

# ANNUAL REPORT

(JULY 2009 – JUNE 2010)



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## **Acronyms and Abbreviations**

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>ART</b>	Antiretroviral Treatment
<b>ARVs</b>	Antiretroviral Drugs
<b>BCM</b>	Baylor College of Medicine
<b>BCMCFL</b>	Baylor College of Medicine Children's Foundation-Lesotho
<b>BIPAI</b>	Baylor College of Medicine International Paediatric AIDS Initiative
<b>BMS</b>	Bristol-Myers Squibb
<b>CHAI</b>	Clinton Foundation HIV/AIDS Initiative
<b>CHAL</b>	Christian Health Association of Lesotho
<b>CHW</b>	Community Health Worker
<b>COE</b>	Centre of Excellence
<b>DBS</b>	Dried blood spot
<b>DHS</b>	Demographic Health Survey
<b>DNA</b>	Deoxyribonucleic acid
<b>EGPAF</b>	Elizabeth Glaser Paediatric AIDS Foundation
<b>EMR</b>	Electronic Medical Record
<b>ETAT</b>	Emergency Triage Assessment and Treatment
<b>FWA</b>	Federalwide Assurance
<b>GOL</b>	Government of Lesotho
<b>HAART</b>	Highly Active Antiretroviral Therapy
<b>HIV</b>	Human Immunodeficiency Virus
<b>HTC</b>	HIV Testing and Counselling
<b>IASB</b>	International Accounting Standards Board
<b>ICAP</b>	International Center for AIDS Care & Treatment Programs
<b>IFRIC</b>	International Financial Reporting Interpretations Committee
<b>IRB</b>	Institutional Review Board
<b>LERATO</b>	Lesotho Expansion of Rural AIDS Treatment and Outreach
<b>MCH</b>	Maternal & Child Health
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOA</b>	Memorandum of Agreement
<b>MOHSW</b>	Ministry of Health and Social Welfare

<b>MUAC</b>	Mid Upper Arm Circumference
<b>NGO</b>	Non-Governmental Organization
<b>OHRP</b>	Office of Human Research Protocols
<b>PAC</b>	Paediatric AIDS Corps
<b>PAC</b>	Paediatric AIDS Corps
<b>PATA</b>	Paediatric AIDS Treatment for Africa
<b>PCA</b>	Project Cooperation Agreement
<b>PCR</b>	Polymerase Chain Reaction Test
<b>PEPFAR</b>	President Emergency Plan for AIDS Relief
<b>PITC</b>	Provider Initiated Testing & Counselling
<b>PMTCT</b>	Prevention of Mother to Child Transmission of HIV
<b>QE II</b>	Queen Elizabeth II Hospital
<b>RUTF</b>	Ready-to-use Therapeutic Food
<b>SCOE</b>	Satellite Centre of Excellence
<b>SCS</b>	Strengthening Clinical Services
<b>TB</b>	Tuberculosis
<b>TTL</b>	Touching Tiny Lives
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>VAT</b>	Value Added Tax
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization
<b>WIPHOLD</b>	Women Investment Portfolio Holdings

## **Executive Director's Statement**

At the end of this, the 5<sup>th</sup> year of operations of the Baylor College of Medicine Children's Foundation-Lesotho, it seems incredible that so much time has already elapsed. Yet our growth and achievements bear this out. In this 2009/2010 Annual Report, we will endeavor to outline some of our programmes and achievements.

We have had a very good year of growth in some areas and consolidation in others. Decentralization of our services to improve access to Basotho living in remote areas has been a priority. We are pleased to report that the Baylor College of Medicine / Texas Children's Hospital / Bristol-Myers Squibb Satellite Children's Clinical Centres of Excellence in Qacha's Nek and Leribe districts both started operations during this year, and are both doing well, with an active caseload of approximately 125 each. We hope to replicate some of our most successful projects and support groups at these new centres. As well as providing our basic services, these satellite COEs now act as a base for outreach to health centres in their respective districts, helping to catalyze scale-up of paediatric HIV services in these areas of the country. During the year we increased the number of health facilities that we support with training and mentorship activities in 9 of the 10 districts of Lesotho to 82, and have been able to graduate some of these centres from active (monthly) mentorship visits as providers become more confident in the independent provision of high quality services for HIV infected children. These outreach activities continue to be funded by the United Nations Children's Fund (UNICEF), with whom this year we signed a new Project Cooperation Agreement to further strengthen the scale-up of Paediatric HIV care and treatment in Lesotho, spanning a period of three years rather than one year as in the past. We are particularly grateful for this, since it shows the confidence that UNICEF has in our ability to carry out these activities.

This year also marked the beginning of a five-year agreement with the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) as sub-grantees for the paediatric HIV component of their new award from PEPFAR to "Strengthen Clinical Services in Lesotho". This will strengthen our capacity to carry out the work that we are doing, and to focus on areas which were previously weak, such as psychosocial support for HIV infected and affected children of all ages, including our support services for adolescents. Our programme's "Teen Club", grew by leaps and bounds during this year, as more of our patients reached the adolescent years. We started the year with 160 teenagers enrolled, and ended the year with 200, which represents 60% of our eligible adolescent patients. We have seen friendships developing and teens "coming out of their shells" as they interact with others who share their problems. Some of the Teens were able to go to a 5-day residential camp, called "Camp 'Mamohato", where they received HIV education and support in a fun environment. We are grateful to the charity Sentebale and the Association of Hole-in-the-Wall camps, with whom we have collaborated on these very important activities for the last 3 years.

One area that we are gratified to report on is our support group for fathers and other male caregivers of our families. Male support has traditionally been area of weakness throughout the country, as many men do not readily agree to being tested for HIV and enrolled in treatment. This particular group was started to encourage male caregivers not only to be tested, but to be a source of support to the women

and children living with HIV in their families. These “Caring Fathers” have taken the initiative to encourage other men in their communities to be tested and to access treatment. We are grateful to the Musco Family in the U.S.A., who enabled us to start not only this group, but several other projects for our patients with their generous donation, and also to Ambassador Paddy Fay of the Embassy of the Republic of Ireland to Lesotho, who invited our Caring Fathers to speak to the staff of the embassy on World AIDS Day and followed up with a gift to encourage this support group.

As our work has expanded, opportunities to engage in operational research have increased. The number and nature of the research studies that we are engaged in will be found later in this report.

We continue to assist the Ministry of Health and Social Welfare in many ways, as will be seen in the report - not only in matters related to HIV, but in General Paediatrics issues whenever the need arises. One of these areas has been, at the request of the Director of Social Welfare, the comprehensive medical evaluation of all children released for international and local adoption from orphanages in Lesotho. Thus far, 34 children have been evaluated.

We could not have achieved all we have done without our dedicated Pediatric AIDS Corps doctors, who have left their home countries to assist us with the fight against the HIV/AIDS epidemic in Lesotho. We owe a debt of gratitude to the Bristol-Myers Squibb Foundation and Baylor College of Medicine for making this possible financially. These Paediatric, Family Medicine and Internal Medicine specialists have been the backbone of our training and mentorship activities throughout Lesotho. For most of this last year we had eleven of these doctors. Later in the year we said goodbye to Dr. Rajesh Daftary after a year and a half in Lesotho. We also bade farewell to our Princeton-in-Africa Fellow, Ms. Whitney Williams, after one year of service during which she was invaluable in assisting to scale-up our adolescent programmes and other projects. The United States Peace Corps also very kindly seconded one of their volunteers to us: Megan Kelly, a Clinical Psychologist by training. She has already brought about many improvements to the organization, since she is helping to capacitate our counselors and social workers to provide much needed psychosocial support for our patients. I should also recognize our many other volunteers and visiting scholars, who have worked tirelessly to fill gaps in our work which would have been impossible to achieve without them. We are very grateful for their support.

Our operations are funded by the Government of Lesotho through the Ministry of Health and Social Welfare. I would like to convey special thanks to the Ministry for their unwavering support and patience in responding to our many enquiries and requests, thus creating an enabling atmosphere in which to carry our mission. The BIPAI Board of Directors and management have been incredible in their supervision and support, and I also owe them a special vote of thanks. There are other donors - individuals, companies and organizations - who have responded to the special needs of our patients with their donations. They will be listed later in this report. On behalf of all of our patients and their families, I wish to thank each and every one for their commitment and support.

Despite positive results, we should not relax or slow down in our efforts. New HIV infections in Lesotho are still occurring at an alarming rate, and there are many Basotho, who have yet to be reached with the messages of prevention, the importance of knowing one's status, and the importance of accessing care and treatment as soon as possible if infected in order to ensure a long and productive life.

## Acknowledgements

On behalf of our patients, we would like to express our appreciation for all the support, monetary and otherwise, that has made it possible for us to carry out this important work. The following is a list of some of our donors:



The Government of  
Lesotho



Ministry of Health and  
Social Welfare



Baylor College of Medicine



Texas  
Children's  
Hospital



Bristol-Myers Squibb  
Company



### Donations and Other Support

- ❖ Elizabeth Glaser Paediatric AIDS Foundation.
- ❖ Clinton Foundation HIV/AIDS Initiative.
- ❖ Austin / Maseru Sister City Committee.
- ❖ Trinity Episcopal Church in Connecticut, U.S.A.
- ❖ Sun International Hotels.
- ❖ Embassy of the Republic of Ireland.
- ❖ Musco Family Trust.
- ❖ Save the Children Sweden.
- ❖ Mr. Kirit & Mrs. Pramila Daftary of Texas, USA (the parents of our former pediatrician Dr. Rajesh Daftary).
- ❖ Dr. & Mrs. Pillay of Singapore (Dr. Akash Devendra's cousins).
- ❖ Dr. Heidi Gomes.
- ❖ Will Webb, President & Thomas Rembert, Vice President of Operation Rehydration, Inc, Arkansas, USA.
- ❖ Mrs. Dee Fay of Ireland.
- ❖ Lesotho Sun Hotel.
- ❖ Lancer's Inn Hotel, Maseru.
- ❖ Gideons International, USA.
- ❖ Christ Embassy Church Lesotho.



- ❖ Scott Rosenberg and students from Wittenberg University, U.S.A.
- ❖ Association of Hole in the Wall Camps, U.S.A.
- ❖ Sentebale Princes' Charity.
- ❖ Kick4Life.

## **Section 1.0: INTRODUCTION**

While on the surface, the prevalence of HIV/AIDS in Lesotho seems to have stabilized at 23.2%, special populations are still experiencing very high prevalences, and the rate of new infections is still alarming. Many infected children and families have yet to be reached with testing and treatment. At last count, there were 110,000 orphans in the country, and the number of those orphans left to run households is frighteningly high.

After a recent Demographic Health Survey (DHS) revealed a need to step-up prevention messages and try to effect behavioral changes, particularly in the most vulnerable populations, the Ministry of Health and Social Welfare (MOHSW) has embarked on a strategy to give special attention to this area.

The Baylor College of Medicine Children's Foundation – Lesotho (BCMCF-L), formed as a result of a partnership between the Baylor International Paediatric AIDS Initiative (BIPAI) and the Government of Lesotho (GOL) five (5) years ago continues to do its part in helping the Government of Lesotho to scale-up paediatric and family HIV services in the country. This involves provision of services at the Baylor College of Medicine / Bristol-Myers Squibb Children's Clinical Centres of Excellence (BCM / BMS CCCOE) and the Satellite Centres of Excellences (SCOE), training and mentorship of health professionals to provide high-quality paediatric HIV care and treatment as well as Prevention of Mother to Child Transmission (PMTCT) throughout the country, support for universal provider initiated testing and counselling and early infant diagnosis and the provision of technical assistance to the Ministry of Health and Social Welfare (MOHSW) in developing policies and guidelines for care, treatment, and support of children and families affected by HIV.

In this annual report for the fiscal year July 2009 to June 2010, there are eleven (11) sections.

Section 1: An overview of the HIV/AIDS pandemic in Lesotho.

Section 2: Mission, Vision and the History of the Foundation.

Section 3: Operations of the COE.

Section 4: Operational research.

Section 5: Monitoring and Evaluation.

Section 6: Overview of national programme involvement.

Section 7 Outreach programme

Section 8: Special projects

Section 9: Beyond the COE.

Section 10 Training

Section 11 Administration and Finance

## **Section 2: MISSION, VISION AND HISTORY OF THE FOUNDATION**

Our mission statement, in keeping with that of the Baylor College of Medicine International Paediatric AIDS Initiative (BIPAI), is: To conduct a programme of high quality, high impact, highly ethical paediatric and family HIV/AIDS care and treatment, health professional training and clinical research.

Our vision statement is: To treat HIV/AIDS infected and affected children and families with the utmost professionalism and compassion, ensuring clinical and organizational best practices, and to work towards universal access to care, treatment and support services for all children in Lesotho.

Our Core Values are:

- Accountability
- Commitment to work
- Confidentiality
- Excellence
- Integrity
- Leadership
- Partnership
- Passion
- Professionalism
- Respect

A brief history of the Foundation is always in order so as to underline occurrences that have shaped our development.

The Baylor College of Medicine Children's Foundation-Lesotho was formed as a result of a partnership between BIPAI and the Government of Lesotho. It was registered in Lesotho in June, 2005, after which the first Baylor College of Medicine doctors arrived and, working with the Ministry of Health and Social Welfare, began the training of health professionals in Paediatric HIV and AIDS care and treatment and started initiating children on Highly Active Antiretroviral Therapy. The Baylor College of Medicine / Bristol-Myers Squibb Children's Clinical Centre of Excellence (COE) was inaugurated by His Majesty King Letsie III on World AIDS Day, December 1, 2005. Since that day, over 5000 patients have been enrolled, and there have been over 60,000 patient encounters.

In August 2006 the first group 10 (ten) specialists in paediatrics, family medicine and internal medicine, the Paediatric AIDS Corps, arrived from the U.S.A. and, in addition to treating as many patients as possible at the COE, began outreach into other districts of Lesotho to train and mentor health professionals in Paediatric HIV care, treatment and support in order to build capacity in the country. Since then, we have had on average 10 to 12 doctors each year under this programme.

In July, 2007, the Right Honourable the Prime Minister of Lesotho, Mr. Pakalitha Mosisili, visited Baylor College of Medicine and Texas Children's Hospital in Houston, Texas. During his visit, an announcement of BIPAI's commitment to construct 10 (ten) Satellite

Centres of Excellence (SCOEs) throughout Lesotho, to be funded by Baylor College of Medicine, Texas Children's Hospital and Bristol-Myers Squibb, through BIPAI, was made. Since then, two of the clinics, in Qacha's Nek and Leribe districts, have begun operations, and others are in the process of construction.

## **SECTION 3: COE OPERATIONS**

### **3.1: Voluntary Counselling and Testing**

The Baylor College of Medicine / Bristol-Myers Squibb Children's Clinical Centre of Excellence (COE) provides rapid HIV testing free-of-charge for all children and adults who request it, as well as dried blood spot (DBS) sample collection for HIV DNA PCR testing (for the early diagnosis of HIV in exposed infants). Consent from the primary caregiver is required for HIV testing of all children under the age of 12 years, in accordance with Lesotho's national HIV Testing and Counselling Policy. Since the opening of the COE in December 2005, 8,435 infants and children have been tested by rapid test, with 1,936 (23%) testing positive (indicating HIV infection or exposure in young infants); in addition, 2,809 adults have also been tested by rapid test, with 1,817 (65%) testing positive (indicating HIV infection). 585 HIV DNA PCR tests have been conducted for exposed infants, with 136 (23%) testing positive.

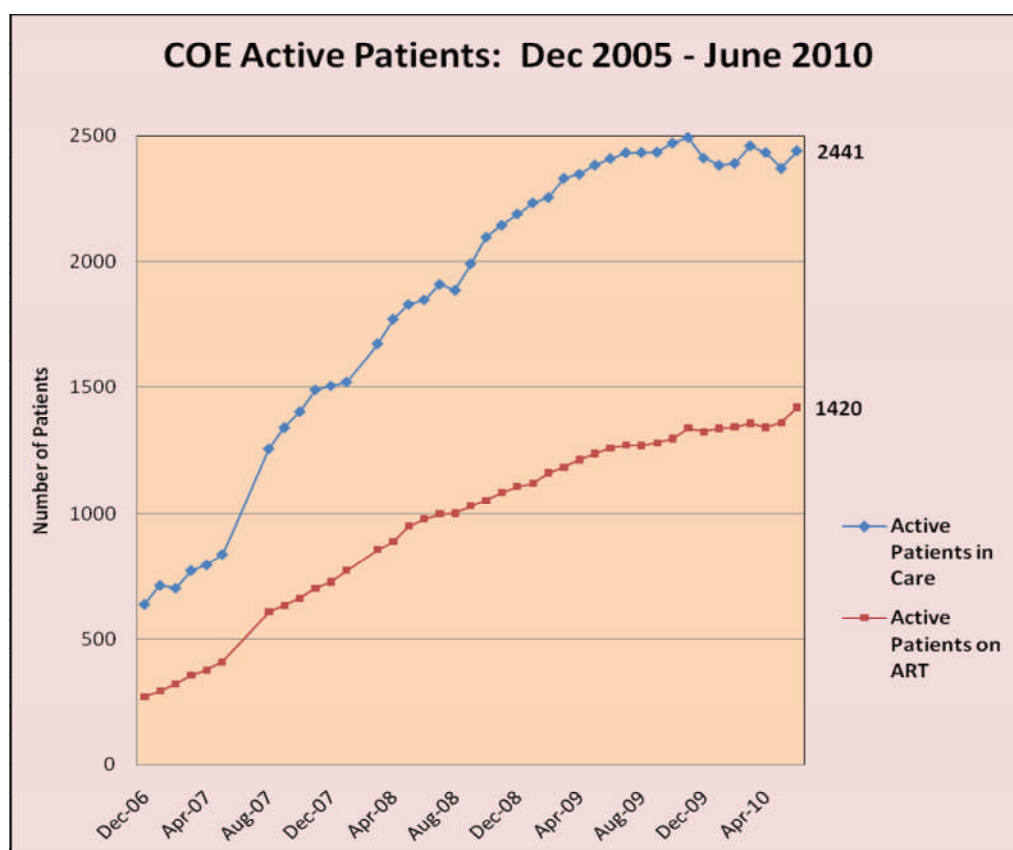
### **3.2: Enrolment**

All HIV infected children and adolescents under the age of 18 years are enrolled in the Paediatric Clinic at the COE, and receive all ongoing care, medications, and laboratory tests free of charge. Those who are not HIV infected at the time of screening are evaluated by a paediatrician if they are acutely ill on the day of testing, and receive ongoing care and medications until these acute medical issues have been resolved. In addition, all HIV exposed infants are enrolled, and receive ongoing care at the clinic until the age of 18 months regardless of HIV status; those determined to be definitively HIV uninfected are then discharged from the clinic (to continue under-5 care at local clinics) while those determined to be HIV infected continue to receive care at the COE. All pregnant mothers and some adult caregivers are also enrolled for ongoing care in the centre's Family Clinic (see below). Since its opening, approximately 63,500 patient encounters have occurred at the COE. As shown in Figure 1, active patient caseload increased steadily from December 2005, but has remained relatively stable (with little increase) over the past year. This is most likely due to increasing decentralization of care and treatment services for HIV infected children in Lesotho, which has allowed increasing numbers of children in the country to access care at sites closer to their homes (with fewer needing referral for specialty services at the COE in Maseru). Currently, there are 2,441 patients active in care, with 1,420 on ART.

### **3.3: Family Clinic**

As indicated above, some adult caregivers of Paediatric Clinic patients are enrolled for ongoing care in the Family Clinic. Patients are selected based on standard criteria, with priority given to those who live far from any other site offering services for HIV infected adults, those whose children are ill and require frequent visits to the COE, those with extreme financial disadvantage and inability to cover transport costs to multiple clinics, and those with multiple children receiving care at the COE. To date, 899 adult patients have been enrolled in the Family Clinic, with 484 initiated on antiretroviral therapy.

**Figure 1:** Active Patient Caseload



### **3.4: Adolescent Health Services**

Adolescence (defined currently at the COE as age 12-18) is widely recognized as a sensitive time in the growth and development of a child - physically, cognitively, and emotionally, with implications on such issues as sexual behaviour, risk taking, and medication adherence. Services are provided at the COE to address the unique medical and psychosocial needs of this population in a comprehensive manner. These programs include: Adolescent Clinic, Teen Club, and Camp 'Mamohato.

- **Adolescent Clinic:**

Adolescent patients are scheduled for routine follow-up visits at the COE on Mondays and Wednesdays, where they are seen by dedicated physicians and nurses who have received additional training on the special needs of adolescent patients. This allows each adolescent to build a relationship with a particular provider with whom they identify, facilitating improved communication when there are medical or social issues to be addressed. Currently, the COE has 299 adolescent patients active in care.

- **Teen Club:**

Teen Club is a support group focused on the psychosocial support needs of adolescent patients, which was started in December 2007 and is operated on a monthly basis with collaborative support from a local NGO, Sentebale.

Activities aim to improve adolescent patients' medical and social knowledge about HIV, and to facilitate peer relationships and provide emotional and social support for HIV infected adolescents and their families. Teen Club meetings, which occur monthly on Saturdays for adolescents aged 12-17, are facilitated by staff from BCMCF-Lesotho and Sentebale. Educational programming (which is delivered in an age-appropriate manner) focuses on general HIV information, sexual and reproductive health, adherence, life skills, making choices, stigma, etc. Twice-yearly Caregiver Days are also held to allow family members to meet staff, learn more about the activities conducted at Teen Club, and strengthen HIV education and methods of supporting their adolescent children. Currently, approximately 201 adolescents attend regular Teen Club meetings. In addition, new Teen Clubs are planned for patients in Qacha's Nek and Leribe, with activities to be based at the BCMCF-L SCOE in these districts.

- **Camp 'Mamohato:**

In January 2008, the first camp for HIV infected youth in Lesotho was held in Morija, with collaboration by BCMCF-Lesotho, Sentebale, The Association of Hole in the Wall Camps, and Bophelong Paediatric Clinic. The camp, which was attended by HIV infected adolescents on antiretroviral treatment from Baylor COE and Bophelong Paediatric Clinic, incorporated HIV-focused educational sessions along with games, sports, arts, crafts, and drama. Since that time, camp sessions have also been held in January 2009 and June 2010, with patients included from multiple sites including Karabong ART clinic in Mafeteng district, Tšepong ART clinic and the Baylor SCOE in Leribe district, Scott Hospital ART clinic in Morija, Berea district hospital ART clinic, and the Qacha's Nek Baylor SCOE. In the most recent session in June 2010, 82 children (aged 10-17) participated. Further sessions for subsequent groups of campers are planned on a twice-yearly basis.

### **3.5: Prevention of Mother to Child Transmission (PMTCT)**

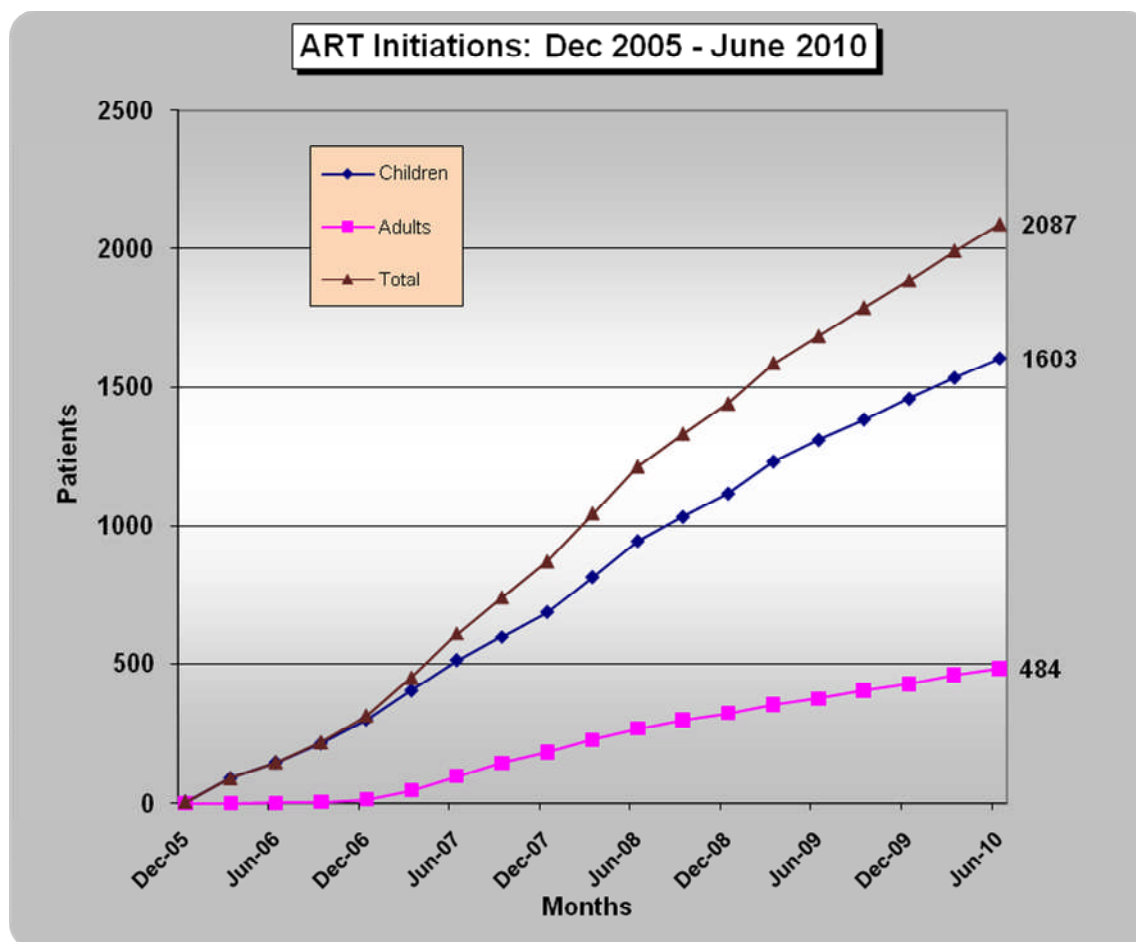
PMTCT services have been provided to patients at the COE since 2006. Any HIV infected pregnant mother presenting to the COE is enrolled in care. These women are provided with either prophylaxis medications, consisting of Lesotho's Minimum PMTCT package (for the prevention of HIV transmission to the infant) or ART (for treatment of maternal HIV infection), depending upon the mother's clinical stage and CD4 cell count. All infants born to HIV infected mothers are enrolled in care at the COE and followed regularly until the age of 18 months, with particular attention paid to early infant diagnosis of HIV infection and growth and development monitoring. Those who are determined to be definitively HIV infected remain in care at the COE after 18 months of age.

### **3.6: Provision of Antiretroviral Therapy**

At the time of the first clinic visit, all enrolled patients are evaluated by a physician to assess the clinical and immunological stage of HIV disease. For those who qualify for Antiretroviral Therapy (ART) according to Lesotho's National ART Guidelines, adherence counselling sessions are conducted by social workers in preparation for initiation. ART is initiated only once three counselling sessions have been

completed by the patient and/or their primary caregivers and readiness for ART has been appropriately assessed. Ongoing assessments of adherence to therapy are undertaken by clinic staff at subsequent visits through discussion, counselling sessions and pill counts, to ensure that appropriate adherence to medications (> 95%) is maintained at all times. To date, 1,603 children and 484 adults have been initiated on ART at the COE (a total of 2,087), with 1,420 currently active (as shown in Figure 2 below).

**Figure 2:** Cumulative ART Initiations (adult and paediatric)



### **3.7: Additional Services**

1. **Pharmacy:** The COE's pharmacy is open during all clinic hours and provides all ARV and non-ARV medications free of charge to patients seen at the centre. In addition, staff perform assessments of medication adherence at every medical and refill visit (via pill counts, comparing the number of pills dispensed to the number remaining), and provide ongoing counselling for patients experiencing adherence problems. Nutritional supplements, including Ready-to-Use Therapeutic Food (RUTF), UNIMIX, nutritional supplement shakes, and infant formula, are also provided to qualifying patients. These nutritional supplements must be prescribed by a physician following



comprehensive assessment and appropriate counselling by a medical provider, social worker, and nutritionist.

2. **Laboratory Services:** The Laboratory Services Division of the Ministry of Health and Social Welfare maintains and operates a FACS-Caliber CD4 cell count machine at the Centre of Excellence. The machine is used to process CD4 cell count samples from the COE, Senkatana Adult ART Centre, Mabote Filter Clinic, and Qoaling Filter Clinic. An RNA PCR (viral load) analyzer was also procured by the Ministry of Health and Social Welfare and placed at the COE in March 2009, and will begin processing samples for the entire country in late 2010.
3. **Family Planning Services:** Family planning commodities are provided to all patients and caregivers requesting these services (after appropriate assessment by medical and social service providers), since the prevention of unintended pregnancies among HIV positive women is one of the pillars of PMTCT.
4. **Treatment Literacy Counselling:** A Treatment Literacy Assistant assists with counselling of patients and caregivers, addressing issues such as disclosure of HIV status to young children, education on appropriate medication administration at the time of ART initiation, and ongoing adherence counselling for patients already on treatment. Patients are referred by medical providers, social workers, and pharmacy staff for individual counselling sessions.
5. **Nutrition Support and Counselling:** A part-time nutrition consultant provides individual counselling to families on proper nutrition for growing children, safe and hygienic preparation of infant formula, group education sessions on nutrition for caregivers, and didactic training lectures to health care providers, support group members, and community health workers in outreach settings. In addition, food supplementation is provided by the nutrition consultant to families with extreme food insecurity via 2 keyhole gardens on the grounds of the COE.
6. **Defaulter Tracking:** Since mid-2008, a programme has been in place to track patients who have missed clinic visits and return them to care. This tracking system utilizes a multidisciplinary approach, including phone calls to encourage patients to return to the clinic at their earliest convenience (for those who have active phone contact numbers), and physical outreach visits performed by Outreach Nurses, Social Workers, and Expert Patients to determine the reasons for default and assist or encourage patients to return to the clinic.
7. **Expert Patient Programme:** In April 2009, the Foundation received funding from Paediatric AIDS Treatment for Africa (PATA) for support of expert patients to assist with COE operations. Two expert patients were recruited,

hired, and trained to assist with taking anthropometric measurements of all patients (weight and height or length). In addition, they were trained in Emergency Triage Assessment and Treatment (in order to assist them in the quick recognition and implementation of appropriate action for acutely ill infants and children), and assist the centre's nurses in taking and recording vital signs on all sick patients. A third expert patient was hired as a Playground Monitor, whose role is to monitor all play activities of children utilizing the COE's playground while waiting for services at the clinic, as well as organizing games and reading sessions with COE patients on a daily basis. Funding for the programme was renewed in April 2010 for an additional year.

8. **Medical Evaluation for Adoption:** At the request of the Ministry of Social Welfare, BCMCF-Lesotho physicians provide comprehensive medical evaluations for all children in Lesotho accepted for international or local adoption. The majority of these children reside in orphanages throughout the country, and comprehensive history and physical exam, along with chest X-ray and screening laboratory investigations are provided at the COE. To date, 34 infants and children have been evaluated.

## SECTION 4: RESEARCH

BCMCF-Lesotho is committed to engaging in clinically relevant operational research, which will assist in the care of children at the Centre of Excellence and throughout Lesotho. In order to conduct research studies in Lesotho, the MOHSW requires that all protocols be reviewed by its Research Ethics Committee. In addition, Baylor College of Medicine requires that all research to be conducted by BCMCF-L staff be approved by an in-country Institutional Review Board (IRB) registered with the United States Office of Human Research Protections (OHRP) and holding a valid Federalwide Assurance number (FWA), prior to submission to its own Institutional Review Board. In January 2009, BCMCF-L convened and registered the only OHRP-registered IRB in Lesotho, and provided training of the board members on good clinical practice and research ethics. The committee currently accepts research proposals from any investigator in Lesotho needing review of their study by an OHRP-registered board, and holds meetings once per quarter.

During the past year, approvals from the Lesotho IRB and MOHSW Research Ethics Committee have been obtained for the following research protocols, and implementation is currently underway for each:

- *Confirmatory HIV testing after 18 months of age for HIV-infected infants with prior positive virologic testing: False-negative test results, the effect of antiretroviral therapy, and the experience of a pediatric and family HIV clinic in Maseru, Lesotho*
- *A Prospective Evaluation of Clinical Outcomes and Determining Baseline Factors of Clinical Outcomes of HAART in the Pediatric Population of BIPAI Children's Centers of Excellence in Africa*
- *A Retrospective Evaluation of Clinical Outcomes and Determining Baseline Factors of Clinical Outcomes of HAART in the Pediatric Population of BIPAI Children's Centers of Excellence in Africa*
- *Baylor International Pediatric AIDS Initiative (BIPAI) Emergency Triage Assessment and Treatment (ETAT) Pilot Project*
- *Validation of Target Weight Gain Approach to the Clinical Monitoring of Children with HIV Infection on and off of Highly-Active Antiretroviral Therapy (HAART)*

Abstracts were also written and have been accepted for oral presentation at the XVIII International AIDS Conference in July 2010 on the following evaluations:

- "Post-18 month confirmatory HIV testing in HIV DNA PCR positive children: retrospective descriptive analysis from an operational setting in Lesotho"
- "Mortality and ART efficacy outcomes in children < 12 years on ART in Lesotho, Swaziland and Malawi"

In addition, one article was published in the *Paediatric Infectious Disease Journal* in April 2010, entitled, “Early Clinical Outcomes in Children Enrolled in Human Immunodeficiency Virus Infection Care and Treatment in Lesotho”.

## SECTION 5: MONITORING AND EVALUATION

### Annual Evaluation:

In order to guide the Monitoring and Evaluation (M&E) activities of BCMCF-Lesotho, an M&E plan was developed and implemented in March 2008, and revised in July 2009. Recently, the second BCMCF-Lesotho Annual Evaluation was completed, as stipulated in the Lesotho M&E plan. This evaluation, whose goal was to evaluate the progress of the programme towards its overall goal, was carried out as part the annual evaluation implemented in all BIPAI Network Centres of Excellence, and will be shared with the Health Planning and Statistics Unit of the MOHSW. The following questions were addressed in the evaluation:

1. *How successful has the programme been in reaching the set targets of clinical indicators?*
2. *How successful has the programme been in improving the standard of care for paediatric HIV care at the Centre of Excellence?*
3. *What effect has the training programme had on the standard of paediatric HIV care at sites trained?*
4. *How effective has the programme been in increasing early identification of HIV infected children and linking them to care?*
5. *How effective has the programme been in increasing access to treatment and care for children and families at sites outside the COE?*
6. *How successful has the programme been in improving the standards of inpatient paediatric care throughout the country?*
7. *How responsive has the programme been to feedback from patients and caregivers?*
8. *To what extent have the Foundation's policies, plans, and priorities been aligned with those of its primary partners?*
9. *How successful has the organization been in ensuring an adequate, sustainable, and diversified income base?*
10. *How well has the organization adhered to standardized financial reporting and auditing procedures within the BIPAI network?*
11. *What progress has been made towards the strengthening of human resource utilization, physical infrastructure, and staff skills in order to optimize organizational performance?*

Results of this evaluation indicated that the overall high standard of paediatric HIV care and treatment at the COE has been maintained, as demonstrated by overall achievement of targets in most basic clinical indicators. The number of new patients enrolling at the COE has stabilized and begun to decrease gradually, while quality of services remains high with ongoing implementation of supplementary support programmes. Continued expansion in training and mentorship of health care professionals throughout the country has resulted in significant improvements in the quality of services provided at outreach sites.

Significant gains in national programme coverage and training of providers in early infant diagnosis of HIV have resulted in fewer young infants accessing care at the COE, though early identification of infected infants remains a major area of focus for

the programme. In addition, nearly universal provider-initiated testing in some high-risk inpatient settings has been achieved, allowing infected children to receive ART as soon as possible (universal ART for all infected infants < 12 months became available in Lesotho in December 2008).

Organizational administrative structures remain strong, with mechanisms for response to client feedback, alignment of policies, plans, and priorities with major partners, a strong and diversified financial base, adherence to financial reporting and audit procedures, and steps taken to strengthen and optimize organizational performance.

## **SECTION 6: NATIONAL PROGRAMME INVOLVEMENT**

Since the centre's opening, BCMCF-Lesotho physicians have assisted the Ministry of Health and Social Welfare with the scale-up of paediatric HIV care and treatment services throughout the country, providing technical assistance on national policies and guidelines as requested. Some of the activities in which doctors from the Foundation have been asked to participate include:

- National Prevention of Mother to Child Transmission (PMTCT) and Paediatric HIV Technical Working Group (ongoing)
- National AIDS Commission Treatment, Care, and Support Thematic Group (ongoing)
- National Antiretroviral Therapy (ART) Advisory and Second Line Review Committee (ongoing)
- National TB/HIV Technical Working Group (ongoing)
- Revision of Lesotho's National Guidelines for the Prevention of Mother to Child Transmission of HIV (2007–present)
- Revision of Lesotho's National Antiretroviral Treatment Guidelines for Children and Adults (2007-present)

In addition, the Foundation's physicians have been by the MOHSW asked to assist with facilitation of trainings on comprehensive paediatric HIV care and treatment and prevention of mother-to-child transmission of HIV for physicians (in the public and private sectors), nurses, and other health care professionals throughout the country.

## **SECTION 7: COMMUNITY OUTREACH**

Since December 2006, BCMCF-Lesotho has maintained an active outreach programme in order to increase community awareness of the centre and its services, educate community members about the importance of HIV testing and treatment for infants and children, and to provide training for community organizations which offer psychosocial support for families affected by HIV/AIDS. Regular activities, facilitated by the Foundation's two outreach nurses, include:

- Weekly radio call-in programmes, in which members of the public are provided with information about HIV, available treatment services for adults and children in Lesotho, and the services offered by the Foundation at the COE and SCOEs
- Educational sessions for church leaders, teachers, support group members, village health workers, and other community members requesting information about HIV
- HIV testing of children and adults in schools, orphanages, and other settings at the request of community members

In addition to the above activities, large-scale HIV education and testing events are often conducted throughout the country (in association with the Ministry of Health and Social Welfare and partner organizations) in order to educate young people about HIV and encourage them to test, while also providing child health screening, immunizations, and HIV testing for others. One such event is planned for Qacha's Nek District in August 2010, in collaboration with the Ministry of Education and Qacha's Nek District Health Management Team. These events continue to occur periodically at sites throughout the country, spearheaded by the centre's Outreach Nursing Department and Princeton-in-Africa fellows.



## **SECTION 8: SPECIAL PROJECTS**

### **Social Assistance Programmes:**

Several programmes based at the COE provide additional support to patients and families enrolled in care at the COE:

#### **1. Transport Assistance Programme:**

Utilizing funds donated by Save the Children Sweden, families with demonstrated financial need are provided with funds to assist with the costs of transportation to the centre for scheduled appointments at the COE. Assistance is also provided for referrals to Bloemfontein, South Africa for specialty medical care services which are not available in Lesotho. Eligible families are identified via an individual sociodemographic assessment conducted by members of the Social Work department. From July 2009 to June 2010, transport assistance funds were disbursed 4,853 times, with an average of 404 recipients per month (totalling 81,253 Maloti dispensed).

#### **2. Burial Fund:**

This programme, funded by donations from WIPHOLD Investment Trust and The Don Suite Hotel Group, provides financial assistance to the families of enrolled patients who have died while under the Centre's care and are unable to afford funeral costs. Each family's needs are assessed at the time of the request, and an appropriate level of monetary assistance provided. From July 2009 to June 2010, 11 families received burial assistance, with a total of 10,500 Maloti dispensed (on average approximately 955 Maloti per family).

#### **3. Bana ba Rona:**

Funded by Trinity Episcopal Church in the United States since July, 2008, this programme provides comprehensive ongoing financial support for 25 orphaned and vulnerable children living in Maseru District and enrolled in care at the COE. This support includes monthly food packages, school fees, and school uniforms, as well as reimbursement to the COE for all costs associated with their medical care.

#### **4. United Nations World Food Programme (WFP):**

Food packages provided by the WFP are distributed to eligible COE-enrolled patients on a monthly basis, providing nutritional support to families in need. Eligibility assessments are conducted by COE Social Workers, who forward this information to WFP staff for verification and enrolment in the programme. Between July 2009 and June 2010, 216 families received food packages from the WFP programme.

### **Support Groups**

In response to the noted gap in Lesotho in involvement of male caregivers HIV care, treatment, and support services with their families, as well as the unique need for

support services for male caregivers to help them better perform their parenting roles, a support group for fathers and other male caregivers was started in July 2009. Its goals are to engage men, address their particular needs, and increase male participation in the care of HIV infected children. Monthly meetings are held, with activities including group discussions; sharing of individual experiences; team-building events; and didactic teaching on issues such as HIV/AIDS awareness, stigma, behavioural change, disclosure, and dealing with adolescents. In addition, visits to schools and other community settings have been undertaken by the participants to help increase HIV/AIDS awareness and education. Financial support has been provided by an individual donation to the COE, as well as by the Embassy of Ireland.

### **Reach Out and Read**

The BCMCF-Lesotho Reach Out and Read programme was established in October 2006. Its goals are to promote early childhood literacy and instil a love of reading in Basotho children at a young age, by providing them with one new, age-appropriate book every 3 months during routine clinic visits. In the past, books have been donated by many groups including the Bristol-Myers Squibb Company's Employee Giving Programme, United States Embassy in Lesotho, and Scholastic Publishing company. Several have also been translated into Sesotho, illustrated by local artists, and published by Family Literacy Lesotho. During the past year, approximately 1,289 books were distributed, including 1,257 at the COE and 32 at the SCOE in Qacha's Nek.

### **Christmas Party**

In December 2009, for the third consecutive year, the COE hosted a Christmas party for over 350 enrolled patients with funds provided by a generous donation from Mr. Thabiso Tlelai of the Don Suite Hotel Group and Ms. Louisa Mojela of the WIPHOLD Investment Trust. During these festivities, food and entertainment were provided to the children and their families, while Mr. Tlelai and Ms. Mojela pledged to donate 50,000 Maloti to the COE for care, treatment, and support activities.

## **SECTION 9: BEYOND THE COE**

### **Nutrition Assistant Program**

Funded by the Touching Tiny Lives Foundation since August 2007, the Nutrition Assistant Program provides expert patients based in the Children's Medical Ward of Queen Elizabeth II Hospital to provide 24-hour nutritional support for severely malnourished patients. These Nutrition Assistants prepare therapeutic formulas; measure, distribute and document feeds; instruct caregivers on proper hygiene and feeding techniques; and ensure that weights and vital signs are taken and documented regularly for all patients. Over the last year, 262 patients have been cared for in this programme, and the quality of care for these patients has subjectively remained high. However, mortality in the ward remains high at 40.8%, underscoring the complicated nature of inpatient care for severely malnourished children and their high risk of mortality. Establishment of a comprehensive play therapy programme for admitted patients and caregivers is underway, with full implementation planned for August 2010.

### **Inpatient HIV Testing Program**

In August 2008, in recognition of the high rates of HIV infection among hospitalized children in Lesotho, the critical importance of early identification of these infants and children in light of their high risk of mortality, and the need to ensure their referral to care and treatment centres for appropriate follow-up, a grant was received by BCMCF-Lesotho from the MAC Cosmetics AIDS Fund to support a programme of universal Provider Initiated Testing and Counselling (PITC) for all infants and children hospitalized at 3 sites in Lesotho – Queen Elizabeth II Hospital (the national referral hospital), Mokhotlong District Hospital, and Botha-Bothe District Hospital. Under this programme, three counsellors were hired, trained in HIV Testing and Counselling and early infant diagnosis using DNA PCR testing, and placed in the inpatient Children's Medical Wards of these three hospitals. The patient-held records (*Bukanas*) of all patients admitted at these sites (as well as their caregivers) are reviewed at the time of admission. All those with unknown or undocumented HIV status are tested as early as possible during their admission, to ensure that their status is known and documented prior to discharge (HIV infected, uninfected, or exposed). Blood is drawn for CD4 cell count for caregivers (with results provided prior to discharge, if possible) and dried blood spot samples taken for DNA PCR for exposed infants if appropriate. Referrals for ongoing care and treatment services can therefore be made at the time of discharge.

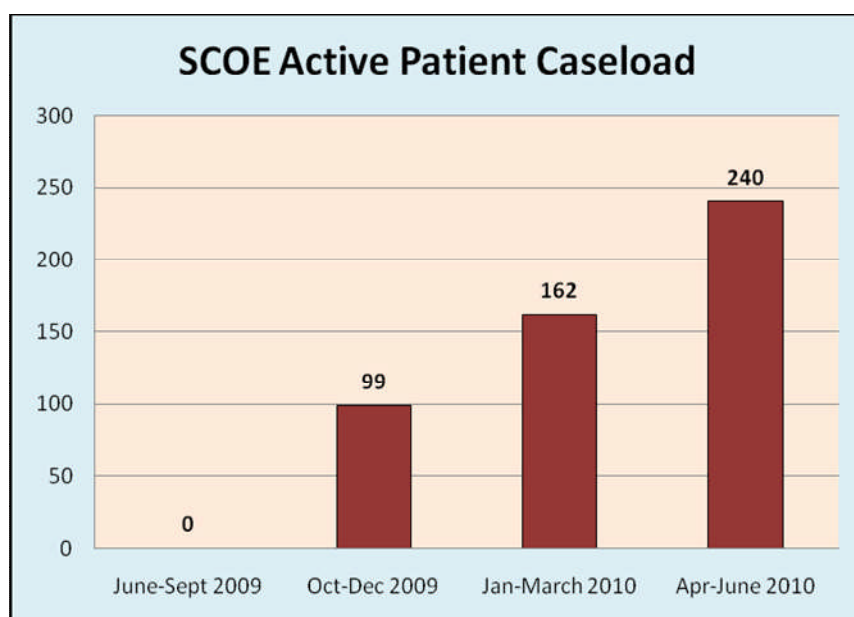
During its first year, the programme achieved significant success in identifying patients and caregivers with HIV infected and exposed status, and in ensuring documentation of HIV status prior to discharge (particularly in Botha-Bothe and Mokhotlong district hospitals). An assistant was also hired and placed at Queen Elizabeth II hospital due to the significantly higher number of monthly admissions to the Children's Medical Ward. Between July 1, 2009 and June 30, 2010, a total of 3,402 patients and caregivers were tested for HIV between all three sites. In addition, > 95% of all admitted patients and caregivers left the hospital with a documented HIV status at the time of discharge.

## **Satellite Children’s Clinical Centres of Excellence (SCOEs)**

In July 2007, following a visit by the Prime Minister of Lesotho (the Right Honourable Mr. Bethuel Pakalitha Mosisili) to Houston, Baylor College of Medicine, Texas Children’s Hospital and the Bristol-Myers Squibb Foundation announced funding of the LERATO (Lesotho Expansion of Rural AIDS Treatment and Outreach) project. The aim of this project is to expand access to high-quality paediatric HIV care and treatment services for all families throughout Lesotho. One Satellite Centre of Excellence (SCOE) will be built in each of the ten districts of Lesotho. All funding for ongoing operations will be provided by the Government of Lesotho, as per an MOA signed with the Ministry of Health and Social Welfare.

During this reporting period, the first two of these SCOEs were completed and opened: in Qacha’s Nek district in October 2009 and in Leribe district in January 2010. Each SCOE provides comprehensive outpatient care, treatment, and support for HIV exposed and infected infants, children, and some caregivers, and acts as a local referral site for difficult or complicated paediatric patients. Establishing a full-time presence at these sites has allowed for significant scale-up of outreach activities to health facilities in these districts, as well as the implementation of additional support programs at district level, enhancing services available to patients in their own communities. The active patient caseload at these sites has increased steadily as indicated in Figure 4 below.

**Figure 4:**



## **Additional Outreach Programmes**

### **UNICEF-Lesotho partnership**

In September 2006, the first Project Cooperation Agreement (PCA) was signed between BCMCF-Lesotho and UNICEF-Lesotho for funding of outreach activities to assist the MOHSW to scale-up paediatric HIV care and treatment services

throughout the country; this funding was renewed in March 2008 for one year, and again in January 2009 for three additional years of support.

Activities funded by the UNICEF-Lesotho PCA include outreach visits by Paediatric AIDS Corps (PAC) physicians to provide direct patient care and consultation on complicated patients, didactic training lectures on paediatric HIV management for health facility providers, and side-by-side mentorship of providers (on a monthly basis) to build confidence and skills in the provision of high-quality care for HIV infected children throughout the country. In addition, support is provided for clinic supplies and essential medications (to fill supply-chain gaps), training materials and resources, community mobilization events, training in Emergency Triage Assessment and Treatment (ETAT), infrastructure/systems strengthening, and consultants to assist with training and support for pharmacy systems and supply chain management, and nutrition counselling and management of HIV infected children. With the combination of BCMCF-Lesotho's multidisciplinary technical expertise and operational support from UNICEF-Lesotho, this partnership has been highly successful in supporting the MOHSW with scale-up and decentralization of paediatric HIV/AIDS care and treatment programs.

From July 2009 to June 2010, UNICEF-funded outreach activities were provided to district-level facilities and health centres in 9 of the 10 districts in Lesotho. During this time period, the following sites (82 health facilities, including 12 hospital-based facilities [Children's Medical Wards and MCH centres], 11 hospital-based ART centres, and 59 health centres) received support by Baylor staff:

1. **Berea District** (5 health facilities)

- a. Children's Medical Ward, Berea District Hospital
- b. Pholohong ART Centre at Berea District Hospital
- c. Koali Health Centre
- d. Bethany Health Centre
- e. Good Shepherd Health Centre

2. **Botha Bothe District** (10 health facilities)

- a. Maternal and Child Health Centre, Botha-Bothe District Hospital
- b. Paballong ART Centre at Botha-Bothe District Hospital
- c. Children's Medical Ward, Seboche Hospital
- d. Makhunoane Health Centre
- e. Ngoajane Health Centre
- f. St. Peters Health Centre
- g. Muela Health Centre
- h. Boiketsiso Health Centre
- i. Tsime Health Centre
- j. Motete Health Centre

3. **Mafeteng District** (5 health facilities)

- a. Karabong ART Centre at Mafeteng District Hospital
- b. Mount Tabor Health Centre
- c. Thaba Tsoeu Health Centre

- d. Tsa-kholo Health Centre
- e. Thabana Morena Health Centre

4. **Maseru District** (6 health facilities)

- a. Children's Medical Ward, Queen Elizabeth II Hospital
- b. Bophelong Paediatric ART Centre at Queen Elizabeth II Hospital
- c. St. Bernard Health Centre
- d. Mohale Health Centre
- e. Likalaneng Health Centre
- f. Nazareth Health Centre

5. **Mokhotlong District** (11 health facilities)

- a. Children's Medical Ward, Mokhotlong District Hospital
- b. Lerato ART Centre at Mokhotlong District Hospital
- c. Maternal and Child Health Centre at Mokhotlong District Hospital
- d. Molikaliko Health Centre
- e. Malefiloane Health Centre
- f. Libibing Health Centre
- g. Mapholaneng Health Centre
- h. Linakaneng Health Centre
- i. St. Martin Health Centre
- j. St. James Health Centre
- k. Moeketsane Health Centre

6. **Leribe District** (19 health facilities)

- a. Children's Medical Ward, Motebang District Hospital
- b. Tsepong ART Centre at Motebang District Hospital
- c. Maternal and Child Health Centre at Motebang District Hospital
- d. Maputsoe SDA Health Centre
- e. Khabo Health Centre
- f. St. Rose Health Centre
- g. Matlameng Health Centre
- h. Mositi Health Centre
- i. Seetsa Health Centre
- j. Emmanuel Health Centre
- k. Maryland Health Centre
- l. Louis Gerard Health Centre
- m. St. Ann Health Centre
- n. St. Dennis Health Centre
- o. Maputsoe Filter Clinic
- p. Thaba Phatšoa Health Centre
- q. Pontmain Health Centre
- r. Linotšing Health Centre
- s. St. Margaret Health Centre

**7. Qacha's Nek District** (12 health facilities)

- a. Children's Medical Ward, Machabeng Hospital
- b. Selibeng ART Centre at Machabeng Hospital
- c. Maternal and Child Health Centre at Machabeng Hospital
- d. ART Centre, Tebellow Hospital
- e. St. Francis Health Centre
- f. Rankakala Health Centre
- g. Hermitage Health Centre
- h. Ha Sekake Health Centre
- i. Matebeng Health Centre
- j. Mohlapiso Health Centre
- k. Sehlaba-Thebe Health Centre
- l. Melikane Health Centre

**8. Quthing District** (6 health facilities)

- a. Children's Medical Ward, Quthing District Hospital
- b. Ncede E Khona ART Centre at Quthing District Hospital
- c. Mphaki Health Centre
- d. St. Gabriel Health Centre
- e. Maqokho Health Centre
- f. Makoa Health Centre

**9. Tseka District** (8 health facilities)

- a. Children's Medical Ward, Paray Hospital
- b. Boitumelo ART Centre at Paray Hospital
- c. ART Centre, St. James Mission Hospital
- d. St. Teresa/Mashai Health Centre
- e. Sehong-Hong Health Centre
- f. Mokoto Health Centre
- g. Mohlanapeng Health Centre
- h. Linakeng Health Centre

Over the past year, the major focus of outreach site visits by PAC physicians has continued to be capacity-building among local health professional staff, through didactic lectures and side-by-side mentorship. By increasing the knowledge, skills, and confidence of providers at health centres, as well as by helping to fill gaps in supply chain of essential commodities and strengthening systems necessary for high quality paediatric services, Baylor outreach programmes continue to support scale-up and decentralization of paediatric HIV care, treatment, and support in all of our sites. By the end of June 2010, the active patient caseload of HIV exposed infants and infected children (aged 0-14 years) in those sites receiving visits at least once per month by a PAC physician had reached 4,329.

In addition, the UNICEF-Lesotho partnership has allowed for the implementation of the following additional programmes and training initiatives in outreach sites:

- Provision of Paediatric HIV Care Handbooks to health professionals in supported facilities, including algorithms for HIV diagnosis and management, exposed infant follow-up forms, and job aids for all elements of comprehensive care for exposed and infected children;
- Continued daily supervision of medical officers in the Children's Medical Ward of Queen Elizabeth II hospital by Baylor paediatric specialists, focusing on core skills such as history-taking and clinical examination in children, interpretation of results, resuscitation skills, and oral presentations, in addition to training on the inpatient management of General Paediatric conditions and Paediatric HIV-associated illnesses (including a weekly didactic lecture series based on the WHO text "*Hospital Care for Children: Guidelines for the Management of Common Illnesses with Limited Resources*");
- Assistance with communication and transportation needs for supported health centres (including provision of cell phones and airtime minutes, tracing of DNA PCR results for exposed infants, and funds for transport of patients to district hospital ART clinics and SCOEs), enhancing the quality paediatric HIV services and improving linkages of HIV infected infants to care and treatment services and early ART initiation;
- Support for expert patients at selected high-volume health centres, to assist with obtaining anthropometric measurements (weight, height/length, MUAC), pill counts and adherence calculations, and other tasks as needed to improve clinic flow; and
- Development of community-based defaulter tracking programmes in Qacha's Nek and Leribe districts, involving health centre nurses and Village Health Workers, assisting district hospital ART centres and Baylor SCOEs to track patients and return them to care after defaulting.

### **EGPAF-Lesotho Partnership**

In February 2010, BCMCF-Lesotho entered into a partnership with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), as a sub-recipient of five years of funding under a USAID / PEPFAR grant for "Strengthening Clinical Services in Lesotho". Under this project, the Foundation will provide support for paediatric HIV/ADS clinical care at hospitals and health centres; improve capacity for the provision of psychosocial support to affected children, adolescents, and families; and provide technical assistance in paediatrics to the entire health system. Since project implementation began in February 2010, some programme achievements have included:

- Recruitment and hiring of two Medical Officers, one Counselling Psychologist, one Monitoring & Evaluation officer, two HTC Counsellors, and one Finance and Administration Assistant;



- Increased capacity for didactic training and mentorship of health care professionals in paediatric HIV care and treatment at health centres and MCH (Maternal and Child Health) clinics throughout the country;
- Provision of professional psychology consultation services at the COE and SCOE, in addition to site assessments and preparation for training of providers throughout the country on the provision of comprehensive psychosocial support for children and adolescents with HIV;
- Recruitment, training, and deployment of counsellors to support universal provider initiated testing and counselling (PITC) for hospitalized children at the Qacha's Nek and Leribe district hospitals;
- Participation in technical working group meetings to review and update national PMTCT guidelines, national ART guidelines, and national TB/HIV guidelines to reflect new WHO recommendations and adapt these as appropriate for the Lesotho context; and
- Participation with EGPAF and other partner organizations on the provision of technical assistance to the MOHSW on the development of updated training materials and a training plan for health professionals on the new WHO guidelines for comprehensive PMTCT, and paediatric and adult HIV care and treatment.

## SECTION 10: TRAINING

### Didactic Training

Didactic lectures form the largest component of BCMCF-Lesotho's training strategy. PAC physicians and trained nurses are routinely requested to facilitate training sessions sponsored by the Ministry of Health and Social Welfare, as well as other partner organizations including the Clinton Foundation HIV/AIDS Initiative (CHAI), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), International Center for AIDS Care and Treatment Programs (ICAP), Lesotho Medical Association, Lesotho Learning and Sharing Forum, and others. Lecture topics have included all aspects of Paediatric HIV care, treatment, and support; Integrated Management of Acute Malnutrition; early infant diagnosis of HIV; PMTCT; and treatment literacy. This year, Baylor physicians and nurses delivered 1,101 hours of didactic lectures to a total of 1,566 health professionals.

Additional training highlights this year included the following:

- **PMTCT Medical Officer Training:** Sponsored by the MOHSW in September and October 2009, Baylor physicians assisted with facilitation of the Ministry's first two comprehensive PMTCT trainings focused on specifically on physicians and nurse clinicians throughout the country (from both the public and private sectors).
- **Comprehensive Paediatric HIV Care and Treatment Training:** Sponsored by the MOHSW in September 2009, Baylor physicians assisted with facilitation of the Ministry's first comprehensive training on paediatric HIV care and treatment focused specifically on physicians and nurse clinicians, utilizing a training curriculum based on the *ANECA Handbook on Paediatric AIDS in Africa*.
- **Emergency Triage Assessment and Treatment (ETAT):** During the past year, trainings on WHO's Emergency Triage Assessment and Treatment (ETAT) curriculum were conducted in Qacha's Nek and Leribe districts. A total of 33 registered nurse midwives from health centres and hospitals in these districts were trained as facilitators in a locally adapted version of this curriculum, which aims to improve providers' ability to recognize and stabilize acutely ill infants and children early in order to improve outcomes. These trained nurses will then be able to assist with facilitation of further ETAT trainings at health centres in these districts.

### COE Attachments and Visiting Scholars

In addition to the on-site mentorship of Basotho health professionals in health facilities throughout the country (described in the UNICEF outreach section of this report), health professionals continued to come to the COE on a regular basis for training attachments between July 2009 and June 2010. These attachments allowed providers from sites throughout the country seeing low numbers of HIV infected

children to build their confidence by working side-by-side with COE doctors and nurses in the high-volume setting of the COE. During this year, there were 11 nurses who were attached to the COE for at least a one week period, from health centres throughout the country.

In addition to these local health professionals, a total of 30 local and international visiting scholars were welcomed at the COE for month-long rotations. These scholars came from undergraduate institutions, medical schools, and paediatric residency training institutions throughout the United States, as well as from health training institutions in Lesotho (including the National University of Roma, the National Health Training College, and Lesotho-Boston Health Alliance's Family Medicine Specialty Training Program).

Other highlights of the COE Attachment and Visiting Scholars programmes this year included the following:

- **Princeton-in-Africa Fellow:** During this year, BCMCF-Lesotho was privileged to host Ms. Whitney Williams as part of the Princeton-in-Africa Fellowship program. As the COE's Outreach Coordinator, Ms. Williams participated in scale-up of the clinic's Teen Club activities (including fundraising and facilitation of one Caregiver Day); contributed to the successful implementation of Camp 'Mamohato in June 2010; maintained relationships and collaborative activities with local orphanages; assisted with the organization of a paediatric HIV testing event in Qacha's Nek district (to be implemented in August 2010); and organized and secured funding for a programme to provide alarm timepieces to adolescent patients and families struggling with medication adherence. Participation in the programme is planned to continue, with another Princeton-in-Africa Fellow expected to join the Foundation in September 2010.
- **Beyond Traditional Borders:** BCMCF-Lesotho again hosted two students from Rice University in the Beyond Traditional Borders programme in July and August 2009, and one in June 2010. Projects in which these scholars participated included:
  1. Development of a computerized database for documentation of moderately and severely malnourished patients receiving Ready to Use Therapeutic Food (RUTF) at the COE;
  2. Teaching, mentorship, and career development programs for local secondary school students; and
  3. Implementation and preliminary evaluation of a liquid ARV measurement system (to assist caregivers in more accurate measurement of medication volumes in syringes).

## SECTION 10: ADMINISTRATION AND FINANCE

### Board of Trustees

The following is the Board of Trustees of the Foundation:

- Prof. Mark W. Kline, MD                      President-BIPAI, Chairman
- Mr. Michael B. Mizwa                      Chief Operating Officer-BIPAI, Vice-Chairman
- Ms. Nancy R. Calles                      Senior Vice President-BIPAI, Secretary
- Mrs. Majoel Makhakhe                      Chief Planner, Ministry of Health and Social Welfare,  
Member
- Dr. Edith Mohapi, MB, BS, FAAP      Executive Director

### Staff members

The following is a list of staff working at the Baylor College of Medicine Children's Foundation – Lesotho:

#### **Main COE:**

<u>Position</u>	<u>Name</u>	<u>No.</u>
Executive Director	Dr. E. Mohapi, MB, BS, FAAP	1
Associate Director	Dr. L.Thahane, MD	1
Senior Administrator	Dr. J. Pii, PhD; DD (hc)	1
General Practitioner	Dr. N. Rathabaneng, MD	1
Administrator	Ms. K. Masupha	1
Deputy Administrator	Ms. L. Nthoana	1
Data Managers	Mrs. M. Phenya & Ms L. Mosakeng	2
Drivers / Gen. Assistants	Mr. R. Lesupi & Mr. L. Temeki	2
Financial Accountant	Mr. P. Yose	1
General Maintenance Officer	Mr. P. Ramanki	1
Nurses	Mrs. K. Maqache, Mrs. K. Mahamo Mrs. E. Makhalanyane, Mrs. N. Molapo Mrs. S. Motšoari, Mr. M. Thamae Mrs. L. Ntatsane, Ms. K. Maphatšoe	8
Orderlies & Gen. Assts.	Mrs. K. Nkoane & Ms. M. Lukase	2
Pharmacist	Ms. L. Maja	1
Pharmacy Technicians	Mrs. M. Posholi, Mrs. M. Matela & Mrs. L. Phafane	3
Pharmacy Assistant	Ms. M. Makhabane	1
Receptionists	Ms. M. Makhobalo, Mrs L. Maime & Ms. R. Mapindikazi	3
Social Workers	Mrs. M. Rakotsoane, Mrs. M. Boopa, Mr. T. Ralenkoane & Ms. N. Khesa	4
Literacy Treatment Asst.	Mrs. M. Malaka	1
Princeton-in-Africa Fellow	Ms. W. Williams	1
<b>TOTAL:</b>		<b>36</b>

<b><u>Paediatric AIDS Corps Doctors</u></b>	<b><u>Name</u></b>	<b><u>No.</u></b>
1) Dr. R. Gunnala	7) Dr. M. Harkless	
2) Dr. A. Williams	8) Dr. P. Young	
3) Dr. M. Srivastava	9) Dr. T. Fritts	
4) Dr. J. Sanders	10) Dr. R. Daftary	
5) Dr. L. Fenlason	11) Dr. S. Kumar	
6) Dr. A. Devendra		

**TOTAL:** 11

<b><u>Volunteer Translators</u></b>	<b><u>Name</u></b>	<b><u>No.</u></b>
1) Mr. K. Thamae		
2) Ms. N. Koena		
3) Ms. A. Lethibelane		
4) Ms. T. Mejaro		
5) Ms. M. Makoanyane		
6) Ms. L. Maliehe		
7) Ms. M. Makhanya		

**TOTAL:** 7

<b><u>Position</u></b>	<b><u>Name</u></b>	<b><u>No.</u></b>
Pharmacist	Mrs. M. Ramathebane	1
IT Specialist	Mr. J. Dudley	1
Nutritionist	Mrs. M. Ntsike	1
Legal Counsel	Adv. T. Makeka	1
Health Statistician	Mr. A. Devlin	1

**TOTAL:** 5

### **Satellite Clinics (SCOE)**

#### **a) Leribe Satellite Clinic**

<b><u>Position</u></b>	<b><u>Name</u></b>	<b><u>No.</u></b>
Medical Officer	Dr. A. Chikate, MD	1
Medical Officer	Dr. V. Matalasi, MD	1
Nurse Manager	Mrs. M. Phephetho	1
Nurses	Ms. T. Makhele, Mr. M. Letsika	2
Data Manager	Ms. T. Mapindikazi	1
Pharmacist	Ms. R. Tlali	1
Pharmacy Technician	Mr. M. Mokhethi	1
Receptionist	Mrs. C. Tšeuoa	1
Counsellor	Mr. M. Moteki	1
Clinic Assistant	Mr. J. Khoali	1
Driver	Mr. M. Moshate	1
Orderly	Mrs. M. Jappie	1
Gardener	Mr. M. Maqache	1

**TOTAL:** **14**

**b) Qacha's Nek Satellite Clinic**

<u>Position</u>	<u>Name</u>	<u>No.</u>
Medical Officer	Dr. K. Chipango, MD,	1
Nurse Manager	Mrs. M. Thite	1
Nurses	Mr. T. Ntlai	1
Data Manager	Ms. M. Khoromeng	1
Pharmacist	Mr. M. Phangoa	1
Pharmacy Technician	Mrs. T. Moeketsi	1
Receptionist	Mrs. L. Mpheta	1
Counsellor	Mr. M. Ntuba	1
Clinic Assistant	Mr. M. Rakabaele	1
Driver	Mr. T. Mononela	1
Orderly	Mrs. M. Ntaote	1
Gardener	Mr. L. Moroke	1
Medical Officers (Other)	Dr. M. Molapo-Hlasoa Dr. M. Sekese	2

**TOTAL:** **14**

**Strengthening Clinical Services (SCS) Project**

<u>Position</u>	<u>Name</u>	<u>No.</u>
Medical Practitioner	Dr. C. Linda, MD	1
Clinical Psychologist	Mrs. L. Bereng	1
Monitoring & Evaluation Officer	Mr. P. Nape	1
Finance & Admin Assistant	Ms. L. Ramaema	1
HTC Counsellors		
Qacha Govt Hospital	Mr. T. Khemane	1
Leribe Govt. Hospital	Ms. S. Letete	1
Receptionist	Mrs. L. Mpheta	1
Counsellor	Mr. M. Ntuba	1
Clinic Assistant	Mr. M. Rakabaele	1
Driver	Mr. T. Mononela	1
Orderly	Mrs. M. Ntaote	1

**Staff on specific projects:**

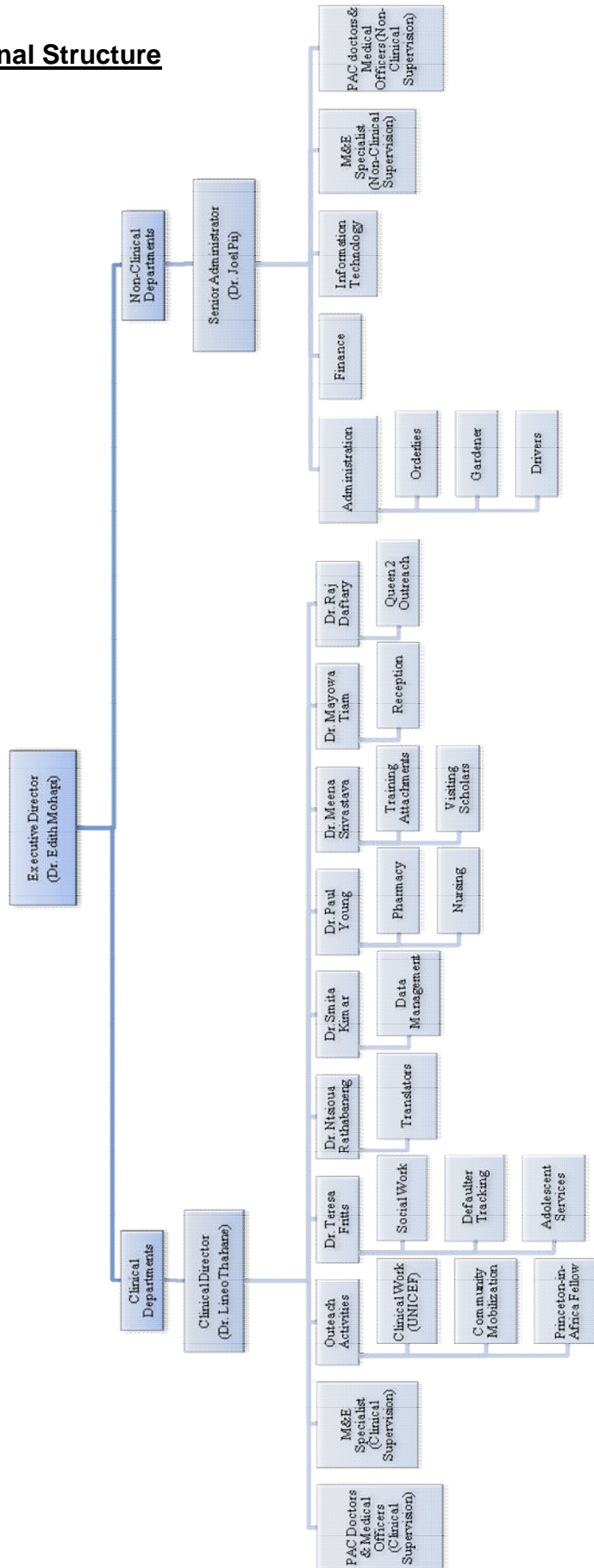
**i) Paediatric In-Patient Testing Program**

a) Queen Elizabeth II Hospital		
Senior Counsellor	Mr. M. Lepheana	1
Assistant Counsellor	Ms. M. Phohleli	1
b) Botha-Bothe Government Hospital		
Counsellor	Ms. R. Mofokeng	1
c) Mokhotlong Government Hospital		
Counsellor	Ms. M. Lehloma	1

**TOTAL:** **4**

<b>ii) Paediatric AIDS Treatment for Africa</b>		
Triage Assistants	Mr. T. Motseki, Ms. P. Mosebo	2
Playground Monitor	Mr. L. Majoro	1
<b>TOTAL:</b>		<b>3</b>
<b>iii) Defaulter Trackers</b>		
	Mrs. M. Mochema	
	Mrs. L. Motloang	
	Mrs. M. Lehlabaphiri	3
<b>TOTAL:</b>		<b>3</b>
<b>iv) Nutrition Assistants</b>		
Queen Elizabeth II Hospital		
	Ms. M. Ntikane, Ms. M. Tšephe	
	Ms. M. Ratlali, Ms. M. .Khatala	
	Ms. N. Kotelo	5
<b>TOTAL:</b>		<b>5</b>
<b>v) Expert Patients</b>		
<b><u>Name of the Clinic</u></b>	<b><u>Name</u></b>	<b><u>No.</u></b>
Khabo Clinic, Leribe	Ms. M. Lesaane	1
Mt Tabor Clinic, Mafeteng	Ms. T. Moloche	
	Ms. K. Kotelo	2
Makhunoane Clinic, Botha-Bothe	Mr. T. Khotle	1
Liqibing Clinic, Mokhotlong	Ms. M. Tsoaeli	1
Linakeng Clinic, Mokhotlong	Ms. M. Mafeka	1
Malefiloane Clinic, Mokhotlong	Ms. M. Ramoholi	1
Government Hospital Mokhotlong	Ms. M. Liau	1
St. Teresa, Thaba-Tseka	Ms. M. Manyo	1
Sekake Clinic, Qacha's Nek	Ms. M. Mothae	
	Ms. M. Mothae	1
Ngoajane Clinic, Botha-Bothe	Ms. M. Tlhoeli	1
<b>TOTAL:</b>		<b>12</b>
<b>GRAND TOTAL:</b>		<b>125</b>

# COE Organizational Structure





## Visitors to the COE

We appreciate the interest from all of our visitors this past year. Some of them appear in the list below:

- Ms. Ann A. Veneman, Director General of UNICEF
- Members of the Lesotho Parliamentary Committee on HIV/AIDS visited the COE (Dr. Khauhelo Ralitapole, Mr. Sello Maphalla, Mr. Lebohang Moeketsi & Mr. Keitumetse Mathaba) and Ms. 'Malephallo Mohasoa.
- A team from the Bristol-Myers Squibb' Research and Development Unit, accompanied by Ms. Phangisile Mtshali, Director Bristol-Myers Squibb Foundation; SA and Ms. Beryl Mohr, Programme Executive Bristol-Myers Squibb Foundation; SA came to visit our COE in July 2009. These were: Patricia Doykos, PhD; Christine Newman; George Hanna, MD; Dan Seekins, MD; Awny Farajallah, MD; Kristy Grimm, PharmD; Donnie McGrath, MD; Gary Thal, MD; Louise Sheppard, PhD; Heidi Googe, PharmD.
- Ms. Laurie Garrett, Senior Fellow and Mr. Peter Navario, Fellow, both from the Council of Foreign Relations USA
- Dr. James Versalovic, the Head of the Department of Pathology and Director of the Division of Molecular Pathology from Baylor College of Medicine, Houston Texas, USA.
- Mr. John Reid, president of the Association of Hole in the Wall Camps, USA together with Mr. Steve Nagler, Director, Program Evaluation and New Initiatives.
- Gertrude Kara and Lerato Mongoako from UN Nutrition program (Lesotho and South Africa).
- Mr. Robert Fry, Auditor, US Agency for International Development, Office of Inspector General Millennium Challenge Corporation, Washington, D.C., USA.
- Michelle Folsom, Director, PATH, Johannesburg, South Africa.
- Mrs. Makenete from Lesotho and Mrs. John Tembo from Malawi.

## **Information Technology**

Baylor College of Medicine Children's Foundation Lesotho maintains a medium sized technology infrastructure incorporating computer networks at the main Children's Clinical Centre of Excellence (CCOE) in Maseru and two Satellite Children's Clinical Centres of Excellence (SCCCOE) in Qacha's Nek and Leribe. BCMCF-L's technology infrastructure spans across 80 desktop computers, three electronic medical records servers, a central finance server (SAP Business One), as well as facilities for private exchange telecommunications, internet, printing, and multimedia production. The I.T. staff also maintain first line support for the high speed internet connections to the homes of the Pediatric AIDS Corps (PAC) doctors.

BCMCF-L completed an uneventful year with a system uptime greater than 99.9% for our internal computing systems (less than 8 hours of system or service downtime over the course of the year) Virus and other threat prevention measures have ensured that our internal network has remained free of virus and trojan infection in a region of the world that is disproportionately prone to computer viruses.

For the 2010-2011 fiscal year, the I.T. staff plans to focus more heavily on clinical informatics-- building and maintaining systems to aid in the success of BCMCF-L's clinical, research, training, and administrative goals. It is our hope that the systems we put in place at BCMCF-L sites will serve as a model for other BIPAI Centers of Excellence as well as other non-governmental organizations.

## **Financial Report**

We are pleased to present the summary of the audited financial statements for Baylor College of Medicine Children's Foundation – Lesotho for the fiscal year from July 1, 2009 to June 30, 2010.

The Foundation receives a yearly cash subvention from the Government of Lesotho through the Ministry of Health and Social Welfare for the basic operations. Funding for other activities comes from UNICEF, EGPAF as well as from other organizations and individuals. It has continued to operate efficiently and employed donor contributions effectively.

*\*Exchange rate applied in this report \$1 = M7.995*

**THE AUDITED FINANCIAL STATEMENTS WILL FOLLOW SOON**