregivers about the importance of biological mothers always coming along with their babies. This has made it possible to obtain HIV testing consent for all HIV-exposed babies due for HIV testing from these parents, thus improving HIV testing and retesting rates of all eligible babies to 100% for the first time.

As an outcome measure of PMTCT, HIV testing is done for all HIV-exposed babies receiving care at our clinics at 18 months of birth, considered as “exit testing”. During the year, there was only one HIV-exposed baby who unfortunately sero-converted to HIV-positive status when they were retested at 18 months.

Family planning is a key component of the Mother-Baby Pair programme. The vast majority of mothers (93%) receive contraception at six weeks post-partem, though this is 2% short of our target.



It is worth noting that using a condom alone is not accepted as a family planning method; thus, the criteria consider only women on any contraceptive besides condoms. Some women choose to use only a condom as their contraceptive method as opposed to the dual contraceptive “double-up” that is recommended. Cervical cancer screening uptake during the year was also notably low for these mothers.

CERVICAL CANCER SCREENING AND TREATMENT SERVICE



Cervical cancer is a slow-growing cancer whose symptoms may not be detected during early stages but may later cause pelvic pain or bleeding from the vagina. It is usually caused by a human papilloma virus (HPV) infection. It is therefore vital to screen for cervical cancer in all sexually active women for early detection of pre-cancers and treatment.

At our Centre of Excellence in Mbabane, we continue to offer cervical cancer screening to all women regardless of their HIV status. The clinic conducts cervical cancer screenings using visual inspection with acetic acid (VIA), a simple and inexpensive technique to identify pre-cancerous lesions. During the reporting period, health workers conducted 883 VIAs, and 43 (5%) women and girls were positive for lesions.

Those with lesions are treated onsite using cryotherapy or are referred for Loop Electrosurgical Excision Procedure (LEEP). During the reporting period, 26 were offered onsite cryotherapy, and 21 accepted it. The COE conducted 1,025 Pap smears over the period, and of these, 85 were referred for biopsies, 58 referred for LEEP, and five were suspected to have advanced cervical cancer.

As a new initiative under this programme, we are piloting self-cervical cancer screening using the Self-cerv HPV mRNA genotyping test at the Baylor COE in Mbabane. This allows women to collect samples at home and bring specimens to the lab for testing. We have expanded cervical cancer screening services to the Raleigh Fitkin Memorial Hospital satellite clinic. So far, 22 women have undergone the self-cervical cancer screening method, and nine tested positive.

One of the challenges to the success of the cervical cancer screening programme is the unwillingness of some women to accept treatment. According to traditional practices, women are expected to get consent from their husbands before undergoing cryotherapy, biopsies, and LEEPs. We also suffer from a lack of funds for treatment of advanced cancers. These need to be referred for treatment outside the country, which can cost tens of thousands of dollars per patient.

ANTI-RETROVIRAL THERAPY (ART) SERVICES



Under the “test and start” model in the national HIV guidelines, every person with HIV should begin ART as soon as they learn their status. This has scaled up ART coverage to 99.8% of our HIV-positive patients.

Keeping clients in care is a key predictor of success across all our programmes. Over the past year, we have worked to improve our annual retention rates by developing new standard operating procedures and forming a patient follow-up committee responsible for ensuring the SOPs are consistently implemented. These SOPs require our receptionist to call patients who have missed

their clinical appointment as a reminder. If these attempts fail, we refer those patients to our social worker, who arranges a home visit. As a result, we have maintained our annual retention rates at above 92% and lost-to-follow-up rates at below 5%.

Viral suppression is the ultimate goal of the ART programme, and Baylor staff have performed exceptionally well in this area, achieving the UN’s 90-90-90 target: 99.8% of our HIV patients were enrolled on ART, and 92% of all enrolled on ART were virally suppressed. It is worth noting, however, that some age groups are not reaching the target, specifically adolescents 15-19 years old (85%) and children under 5 years old (87%). (The latter age group has fewer members, which could affect its percentage disproportionately.) We have strategies to address this gap, such as the Teen Health programme, teen club, and adolescent camps, which we talk about later in this report. We are committed to reaching the new 95-95-95 targets by 2020.



TUBERCULOSIS SCREENING, CONTROL AND TREATMENT SERVICES



Twenty-four (5%) were diagnosed with TB and started TB treatment, including 10 children under 15 years of age.

In collaboration with the Global TB Programme at Texas Children’s Hospital and Baylor College of Medicine, Baylor Swaziland serves as the national referral paediatric TB clinic for the country. We provide high-quality, integrated TB/HIV care through a family-centred approach that attends to both patients with TB and their family members at risk of TB. In 2017-2018, 99% of all patients who visited Baylor Swaziland completed TB symptom screening. Among these, 519 (11%) reported at least one TB symptom. Twenty-four (5%) were diagnosed with TB and started TB treatment, including 10 children under 15 years of age.

The COE offers onsite digital radiography and rapid TB diagnostics—meaning patients can receive a diagnosis and begin treatment in a single day. In addition, the TB COE has introduced depression screening for this high-risk population.

Baylor Swaziland maintains a robust case-finding programme that seeks out and evaluates household contacts of TB cases receiving care at Baylor Swaziland and the Mbabane Government Hospital TB clinic. The COE continues to offer home visits for TB patients in order to evaluate TB household contacts 2-3 days per week.

A number of successful projects and initiatives have taken place this year:

- We continued to scale up our efforts surrounding multi-drug-resistant TB (MDR-TB). We worked with the National Tuberculosis Control Programme to instal an audiology booth specifically for children. We have continued to provide family-centred care in order to follow up and monitor child contacts of MDR patients. Further, we have worked with the NTCP to pilot DR-TB preventive therapy for high-risk children.
- Our programme, with support from the U.S. grant TSP-PEPFAR, contributed to a BIPAI network-wide analysis of TB outcomes among children living with HIV. This report reveals a clear decline in TB incidence across the BIPAI network coinciding with ever increasing scale up of antiretroviral therapy and isoniazid preventive therapy implementation.
- We have published findings from research initiatives describing new diagnostic advances for tuberculosis, using stool as an accessible specimen for people unable to produce sputum. This technology may make TB testing more accessible for all patients.
- Training remains a focus of the Baylor-TB team. We serve as the lead partner for education on paediatric TB specimen collection, training approximately 50 healthcare workers annually. Throughout the course of the year we have participated in trainings to educate providers on paediatric TB management and have mentored nurses on TB care at the COE. We have continued to support the Mbabane Government Hospital TB clinic twice monthly, providing mentoring and training to the TB nurses.





We partnered with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to provide capacity building and paediatric TB/HIV services under the group's AIDSFree project. Through this partnership, we expanded the number of mentorship sites from five to 15 across the Hhohho and Shiselweni regions. These include the national referral hospital, two regional referral hospitals, and 12 community clinics and health centres.

We commenced these site visits in January 2018, with 128 site visits done as of June 2018, with three to five new visits each week. We reached over 200 doctors, nurses, social workers, phlebotomists, and other healthcare workers. We have also brought 19 nurses and phlebotomists from the regional facilities to Baylor to hone their skills in PMTCT, HTS, phlebotomy, provision of psychosocial care and support, and HIV care and treatment. During the subsequent project period, beginning October 2018, we are also bringing doctors to work at the COE. To further build the healthcare workers' skills, we hosted two Continuous Medical Education (CME) sessions, reaching 50 nurse mentors from around the country.

We also completed theoretical training sessions on cervical cancer screening for nurses at the Bulembu Clinic, which is the main medical facility for over 400 orphans living in the remote former mining town. They are among the children orphaned by the HIV/AIDS crisis, and today roughly 16% of the children are HIV positive themselves. Twice monthly, Baylor Swaziland sends a physician to the clinic to monitor and care for these children. With the cervical cancer screening trainings, the orphanage caregivers will now be equipped to roll out this service on-site, as part of the national comprehensive care package.

SPECIAL PROJECTS

Over the current reporting period, Baylor Swaziland has been the sub-grantee to a number of projects funded by overseas organisations, as well as the recipient of UNICEF funding. Thanks to this support, we have come much closer to accomplishing the UNAIDS 90-90-90 goal for Swaziland.

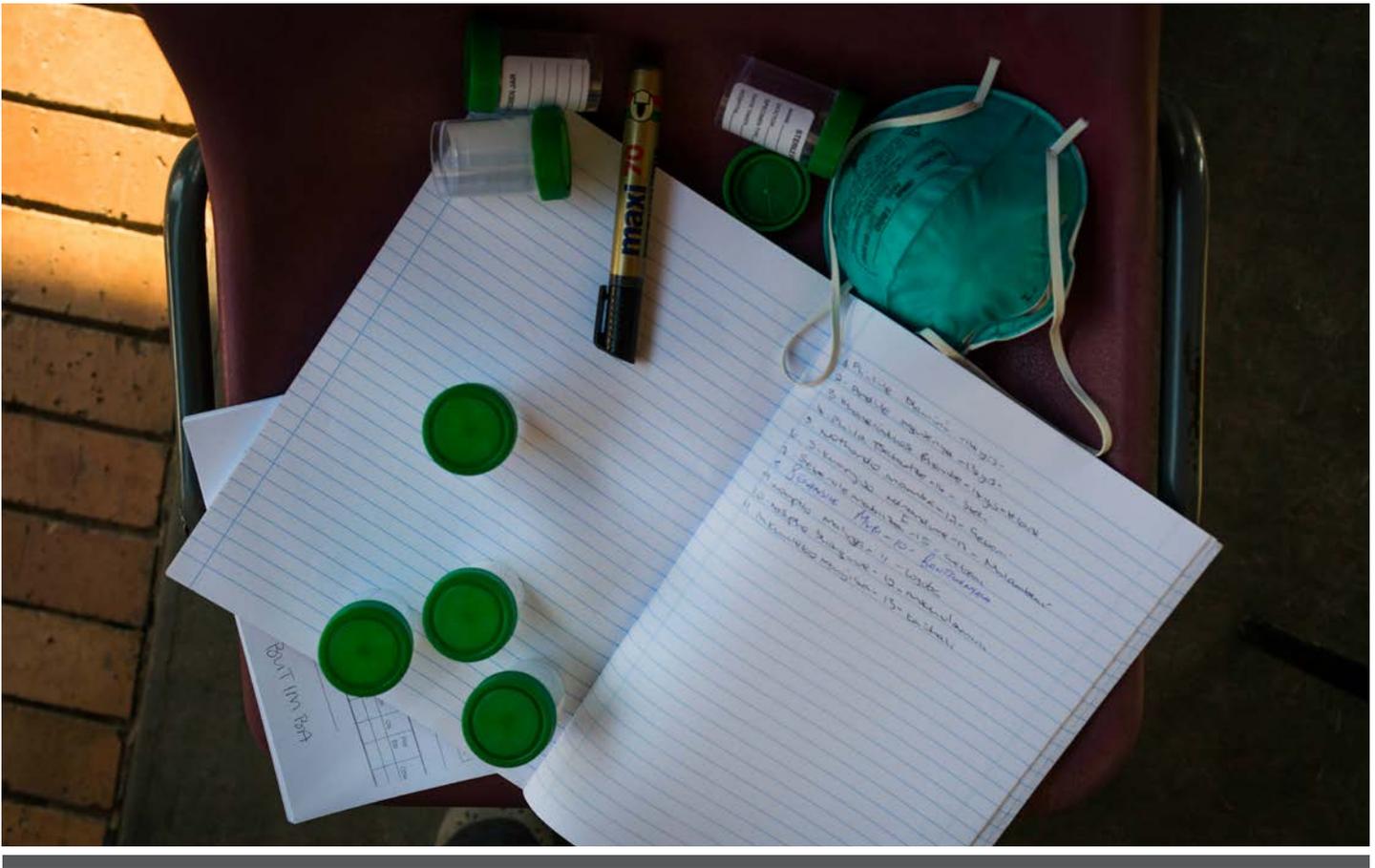


PACT – UMLIBA LOYA EMBILI PROJECT

Our cooperation with the international development organisation Pact came to an end in May 2018. Baylor Swaziland was the technical partner under Umliba Loya Embili project, which improved the response to the HIV prevention and impact mitigation needs of vulnerable adolescents and young women in Swaziland. The project envisions a Swaziland in which “adolescents and young women are healthy, resilient, and living in an environment where families, communities, and civil society promote their optimal care, protection, and well-being”. The main area of focus for Baylor with this project was to provide technical support to five implementing partners — World Vision, Bantwana Initiative, Khulisa Umntfwana, Compassionate Swaziland, and Young Heroes — to establish and run teen clubs for adolescents living with HIV. Under this initiative, Baylor:

- Developed an adherence tracker tool to ensure teen club participants met their goal of a suppressed viral load and an increase in CD4.
- Supported the implementing partners in running their camp programme in which over 250 adolescents participated.
- Ran a teen leadership training for 56 teenagers to provide one-on-one peer education and assist in facilitating teen club meetings. The training equipped adolescents to be role models for positive living and adherence to care and treatment.
- Held quarterly review meetings with implementing partners and clinical partners.
- Conducted a refresher training for field officers to prepare them to hold teen club events, enabling officers to identify challenges and troubleshoot as a group. Home visitors were also trained on the provision of disclosure support and adherence counselling.
- Collaborated with health facilities and helped to establish teen clubs in the Zombodze, Nkalashane, and Tsambokhulu communities.





ICAP PROJECT

Baylor Swaziland received PEPFAR funding through Columbia University's global ICAP project to strengthen local capacity to deliver sustainable, quality-assured, universal coverage of clinical HIV and TB services. The goal of the ICAP project in Swaziland is to scale up comprehensive paediatric HIV/TB care and treatment services in the Manzini region, focusing on both treatment and retention to care and improving the management of children affected by drug-resistant tuberculosis. The focus is also to enrol at least 200 children in care and treatment through intensified case finding. The process involves mapping the contacts of index clients (HIV-positive adults, usually parents or caregivers), testing those aged 0-19 and enrolling them in services. In the past year, Baylor health workers tested 1,572 children under 18, and of these 85 (5.4%) tested positive for HIV, with 96% successfully linked to care and treatment. In the year to come, we will expand the mapping and testing services to more high-volume health facilities in the Manzini region in order to identify as many children and adolescents as possible who are living with HIV and have them placed on care and treatment services.

Under the same project, nine health workers from clinics in the Manzini region were attached at the Baylor RFM clinic to hone their skills in paediatric HIV/TB management, PMTCT, paediatric phlebotomy, psychosocial support, and many other skills aimed at improving paediatric and adolescent outcomes.

AIDSFREE PROJECT

The partnership between Baylor Swaziland and the AIDSFree project aims at strengthening high-impact interventions for an AIDS-free generation. The overall objective of the collaboration addresses the second two pillars of the UNAIDS targets: achieving viral suppression for the vast majority of Swazis. The role of Baylor Swaziland under this agreement is to build the capacity of healthcare workers in the area of paediatric HIV and TB management. This was done through trainings, refresher trainings, on-site mentoring, and attachments of health care workers at Baylor's Centres of Excellence with a goal to transfer paediatric HIV/TB management skills.

Under this agreement, Baylor reached a little over 200 doctors, nurses, social workers, phlebotomists, and other health care workers following 128 site visits to 15 health facilities in the Hhohho and Shiselweni regions. Nineteen nurses and phlebotomists from facilities in those regions have also been attached at Baylor to hone their skills in PMTCT, HTS, Phlebotomy, provision of psychosocial care and support, as well as HIV care and treatment. It is envisaged in the next project period that doctors will also be attached to the COE. To further build the skills of healthcare workers, two Continuous Medical Education (CME) sessions were held, reaching 50 nurse mentors from all the regions. The CMEs focus on case-based learning and virologic failure. Mentors presented difficult cases they have encountered at their facilities and discussed them with a panel of paediatricians from our clinic.

This partnership also involved training eight social workers at the Baylor COE so that they could establish Challenge Clinics at their own health facilities, where children failing ART can receive a more advanced, multidisciplinary intervention. Following the training, five of six clinics established and began running Challenge Clinics.



UNICEF PROJECT



The partnership with UNICEF supports BCMF-SD to strengthen HIV prevention, treatment, and care for children and adolescents in Swaziland. Several interventions were initiated and are ongoing to ensure that children and adolescents receive the clinical and psychosocial support they need to achieve viral load suppression and a positive health outcome. Initiatives that are being implemented under this collaboration include “in-reach services”, in which children and adolescents who have defaulted treatment or are lost to follow up are reached at their homes to explore interventions that can bring the patient back to treatment. This has resulted in Baylor’s lost-to-follow-up rate among children and adolescents falling consistently below 1% over the year. Our small pool of social workers conducts at least 20 home visits each week. One important intervention is transport funding for patients who lack the financial means to come to the clinic to collect their medication.

Another remarkable intervention under this collaboration has been the initiation of U-Report, an SMS-based platform that allows anyone to ask and

receive answers on health-related issues, particularly HIV prevention, care, treatment, and disclosure. Through U-Report, young people living with HIV can ask any question pertaining to HIV care and treatment and sexual and reproductive health and receive an expert answer from a healthcare worker.

With UNICEF support, we trained 40 doctors and nurses on second- and third-line HIV treatment for children and adolescents. The majority of these healthcare workers were from the private sector, which bodes well for a standardised approach in second- and third-line HIV management.

The flagship of Baylor Swaziland’s psychosocial support has continued successfully with UNICEF funding. Teen clubs around the country still host at least 400 young people each month, where they are continually encouraged to adhere to their medication and live full and healthy lives through fun, themed lessons.

ADULT/CAREGIVER SUPPORT GROUP PROJECT

In addition to health education and HIV/TB screenings, the clinic has continued over the years to support caregivers economically. Adults play a vital role in the continuum of care in the lives of children and adolescents living with HIV. Baylor clinicians support this group by developing income-generating projects and boosting the profit received from the existing project, which is production of fabric softener.

The team is currently working on developing a proposal to mobilise resources that will assist in keeping the adult/caregiver support group vibrant. The plan is to organise a training that will equip them with the knowledge and skills to start an income-generating project at a small scale and financial management at their level.

Other Psychosocial Support Activities



BABY CLUB

The “Baby Club” is a new support group for HIV-positive mothers with HIV-positive babies under the age of 2 years, which aims to optimise care for this highly vulnerable population. Baby Club seeks to address the unmet psychosocial support needs of caregivers and to foster a climate of developmental play that will allow these children not just to survive, but to thrive. Mother-baby pairs come together monthly for support, education, and fun, and since its inception in June 2017, the attendance of mother-baby pairs has been increasing steadily, with average attendance of 15 pairs per session. Baby Club launched at the Mbabane COE and will be rolled out to our satellite clinics (Hlathikhulu and Manzini) in the coming year with UNICEF support.

SOCIAL WORK

The social work unit addresses the psychosocial needs of all patients attending Baylor Clinics. Several services were offered as per the mandate, with an emphasis on adherence counselling to make sure the 90-90-90 goal is reached. We offered stepped-up adherence counselling to patients who showed detectable viral loads. Our social workers also provided disclosure counselling, particularly to children and adolescents, given the strong correlation between properly disclosing HIV status and future ART adherence. We counselled parents and caregivers on the importance of disclosure and supported them as they explained to their children that they had HIV. Patients who recently learned their HIV status were offered follow-up disclosure counselling.

The unit also works with the Deputy Prime Minister’s Office, which is responsible for child welfare, to address social issues encountered by children and adolescents. For the year ending June 2018, the social work department met with 1,387 patients during 3,404 total sessions.



SIBANCOBI CAMP

Working together with SeriousFun Children's Network, Baylor ran two sessions of a five-day residential camp for 86 teenagers living with HIV. The camp model ensures that every child experiences success and gains the confidence to try new things in a supportive and safe environment. During the programme, the teens learn more about thriving in spite of living with HIV, they grow their self-esteem, and they tend to pay more attention to their health afterward. Teens with chronic adherence challenges were intentionally recruited to participate at camp. Before camp, we trained the Leadership Team and camp staff volunteers on the SeriousFun camp model, intentional programming, camp culture versus Swazi culture, and other topics that create an enabling environment for the teens to have a positive, life-changing experience.

TEEN HEALTH

It is important to provide services beyond the clinical treatment of HIV and TB, including arming teens with sexual and reproductive information and services, life skills, and career guidance — addressing challenges that can derail their adherence. To this end, Baylor Swaziland established the Teen Health programme during the current reporting period, targeting all teens with HIV prevention or HIV treatment services, depending on their status. Twice a week, on days dedicated for adolescents (adolescent clinic days), we set up an information booth outside the clinic building staffed by social workers. Since its inception in March 2018, 93 teens visited the booth, with several repeat visitors. We also welcome parents who want to know more about talking to their adolescents about their treatment and about sexual and reproductive health. Fourteen parents and caregivers have visited the stall since the start of the programme. A major drawback to fully implementing all teen health activities is a lack of funding to fully implement the activities outlined in a concept note which has been drafted.



HEALTH FACILITIES PARTNERSHIPS



BAYLOR-MBABANE GOVERNMENT HOSPITAL PARTNERSHIP

This collaboration allows us to offer continuity of in-patient care for paediatrics and adult wards through collaborating with teams from the government's largest national referral hospital, reviewing our admitted patients together during grand rounds, and making comprehensive patient management, follow-up, and retention plans as a team. Through this initiative, mentoring, and continuous medical education sessions, paediatric care at the ward has greatly improved. We are currently working in tandem with the hospital paediatric team to improve record keeping in paediatric paper-based medical charts. An indexed shelving system has been implemented, with paediatric charts from each cubicle color-coded for ease of retrieval and refiling of patient files.

BAYLOR-BULEMBU CLINIC PARTNERSHIP

We completed theoretical training sessions on cervical cancer screening for Bulembu Clinic nurses. We will then proceed to practical sessions. This will allow all the house aunts who cater to over 400 orphans at the site to access cervical cancer screening on-site. The clinic is equipped to roll out this service as part of the national comprehensive care package.

SCHOLARLY ACTIVITY

To influence and document change in health policy, medical practice, standards of care, and models of care, Baylor Swaziland conducts diverse research in paediatric care and treatment. We maintain an Institutional Review Board, which is responsible for streamlining and ensuring the integrity of all research projects.

During 2017-2018, we have the following studies ongoing:

- “Host Genetic Factors Influencing HIV and TB Disease Progression in African Paediatric HIV” (Ongoing multicentre study)
- “The Immunologic Effects of Helminthic Infection on Tuberculosis and HIV Specific Immunity and Progression”. (Ongoing – Conducted in collaboration with Global TB Baylor College of Medicine, Houston, Texas)
- “Assessment of the Knowledge, Attitudes and Behaviours of Primary Caregivers of Children and Adolescents to Isoniazid Preventative Therapy.” (Ongoing)
- “Operational Evaluation of an Intensified TB Case Finding Programme Intervention”. (Ongoing)
- “Association between Malnutrition and Diagnosed Drug Susceptible Tuberculosis Amongst Children Aged Zero to Fifteen Years Old in Swaziland”.
- “Developing Sustainable and Effective Diagnostic Testing Algorithms for Chlamydia and Gonorrhoea in Adolescents Living with HIV in Swaziland Using Gene X-pert Technologies”. (Funded through Global Health Innovations Grant)
- “Vernal Keratoconjunctivitis in Paediatric HIV Population of Swaziland”. This is a collaborative study between Emory University; a local ophthalmologist, Dr. Jonathan Pons; and Baylor Swaziland.
- “Drug Resistant Tuberculosis – Understanding Infection to Support Prevention” (An additional study awaiting IRB approval).

OUR PARTNERS

All Baylor–Swaziland programmes are made possible through the generous support and close partnership of the following organisations:





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


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