



BOTSWANA-BAYLOR CHILDREN'S CLINICAL CENTRE OF EXCELLENCE



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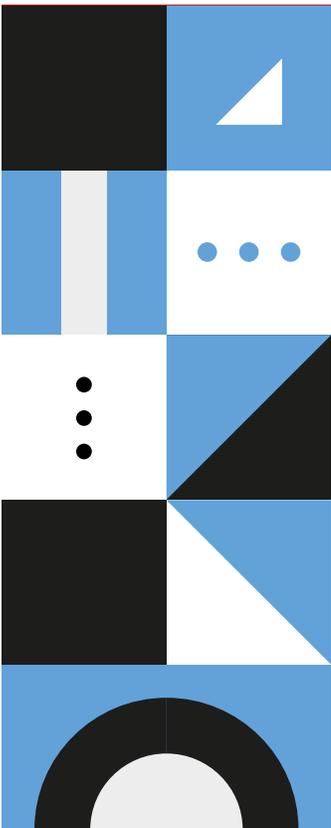
BOTSWANA

Baylor
College of
Medicine



Global Health
Network





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THANK YOU!



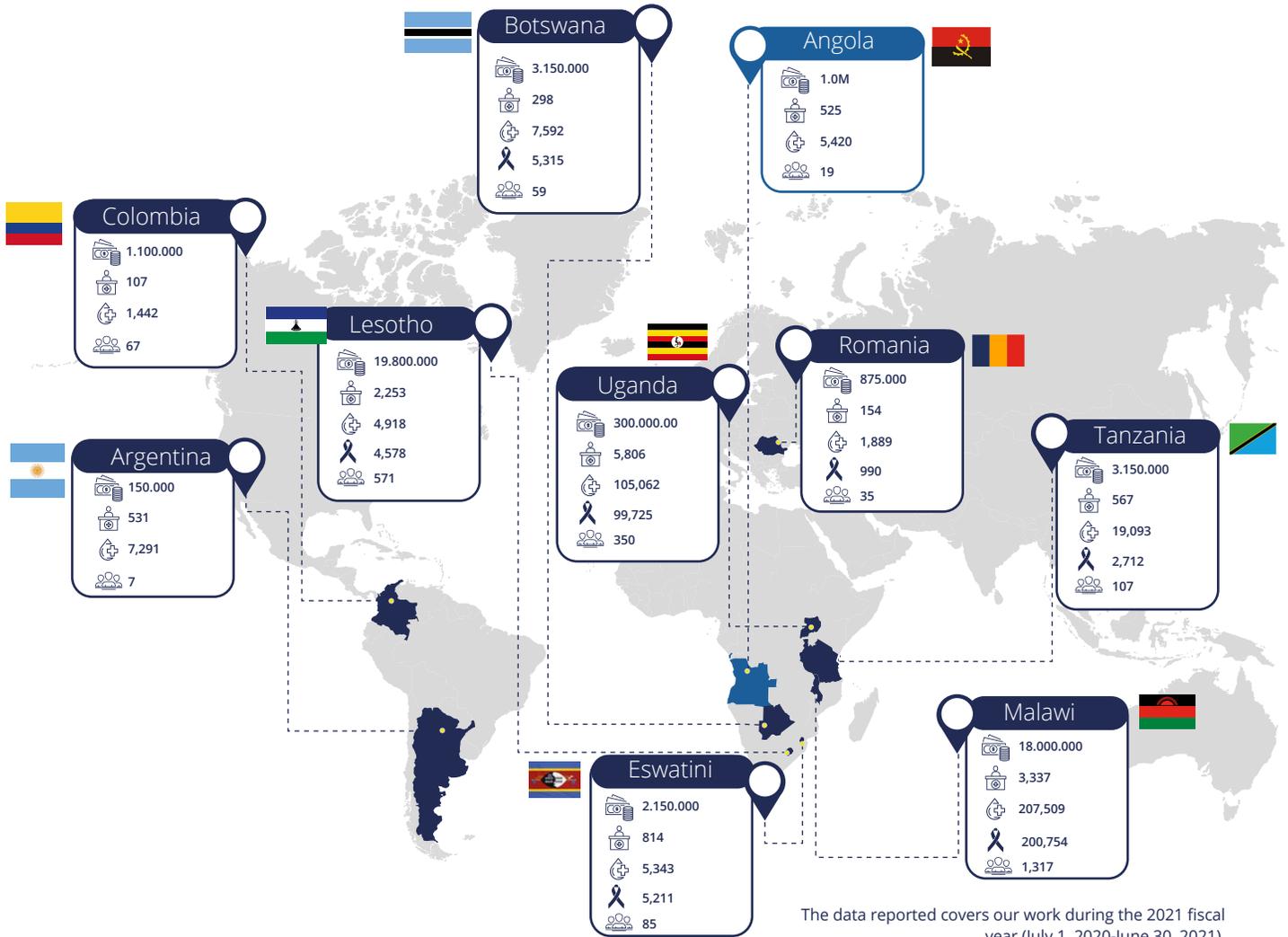
Texas Children's Global Health Network

Texas Children's Global Health Network was created by **Baylor College of Medicine International Pediatric AIDS Initiative** (BIPAI) in 1999 to catalyze pediatric and family HIV care and treatment and health professional training. The Network continues to be one of the largest public-private partnerships in the provision of pediatric and family-centered HIV care and treatment in the world. The scope of the partnership has expanded with **Texas Children's Hospital** and **Baylor College of Medicine** to include tuberculosis, malnutrition, hematology and oncology, cardiology, emergency medicine, surgery, anesthesiology and maternal health.

Leveraging diverse private and public funds, the Network, consisting of nine affiliated local non-government organizations (NGO) has anchored its foundation by developing local clinical, technical and management capacity through mentorship and workforce training at all levels, from peer supporters to physicians, nurses and pharmacists, to administrative staff and executive leaders. Training and education efforts cover all facets of program implementation to enhance local leadership and program sustainability.



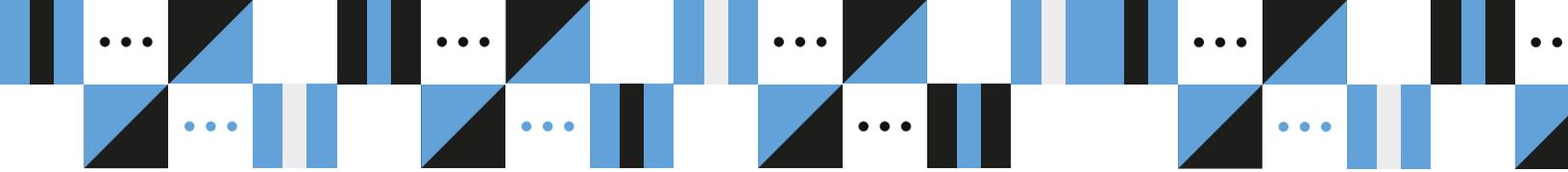
Headquartered in Houston, Texas Children's Global Health shares extensive knowledge and expert technical assistance, staff presence and support for physical infrastructure to our Network of affiliated NGO implementing partners in Argentina, Botswana, Colombia, Eswatini, Lesotho, Malawi, Romania, Tanzania and Uganda. **The Network operates 11 Centers of Excellence (COE) and 7 satellites for outpatient maternal and child health services across three continents, and includes the Global Tuberculosis COE in Eswatini and the Global Women's Health COE at Area 25 District Health Centre in Malawi.**



The data reported covers our work during the 2021 fiscal year (July 1, 2020-June 30, 2021).

BIPAI Network Statistics

-  **\$78,375,000** → Budget (USD)
-  **138,432** → Health professionals trained around the world since 2003
-  **365,559** → Patients in care
-  **319,285** → Patients enrolled on antiretroviral therapy
-  **2,598** → Staff Members



Trust Background

OUR VISION

A future where all children are living longer and healthier lives.

BIPAI VISION

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

OUR MISSION

To provide high-quality comprehensive family-centred health care, education and clinical research.

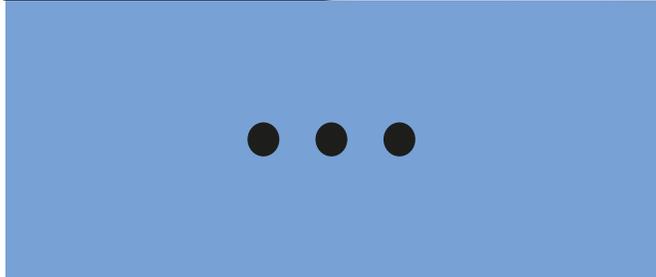
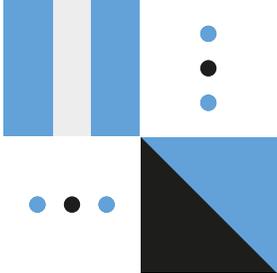
BIPAI MISSION

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

WHO WE ARE

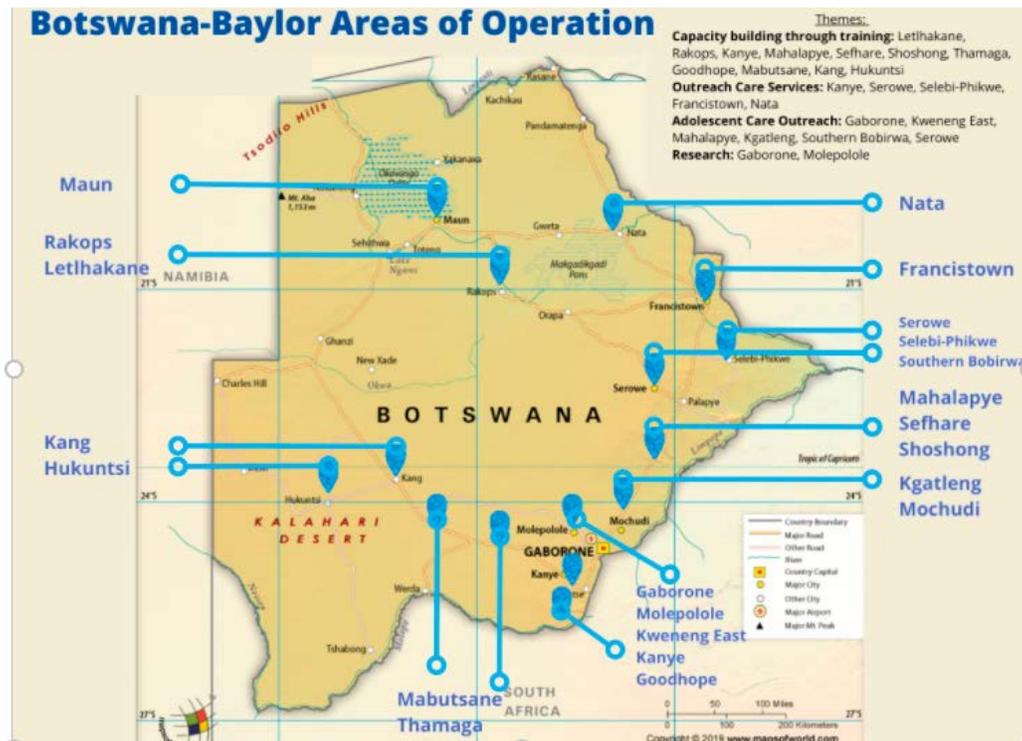
Botswana-Baylor Children's Clinical Centre of Excellence (Botswana-Baylor Trust) is a national general care and treatment facility that provides services in Gaborone, Botswana. We serve children, adolescents, and young adults and their families from around the country. Our services include treatment for HIV and associated infections and now extend to oncology care and treatment for patients nationally. Also, we act as a major research hub contributing valuable information to the international HIV and oncology communities. Botswana Baylor Trust is a public-private partnership between the government of Botswana and Baylor College of Medicine International Pediatric AIDS Initiative, which was launched in June 2003. Botswana-Baylor Trust is registered under the laws of Botswana as a Trust. It is located on the campus of the Princess Marina Hospital, the largest tertiary care referral hospital in Botswana. Botswana Baylor Trust provides free-of-charge, state-of-the-art pediatric HIV, oncology, and blood disorder care, treatment, and support to children, adolescents, and their families at the main clinic in Gaborone and through decentralized outreach services across the country. Botswana Baylor Trust is a leader in the field of pediatric HIV and cancer care in Botswana, the Southern Africa region, and beyond.

The Paediatric Haematology and Oncology (PHO) programme at Botswana Baylor Trust, supported by Global HOPE (Hematology-Oncology Pediatric Excellence) initiative, a partnership between several institutions, including the Ministry of Health & Wellness, Texas Children's Hospital, and the Botswana Baylor Trust, has improved the care of children with cancer and blood disorders in Botswana since 2007. The PHO program is located at Princess Marina Hospital, offering comprehensive PHO services. In June 2016, the Botswana Ministry of Health and Wellness formalized its partnership with Botswana Baylor Trust and partners for cooperation on scientific, technical, and medical initiatives to dramatically improve paediatric cancer and haematology care throughout the country. Plans are underway for haematology and oncology services to be relocated to Sir Ketumile Masire Teaching Hospital. These services are currently provided at Princess Marina Hospital Paediatric Ward.



“Botswana Baylor has played a very significant role since my childhood because it helped mold me into someone who adheres to their treatment and continues to live a normal and healthy life. As soon as I came to Baylor, I was put on antiretroviral therapy and was not sick frequently. Every time I come to the clinic, they give me encouragement by always reminding me of the importance of taking my medication and why I can’t miss check-ups. I am so good at taking my medication because of the support from my family and Baylor. It was easy growing up because I worked it into my schedule. Whenever I left for school in the morning, I would take my medication and when I got back from school in the evening, I would take my medication. It was just part of my everyday life. Baylor also offers activities that helped me meet other people at the clinic, like Teen Club, which helped me to be free and to accept my status.”

Female, 26 years.



Executive Director Interview



Just like in most other places, the uncertainty brought by the advent of COVID-19 was met with great concern at the Centre of Excellence (COE). The Botswana Baylor Trust team, therefore, started preparing for the then-unknown potential impact of the pandemic as early as March 2020 with the deliberate choice to view this as an opportunity to review and revamp our services. We understood that for our organization to mount an adequate response, we would need to be agile, flexible, and continuously adapt to this fluid situation to survive. All our systems and programmes needed to be reviewed and transformed in line with the 'new order.' New routines to allow for working from home, use of technology to provide services, and introducing a COVID-19 testing site were among the changes introduced. We believe this is what helped us emerge relatively unscathed on the other side. A good example of this approach is how we dealt with the nationwide lockdowns by adapting one of our longest-running programs and transforming it to fit the anticipated challenges with in-person meeting restrictions. Working with partners like UNICEF and Stepping Stones, we transformed the in-person programme into virtual sessions using all available platforms such as WhatsApp, Facebook, and Short Message System (SMS). We used this platform to reach out to youth and provided virtual consultations, follow-up, and psychosocial support. This worked well and is now being developed into a youth-friendly software application that can be freely accessed that will do a lot more even beyond the pandemic.

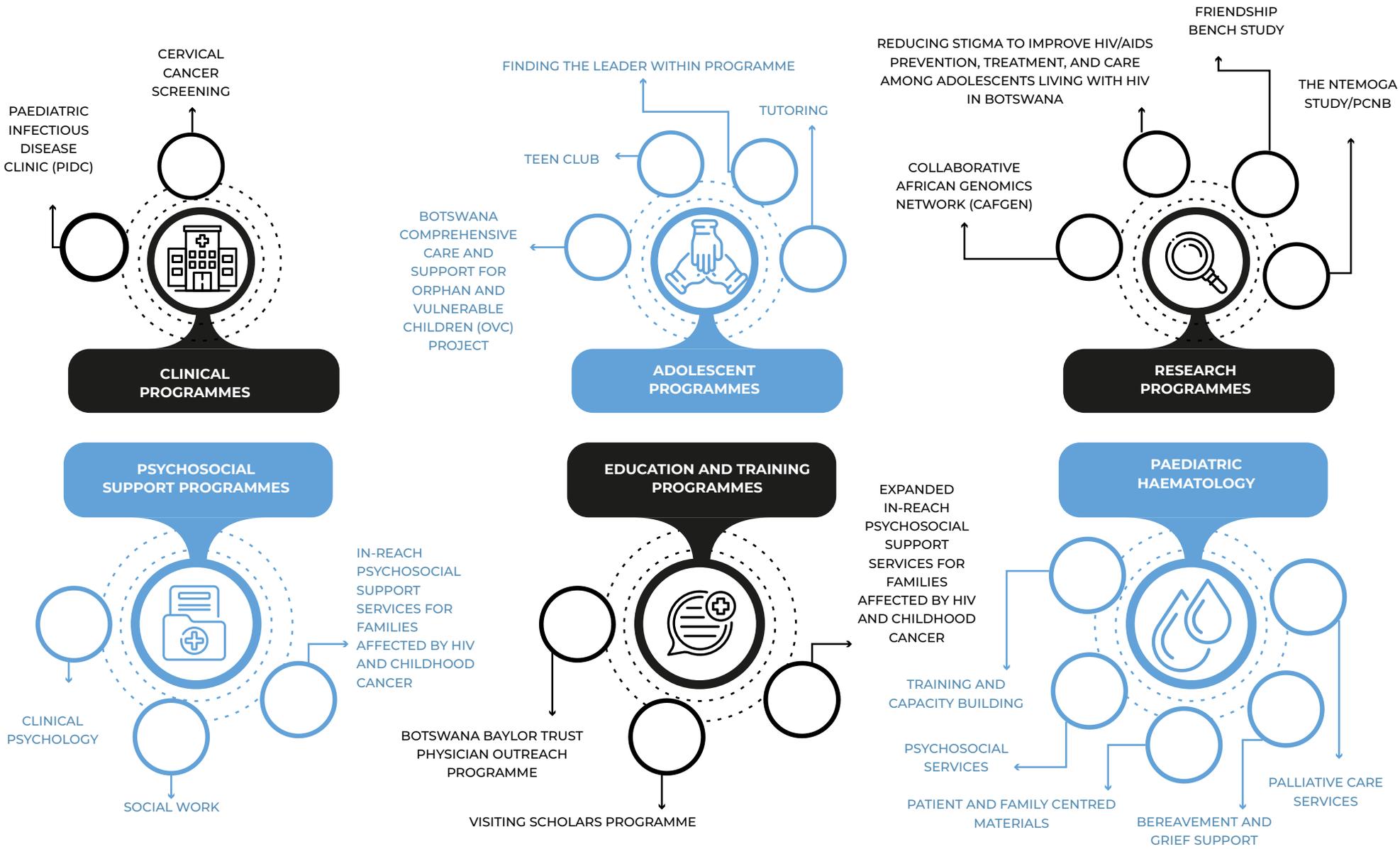
How has the Foundation maintained a standard of excellence for patients and staff despite the challenges posed by COVID-19?

One of our early decisions was to maintain our well-known standards of service excellence. Our commitment was that despite the threat posed by COVID-19, the COE would continue to provide the best service possible under the circumstances by going above and beyond our client's expectations. This message was widely communicated within the organization and to our clients. We, therefore, kept all services available even during lockdown with careful planning for COVID-19 compliant clinic, in which our clients felt safe and were able to get all services as well as COVID-19 related support.

What is the most important goal for the Foundation in the upcoming year?

COVID-19 has forced us to review our service delivery models and to make sure that our vision and mission remain relevant and aligned to that of the Government of Botswana (GoB). We are in the process of refining our offering in line with GoB's quest for a 'knowledge-based economy' through an expanded menu of mutually agreed clinical services, capacity building and research including vaccine production.

Botswana-Baylor Children's Clinical Centre of Excellence



Key Numbers (HIV Programmes)



Number of Health
Care Workers
Trained

162

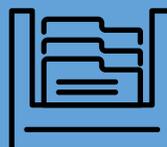


Total Active
Patients at COE

2462



Patients Currently
on HAART



100%

Patients with
up-to-date
documented Viral
Load

91.7%



Suppression Rate
(<1000 copies
per mL)

90.9%



Adolescent
(10-19years)
suppression rate
(<1000 copies per mL)

92.1%
(736/799)



Patients with good
adherence (95% - 105%)

87.8%



Annual Retention Rate

100%



PAEDIATRIC INFECTIOUS DISEASE CLINIC (PIDC)



The PIDC at Botswana Baylor Trust provides HIV testing, treatment, care, and support services to children, adolescents, and their families. Our current patient load at the COE is roughly 2,462 active patients, most of whom receive follow-up care every three months as recommended.

Botswana Baylor Trust Executive Director Dr. Mogomotsi Matshaba receiving children's Christmas Gifts from MASCOM Wireless; The Mascom Chief Executive Officer Mrs. Dzene Makhwade-Seboni (left) and Mascom Chief PR and Communications Officer Mrs. Tebogo Lebotse Sebebo (right)

Achievements

- Improved communication with adolescents making it easier for them to open up to staff about their problems and challenges.
- Tracked lost to follow-up patients through home visits by the In Reach team.
- Reduced hospitalizations.
- Challenge patients now achieving viral load suppression rates.

Throughout 2020, the PIDC helped support its challenged patients in achieving viral load suppression and addressing their health, wellness and livelihood. These challenges were related to the social determinants of care—such as mental health, social support networks, education, employment and financial circumstances. The clinic took measures to adapt to these challenges through innovation of new strategies to combat patients' adversities.

Adolescents and young adults struggled with adherence to their medications due to challenges including mental health disorders (depression, anxiety, psychiatric symptoms), poor family support, and stressful romantic relationships. Botswana Baylor Trust provided resources and enhanced interventions to promote long-term adherence in this population. This included dedicating personnel and other resources to enhance the screening and management of mental health disorders in this population.

Additionally, it was found that many young adult patients were neither in school nor working, leading to financial challenges and the inability to meet transportation costs to the clinic for medical appointments, resulting in gaps in medication adherence. Botswana Baylor Trust provided transport support to extreme cases.



Parenting challenges were also common among adolescents and young adults. Many of the young mothers were unemployed and experienced challenges in fulfilling motherhood responsibilities. Botswana Baylor Trust acquired additional resources for interventions to support young parents and their children, such as transport reimbursement and skills training for young mothers through the Finding the Leader Within Program.

Some adolescents and young adult patients refuse to return to care despite multiple follow-ups. Such cases are at high-risk of mortality as they remain out of care for prolonged periods and tend to return to care when they are very sick. Botswana Baylor Trust social workers, nurses, and community health workers conduct multiple home visits to track and engage those patients.

These challenges were compounded by new challenges brought in by COVID-19, which included: movement restrictions resulted in missed blood sample collections, clinic and medication refill appointments, loss of loved ones, parents, relatives, neighbors, schoolteachers, workers and clinicians; co-infections of HIV and COVID-19; and anxiety and fear of the unknown. To address these challenges, the COE implemented strategies to increase patient safety during the epidemic, which included: InReach services, improving communication with adolescents from the clinic and other measures (detailed in the Covid-19 Pandemic and Response section).

SCREENING CLINIC SERVICES

The Screening Clinic serves as an entry point to the COE for all clients seeking to know their HIV status. Though some clients seen at the Screening Clinic are self-referrals, most are referred from other health facilities. Four to six weeks after birth, babies born at Princess Marina Hospital and other health facilities are referred to the COE's Screening Clinic for DNA/PCR testing.

DNA PCR tests: Over the reporting period, 22 babies were screened and one tested HIV positive.

RAPID test: A total of 37 rapid HIV tests were done, and four people tested positive. The total number of patients diagnosed with TB was five.



Image: Botswana Baylor Trust nurse preparing equipment to perform a cervical cancer screening

CERVICAL CANCER SCREENING

Cervical cancer is due to the abnormal growth of cells arising from the cervix that can invade or spread to other parts of the body. The screening test aims to detect changes early on that otherwise could develop into c cancer if left untreated. Botswana Baylor Trust started the screening program in November 2016, targeting sexually active adolescents and young women who are older than 15 years. Cervical cancer screening is integrated into routine clinical services offered at the Botswana Baylor Trust clinic. When the programme started, the Botswana national cervical cancer screening guidelines recommended screening only for women aged 30 – 49 years, but now, after reviewing screening results from different sites, the national guidelines have been reduced to 25 years of age.

During the reporting period, we screened 12 patients using the pap smear test and visual inspection under acetic acid methods, and they tested negative for human papillomavirus, a cause of cervical cancer. One patient was diagnosed with Bartholin's cyst and was referred for drainage at the Gynaecology Clinic at Princess Marina Hospital.

Plans are to screen all sexually active adolescent girls and young women coming to the COE and treat them appropriately to prevent cancer.

NB: Screening was slowed down from March 2020 in compliance with COVID-19 restrictions.

CLINICAL PSYCHOLOGY

Unsurprisingly, adherence challenges and depression remain the highest reported cases indicating a strong relationship between the two. Patients, especially adolescents who are referred for persistent adherence challenges, report some signs of depression. This highlights the importance of depression and other mental health screening for all patients with adherence challenges. Therefore, mental health support for HIV-infected youth is important not only for quality-of-life concerns but also regarding HAART adherence and biomedical and health outcomes. The total number of patients seen at the department was 3701, with the most reported pressing issues being adherence (705), depression (588), and delinquent behavior (445). And the least reported issues were acute psychosis (1) and attention deficit hyperactivity disorder (ADHD) (3).

SOCIAL WORK



The social work department at the COE provides counseling, care, and support services to Botswana Baylor Trust patients and their families. Home visits for emergency cases lost to follow-up patients, and adherence and supportive counseling were the main services provided by our Social Worker. The COE Social Work office supported clients referred through the OVC support project and participated in COE-run research. Ms. Tembwe participated in Focus Group Discussions with HIV-positive mothers as part of the HIV-Exposed Infant Testing Study funded by Global Communities-Botswana. Other services that social worker Ms. Tembwe provided included soliciting children's Christmas gifts from various donors. The social work office also served as a liaison with relevant community-based stakeholders, such as the community social workers, the police, the magistrate, and community-based organizations. The social worker also identified and referred families with at-risk children for HIV to testing and enrolment in care, addressed the needs of children and families living in difficult circumstances, and engaged all family members including children in adherence counseling sessions at home.

Tragedy struck and we lost our beloved, highly experienced, and dedicated social worker Ms. Tapiwa Tembwe. Tapiwa had worked with the COE from February 2011 to March 2021, and she served the organisation and clients with humility and dedication until her untimely demise. We shall always remember her as a beautiful shining star of the COE, dedicated to the health and wellbeing of our clients and their families, and remember her with the phrase "service above all." Ms. Tapiwa will always be remembered by the BIPAI community, the management, and the staff of Botswana Baylor Trust. May Her Soul Rest in Eternal Peace.



“When you get into a home, you see what is really happening. If a child doesn’t have enough food to eat or there is no space for privacy and there are nine people in a house with two rooms or many adults in the home are not working, it’s important for me to see that — not to be sympathetic, but it’s to empower me to find sources of help to change the life of that child.”

Community Health Worker

EXPANDED IN-REACH PSYCHOSOCIAL SUPPORT SERVICES FOR FAMILIES AFFECTED BY HIV AND CHILDHOOD CANCER

Although we care for our clients in the clinic and public hospitals, we have realized that some families are not able to make it to the clinic for various reasons. This usually has to do with severe disease, depression, mental illness, stigma, food insecurity, financial issues and behavioural problems among the youth. We developed the In-Reach program to address those issues and overcome impediments that may affect these vulnerable populations through home visits and assisting families, new and existing, who are struggling. The In-Reach project is currently sponsored by the Allan and Gill Gray philanthropy. In-Reach provides a wide variety of clinical, psychosocial and other supports to individuals and families affected by HIV and childhood cancer. We use the Individual Care Plan as the map to service delivery. Services take place in the homes or other independent settings based on the unique needs of the individual. We deliver the highest quality services possible by ensuring that everyone receives the right support and frequency by appropriate cadres of staff including doctors, nurses, social workers, community health workers and psychologists.

In March 2010, the In-Reach program received recognition from USAID’s AIDSTAR-One Promising Practices Database. After a thorough vetting process, In-Reach became just the second NGO program in Botswana to achieve this prestigious recognition.

During the reporting period, a total of 48 families affected by childhood cancer were supported with psychosocial and physical support through the In-Reach programme. 36 patients/families were referred and received counselling services, and 12 patients were referred for transport support. 14 children with cancer died, requiring additional psychosocial support for the bereaved families. Botswana-Baylor has learned that intense counselling is necessary for all families with a child with cancer. A significant number

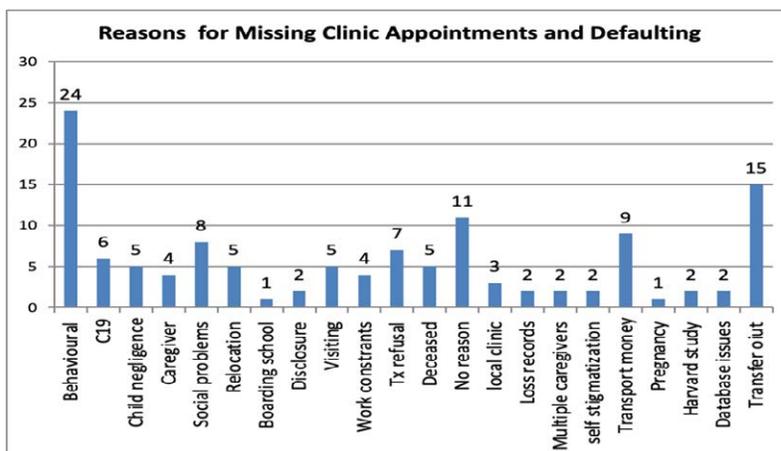
of the families are low-income. There are high transport costs for families affected by childhood cancer, due to the need for frequent hospital visits. More resources need to be mobilised and committed to supporting transport reimbursement for these families. We are thankful to the Allan and Gray Philanthropy and Ministry of Health and Wellness (MOHW) funding that contributed to transport reimbursements.

The program mainly targeted HIV patients who were defaulters, Lost To Follow-Up LTFU, those who had family conflicts, child negligence, unsuppressed viral load or treatment refusal. Identifying and reconnecting the patients back to care required multiple home visits and intense counselling from a nurse, social worker or psychologist to address issues that drove patients from care in the first place. The In-Reach intervention package included communicating with the patient regularly; enlisting the support of family members; referral for other HIV/AIDS support services; and in the case of minors, involvement of local social workers and the police.

122 families were visited comprising of 125 patients. Of these, 4 were deceased and not reported; 29 were self-transfer outs to other clinics. 92 of the 125 patients were offered intense counselling and returned to care and reinitiated onto highly active retroviral therapy (HAART). However, 27 of the 92 patients who were re-connected to care reverted to defaulting and needed further intense follow-up. The reasons for missing and defaulting from treatment are shown in Figure 1. The most reported reasons for missing or defaulting from treatment were behavioural followed by self-transfer out and lack of transportation money.

We have learned that various limitations such as out-of-date client records, patient relocations, wrong phone contacts, lack of disclosure to the family, and busy lifestyles (school, work) negatively affected implementation of the In-Reach visits and service delivery. Efforts will be made to keep patients phone contacts and physical addresses up-to-date all the time. Additionally, virtual programming is emerging as a crucial approach to service delivery. Training is needed to empower staff on e-service delivery to complement in-person In-Reach interventions.

Figure 1: Reasons for Missing Clinic Appointments and Defaulting from Treatment



*C19- COVID19 isolation and quarantine

TEEN CLUB

Teen Club is a monthly peer support intervention established in 2005 for HIV-positive adolescents who are between 13-19 years old. Teen Club empowers youths to build positive relationships, improve their self-esteem, and acquire life skills through peer mentorship, adult role modeling, and structured activities. Teen Club sessions are guided by an 11-month, standardized curriculum with broad themes such as ART adherence, love, sex, and healthy relationships, as well as activities such as a talent show. The Teen Clubs are supported through funding from Global Communities-Botswana and UNICEF.

The declaration of COVID-19 as a pandemic by WHO in March 2020 led to the suspension of in-person Teen Club Sessions. Consequently, a WhatsApp group was created to support the teens to remain in touch and interact with each other. A total of 58 teens remained active in the WhatsApp group with fluctuating levels of participation by the members. Lack of access to smartphones and the internet prevented other teens to join or be active in the group. In addition, 127 teens were contacted through phone calls to check on their health and wellbeing with a special focus on whether they adhered to their ART and clinic appointments. A virtual Teen Club model has been developed with support from UNICEF and will be implemented starting November 2021.

In collaboration with MOHW and UNICEF, Botswana Baylor Trust conducted chart reviews in Gaborone, Selibe-Phikwe, Boteti, Serowe, Kweneng East, and Tutume to assess the impact of COVID-19 pandemic on outcomes of interest among ALHIV aged 13-18 years who were enrolled in Teen Clubs in those districts. The outcome of the charts reviews for the 242 teens are shown in Figure 1. The results show impressive clinical outcomes of Teen Club members during the COVID-19 epidemic.

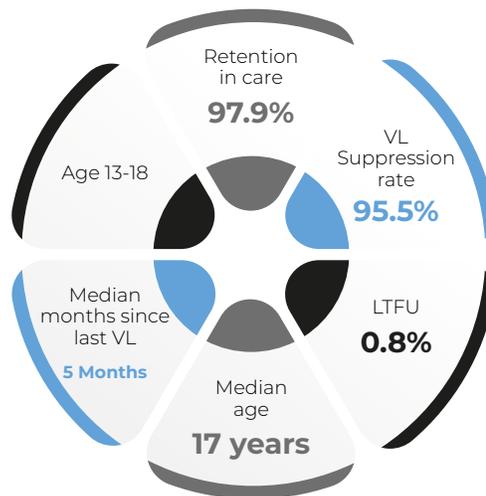


Figure 1: Clinical Outcomes of Teen Club members during the COVID-19 epidemic.

“COVID-19 control and prevention measures, including lockdowns and physical distancing, have had a significant impact on adolescent care programs. Some of the activities that have been suspended since March 2020 include the Young Adults Support Groups; Camp Hope and Weekend Camps, and comprehensive models of care for ALHIV in the six districts. Alternative virtual programming is being planned and will be implemented in the upcoming financial year”.

BOTSWANA COMPREHENSIVE CARE AND SUPPORT FOR ORPHAN AND VULNERABLE CHILDREN (OVC) PROJECT

Botswana has a growing population of orphans estimated at 6.28% of its entire population according to the 2011 National Population Census. Children who are categorised as vulnerable in Botswana include those who are orphaned, living in abusive environments, living with a sick parent or guardian, living with HIV, living with a disability, or living outside of family care.

Through the generous funding of PCI-Botswana, Botswana Baylor Trust implemented the Botswana Comprehensive Care and Support project in seven PEPFAR priority districts (Kweneng East, Gaborone, Mahalapye, Kgatleng, Southern, Bobirwa, Serowe).

The project aims to improve the health, well-being through direct service delivery, referral, and networking, and through capacity building for orphan and vulnerable children service providers. Botswana Baylor Trust's role in this project is to provide care and support services to OVC living with HIV from birth to 17 years old and their families. Table 1 below shows key services provided over the reporting period.

Table 1. OVC Project Key Service Delivered to OVC and Families

Broad Activity	Service area	Jul 20- June 21 20
Improve parent-child communication and parenting Skills	Structured psychosocial support sessions using Parent Effective Training for conflict mitigation	10419
	Play and stimulation sessions for < 5-year-olds	920
Increase demand for and linkages to HIV, TB, SRH, family planning services, and post violence care	Provide age-appropriate treatment literacy for children living with HIV	2889
	Provide age-appropriate counseling and HIV disclosure support for children living with HIV	920
	Provide HIV adherence support for children and caregivers	10211
	Track developmental milestone in HIV affected, HIV exposed	1068
	Provide age-appropriate women's health counseling	96
	Provide household hygiene counseling and WASH messaging	17697

*Numbers are equivalent to the total number of individual clients offered services

TUTORING

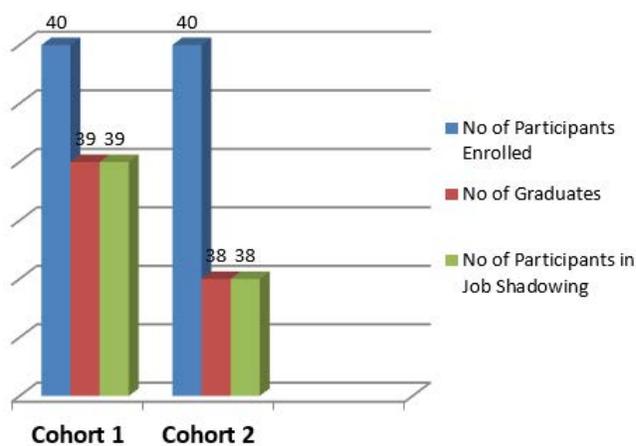
The tutoring programme was established in 2008 to support school-age patients with learning difficulties and/or poor academic performance. Over 200 children and adolescents have received this free academic assistance over time. COE patients often miss school to attend clinic appointments, and like any school-going children, some will need tutoring for their grades to improve. COE clinicians, community health workers, psychologists, and social workers assess patients' academic performance during consultations and those with grades of 'C' or below are referred to the program for intervention.

The COVID-19 pandemic mitigation strategies continued to prevent the holding of in-person tutoring sessions. However, the COE continued with a 'low-tech' program utilizing text, WhatsApp messages and phone calls to provide academic support to tutees. A total of 15 tutees accessed the remote tutoring sessions facilitated by 15 dedicated volunteers who largely came from Botho University in Gaborone. 70% of sessions focused on the sciences and 30% on math. Lack of access to phones and the internet were common challenges to accessing tutoring support.

FINDING THE LEADER WITHIN PROGRAMME

The COE continued its partnership with Stepping Stones International (SSI) to implement the Finding the Leader Within Programme. The programme targets out-of-school and unemployed youth between the ages of 16-25 years. The six-month curriculum focuses on leadership development, career and vocational guidance, healthy and productive lifestyles, financial literacy, and information and technology skills, entrepreneurship, and employability pathways. Guest speakers often visit to share their experience and knowledge in their fields. The sessions run four days a week (Tuesday through Friday) and are facilitated by COE staff and volunteers. Table 2 below shows the program's output over the reporting period.

Leadership Program 20/21



BOTSWANA BAYLOR TRUST PHYSICIAN OUTREACH PROGRAMME

The outreach program aims to strengthen the capacity of peripheral health facilities across Botswana to optimize treatment and care services for HIV infected children, adolescents, and young adults through the clinical mentorship of healthcare providers. Composed of a nurse prescriber and physician, the outreach team visits sites once per month. During the visits, the team consults and supports patients with virological failure, attends to other patients that require special care in the IDCC and onwards, and conducts side-by-side mentoring of medical officers, nurse prescribers, and other healthcare professionals. Didactic sessions are structured around the fundamentals of pediatric and adolescent HIV treatment and care.

Despite the COVID-19 related travel challenges, the Botswana Baylor Trust outreach teams secured Essential Workers' travel permits and conducted monthly visits to Letlhakane Primary Hospital, Rakops Primary Hospital, Sefhare Primary Hospital, Mahalapye District Hospital, Shoshong Clinic, Kanye Main Clinic, Thamaga Primary Hospital, Scottish Livingstone Hospital, Good-hope Primary Hospital, Deborah Retief Memorial Hospital, Mabutsane Clinic, Khakhea Clinics, Kang Clinic, Hukuntsi Primary Hospital, Sedie Clinic, and Letsholathebe Memorial Hospital. A total of 1571 patient consultations were conducted. Of these, 273 were for failing patients, and 1298 with other challenges. A total of 162 healthcare workers including, doctors, nurses, social workers, pharmacists, and other professionals, were mentored.

The feedback shows that the ART site managers and staff highly appreciate the mentorship and clinical support. Going forward, we will mobilise for increased referrals of failing patients. Additionally, outreach teams will also intensify training and mentorship of healthcare workers on ART adherence and psycho-social support for adolescents, young adults, and their caregivers.

VISITING SCHOLARS PROGRAMME

The mission of the Botswana Baylor Trust visiting scholars' programme is to increase understanding of and to build capacity for pediatric HIV and cancer treatment and care globally. The majority of the scholars come from the University of Botswana Medical School in Gaborone and Baylor College of Medicine in Houston, Texas. The visiting scholars spend most of their time in the COE and with the Paediatric Oncology and Haematology ward at Princess Marina Hospital, shadowing and working alongside experienced clinicians and researchers. Some of the scholars spend time with the outreach teams at other ART sites. 54 scholars including residents, medical students, and nurse prescribers participated. International scholars' rotations were temporarily suspended in March 2020 due to the COVID-19 outbreak. The rotations will resume as international travel restrictions are eased.

COLLABORATIVE AFRICAN GENOMICS NETWORK (CAFGEN)

The mission of the Collaborative African Genomic Network (CAfGEN) study, part of the H3Africa Consortium, is to create a collaborative, multidisciplinary, multi-institutional, inter-and intra- country network of scientists, clinicians, and researchers who use genomics approaches to study gene/pathogen interactions for HIV/AIDS, its co-morbidities, and other diseases among diverse pediatric African populations. CAfGEN is funded by the U.S. National Institute of Health. The main implementing partners include the University of Botswana, Baylor College of Medicine Children's Foundation – Eswatini, Makerere University, Baylor College of Medicine Children's Foundation –Uganda and Baylor College of Medicine – Houston. The Ministry of Health and Wellness and the Ministry of Science and Technology are important stakeholders in this initiative.

Starting in 2014, CAfGEN has accomplished most of its aims during the first phase of funding and now is on the second phase of the project. The second phase of the CAfGEN study participant recruitment will be continuing until 2022. The study targets to recruit paediatric and adolescent patients (birth to 25 years). It also aims to expand and recruit a cohort of active tuberculosis (TB) cases and household contacts.

This year, the target of 400 participants was reached, which included 200 long term non-progressors and 200 rapid progressors. The study protocol amendment was approved to increase recruitment to 600 participants in the following year. The challenges encountered this year was the inability to reach the TB target of 20. Only four TB cases and four controls have been recruited.

CAfGEN Community Advisory Board meetings resumed virtually this year. However, other activities that required in-person meetings were suspended. CAfGEN has intensified public engagement and interaction through online platforms such as Twitter (@CAfGEN1) and Facebook (<https://www.facebook.com/cafgen>) accounts.

An important part of this programme included multidisciplinary training of CAfGEN staff. The Botswana Baylor Trust registered as a site for the "Introduction to Monitoring and Evaluation in Global Health" training with the University of Washington - Department of Global Health e-Learning Program. The course began on January 17 to March 30, 2021. A total number of 40 participants from CAfGEN sites (Botswana, Eswatini, and Uganda) enrolled, among these participants, one was from the Botswana Ministry of Health and Wellness. Thirty-nine participants completed the course and graduated. The participants acquired monitoring and evaluation skills through e-learning mode site facilitators, which included facilitation skills and overall communication etiquette.

This multidisciplinary approach was supplemented by other training modules. To be abreast with current international research standards, staff continue to receive online training on Good Clinical Practice through the Collaborative Institutional Training Initiative. Five CAFGEN Ph.D. trainees continued with their studies at the University of Botswana and are currently working on their theses.



The Monitoring and Evaluation training course was attended by staff from various COE departments.

This study is a collaboration of a multidisciplinary team of researchers from the University of Botswana, the University of Pennsylvania, and Botswana Baylor Trust. The 2-year intervention study is funded by the NIH. It aims to design and evaluate a theory-based, developmentally and culturally appropriate, stigma-reduction intervention for adolescents living with HIV (ALWH) in Botswana. The HIV stigma-reduction intervention will be an adaptation of Teen Club, an existing intervention that has been implemented with ALWH 13 to 17 years of age by Botswana Baylor Trust since 2005. The findings from this mixed-methods research, conducted in both rural and urban areas (Molepolole and Gaborone), along with input from a Community Advisory Board will be integrated with Social Cognitive Theory to adapt the existing intervention. This will be followed by a randomized controlled trial to determine the adapted intervention's feasibility and acceptability. Another important goal is to build capacity at the University of Botswana and Botswana Baylor Trust to develop interventions to improve HIV prevention, treatment, and care. We will also conduct a series of Science of Behavior Change workshops for healthcare workers and other service providers in Gaborone and Molepolole. During the reporting period, the study team completed the collection of baseline data from 160 ALWH on their experiences and perspectives regarding the effects of stigma on the health and wellbeing of ALWH.

REDUCING STIGMA TO IMPROVE HIV/AIDS PREVENTION, TREATMENT, AND CARE AMONG ADOLESCENTS LIVING WITH HIV IN BOTSWANA





The Friendship Bench is a youth lay counsellor problem solving therapy-based (PST) technique modelled after an original study conducted in Zimbabwe by Chibanda et al, as a treatment intervention for adolescents showing symptoms of mild to moderate depression, anxiety, or substance use. PST involves talking with a person who has been trained to teach ways to cope with difficulties through a therapy-based counselling session. It helps people adopt ways to achieve goals and reduces depression and anxiety. This study aimed to assess the safety, feasibility and efficacy of an adapted version of the “Friendship Bench”. It targeted the population of adolescents at risk for and living with HIV and was implemented in 5 phases.

In the first phase, a stakeholder group was established that consisted of professionals, youth, parents, educators, and other key informants to adapt the intervention plan to the adolescent population and the setting. The team developed a manuscript in the *Community Mental Health Journal* that described their recommended interventions on supporting lay counsellors by educating and training them and recommending models of care with specific adaptations toward the adolescent and HIV population.

The second and third phase involved pilot testing the interventions on screened youths living with HIV at Baylor clinic. In the fourth and fifth phase, the Friendship Bench model was fully tested on its feasibility and linked trained lay counsellors to HIV positive youth with symptoms of depression, anxiety, and substance abuse.

At the time of this annual report, each of the phases are complete and the data is being analyzed. In our brief review of the data, we found that lay counsellors enjoy their work and feel they are making a difference. Sessions were recorded and the study team assessed their performance through the audio files. The program was found to be safe and effective. Counsellors were found to take their training seriously and as a result, the participants of the program had a noticeable drop in their pre- versus post- participation depression symptoms scores. Both lay counsellors and participants of the study were challenged with rescheduling some sessions due to school or work commitments. Despite these challenges, both counsellors and participants felt empowered by the program and showed a great interest in integrating the service in their communities. Botswana-Baylor hopes that this program can also be integrated into its larger clinic structure.

THE NTEMOGA STUDY/PCNB

Ntemoga Study: Validating a Computerized Neurocognitive Test for HIV-affected Children in Botswana.

Neurocognitive impairments are more common among school-aged children who are HIV affected (i.e. living with HIV (HIV+) or HIV-exposed in utero but uninfected (HEU)). Impairments are most pronounced in the domains of episodic memory, attention, sensorimotor/processing speed and executive functioning. Relevant modules of the Penn Computerized Neurocognitive Battery (PCNB) were culturally adapted for the identification of neurocognitive problems among HIV-affected children in Botswana. The PCNB can be administered by trained lay workers. In the past year, we have completed key aspects of the preliminary validation of the Botswana-version of the PCNB. We assessed the structural validity of the adapted PCNB using confirmatory and exploratory factor analysis (CFA/EFA) evaluating the speed, accuracy, and efficiency of the 13 PCNB subtests. We calculated intraclass correlations coefficients (ICC) with one-way random-effects models, controlling for age and practice effects to assess test-retest reliability. Criterion validity was assessed by comparing PCNB scores to a professional consensus definition of cognitive impairment and calculating area under receiver operating characteristic (ROC) curves. The adapted PCNB took an average of 60-90 minutes to administer. Data from 209 HIV-affected children between the ages of 7-17 years showed acceptable fit with CFA, supporting the design of the battery to measure the domains of episodic memory, complex cognition, sensorimotor/processing speed, and executive function. Sixty-five children completed the PCNB and repeated it within 8-12 weeks; ICCs for overall PCNB accuracy, speed, and efficiency scores (ICCs>0.80) and domain scores (ICCs=0.66-0.88) were within ranges traditionally considered adequate to high. Seventy-two HIV+ children were classified as cases (i.e., with cognitive impairment; N=48) or controls (i.e., without cognitive impairment; N=24). Discrimination between cases and controls using the PCNB was acceptable. Preliminary validity and reliability assessments show promise for the PCNB to be a useful tool to streamline neurocognitive assessments for school-aged HIV+ and HEU children in resource-limited settings. Stakeholder perspectives have also been solicited to help guide the implementation of the PCNB in Botswana after validation is complete. We anticipate completing enrollment of the ~600 child validation cohort to complete assessments of additional aspects of validity in 2022. Ultimately, we expect that the PCNB will allow for detection, characterization and support for children with neurocognitive impairments in Botswana and other resource-limited settings.



PAEDIATRIC HAEMATOLOGY AND ONCOLOGY (PHO) PROGRAMME AT BOTSWANA BAYLOR TRUST

Paediatric Haematology and Oncology (PHO) programme at Botswana Baylor Trust, supported by Global HOPE provided much-needed services despite the COVID-19 pandemic challenges. The Global HOPE (Haematology-Oncology Paediatric Excellence) initiative, a partnership between several institutions, including the Texas Children's Cancer and Haematology Centre and the Botswana-Baylor Children's Centre of Excellence Trust, has improved the care of children with cancer and blood disorders in Botswana since 2007. The programme had steady outpatient and inpatient service attendance. New COVID-19 measures that enhanced patient and staff safety were routine screening and testing for COVID-19, temperature screening, masking, sanitisation, social distancing, work from home, leave and work in shifts, among others. The government implemented measures, such as lockdowns, travel restrictions and curfews, led to a temporary decrease in the number of new patients referred and other patient care-related activities.

The cumulative number of patients attended by the PHO programme from October 1, 2016, to June 30, 2021, according to disease type are shown in Tables 1 and 2.

Table 1. New Paediatric Cancer Diagnoses by Cancer Type

Cancer Type	Number	%
Leukemia	59	22%
Lymphoma	26	10%
Solid Tumor	164	62%
Other	14	5%
Total	263	

Table 2. New Paediatric Hematology Diagnoses

Disease Type	Number	%
Aplastic Anaemia	4	1%
Haemophilia	56	17%
SCD	17	5%
Other Heme	178	53%
Non PHO	82	24%
Total	337	

TRAINING AND CAPACITY BUILDING

Over the past year, training activities were also modified to fit COVID-19 safety measures (travel, hosting group events, etc.) We trained 378 health care workers. The COVID-19 restrictions led to new training approaches such as the hub and spoke model. The key training included childhood cancer, palliative care and hemophilia training. The team readjusted the training strategy to use a train-the-trainer and cascade model to meet the aims and objectives of this project. As a result, health workers from different regions were invited to Princess Marina Hospital for on-site training to empower them to deliver the training content at their institutions. The outcome of this training has led to a greater reach of health workers than earlier planned.

A presentation on Pediatric Palliative Care and Pain Management was conducted at three hospitals, reaching a total of 82 healthcare workers. The training was focused on raising awareness of pediatric palliative care and pain management in children. Healthcare workers were educated on how to identify patients eligible for palliative care, including non-PHO patients, and morphine use on pediatric patients. The presentation helped dispel the common myth that morphine is not safe for use in children.

Additionally, the team has made significant progress on haemophilia healthcare worker outreach training as part of a multi-stakeholder grant from the Novo Nordisk Hemophilia Foundation to expand services for children affected by bleeding disorders in Botswana. The PHO team developed a curriculum to train healthcare workers from disparate parts of the country in the diagnosis and management of haemophilia and held two training sessions on bleeding disorders. The training team was composed of multidisciplinary healthcare professionals from multiple institutions with 20 healthcare workers, deemed Haemophilia Champions from 14 institutions.

In March 2021, members of the PHO team visited Malwelwe Health Post and Kanye Seventh Day Adventist Hospital alongside the Hemophilia Champions from those catchment areas. During these visits, with supportive supervision from the PHO team, the Champions presented lectures on hemophilia to other healthcare workers, consulted on hemophilia patients and demonstrated factor administration. The train-the-trainer model has been a big success, with 28 additional healthcare workers reached by these trainings thus far! The PHO team plans to continue these visits with the hemophilia champions to scale-up capacity building of community health care workers and bring hemophilia care closer to the patients.



Image: Participants engaged in self-cannulation simulation using an IV Trainer so to teach self-infusion to their hemophilia patients.

PALLIATIVE CARE SERVICES

The PHO programme continued to provide palliative care services to patients throughout Botswana. Our palliative care efforts focus on pain management and management of distressing symptoms, caregiver education, and counseling on prognosis for patients with disease progression. The Pediatric Palliative Care team outreach visits were reduced due to COVID-19 travel restrictions. Nonetheless, the team managed to make visits within Greater Gaborone and even to the northern Botswana districts of Serowe, Selebi Phikwe, Francistown and Nata. A total of 16 patients benefited from palliative care home visits.

Additionally, the monthly on-site Palliative Care clinic for both PHO and non-PHO patients served a total of 91 patients. One important aspect to note is that this palliative care clinic does not only include children with cancer and blood disorders due to the paucity of palliative care services in general at PMH. The palliative team participated in the Palliative International Day celebrations with the Ministry of Health and Wellness.

PSYCHOSOCIAL SERVICES

The Thrive Volunteer Program continued to provide supportive care and play therapy to PHO patients in Botswana. The program found creative alternatives to carry on their weekly ward visits and has piloted virtual visits via Zoom since November 2020. Those virtual meetings, led by one Thrive volunteer, have been very successful and have provided wonderful distractions and constructive play time for children while hospitalized. A virtual dance party on the “Jerusalema” dance challenge, which is a global sensation, was organized, as well as several book reading sessions to the oncology ward and to smaller groups for children and mothers. Botswana is now hosting those virtual sessions at least twice a month. All sessions are thoroughly enjoyed by the children in the ward.

Since March 2020, the psychosocial Unit has hosted 17 children play, teen and caregiver support group sessions. These support group sessions are held once a month on different topics. Conversations usually revolve around topics that the groups feel are essential to them.



Images: Left-A Thrive volunteer reads to children and parents via Zoom.
Right-Sewelo Sosome, Social Worker, reads to everyone in the ward classroom.

BEREAVEMENT AND GRIEF SUPPORT

One of the prominent challenges in Botswana is the lack of referral resources for grieving caregivers to access sustainable and consistent psychosocial support. Sadly, many regions in Botswana do not have a structure that helps families in their grieving process. A PHO social worker is bridging this gap by providing in-depth counselling sessions and bereavement support for caregivers and families who have lost a loved one. Over the past year, our caseworker has helped over 40 families by conducting home visits to provide emotional and grief support.

CHILDHOOD CANCER AWARENESS

The PHO programme established relationships with major media companies to increase awareness on childhood cancer and haematology diseases among the general population. Over the past year, some team members participated in TV interviews and have engaged TV, radio stations, and newspaper to deliver PHO awareness messages to the general public all of which are described below.

The 'Tsabotsogo' television programme on Botswana Television chose to highlight the PHO programme. The team spoke about childhood cancer recognition, diagnosis, treatment, and referral and pediatric cancer survivorship. Three mothers and one teenage survivor were also interviewed about their own stories and cancer treatment experience. This was an exciting opportunity to raise public awareness on childhood cancer nationwide.



Image: Dr. Charles Kamanda, a PHO Medical Officer
Medical Officer, during interview with BTV

PATIENT AND FAMILY CENTRED MATERIALS

For over two years now, the PHO team has been working with Mango Tree, a Uganda-based company that specializes in designing culturally appropriate health education tools, to create patient and family-centered educational materials to enhance pediatric oncology knowledge among caregivers and patients.

This past year, Mango Tree and the PHO programme have developed tools and piloted and pre-tested them with the patients and caregivers. Once the tools are complete, they will be translated into the local language and the clinical team will be trained on how to administer the tools. The set of tools include emotion flashcards that depict emotions in a cartoon style to make them easy to identify and understand. These are intended to be used by the social worker during counseling sessions to help facilitate discussions about difficult emotions that patients may be experiencing during the cancer treatment journey. Other tools include a ‘chain game’ to discuss myths and misconceptions about cancer, a ‘decision tree’ to start difficult conversations, and the creation of a mascot to be present throughout the tools. The chosen Mascot is a zebra, the national animal of Botswana.

The process is nearing completion. A “training of trainers” was conducted on March 31st with PHO staff, patients and caregivers. The tools will be finalized in the next months, and PHO programme has started to work on an implementation plan, with the idea of empowering caregivers and older patients to educate their own families and communities about paediatric cancer.

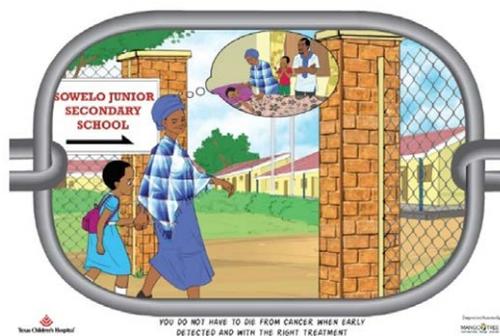
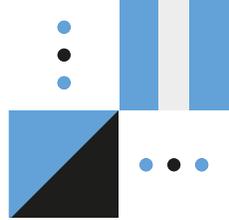


Image: Global HOPE Botswana is partnering with Mango Tree Educational Enterprises, Ltd. to develop culturally appropriate, patient and family-centered health education tools.

Image: Card used in the “chain game” to teach patients and families to discuss the myths and misconceptions about childhood cancer

Image: Example of emotion flash card produced by Mango Tree

FEBRUARY CANCER AWARENESS DAYS – WORLD CANCER DAY AND INTERNATIONAL CHILDHOOD CANCER DAY



In partnership with local stakeholders, PHO programme continued to find creative ways to continue raising awareness for paediatric cancer and blood disorders despite the COVID 19 challenges.

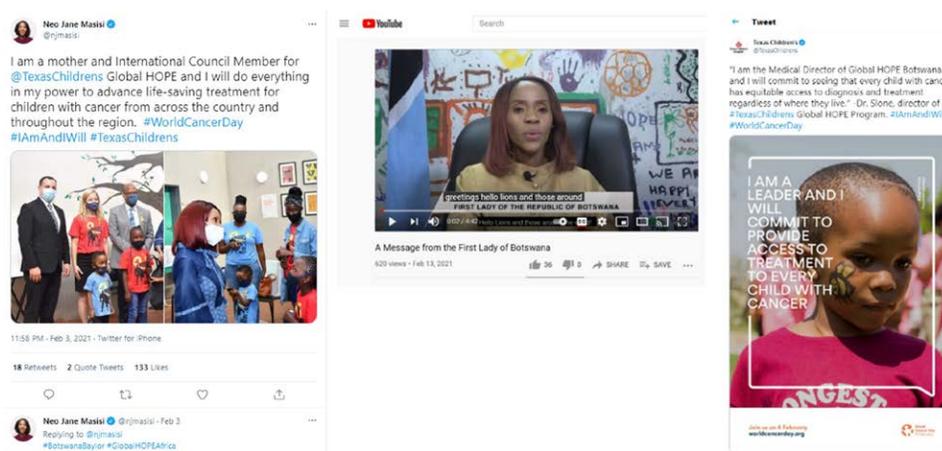
There was a lot of activity surrounding World Cancer Day on February 4th, 2021, and International Childhood Cancer Day on February 15th, 2021. These activities included social media posts with images curated by the PHO programme, Global HOPE team, and shared via First Lady Neo Jane Masisi, Texas Children’s, Union for International Cancer Control (UICC), and international members of the Global HOPE team, among others.

On February 15, Botswana celebrated the International Childhood Cancer Day. This year’s International Childhood Cancer Day’s theme was the “Tree of Life”– a universal symbol of growth and renewal, to send a powerful message that childhood cancer can be cured and that the well-being of survivors can be achieved if all stakeholders continue acting resolutely together in key areas. Lions Club of Phakalane offered special gifts (toys and snacks) to children and families in the paediatric ward.

The collaborative efforts deployed in Botswana to celebrate these cancer awareness days despite the pandemic is a clear demonstration of the strong local communities’ engagement on childhood cancer and blood disorders.

Instead of Remembrance Day to celebrate the lives of patients that passed away this past year, the clinical team partnered with a local artist in Gaborone on a portrait project, called “Palliative Portraits” to support the long-term memory of children on their cancer treatment journey. This project intends to provide families with a keepsake drawing of their child before their diagnosis so that they can have a tangible photo by which they can remember their child.

To date, six portraits have been completed and presented to the families, who were deeply appreciative of the gift to remember their child. Most recently, one portrait was given to the family at the funeral of their child and the family was very touched. Below are several examples of the beautiful portraits given to the families.



Images: Social media posts for World Cancer and International Childhood Cancer Days

ADDITIONAL PROGRAMS

THE GLOBAL HEALTH NETWORK RAISE SYMPOSIUM



The Botswana Baylor Trust staff attending the RAISE Symposium

The **Texas Children's Global Health Network RAISE** (Research. Art. Innovation. Scholarship. Education) Symposium was hosted on the June 28-July 2 virtually. This is the first of its kind with a theme; Forging Ahead: Maintaining Excellence through Teamwork and Innovation. Around 22 abstracts from Botswana Baylor Trust were submitted and presented as oral presentations, e-posters, live Q&A, HIV cases, scientific, program, and project abstracts. The symposium was well attended, educational, engaging and received very positive reviews.

THE 22ND NETWORK MEETING



COE Staff during the 22nd BIPAI Virtual Network meeting

The 22nd annual Network meeting was held on the 10-13 November 2020. Due to the COVID-19 pandemic, this was hosted virtually. All of the Global Health Network Foundations were represented. We set up different locations where staff could attend within the COE: boardroom, classroom and individual offices. Botswana Baylor Trust senior medical officer Dr. John Farirai gave a presentation on 'Dolutegravir: Still the future of paediatric care?' where he discussed Botswana Baylor Trust's experience with DTG and their plans for expanding usage. On the third day of the meeting, the COE Executive Director Dr Mogomotsi Matshaba shared with participants about his experience on the COVID-19 national response. He is serving as a scientific advisor to the Botswana's Presidential COVID19 Task Force which was established by His Excellency President Mokgweetsi Eric Keabetswe Masisi.

FORMER BOTSWANA AMBASSADOR TO THE US VISIT TO THE COE



COE Staff and Ambassador John Newman

On January 27th, we were privileged to be visited by the former Botswana Ambassador to the United States, Ambassador David John Newman. Ambassador Newman, Texas Children's Hospital Consultant and is a member of Global HOPE's Campaign Executive Committee (CEC). We had the opportunity to share with him a wide range of services offered through the Botswana Baylor Trust Children's Clinical Centre of Excellence and the Global HOPE programme support at the centre including a tour around Botswana Baylor Trust and the Princess Marina Hospital campus.

SUSTAINABLE DEVELOPMENT GOALS

SDG2.

End Hunger achieve food security and improve nutrition habits.



Pediatric hematology and oncology (PHO) patients were given home visits and In-Reach services that dealt with challenges of food insecurity.

SDG3.

Guarantee healthy life and promote wellbeing for all ages.



The COE provided counseling, care, and support services to Botswana Baylor patients and their families. These include the adolescent programmes such as Teen Club, adherence and support counseling and home visits from our social workers.

SDG 4.

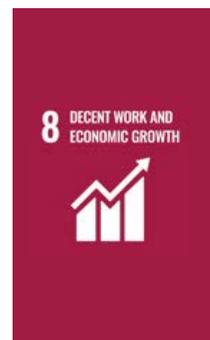
Ensure inclusive, equitable and quality education and promote lifelong learning opportunities for all.



The COE continued to provide virtual tutoring to 13 Botswana-Baylor patients in partnership with Botho University students. Out of school youth and young mothers were linked to/ helped to access opportunities for technical vocational and higher education. We also developed health education tools for patients and their families in partnership with mango tree.

SDG 8.

Promote sustained economic growth higher levels of productivity and technological innovation.



The Finding the Leader Within programme targets out-of-school and unemployed youth between the ages of 16-25 years.

The six-month curriculum focuses on leadership development, career and vocational guidance, healthy and productive lifestyle, financial literacy, information and technology skills, entrepreneurship, and employability pathways.

SDG 17.

Strengthen the means of implementation and revitalize the global partnership for sustainable development.



Strategic partnerships were built with UNICEF for psychosocial services, the Botswana government, and our global BIPAI network. Established initiatives from these partnerships include the Global HOPE programme and the Visiting Scholars programme.

COVID-19 PANDEMIC AND RESPONSE

The COVID-19 pandemic was an unfortunate international emergency, which Botswana Baylor Children's Clinical Centre of Excellence responded to during the last year.

Challenges faced during this period included reducing overcrowding in the clinic and accommodating COVID-19 protective measures in the clinic, while ensuring that the quality of patient care and services available were not significantly disrupted. Furthermore, the increased levels of anxiety among staff and clients regarding the condition and its' potential consequences were at times quite overwhelming.

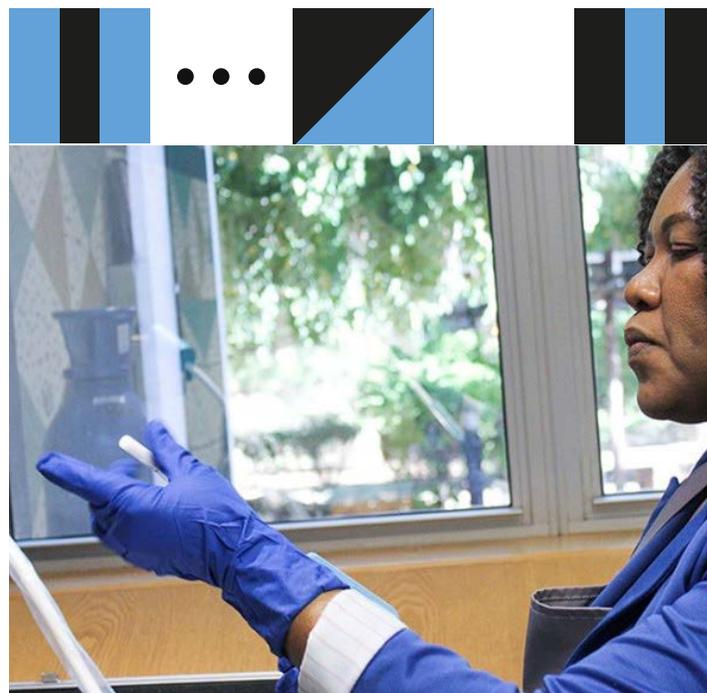
To address these concerns, an in-house COVID-19 response committee comprising of clinical and non-clinical staff was created. Regular meetings were held to discuss the current challenges and formulate potential solutions which were delegated to the assigned departments and officers. Later, Botswana Baylor Trust developed Standard Operating Procedures and trained staff on how to provide services to individuals and families affected by HIV and childhood cancer without putting themselves and the clients at risk.

COVID-19 testing was set up in an office outside the main building after selected staff attended training conducted by the regional COVID-19 testing team. Staff testing commenced with PCR testing. Any staff member who reported flu like symptoms was encouraged to get tested and treatment was provided. They were then sent home awaiting results. Patients at the clinic were similarly managed and those who very ill were referred to the designated hospital for the management of acutely ill patients with COVID-19. Antigen rapid testing of COVID-19 was also made available a few months later.



Image: To prevent the spread of COVID-19, the COE issued Standard Operating Procedures on the frequency of cleaning and disinfection of surfaces in the clinic.

Daily sanitising of the COE took place multiple times each day at periodic intervals. A daily COVID-19 announcement that reminded all staff about the dangers of this potentially fatal condition and preventive measures was read out. The principles of social distancing, wearing of masks and washing of hands or sanitizing became the mainstay of daily life at the COE. A monthly supply of masks was provided for every staff member and personalized bottles of sanitizer were made available. We are grateful for the Allan & Gill Gray Philanthropy, Baylor College of Medicine and Ministry of Health and Wellness funding which supported procurement of PPE and other equipment.



To reduce congestion in the clinic, a differentiated care model known as fast tracking of patients was implemented, allowing stable and healthy clients with no illness or complaints to complete their visit rapidly thereby reducing their potential exposure to COVID-19 at the COE. ART and other medicines were delivered to the homes of some patients who were in quarantine or isolation.

Essential workers' travel permits enabled staff to travel to other districts to provide Inreach and outreach services. Counselling and psychosocial support services were provided to some patients and families by phone or other online platforms. However, we faced challenges with virtual service delivery including mobilising the patients and their families to adapt to using virtual platforms to connect and interact with service providers; and difficulty connecting with those who did not have phones or internet access.

Employees of the COE were also encouraged to receive their vaccination as soon as they were eligible. Vaccines were administered at the nearby Tertiary Hospital (Princess Marina) ensuring that there was no disruption to the daily affairs of the organization. The majority of the employees of the COE are fully vaccinated with two doses of AstraZeneca, Johnson and Johnson Sinovac or Pfizer.

TESTIMONIES FROM BOTSWANA BAYLOR TRUST STAFF AND A CAREGIVER



Dr. Abhilash C Sathyamoorthi-
Senior Medical Officer



I have worked with the Botswana-Baylor Children's Clinical Centre of Excellence for over a decade. During my time here, I have had the opportunity to work with colleagues from different parts of the world. The Centre of Excellence is truly a multicultural environment, with people of different ethnicities and nationalities. The day-to-day environment has always been friendly and warm with a high level of compassion towards one another. The feeling of being family at the COE makes it easy to work here. In addition, the diverse roles an employee can be involved in at the Centre of Excellence makes the work interesting and intellectually stimulating. There is a very good support system at the Centre of Excellence with respect and trust towards all. Furthermore, the Global Health Network of centers of excellence are a great resource and team that support employees in all aspects of professional practice. Their continuing involvement is a huge plus when considering career prospects.

Overall, the Centre of Excellence is a pleasant and happy place to be and I am glad to be affiliated with this institution.



Andries Gontshwanetse-PHO
Clinic Manager



Working for the COE feels like being part of a close-knit family. The COE is an organization where everyone is close to everyone and the fact that we are all making a noticeable contribution towards the organization's goals really pulls all staff together. Here at Botswana Baylor Trust things are different: educational support and research supplements practical work. It is part of my mandate that I learn as I mentor and educate people. At Botswana Baylor Trust, I still have an opportunity to contribute to the government health care system. I am an integral part of Princess Marina Hospital (PMH), a place where I worked and developed so many relations. My current work is a continuation of where I stopped when I was in PMH.

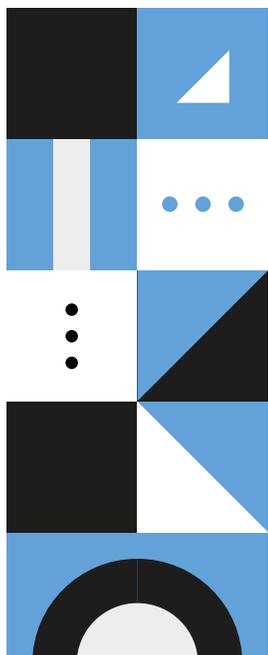
I quickly got acclimatized to the COE because it was not a new environment to me. The staff were new to me, but I managed to form good relations with my colleagues. I really feel at home when working here and I love being

here. I came to the COE during the time when the whole world was in challenge; when I got hired here my expectations was to have a team of nurses that I would be working with in order to execute my duties fully. But unfortunately, I came when the whole nation was challenged with a shortage of nurses. Working without a team of nurses was a challenge but I am thankful to the respectable relations with staff from the pediatric medical ward where we admit our children. This experience helped me work hand-in-hand with the staff to execute children's care and services in pediatric hematology and oncology. Finally, leadership at Botswana Baylor Trust has an open-door policy, which I find to be helpful and interesting. For someone who is middle management, I appreciate being able to easily access help or guidance from my colleagues when I need it. For me, this cultivates my professional growth which I am grateful for.

Fear Forgotten

A father of a Botswana Baylor Trust patient looks back at some of his challenges in caring for his son and how Baylor has supported him over the years.

My child started coming to Botswana Baylor Trust in 2009. At first, I didn't know what was wrong with him. He had wounds in his ears and lost a lot of weight. His mother and I were separated at this point, and she had not told me that she was sick. I took the child to live with me and brought him to Baylor. When we first got here, the Botswana Baylor Trust staff examined my child and told me that he is HIV-positive. They started him on treatment as part of the BANA Trial. He began to get better and gain back the lost weight.



There is so much love and the staff just know how to work with kids and create a welcoming environment.

I disclosed to him when he was 10 years old. We talked about it, and I took him for counseling. Even now, he goes for counseling at Botswana Baylor Trust and because of that he doesn't hide his medication. Sometimes he even reminds me that it is time for him to take his pills! Also, he now understands HIV and can even explain it to others.

At one point my son was malnourished and that was very hard, but Botswana Baylor Trust gave him food supplements which helped. After this, I was able to start buying the food myself. The biggest challenge of being a caregiver of an HIV-positive adolescent is if you are not working the child cannot eat healthy because you cannot afford to buy the food. However, I am now working so I no longer have that challenge.

Everyone at Botswana Baylor Trust works extremely hard. They consistently give me reports on how my son is doing and whenever someone launches a complaint, they sit down with that individual and talk through it with them. The staff come to work very early so that the patients don't have to wait long. They even prioritize seeing school kids so that the kids can go back to school and write their exams. The staff at Botswana Baylor Trust are not just focused on the patients' physical health but also care about other aspects of their life such as academics, mental health, and social relationships.

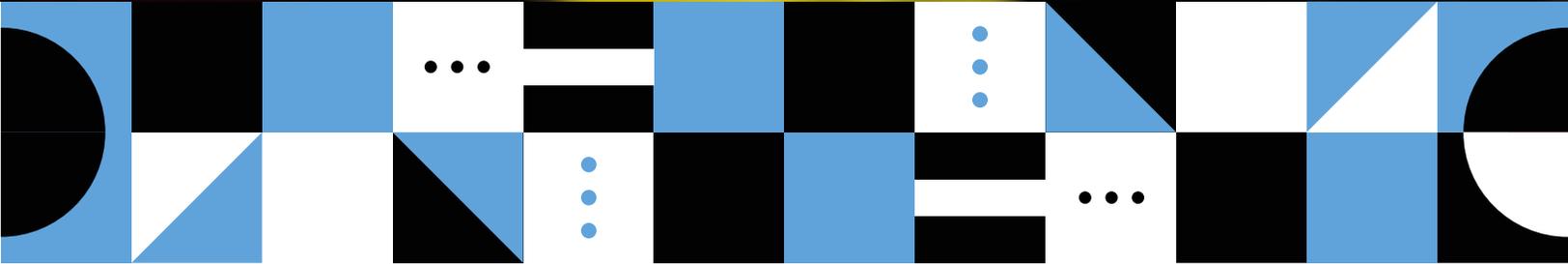
The doctors are very patient with the kids and treat them with respect. There is so much love and the staff just know how to work with kids and create a welcoming environment. I do not fear anything for my son's future. I think that he lives like anyone else, and HIV does not define him. I think that if all clinics were like Botswana Baylor Trust, there would be good results everywhere.



BOTSWANA-BAYLOR CHILDREN'S CLINICAL CENTRE OF EXCELLENCE

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Global Health
Network

