

# Baylor Tanzania Annual Report 2013/14



## Baylor College of Medicine Children's Foundation Tanzania



# **Annual Report 2013/2014**

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
BIPAI	Baylor College of Medicine International Pediatric AIDS Initiative
BSC	Balance Score Card
CDC	Center for Disease Control and Prevention
CD4	Type of lymphocyte (white blood cells)
CHF	Congestive Heart Failure
COE	Clinical Center of Excellence
CPT	Cotrimoxazole Prophylaxis Therapy
CTC	Care and Treatment Centers
CTC2	Electronic Database for Care and Treatment Centers
DBS	Dried Blood Spot
DQA	Data Quality Assessment
EID	Early Infant Diagnosis
EPTB	Extra-Pulmonary Tuberculosis
EMR	Electronic Medical Records
FBP	Full Blood Picture
GoT	Government of Tanzania
Hb	Hemoglobin
HEI	HIV Exposed Infant
HEID	HIV Early Infant Diagnosis
HIV	Human Immunodeficiency Virus
HP	Health care professional

IGP	Income Generating Project
KS	Kaposi Sarcoma
LFT	Liver Function Test
MCH	Maternal Child Health
M&E	Monitoring and Evaluation
MOHSW	Ministry of Health and Social Welfare
MPS	Malaria Parasite Smear
NGOs	Non Governmental Organizations
OIs	Opportunistic Infections
OPT	Out Patient Therapy
PAC	Pediatric AIDS Corps
PCP	<i>Pneumocystis jiroveci</i> Pneumonia
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Leaving with HIV/ AIDS
PMTCT	Prevention of Mother to Child Transmission
PPA	Public Private Alliance
RDQA	Routine Data Quality Assessment
Rx	Prescription
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

## Acknowledgement

Baylor College of Medicine Children's Foundation-Tanzania (Baylor-Tanzania) would like to thank all those who participated in producing this report. First and foremost we would like to express our deep appreciation to Dr Lumumba Mwita our Executive Director for his leadership role and inputs towards completion of this and review of this report. It's highly appreciated.

Secondly we would very much like to express our appreciation to the Baylor senior management teams and clinical teams from Mbeya and Mwanza for their valuable contribution and tireless efforts in providing their inputs for this report. Particularly we would like to thank Dr. Bertha Kasambala Site Director Mbeya, Dr. Jason Bacha Co-Clinical Director Mbeya, Dr. Mercy Minde Clinical Director Mwanza, Dr. Liane Campbell Co-Clinical Director Mbeya and Sarah Evans PiAf Mwanza. Their contributions and inputs are highly appreciated. Also we would like to express our gratitude to Baylor M&E team for their tireless effort in gathering the data and compiling this report. Special thanks goes to Mr. Moses Chodota M&E Coordinator Mbeya who worked days and nights to produce this report. Also Mrs. Angelina Kayabu the M&E coordinator for her crucial support in providing data input from Lake Zone, Mr. Benson Mayalla Data Manager Mbeya and Mr. Abel Mwinuka Data Clerk for their nice work providing data for the report.

Moreover we extend our thanks to the whole Baylor Tanzania staff team for the cooperation they have provided for the completion of this report and for the great job they are doing to children of Tanzania. Thanks so much.

Thanks so much to everyone mentioned here and those not mentioned without their support it could have been impossible to produce this report. It is very much appreciated.

## Letter from the Executive Director



Baylor Tanzania programme was officially initiated in September 2008, operating from Bugando Medical Centre and Mbeya Referral Hospital our hosting institutions. The Centres of Excellence (COE) opened doors to the public in February 2011. Since 2011 we have been experiencing growth on a yearly basis with more and more children receiving care at the COEs and at supported outreach sites. We are happy that Baylor Tanzania is one of the organizations working hand in hand with the government and other partners to improve the quality of paediatric HIV services in the Lake and Southern Highland zones of Tanzania.

Currently the programme is caring about 3407 HIV infected and affected children and adolescents at the COEs, and a total of 6616 at 64 outreach sites supported by the programme.

In 2013 Baylor Tanzania recorded many achievements which shaped the programme as we work to arrest the scourge of HIV, highlights of these achievements include:

- Expansion of our work in scope and geographical coverage as we reached all 14 regions in the Lake and Southern Highlands zones. This was an important milestone for us as it established a foundation for engaging the local government authorities (LGAs) and other stake holders to ensure the paediatric HIV agenda is a priority as we work towards three zeros- zero infection, zero stigma and zero deaths due to HIV.
- Broadened partnership and collaboration through the initiation of additional projects addressing care of HIV mother baby pairs, the needs of adolescents living with HIV and children with malnutrition and community empowerment to increase HIV case identification, referral and linkages. These projects are supported by USAID, UNICEF and Terres des Hommes.
- Strengthened operations through inclusion of Tanzania nationals as members of board of directors truly indigenizing the board.
- Renewal of the Memorandums of Understanding between the Ministry of Health and Social Welfare representing the government of Tanzania, Baylor Tanzania, Bugando Medical Centre, and Mbeya Referral Hospital. These agreements will guide our collaboration in the coming five years.

- Sharing of our work with local and international medical and public health fraternity through scientific publication in conferences such as International AIDS Society 2014, the Union World Conference on Lung Health 2014, the Adolescent Sexual Reproductive Health Rights and HIV in Africa Symposium 2014, and the African Conference of the International Society of Paediatric Oncology 2014.

All these successes would not have been possible without the tremendous support of the Tanzanian government through the Ministry of Health and Social Welfare, the United States President's Emergency Plan for AIDS Relief (PEPFAR), the United States Agency for International Development (USAID), UNICEF, BIPAI and Texas Children's Hospital. Our heartfelt appreciation also goes to the local government authorities, organizations and partners and communities we work with in Tanzania.



## Overview

Our mission statement defines why we exist; it mirrors the entire BIPAI network mission.

### Our Mission

*"To conduct a program of high quality, high impact, highly ethical pediatric and family HIV/AIDS care and treatment, health professional training, and locally relevant operational research".*

### Our Vision

*"To be the model of pediatric clinical excellence, empowering health professionals and communities to ensure sustainable, superior HIV/AIDS care, enabling healthy and fulfilling lives for the children of Tanzania and their families".*

## Our Core Values

- **Diversity:** We value those characteristics that make each of us unique.
- **Excellence:** We pursue excellence in all we do.
- **Patient-centered:** Our patients form the central focus of all our activities and actions--both large and small. We place them first.
- **Committed to learning:** We learn from others, as well as from our successes and challenges.
- **Professionalism:** We conduct ourselves in a professional manner at all times, with integrity and accountability. We honor our patients' rights and maintain confidentiality.
- **Respect:** We respect our patients, our partners, and ourselves.
- **Compassion:** We will strive to give the highest standard of care to all children infected or exposed to HIV.

## Who we Are

**B**aylor College of Medicine Children's Foundation – Tanzania (Baylor-Tanzania) is a sister organization of Baylor International Pediatric AIDS Initiative (BIPAI) Tanzanian, locally registered NGO. Baylor-Tanzania operates two Children's Clinical Centers of Excellence (COEs): one located in Mwanza, Tanzania, at Bugando Medical Centre, serving as the base of operations for the Lake Zone and headquarters of the organization (LZ COE); and the other at Mbeya Referral Hospital in Mbeya, Tanzania, serving as the base of operations for the Southern Highlands Zone (SHZ COE).

Official COE dedications took place in Mwanza and Mbeya in February and March 2011 respectively, with service delivery at both COEs initiated in mid-February 2011.

We are a patient-centered, pediatric HIV prevention, care and treatment program with the **goal of contributing to the reduction of HIV/ AIDS-related morbidity and mortality among infants, children and adolescents in Tanzania**. In addition, Baylor Tanzania provides comprehensive care and treatment for pediatric tuberculosis, malnutrition, cancer and other complicated or chronic pediatric conditions. Through direct service delivery and clinical attachment training at our two Children's Centers of Excellence (COEs) in Mbeya and Mwanza, as well as health professional training and mentorship provided at respective outreach facilities in the Lake and Southern Highland Zones, Baylor-Tanzania currently directly cares for more than 4485 children at the COEs, and thousands more at outreach sites around the Lake and Southern Highlands Zones.

**Figure 1: Baylor Tanzania Coverage Lake and Southern Highlands Zones**



## Our Services

In order to meet our program goal of reduced HIV/AIDS-related morbidity and mortality among the children of Tanzania, we are guided in our work by four (4) specific aims:

**Specific Aim 1:** To provide comprehensive, family-centered, pediatric HIV/AIDS care and treatment services

**Specific Aim 2:** To expand case finding of HIV+ children through strengthened access to pediatric HIV/AIDS counseling and testing using a family-centered testing model

**Specific Aim 3:** To strengthen the local human resource and health system capacity to provide comprehensive, family-centered HIV/AIDS care and treatment services

**Specific Aim 4:** To sensitize and mobilize people living with HIV/AIDS (PHAs) and the general community to support pediatric HIV prevention, care and treatment services

## Care and Treatment

Baylor-Tanzania supports a continuum of care model which supports early infant diagnosis (EID) services through linkages with prevention of mother-to-child transmission (PMTCT) programs and activities, as well as exposed infant care, early and on-going prophylactic treatment, treatment of acute illnesses, specialized pediatric and adolescent psychosocial support, and antiretroviral (ARV) treatment when appropriate. Specialized psychosocial support services, include pediatric and family counseling, adolescent counseling and peer support groups.

Baylor-Tanzania's programmatic activities and operations are supported by a 1:1 matching, Public-Private Partnership (PPP) agreement between the United States Agency for International Development-Tanzania (USAID-Tanzania) and Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) which commits more than \$45,000,000 of funding and in-kind donations for the period 2008-2015.

As our host institutions link with the United Republic of Tanzania's Ministry of Health and Social Welfare (MOHSW), Mbeya Referral Hospital in Mbeya and Bugando Medical Centre in Mwanza we provide patient care support such as provision of diagnostic services, ARVs and non-ARV medications, and HIV test kits through a request and reporting mechanism. Our tertiary level

partner hospitals also provide inpatient care for children in need of such services.

In addition to the USAID PPP agreement in Tanzania, Baylor-Tanzania implements activities associated with a supplemental grant to BIPAI's AIDS International Training and Research Program (AITRP)/Fogarty International Center (FIC) grant for research capacity building. This research capacity building, supplemental grant is funded through U.S. Centers for Disease Control-Tanzania (CDC-Tanzania).

Currently Baylor-Tanzania, through a CDC/Fogarty grant, strengthens health systems through scholarship support to five fellows undertaking a Masters of Health Services Research degree at Makerere University School of Public Health in Kampala Uganda. Four of the fellows have completed their coursework and are back in the workforce, with the fifth fellow scheduled to complete studies by the end of 2014. Baylor-Tanzania continues to coordinate and partner with the fellows and their home institutions to ensure their new skills are used to develop and lead research in pediatric care and treatment and overall health care delivery in Tanzania. The intention of the programme is to help develop these fellows into leaders in the Tanzanian health sector.

## **Our Programmes**

### **Pediatric HIV/AIDS Services at the COEs**

The COEs provide comprehensive care and treatment services to infants, children, and adolescents exposed to and infected with HIV from birth to eighteen (18) years of age.

Comprehensive Care at the COEs includes the following:

- Screening and diagnosis of HIV infection, including early infant diagnosis (EID)
- Growth and development monitoring
- Delivery of age appropriate vaccinations
- Diagnosis and management of opportunistic infections
- Diagnosis and management of patients with Kaposi Sarcoma
- Screening, diagnostic testing, and management of tuberculosis (TB) and other co-infections
- Provision of cotrimoxazole prophylaxis
- Nutritional assessment and treatment for malnutrition
- Antiretroviral therapy (ART) and monitoring
- Treatment adherence support and monitoring
- Patient education and counseling, including basic HIV education, medication administration and adherence, nutrition, and general emotional support
- Adolescent Support Group services
- Provision of reproductive health services
- Psychiatric services are provided to patients with mental illness at the LZ COE
- Home Visits, Referral to Social Services, Counseling & Testing
- Mother-Baby Pair comprehensive services as part of national Option B+ PMTCT services in SHZ COE.
- Palliative care and services for eligible patients

**Achievements of this year include:**

- 2.9% and 4.2% mortality rate for SHZ and LZ respectively
- 1070 vaccines delivered
- 30 patients were treated for Kaposi sarcoma since the program started in 2011
- 1151 patients on treatment for malnutrition
- 2065 patients on ARVs
- 1073 exposed infants receiving care
- 98 received reproductive health services (7% being adolescents).
- 618 Teen patients in Teen Club of which 432 are active; and 176 patients in Pre-Teen Club of which 163 are active.
- 40 patients who received psychiatric care at the LZ COE
- 28 mother-baby pairs enrolled at the SHZ COE

**Pediatric HIV/AIDS Support outside the COEs**

In 2005, WHO defined mentoring as the following: "Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes." As part of our mission, we are committed to building capacity at health facilities to provide high-quality pediatric HIV/AIDS care and treatment through health professional training and mentoring. Baylor-Tanzania's interdisciplinary teams, including pediatricians, physicians, nurses, counselors and pharmacists travel to identified regional and district level hospitals and health centers to work alongside health care workers to improve the care and treatment of children exposed to and infected with HIV. Practical knowledge and skills are shared with health care workers in HIV clinics, pediatric inpatient wards, Reproductive and Child Health (RCH) clinics, TB clinics, and other relevant facility departments. As part of mentorship support, Baylor-Tanzania provides job aids such as the BIPAI Antiretroviral Therapy (ART) Dosing Card, Disclosure and Adherence Flipcharts, quick-reference guides for cotrimoxazole prophylaxis, growth and developmental milestones charts and infant feeding and nutritional counseling, especially in the context of HIV.

**Table 1: Summary of COE and Outreach Activities**

	<b>July - September 2013</b>	<b>October - December 2013</b>	<b>January - March 2014</b>	<b>April - June 2014</b>	<b>Total</b>
<b>Didactic Education and/or Training Sessions (session = 1 hour)</b>	52	32	22	16	122
<b>Unduplicated Individuals Trained</b>	660	482	234	263	1639
<b>Professionals received mentored clinical experiences (attachment training) COE and Outreach</b>	27	33	44	42	146
<b>Number of hours spent on mentoring (COE, SCOE, Outreach)</b>	743	707	800	664	2914

Over the past year, Baylor-Tanzania health professionals have spent more than 5500 hours providing clinical mentoring. During that time, we have consulted on 1059 exposed infants, 8679 infected children at outreach facilities. Physicians give short didactic presentations to health professional as mentorship health facilities on issues related to pediatric HIV care.

**Topics include:**

- Diagnosis of HIV Infection in Children
- Clinical Staging of HIV Infection in Children
- Indications for Cotrimoxazole Prophylaxis
- ARV's and ART Initiation in Children
- Monitoring of ART in Children
- Disclosure of HIV Status to Children
- Adherence to ART
- Malnutrition
- Exposed Infant Care and Early Infant Diagnosis
- Infant Feeding and HIV
- TB/HIV Co-infection in Children
- Treatment Failure and Second Line ART in Children

Baylor-Tanzania clinicians have given 122 lectures regarding pediatric HIV and general pediatric care topics.

In 2013, collaborative partnerships with UNICEF on HIV and malnutrition programs as well as the Partnership for HIV-Free Survival (PHFS) also a USAID-funded program allowed Baylor-Tanzania to expand its outreach services. Teams of health care providers now visit each facility to provide teaching and consultation to many departments and clinics.

### **Counseling and Testing**

Diagnosis of HIV infection is the critical step in enrolling children into care and treatment services. Baylor-Tanzania has incorporated the BIPAI network “Know Your Child’s Status” best practice strategy for enhance pediatric HIV case finding.

This pediatric HIV case finding approach targets testing of children of known HIV positive adults (e.g. Care and Treatment Clinic (CTC) adult clients or other high-risk, adult populations) through scheduling specific days for these adults to bring their children for evaluation and HIV testing. During the year 2013/14 Baylor has performed a number of testing events where a total of 3038 SHZ COE and 5478 LZ COE clients were tested and counseled.



**Figure II: A Nurse performing HIV Test at one of the Outreach Site**

Additional, smaller testing campaigns have been encouraged at outreach sites to promote provider-initiated testing and counseling (PITC) with Baylor-Tanzania health professionals working with clinicians and nurses in support of these activities. Baylor-Tanzania plans to continue to support targeted community education and HIV testing events in efforts to raise community awareness of the availability and effectiveness of pediatric HIV care and treatment services, as well as to strengthen linkages with community leaders and initiatives addressing orphans and vulnerable children. It is through building such community level partnerships and sensitization initiatives that service demand creation and enhanced enrollment of children into HIV care is anticipated to be achieved.

In 2014, Baylor Tanzania also launched the innovative KYCS Community Nutrition Screening events. During these events, children were screened for malnutrition and HIV, and communities were given education on a variety of nutritional topics. Children screen positive were given services and appropriate referrals. This screening model is being taught to local health care and community workers to allow for



capacity building and expansion of these events.

### **Early Infant Diagnosis**

Infants who are born to mothers with HIV infection are exposed to the virus and at risk of acquiring infection themselves. Care for these infants is provided at the COEs and at RCH clinics at Baylor-Tanzania supported health facilities. Components of care include provision of anti-retroviral medications to prevent transmission from mother-to-child, growth and development monitoring, provision of cotrimoxazole prophylaxis, collection of blood for diagnostic testing, routine vaccinations and counseling regarding proper nutrition and infant feeding practices. At the COEs, exposed infants also receive specialist review for subtle findings of HIV disease. Some infants require treatment for HIV disease even before the infection is confirmed.



Figure III: A Nurse drawing blood from for DNA – PCR test from an Exposed Baby.

In 2013/14 Baylor COEs in Tanzania have screened 617 infants for HIV

through DNA PCR, with 129 (20.9%) found to be positive

One of the challenges faced in providing Early Infant Diagnosis and Exposed Infant Care services is the high lost-to-follow-up rate. This refers to a mother who fails to return to receive the results of the infant or who stops attending clinic for on-going monitoring and care of the child. The reasons for such lost-to-follow-up vary, and to ensure infants remain in care until a definitive diagnosis is made, lost to follow up tracking systems have been developed and operated in both COEs. Additionally, at the SHZ COE, families of infants who test positive for HIV receive a reminder telephone call to ensure that their infants are initiated on ART in a timely manner. The SHZ COE was also chosen as an Option B+ PMTCT site, and is providing comprehensive services to 28 mother-baby pairs in attempts to prevent transmission of HIV from mother to child. Mothers receive ART to provide the best protection for their babies as well as other health services including family planning. Through this program, mothers and babies come to clinic on the same day, decreasing the time these mothers are away from their businesses and homes.

### **Mbeya Oncology Program**

HIV infection predisposes children to several malignancies, including Kaposi sarcoma, the most common malignancy associated with HHV 8 infection. Pediatric HHV 8 infection is



common in Tanzania and, consequently, pediatric Kaposi sarcoma prevalence is high among HIV positive children presenting with cancer. Despite the disease burden and patient demand for cancer therapy, Tanzania has a single cancer treatment centre in Dar es Salaam, 12 hours by bus at best from Mbeya in the Southern Highlands, and this depending in part on road conditions which often are not very good. Travelling to Dar es Salaam with a very sick child presents a challenge for our clients - too frequently a challenge impossible to overcome.

Many of our child clients at the Southern Highlands Zone COE in Mbeya have been orphaned by AIDS, and live with a relative - who is often illiterate and with severe economic insecurity - who often also has multiple other children under their care with limited if not non-existent resources to meet basic needs. Moreover, lack of knowledge about symptoms and early signs of cancer and HIV result in late presentation of patients at health facilities. As a result many children and their families find out they are HIV-positive and have developed cancer when their disease has progressed, making treatment for both conditions more challenging.

Due to the difficulties stated above, children with cancer and HIV in the Southern Highlands of Tanzania have had limited treatment options where both of their conditions - HIV and cancer - can be addressed together locally.

In an effort to provide comprehensive care for pediatric HIV positive children with Kaposi sarcoma, an oncology program was developed at the Baylor SHZ Center of Excellence at Mbeya Referral Hospital. HIV positive patients suspected to have Kaposi sarcoma are enrolled in the program. Diagnosis is confirmed with skin or lymph node biopsy. Newly diagnosed patients are discussed by a team of oncologists working in Malawi, Botswana and the United States, who provide recommendations for management. Patients receive HIV care as well as treatment for other conditions, such as tuberculosis and malnutrition. A dedicated counselor meets with all patients to provide education about the cancer diagnosis, what to expect during chemotherapy and how to handle side effects. A multidisciplinary palliative care program is also available for patients with severe disease who do not respond to chemotherapy. All treatment is free of charge for patients and their families.

Challenges of the program have included costs and logistics of chemotherapy procurement, and limitations in supportive care for patients with very extensive disease involvement.

At the onset of the program, the purchase of chemotherapy was funded by individual Global Health Corps Doctors. Through fundraising efforts, private donations were obtained exceeding \$10,000, funding the

chemotherapy program entirely from May 2012 to September 2013, and now additional support through USAID funding continues to enable the pediatricians to provide chemotherapy on a weekly basis and manage side effects and complications.

To further develop the skills of the staff with respect to pediatric oncology care, a pediatric oncology specialist was able to visit the Baylor SHZ COE and provide a workshop for all clinical staff. Topics covered included management of the newly diagnosed pediatric cancer patients, psychosocial aspects of pediatric palliative care, and storage of chemotherapy agents. Additionally, three staff members were able to travel to Dar es Salaam to attend the International Society for Pediatric Oncology Africa Continental Meeting. To share the experiences of the SHZ COE, one of our pediatricians presented a scientific abstract.

Since starting the oncology program in July 2011, a total of 30 patients have been enrolled in the oncology program. All children are HIV positive and receive comprehensive HIV care in addition to chemotherapy. Ages range from 2-18 years. Patients receive an average of 10 cycles of chemotherapy at an average cost of \$50 per cycle. Of the 30 patients, 6 are still receiving chemotherapy, 17 patients have completed treatment and 7 died. Nine oncology patients were able to attend Salama Camp, a 5 day overnight camp supported by Serious Fun and Baylor Tanzania

Children's Foundation, designed to teach young adolescents about living positively with HIV.

### **Pediatric Sexual Violence Survivors Program**

Sexual violence is a widespread problem in Tanzania; most victims are women and girls, for whom gender-based violence is a recognized driver of HIV incidence. Despite the availability of post-exposure prophylaxis (PEP) against HIV infection with antiretrovirals, few children and adolescents obtain services after experiencing sexual violence. A multidisciplinary approach including both medical care and psychosocial support is essential to optimize these patient's outcomes, yet is often lacking in most resource-constrained settings.

To address the specific needs of children and adolescents who are victims of sexual assault, a referral system was developed in collaboration with the Tanzania Police Female Network (TPF NET), linking patients with the Baylor SHZ Center of Excellence (COE). Children and adolescents are referred by law enforcement to the Baylor COE for PEP, sexually-transmitted infection (STI) treatment and psychosocial support. Patients are followed regularly for 6 months after the assault, at which time they are discharged from care if HIV-negative.

Since establishing the program in June 2012, 16 patients have been enrolled in the SHZ COE for evaluation after sexual violence. All patients received comprehensive care including post exposure prophylaxis, if eligible, STI

treatment and psychosocial support.

While child sexual assault remains a challenge in the Southern Highland's Zone of Tanzania, establishing linkages with law enforcement is a potential way patients eligible for PEP can be identified and referred. A comprehensive approach including PEP, STI diagnosis and treatment and psychosocial support in one setting is ideal.

## Adolescent Care and Support

### Adolescent Programs: Creating Healthier Lives by Strengthening the Youth Community

Adolescent programming in Mwanza and Mbeya has been expanding over the previous year, reaching a record number of adolescents. Baylor has created several new programs while expanding on older programs over the previous year. These programs are focused on assisting patients with adherence to their medications, creating a healthier lifestyle, and forming peer-support networks. One of our major programs is called Teen Club and meets once a month to create an environment for children living with HIV to learn and grow. It is a safe and free club that allows them to express themselves and create connections with other children in the area. It is an exclusive club that only provides the benefits to children living with the disease.

## Teen Club

Of late, Teen Club attendance in Mwanza has reached record heights. Whereas in 2013 attendance ranged from 72-116 teens, May, June and July sessions have consistently recorded over 145 attendees. This record breaking attendance has only been bolstered by a consistent team of new teens who register for the club each week.

As more teens attend Teen Club it is increasingly important to convey



Figure 4: eens present a gift to a Teen Club guest speaker from NMB bank

strong messages about good adherence and lifestyle choices. LZ COE staff members have risen to the occasion by engaging local professionals and staff from all facets of the clinic to present at meetings. July's "Career Day" meeting, for example, brought together 6 professionals including a policewoman, tailor, secondary school teacher, driver, wedding planner, and shop owner. Other recent topics have included Reproductive Health (with a guest lecture from the Nurse Matron),

Risky Business (with a guest lecture from Shaban Maganga of Mwanza Youth and Children Network) and Financial Literacy (with a guest lecture from Suma Mwainunu of NMB Bank). Teens have also taken a risk assessment survey as well as the Beck's Depressive Survey supervised by the Bugando Hospital Psychiatrist Dr. Hauli.

### **Camp Matumaini**

In December 2012 SHZ Baylor-Tanzania launched its first ever Camp Salama. With the help of SeriousFun Network, Baylor was able to give 40 HIV positive adolescents a week of fun filled camp. Salama Camp was located off site where the adolescents slept together in cabins, ate together, played together, and of course learned together with the support of 24 volunteers. The adolescents created a peer-support network where they were able to share their life stories and were able to discuss openly about their disease. The adolescents spent five days and four nights on site learning about HIV, adherence, and creating a more healthy life. SHZ Baylor successfully hosted Salama Camp again in June 2014, this time hosting two sessions over a two week period for 80 adolescents.



Figure 6. Campers play at Camp Salama Camp in Mbeya

LZ Baylor piloted its first adolescent sleep away camp, Camp Matumaini (Camp Hope) in December of 2013. 30 adolescents aged 10-13 attended the Camp alongside 14 staff members. A majority of camp staff came from LZ COE staff members who volunteered to attend. However, this group of 10 was also supplemented by community volunteers including university social work students. Campers participated in a variety of activities focusing on life skills, team building, and self expression.

The December camp was such a success that LZ COE decided to run a second camp (Camp Matumaini 2) in June of 2014. This time Baylor staff was supplemented by 3 teen leaders—older teens who had been strong positive role models in teen club. Camp provided a distinct learning and leadership opportunity for these 3 teens who all excelled in the environment. Additionally, by using direct observed therapy (DOT) whereby all campers and staff took medication together every day,



7: A camper receives a prize after being especially kind to a peer at Camp Matumaini



campers were educated about adherence in a new way. Studies to prove the suspected benefits of this DOT on camper adherence post-camp are already underway.

Baylor-Tanzania successfully continued its youth focused program ("adolescent advocates") that gave adolescents an opportunity to gain more responsibility in the clinic. The program has been running since January 2013, with the selection criteria for the adolescents that included; lack of current employment, minimum age 17 years and previously held Teen Club membership. Eleven positions were created in five separate areas:

Clinical (6; assisting triage, pharmacy, lab and data entry), Teen Club liaison (2 former Teen Club Leaders, assist curriculum development and facilitate events), Career Opportunities (1; job opportunity education, creating career panels), Transition Expert (1; facilitate monthly transition sessions, peer support, and lost-to-follow-up) IGP (1; developing income-generating projects, selecting teens, and overseeing programs). Adolescents

received two weeks training with Baylor staff, and began assisting full-time in February 2013. The adolescents have been with our program for nine months and are exceeding all expectations. They are currently enrolled in English courses after clinic hours to expand their education even further.

To date, 11 adolescents have graduated the program, and 11 are currently active in the program.



Figure 7. Teens working with Alex Massawe, Social Worker, during peer educator training

With the increase of adolescents attending our monthly Teen Club program, we have also worked to expand adolescent support groups to



Figure 10. Products made by Bead4Bead, an IGP at Baylor-Mbeya

our outreach facilities in both the Lake Zone and Southern Highland Regions. Satellite teen clubs have been initiated in Mufindi, Njombe, Iringa, Mbozi and Mbarali through UNICEF programs. They have continued to successfully host a Satellite Teen Club each month.



Figure 8. Teens play at a satellite Teen Club in Mafinga, Tanzania

Baylor Tanzania has also continued their income generating projects (IGPs) for our adolescents who do not have access to secondary education, so they can learn a tradecraft, earn income, and gain skills needed to run a business. Our IGPs have been running smoothly over the past year. Benki Yetu, our small interest loan group, has just completed their first year showing a profit margin of over 50%. They have successfully distributed six loans and had them returned. Bead by Bead and Stitch by Stitch are jewelry and sewing programs where selected adolescents learn basic trade skills with a focus on business. We have graduated five

adolescents from the jewelry program who have gone on to create their own successful businesses.

April 2014 marked the beginning of a new chapter for the income-generating sewing program StitchXStitch in Mwanza as the third cycle of teens began their training. After graduating a group of 4 girls, StitchXStitch took on its first group to include boys and girls together with a revised curriculum and new focus on continuing education.

Each year for 3 successive years LZ COE has been targeting particularly vulnerable adolescents attending Teen Club to enroll in the one year StitchXStitch vocational training program. 4 teenage girls finished their training in March 2014; each received a final stipend to start careers—3 chose to purchase sewing machines and sewing supplies while one returned to school. 4 adolescents—2 boys and 2 girls—were selected from a pool of 20 applicants to comprise the new group.

The 2014-2015 StitchXStitch group has been our most successful group yet. Not only have they mastered sewing basics in a few short months but they have also shown a high level of professionalism and commitment. The group has elected their own leader and has even begun designing their own products. Additionally, for the first time, Baylor now holds monthly education sessions for the group. On the second Friday of each month the 4 participants come

together to attend 2 lectures given by Baylor staff on a variety of topics ranging from personal hygiene to money management. At the end of the day the group sits with Baylor Adolescent Focal Group members to discuss any issues and ensure that operations are running smoothly. Staff have been pleasantly surprised by the degree of ingenuity shown by group members in these meetings.

In addition to the long-standing income-generating program StitchXStitch, LZ COE has recently undertaken a new gardening IGP project. Though this project is still in its initial stages, it has so far been quite successful.

The concept is that adolescents from Teen Club will be able to use the ground space at Baylor for their own personal garden. 3 particularly vulnerable teens from Teen Club, who are not enrolled in school, have been selected to pilot the garden project. These three teens receive a stipend for lunch and transport to Baylor each day. They are then allowed to garden the grounds however they see fit. When crops are ripe they sell the crops and keep the profits to support a healthy lifestyle. Already in July the teens have sold leafy greens to Baylor staff and clients with exemplary success.

Our newest program Read & Write Literacy program continued to be successful the past year. We assisted 7 clients who are unable to read and write and have been working with

them in the afternoons twice a week to increase their skills. Currently over 75% of the participants can now answer basic questions about their name, family life, and living situation.

## **Nutritional Services**

One common complication of HIV infection in children is malnutrition. All children presenting for care at the COEs receive an evaluation of their nutritional status. Those suffering from malnutrition receive treatment based on the severity of their condition. Some clients only need nutritional counseling, while others benefit from supplemental foods. Those clients with severe malnutrition are either referred for inpatient therapy or given therapeutic food at the COEs. The COEs have provided care and treatment for 1174 children with moderate or severe acute malnutrition. A total of 157 their malnutrition status were corrected after 6 month post treatment during the reporting period.

Baylor-Tanzania provides nutritional education for patients and their families who receive care both at the COEs and malnutrition wards. Demonstration gardens established in both COEs are used to provide education to mothers on how to grow vegetables for their families.

In addition, in 2014, SHZ COE launched its monthly "Nutrition Club" meetings for mothers and families of children diagnosed with malnutrition. At these monthly Saturday meetings,

Baylor nutritionists lead educational activities, teaching sessions, and cooking demonstrations to patients and families. The program has received positive feedback from the families, with over 90 families attending.

## Support Groups

In order to successfully care for children with complicated medical conditions, Caregivers must also have access to education and support services. This is why, since 2013, LZ COE has worked to increase services for Caregivers of children attending clinic. LZ COE now runs a monthly Caregiver Support Group and a monthly Breastfeeding Support Group. Additionally, the expansion of the expert mother's program to Musoma region through a grant from Terre Des Hommes has allowed these services to expand beyond Mwanza and into greater Tanzania.

### Caregiver Support Group

Caregiver Support Group has now been running for over 14 months with consistent attendance of 20-30 caregivers. Each month caregivers receive an educational lecture usually given by a member of the Baylor medical staff. Recent topics have included Reproductive Health, Tuberculosis and Children's Health and Violence. In addition, Doctor Georgina, a founder of the group, spends time discussing one ARV at each meeting.

Finally, a member of the counseling team leads the caregivers in a roundtable discussion allowing them to share stories as necessary.



**5: Caregivers taking notes while learning about TB**

A recent investigation into the Caregiver Support Group for the BIPAI network meeting revealed a strong correlation between Caregiver Support attendance and improved adherence of caregiver's children. In fact, 61% of caregivers who attended more than 3 sessions saw an improvement in their child's adherence.

Additionally, caregivers themselves seem to be growing stronger and more motivated. They have started visiting other caregivers in need and even created a special fund for this purpose. One regular attendee of the group was even hired full time as an expert mother after coming in for months on her own volition to educate caregivers waiting for services at LZ COE.

### Breastfeeding Support Group

While Breastfeeding Support Group at LZ COE also engages with caregivers



its goals are more specific: to help mothers breastfeed correctly to prevent mother to child transmission. Since mid-2012 this support group has worked with pregnant mothers and mothers with children under 1 year of age. The support group, led mostly by LZ COE staff nurses, aims to provide mothers with consistent and clear information on breastfeeding with a strong focus on the importance of exclusive breastfeeding and of correct nutrition thereafter.

So far the program has graduated 28 HIV+ mothers whose children are HIV-. There are 39 mothers currently attending sessions.



6: A LZ-COE nurse talks with breastfeeding mothers during their support group

## Training and Capacity Building

Medical education is provided at the COEs, affiliated referral hospitals, Baylor-Tanzania supported health facilities, formal training venues and communities. Health professionals of all backgrounds participate as both teachers and students. Education is provided via didactic lectures, clinical case discussions, mentorship and hands-on learning.

### **HIGHLIGHT: Expert Mother Training at Lake Zone COE**

Baylor-Tanzania is partnering with Terre des Hommes for an expansion of an enhanced Expert Mothers Programme in the Rorya District surrounding Kowak Hospital Introductory program meetings

### **National Capacity Building Efforts**

Baylor-Tanzania staff participates in formal trainings coordinated nationally.

Baylor-Tanzania team members have also assisted in revising and updating the national Pediatric HIV Care and Treatment curriculum and training materials, as well as provided input into the preparation of guidelines for Home-Based Care, HIV Care and Treatment, HIV Testing and Counseling, and Tuberculosis Care and

were held in February 2014 and training of the mothers and local healthcare workers commenced in March 2014. Sixty new expert mothers joined the existing 147 mothers in educating their communities of various health topics and sensitizing them to test for HIV.

Treatment. The pediatric expertise of Baylor-Tanzania pediatricians and health professional have ensured that pediatric issues are appropriately addressed in these national level policy documents.

### **Medical Training**

Both COEs are affiliated with referral hospitals that also serve as medical training facilities. Baylor-Tanzania

pediatricians and other staff members are actively involved in training students – medical students, pediatric residents (post-graduate medical students), assistant medical officer (AMO) students, and nursing students. Pediatricians participate in morning report presentations, case conferences, journal clubs, and didactic lectures. Topics include pediatric HIV but also a broad range of general pediatric topics.

Pediatricians also serve as clinical mentors, teaching students at patients' bedsides.

Additionally, both centers host clinical attachments for clinicians and nurses who are from health facilities that are beyond our reach. Clinical attachments are usually 2-week clinical rotations that involve didactic and practical sections.



Figure 13. Nurse performing measuring exercises during a clinical attachment rotation

Attendees receive a certificate of completion at the end of the rotation. These clinicians are then expected to take their new education and skills and improve the care of children with HIV in their respective settings. Linked with our outreach mentorship program we hope to build capacity and enhance the care of HIV infected/exposed children throughout Tanzania. Between the two COEs, we

have trained 146 nurses and/or clinicians during the reporting period from July 2013 to June 2014.

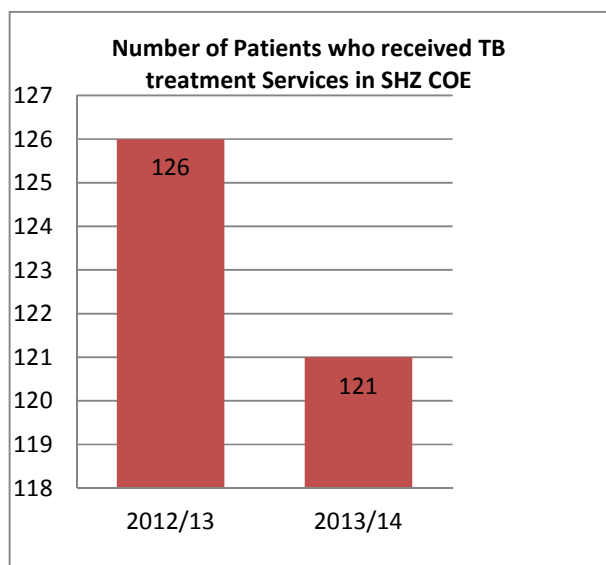


Figure 14. Thomas Roche, Counselor, gives a lecture to a clinical attachment group at Baylor-Mwanza

Clinical attachment trainings will be a key element of Baylor-Tanzania's pediatric HIV care and treatment capacity building strategy for this coming year with more than 205 health professional anticipated for attachment to the two COEs.

## **Tuberculosis and HIV/AIDS**

Tuberculosis continues to cause disability and death to many people living with HIV infection. For this reason, all clients presenting for HIV care are screened for TB disease at each visit.



**Figure 7: Number of Patients Received TB Treatment Services in SHZ COE**

In 2011, both Baylor Tanzania COEs were recognized as national TB clinics by the National TB/Leprosy Program. Such recognition allows the Baylor clinic to diagnose and treat pediatric TB directly at the clinic, without need for additional referral.

In addition, the SHZ COE was become the pediatric TB diagnostic centre of excellence in the Southern Highlands Zone in 2013. As part of a tripartite partnership between Baylor Tanzania, Mbeya Referral Hospital and Mbeya Medical Research Centre, Baylor SHZ now is able to perform advanced pediatric TB diagnostics at the COE. This diagnostic package for pediatric TB – including induced sputums, tuberculin skin tests, chest x-rays, and gene Xpert is the only of its kind in the Southern Highlands Zone. To date over 300 children have received TB diagnostic and/or treatment services at the SHZ COE. In addition to providing comprehensive pediatric TB diagnostics and care at the COE, a goal of

the TB partnership is training of health care workers and dissemination of information on pediatric TB. Regular meetings, case discussions and didactic teaching on pediatric TB are held at the SHZ COE with local partners, and the SHZ COE continues to be a leader in the field of pediatric TB in the SHZ.

**Reaching More in Need:  
“Strengthening integrated  
pediatric and adolescent  
HIV/AIDS care and services”**

UNICEF funded this project, which was designed to expand access to Care and Treatment through increased case finding, enrolment into CTC care supportive services and reaching lower level health facilities. The project allowed Baylor to fill critical gaps, ensure continued service delivery in resource-limited areas of the country and leverage other donor resources to increase access to Care and treatment at lower level health services. Through this project, Baylor has:

- Provided support and technical assistance to 3 districts of Mbozi, Mbarali and Mbeya DC in Southern Highlands by training Most Vulnerable Children’s Committees (MVCCs) in partnership with local NGOs with special focus on those villages and areas with high levels of stigma, addressing training sessions, members receiving basic knowledge about the importance of testing at risk children with HIV and the importance of vulnerable children receiving health care services.
- Building the clinical managerial capacity of local health providers and partners to more effectively provide pediatric HIV services focusing on the lower level health facilities: Through

the support, 52 Health Care providers has been reached from Health Centers and Dispensaries through a two weekly clinical attachment mentorship program to enhance the provision of pediatric care services in the lower level health facilities. Furthermore, Provider Initiated Care and Testing and Counseling (PITC) trainings were provided to 101 health workers to enhance the provision of PITC services in the pediatric wards, under 5 clinics and Nutrition recuperation centers and OPD;

- The support has improved the life skills, Sexual Reproductive Health (SRH and Treatment literacy in Adolescent Living with HIV (ALHIV). Baylor has conducted 6 workshops and established 12 satellite clinics in the Southern Highlands.
- Cascade Training for Health Workers from Pediatric Wards on Inpatient and Outpatient Therapeutic Care Targeting Hospitals.

### **Helping Expand Nutrition Care and Support: "Scaling up Care and Support of Severely Malnourished Children in Southern Highlands"**

- The project was launched in 2014 in Southern highlands of Tanzania. This two-year project, funded through the UNICEF saw dramatic scale out results at the facility and communities. In 2014, five out of 10 districts of Mbeya Region benefitted from the project. By June 2014, more than sixty health care providers were trained in inpatient and outpatient Therapeutic Care from hospitals and health centers. Emphasis was provided on the feeding for children from 0-59 months, importance of exclusive breastfeeding, availability of feeds surrounding the client's environment and screening of children with Malnutrition for HIV/TB. Ten new IMAM ToTs were trained in Mbeya region to provide training and

mentorship in the skills in the provision of Nutrition Care.

- Community Screening events which are innovations created to reach Community based clients and conduct regular screening for Malnutrition at the community using the already established "Know Your Child Status" has been served as best practices that have been.
- Baylor has established a close working relationship with the MOHSW by providing technical support to build and strengthen the capacity of District Council Health Management Teams (CHMTs) and health service providers at all levels to plan, manage, and implement quality Nutrition related health care systems. Baylor has also supported the MRH Malnutrition unit.

### **Engaging People Living with HIV:**

- Through a two year project PHFs, this builds upon the existing Baylor strategies that already focus on expansion of case finding for children who are HIV positive through strengthened access to HIV counseling and testing using a family-centered testing model. Baylor managed to implement community activities where CHWVs were able to identify pregnant and lactating mothers from the community and link them with facility services. Community volunteers identified 3526 eligible pregnant and lactating mothers from community to attend RCH services in Mbeya city council. These clients are followed monthly and reminded of their clinic days by Phones. Furthermore, similar activities were implemented through Community Screening, identification and referral of Malnutrition clients within the community.

## **Monitoring and Evaluation**

A monitoring and evaluation system is vital to an organization as it allows for the assessment of the outcomes and impact of its work and ensures development of effective and efficient programs. Baylor-Tanzania has devised processes and management tools which allow us to monitor, evaluate and report on our work. These processes demonstrate the impact of our work for future development and also inform us of any challenges as we proceed.

The monitoring and evaluation (M&E) plan has been developed which describes the channels of information and the types of data to be collected and reported for pediatric HIV/AIDS program activities at Baylor-Tanzania. The M&E plan is set to be reviewed annually in order to incorporate lessons learned and new program activities.

An annual evaluation is also planned at the end of the BIPAI fiscal year (September) with the purpose of assessing the progress of the program towards its overall goal, which is to contribute to the reduction of HIV/AIDS-related morbidity and mortality among infants, children and adolescents in Tanzania. Specifically, the evaluation is set to assess Baylor-Tanzania activities based on the four (4) parameters of the BIPAI Balanced Score Card which includes partner satisfaction, operational excellence, financial health and employee and organizational development. A comprehensive patient satisfaction survey forms part of the evaluation particularly on unleashing the partner satisfaction component.

We are also committed to sharing experiences and building the M&E capacity within Baylor-Tanzania supported health facilities to allow these facilities to use their own service delivery data to enhance the quality of service delivery. Baylor-Tanzania will continue to work closely with other implementing partners in the zones to assess the challenges and opportunities regarding the monitoring and evaluation of HIV care and treatment with special focus on pediatrics. In addition, Baylor-Tanzania M&E and data management staffs are trained as Trainers-of-Trainers (TOT) on the national HIV M&E system by the Ministry of Health and Social Welfare and will support delivery of trainings related to the national M&E system while overseeing the implementation of national monitoring tools and national CTC2 database.

In an effort to enhance data collection and management mechanisms within Baylor-Tanzania supported health facilities, we are planning to collaborate with local partners in providing trainings, supportive supervision and mentorships on data management and use. These collaborative supports are meant to improve monitoring and evaluation systems, resulting in enhanced quality of pediatric HIV care and service delivery.

## **Human Resources**

In 2013/14 the administration at Baylor Tanzania continued scaling up human resources from Tanzania national staff in Baylor Tanzania's two Centers of Excellence in Mwanza and Mbeya. The recruitment of both clinical and administrative staff has served to build a



highly skilled and experienced team which has greatly moved Baylor-Tanzania activities forward over this past year. The SHZ staff team has grown to cope with the new programs, 15 new staffs were hired during the reporting period.

## **Staff Development and Training**

Baylor Tanzania recognizes that well trained personnel execute their duties effectively. Baylor Tanzania organizes a comprehensive clinical and administrative orientation for all new staff in order to align them with Baylor's work hence enable them start smoothly on their new roles in Baylor Tanzania. We support staff to go for trainings in different short courses to improve their skills. Various members of staff have been supported to attend various courses and trainings during the past year. A total of eleven Baylor Tanzania staff attended the 16<sup>th</sup> Annual BIPAI Network meeting in Johannesburg.

Baylor Tanzania had an impressive showing at the BIPAI Network Meeting with 27 scientific abstracts accepted. Sharing our experience with the BIPAI network and the world is also important to enhance the care of children infected with HIV.

Baylor Tanzania was also represented at the International AIDS Society meeting in Melbourne, Australia (where 2 abstracts were presented), at the Society for International Pediatric Oncology Continental Meeting (where 1 presentation was given), and at a Pharmacy Conference in Vancouver, Canada (where 1 abstract was presented).

Baylor-Tanzania has encouraged staff to upgrade their qualifications in order to be abreast with development in their fields. As such those who are affiliated to professional bodies have been assisted with yearly membership and registration fees and also supported to attend trainings offered by bodies they are affiliated to.



## **Success Stories: Channeling Hope and Prosperity through StitchXStitch**

When Maria first came to LZ COE in April of 2011 she had few prospects. At the age of 16 she lived alone with her aunt, had poor health (CD4 <350/WHO stage 3), and poor adherence to her ART regimen (85%). She was not enrolled in school and had little to do to pass the time.

Yet just 3 years later as we visit Maria at the sewing shop where she works as a tailor-apprentice, the change is remarkable. She sits happily in the backroom and chats to us about her new life—her work schedule, sewing projects, and dreams for the future.

The change can no doubt be attributed to a consistent stream of social and medical intervention at the LZ COE. Just a few months after her initial appointment at



Figure 8: Maria smiling during our interview

Baylor, Maria was enrolled as an inaugural member of the income-generating program StitchXStitch. For 12 months, alongside two other girls, Maria learned how to sew products from *vitenge*—traditional East African cloth. By the end of the year, Maria not only improved her sewing skills, but had also learned important concepts about marketing, professionalism and working in an office environment. She was deemed an important member of the LZ Baylor team and asked to stay on as Peer Educator after her tenure at StitchXStitch finished.

In April of 2014, after a year of participation in StitchXStitch and another year as a Peer Educator, Maria was given a final stipend so she could begin work as a tailor on her own. Baylor provided a sewing machine, sewing supplies, and arranged an apprenticeship for continuing education with a local tailor. We also promised to remain involved and supportive; since her departure, Maria has participated as a staff member at Camp Matumaini, presented as a tailor at Teen Club career day, and completed sewing orders for many staff members.

Now, some 4 months later, Maria's success is visible. Upon visiting her at the sewing shop we got to see projects she is working on and even interact with some customers. Maria happily reported that her "life is good" these days. She has a solid income from semi-regular orders and feels comfortable doing everything from fixing clothing to sewing uniforms.

Maria reports that she is proud of herself for working hard and becoming independent. She hopes someday soon that she can open her own shop and start teaching her own students.

### **A Chance to Learn, A Chance to Live: Going Beyond the Clinic Walls in at the SHZ COE**

The SHZ Baylor team first met Salima on a chilly dry season morning, as her father carried her in his arms through the clinic doors after having traveled for hours on motorcycle, minivan, and public buses to bring his daughter for a clinic appointment. Though her body had been crippled from HIV and a severe meningitis infection as a young child, her mind was bright, her intellect sharp, and her personality was warm and kind. These qualities likely were inherited from her father, who cared for her as a single parent – her mother dying when Salima was only a child - with an unbridled love, kindness and devotion so rarely seen in a single father. It was no surprise that our staff instantly fell in love and felt connected to them as our patients.

Due to her illness and disability, Salima had never been to attend school and receive a proper education, and rarely

was able to leave home due to lack of mobility and transportation. In order to alleviate these barriers, the SHZ Baylor team bonded together to create innovative solutions. A wheelchair was procured and given to her by the team, allowing her better mobility around the community. Together with transportation assistance, she was able to enroll in, attend and meet new friends at the monthly Teen Clubs at the COE, a now favorite activity of hers.

In addition, during this past year, after much team effort, the SHZ COE team was

able to locate and support a private teacher to come to Salima's rural home three times a week to provide her education and lessons. To no one's surprise, Salima is an exceptionally bright student! Thanks to the great efforts of her father, her teacher, and the Baylor Mbeya team, Salima is now thriving both academically and health-wise.



Figure 9: Salima hard at work (left) and studying together with her father (right)



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## **Major Funders and Partners**

- ❖ United States Agency for International Development-Tanzania (USAID-Tanzania)
- ❖ Abbott Fund
- ❖ Baylor International Pediatric AIDS Initiative (BIPAI)
- ❖ Bristol-Myers Squibb Secure the Future
- ❖ Bugando Medical Centre
- ❖ Center for Disease Control and Prevention-Tanzania (CDC-Tanzania)
- ❖ Mbeya Zonal Consultant Hospital
- ❖ Ministry of Health and Social Welfare-United Republic of Tanzania
- ❖ President’s Emergency Plan for AIDS Relief-Tanzania (PEPFAR-Tanzania)
- ❖ Texas Children’s Hospital
- ❖ UNICEF
- ❖ Terres des Hommes

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