Baylor College of Medicine Children's Foundation, Malawi

Tingathe program

Financial Year 19 Quarter One (FY19Q1) progress report

October 1 – December 31, 2018

A Tingathe Community Health Worker weighs a child at the ART clinic at Area 25 Health Center in Lilongwe, Malawi

Tingathe program

Technical Support to PEPFAR Programs in the Southern Africa Region (TSP) project

Cooperative Agreement: AID-674-A-16-00003

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CHW	Community Health Worker
COE	Clinical Centre of Excellence
CPD	Continuing Professional Development
DHO	District Health Office/Officer
DSD	Differentiated Service Delivery
EAC	Enhanced Adherence Counseling
EID	Early Infant Diagnosis
FRS	Family Referral Slip
FSW	Female Sex Worker
FY	Fiscal Year
GBV	Gender Based Violence
HAD	HIV Diagnostic Assistants
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
IAC	Intensive Adherence Counseling
ICT	Index Case Testing
IPD	In-Patient Department
IPT	Isoniazid Preventive Therapy
KP	Key Population
LMS	Laboratory Management System
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NRU	Nutritional Rehabilitation Unit
OPD	Outpatient Department
OTP	Outpatient Therapeutic Program
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
POA	Plan of Action
PSI	Populations Services International
PSS	Psychosocial Support Services
QA	Quality Assurance

QI	Quality Improvement
RHAP	Regional HIV and AIDS Program
SFP	Supplemental Feeding Program
SIMS	Site Improvement through Monitoring System
SO	Strategic Objective
STI	Sexually Transmitted Infection
TB	Tuberculosis
TCT	Targeted Community Testing
TSP	Technical Support to PEPFAR Programs in the Southern Africa Region
USAID	U.S. Agency for International Development
VAPN	Voluntary Assisted Partner Notification

Executive Summary

The Tingathe program, implemented by Baylor College of Medicine Children's Foundation Malawi under the Technical Support for PEPFAR Programs in Southern Africa (TSP) project, is pleased to present its quarterly progress report for the period October 1 to December 31, 2018.

The overarching goal of the Tingathe program is to control the HIV epidemic by reaching the UNAIDS 95-95-95 targets by 2020 through care and treatment, prevention and health systems strengthening approaches. Tingathe is supporting 120 health facilities in seven districts, applying five key approaches: index case testing, HIV self-testing, retention and adherence, viral load scale up and TB/HIV identification and management.

Key achievements[1] in quarter one include:

Active Case Finding: From October to December 2018, the Tingathe program identified **7,745 new HIV-positive clients**, representing a program yield of **2.9%**.

Active Linkage and Retention: There were **7,103** individuals initiated on life-saving antiretroviral therapy (ART), with an approximate proxy linkage of **92%**.

Viral Suppression: Viral suppression at Tingathe supported sites is **82%** according to Laboratory Information Management Systems (LIMS) data (October – December 2018).

Health Systems Strengthening: Tingathe provided bi-monthly Teen Club support to 59 sites in six districts. A Teen Club register was introduced in these sites to strengthen data monitoring.

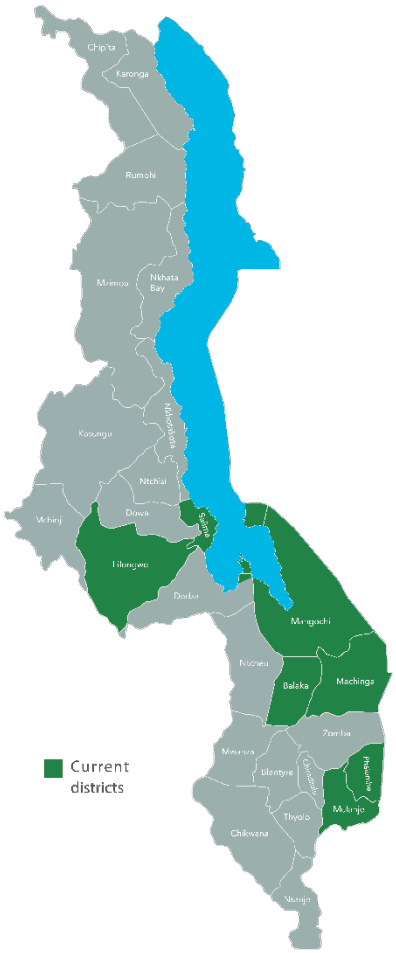
Prevention: Tingathe initiated gender-based violence (GBV) services in six sites in Machinga district and 47 cases were attended to in quarter one.

Cervical Cancer: Tingathe initiated cervical cancer screening services at nine sites in six districts: Mangochi, Machinga, Phalombe, Balaka, Salima and Mulanje districts. Supplies were purchased and negotiation for space was started. Providers from all districts were trained and thermocoagulators were obtained and providers trained in their use for all facilities. Community health workers were oriented to cervical cancer screening and facilities started referring women from ART clinic to VIA and fast tracking them for ART services. Nurses were hired to provide daily VIA at Mulanje DHO, Machinga DHO and Mangochi DHO.

[1] Data source: Tingathe program data

Tingathe Overview

TSP is a five-year (2016-2021) cooperative agreement between Baylor College of Medicine Children's Foundation Malawi (Baylor-Malawi) and the USAID Regional HIV and AIDS Program (RHAP). TSP covers ten countries, with an aim to reduce the impact of HIV and AIDS and attain the ambitious UNAIDS 95-95-95 goals, and to build capacity of country teams to eventually take full ownership of the programs.



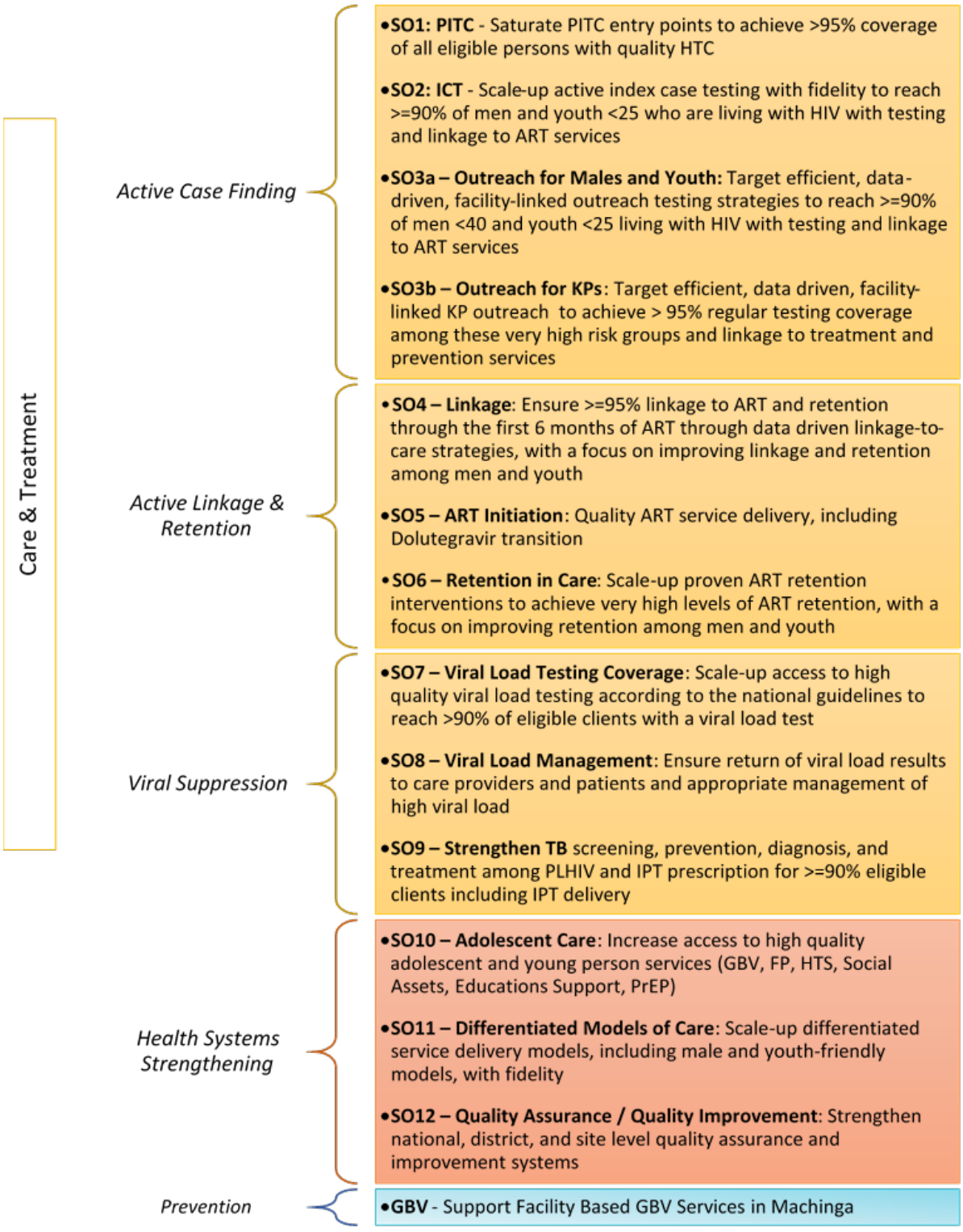
Baylor-Malawi is a locally registered trust with a majority local Malawian Board of Directors. Under the leadership of Executive Director Dr. Peter Kazembe, Baylor-Malawi was the first organization to provide ART for children in Malawi starting in 2004 and is the country's largest provider of pediatric HIV care, with over 25,000 patients enrolled at the Clinical Center of Excellence (COE) and its satellite clinics. Baylor-Malawi has been a USAID care and treatment partner since 2010. Over the past five years, Baylor-Malawi has successfully managed over $30 million in funding, with $18 million from USAID. Baylor-Malawi has a diverse portfolio of clinical, training, program delivery, research, and policy activities for integrated and comprehensive pediatric and family-based HIV care.

Baylor-Malawi has a long-standing clinical mentorship and health systems strengthening program with the Ministry of Health (MOH) and an international reputation for innovative evidence-based HIV service delivery programming. In 2007, Baylor-Malawi developed a novel program to use community health workers (CHWs) to conduct pediatric case finding and provide adherence support for HIV-infected pregnant women. Called 'Tingathe', within two years the program resulted in an over 20-fold increase in the rate of pediatric HIV enrollment (from 50 patients to over 2,000 at three initial sites) and improvement in retention of mother-infant pairs from less than 20% to over 80%. Since 2010, USAID has supported Tingathe program expansion from three pilot sites to 120 sites in seven districts in Malawi. With a broad and diverse research portfolio, Baylor-Malawi advances clinical management of pediatric HIV and demonstrates, via operational research, program delivery successes and lessons learned. For over 10 years, Baylor-Malawi has assisted the MOH and influenced policy to improve prevention of mother-to-child transmission (PMTCT), early infant diagnosis (EID), and both pediatric and adult HIV care and treatment services, including early guidance on national scale pediatric HIV management, simplification of eligibility criteria allowing non-pediatrician clinicians and nurses to initiate treatment, and simplified management guidelines for pediatric patients.

With the TSP program, Baylor-Malawi is well positioned to continue to support USAID, PEPFAR and the Malawi MOH in the quest towards HIV epidemic control. With 10 years of experience supporting quality HIV service delivery in Malawi, the Baylor-Malawi team is comprised of a unique combination of skilled, motivated technical staff backed by a strong operations team with experience at national, district, facility and community levels. Baylor-Malawi's success is

derived from developing and building leadership at the community level, with a focus on building local capacity by training and supporting lay health workers to deliver high quality services at health facilities and in communities, and developing the skills of health care workers and the systems intrinsic to effective program delivery through a highly experienced mentorship team.

Tingathe FY19 strategic objectives



Program Summary

Indicator	Annual target	Quarter one results	% of annual target achieved to date
HTS_TST	621,926	265,826	43%
HTS_TST_POS	32,117	7,745	24%
TX_NEW	34,284	7,103	21%

The Tingathe program exceeded the quarterly testing target and has been working on optimizing case finding strategies to identify more people living with HIV and improve on the number of people initiated on treatment. During this reporting period, Tingathe achieved 96% of the quarterly target on HIV case identification and 83% of the quarterly target for those initiated on treatment. The program results section below highlights the progress and achievements on activities implemented to achieve targets.

Program Results

Active Case Finding

SO #	SO	Explanation
1	PITC	Saturate PITC entry points to achieve >95% coverage of all eligible persons with quality HTC
2	ICT	Scale-up active index case testing with fidelity to reach >=90% of men and youth <25 who are living with HIV with testing and linkage to ART services
3a	Outreach for males and youth	Target efficient, data-driven, facility-linked outreach testing strategies to reach >=90% of men <40 and youth <25 living with HIV with testing and linkage to ART services
3b	Outreach for KPs	Target efficient, data driven, facility-linked KP outreach to achieve > 95% regular testing coverage among these very high-risk groups and linkage to treatment and prevention services

Tingathe identified 7,745 people living with HIV through the application of multiple case finding approaches, including provider-initiated testing and counselling (PITC), index case testing (ICT) and targeted community testing (TCT). These approaches use Community Health Workers (CHWs) and HIV Diagnostic Assistants (HDAs) to provide testing and counselling.

SO 1 - PITC: Implementation progress

Tingathe implemented PITC, with coverage of over 90% and an average yield of 3.8% for all entry points. Several strategies were used to optimize PITC:

1. Screening of clients at all entry points to identify and offer PITC to those eligible for HIV testing at all supported health facilities. CHWs and HDAs screened clients' health passport books and offered HIV testing to those who were eligible after providing health education on the importance of HIV testing at all waiting areas in outpatient and inpatient departments. The eligibility criteria for offering PITC included those who had never tested, those who had a negative HIV test result more than three months ago, and those who stated that they had tested for HIV but the result was not documented. Clients willing to test for HIV were escorted to the nearest room offering HIV testing services (HTS).

   Mangochi district and some sites in Machinga district tracked outpatient department (OPD) screening and testing coverage through the use of OPD screening tally sheets. Sites identified gaps in HIV screening coverage and developed strategies for improvement.

2. Coding in the HTC register
   Coding was introduced in the HIV testing and counselling (HTC) register in all supported sites to identify strategies with the highest yield. Coding has been implemented in Mangochi district since FY18 and is demonstrated to be useful in helping sites focus on high-yield strategies that help them identify more HIV-positive cases. Testing data is collected from all sites on a monthly basis, and performance feedback is given to sites through feedback loop meetings.

3. Early morning testing
   Early morning testing is offered by HDAs from 6 am at MOH supported sites and 7 am at some Christian Health Association in Malawi (CHAM) sites across the seven districts. This service allows clients to access HTS before clinical consultations start at 8 am, relieving client burden and delays caused by the limited number of HTS rooms. Some sites used consultation rooms to create additional space for testing. Read more on this approach and results achieved in the Success Story section.

4. Weekend testing

   HTS is provided by HDAs on Saturday mornings when the OPD is open in 100 of 120 supported sites.[2] CHWs provided health education to clients on the availability of testing services during the weekend, every morning at the OPD waiting area, and during screening of index clients. Saturday testing was promoted as a family day and

[2] This includes 36 in Mangochi, 14 in Balaka, 11 in Salima, 3 in Lilongwe, 1 in Machinga, 22 in Mulanje and 13 in Phalombe.

Family Testing Day posters are displayed in waiting areas to increase awareness on the availability of HTS on Saturdays.

One ART provider is available during the weekend at each site to ensure that HIV-diagnosed clients are linked to care and clients who agree to start ART are initiated immediately. MOH ART providers are provided a lunch allowance for working during the weekend, while Tingathe HDAs receive a day off to compensate for the time worked.

5. Maintaining high PITC coverage

The PITC Plan of Action (POA) is a quality improvement tool developed by Tingathe to enhance the provision of PITC at all entry points within supported sites. The PITC POA has been implemented in Mangochi, Balaka, Salima and Lilongwe districts, and Tingathe will conduct orientation on the tool in Machinga, Mulanje, and Phalombe districts in quarter two. Tingathe mentors facilitated the development, implementation, and review of site-level POAs, which ensured consistency in PITC as well as HTS.

The use of Tingathe PITC registers and monthly reports facilitated the monitoring of PITC coverage in all supported districts, with monthly assessment of results and development of plans to improve coverage. Malawi MOH introduced new inpatient registers with a column for documentation of clients' HIV status. Tingathe is supporting the roll-out of this process and working with MOH to address documentation and reporting challenges associated with the new registers.

Tingathe trained and deployed 18 site supervisors in Machinga, Mulanje, and Phalombe districts, who work hand-in-hand with mentors to supervise HDAs and CHWs in the provision of PITC. A total of 158 HDAs and 232 CHWs from these three districts were trained to provide PITC services in quarter one. Among them, site-level focal persons were selected to lead in monitoring various programmatic areas, including PITC.

6. HIV self-testing

HIV self-testing service will be introduced in all sites in Machinga and Mangochi districts in January 2019, targeting youth and men. Clients will be able to conduct their own HIV testing and read the results at their convenience. Those who have an HIV-positive result are encouraged to come to the facility for a confirmatory rapid HIV test, as HIV self-testing will be used as a screening tool. In preparation for this service, 42 CHWs (21 in each district) were trained as distributors of HIV self-test kits. Tingathe staff are providing technical assistance to the ministry HTS department as they develop new guidelines, SOPs, and tools to support the self-testing roll-out.

SO 2 - ICT: Implementation progress

Tingathe continued to offer Family Referral Slips (FRS) to all HIV-diagnosed clients with untested contacts both at the HTS and ART clinic in all seven supported districts. HDAs screened HIV-diagnosed clients in the HTS room, while CHWs screened ART clients at the ART clinic. Rollout of ICT services will continue in Machinga, Mulanje, and Phalombe districts in quarter two. Both CHWs and HDAs provided health education at HTS and ART waiting areas on the importance of family testing, which contributed to increased acceptability of FRS by HIV-diagnosed clients. CHWs followed up index clients who did not bring their contacts for testing after two weeks, prioritizing index clients with high viral loads and untested sexual partners. ICT focal persons at each site compiled the names of index clients, clustered them by location, and allocated them to CHWs for follow-up. In quarter one, the FRS return rate was 27% and testing yield was 18%. ICT registers were used to track completed referrals of index case contacts.

Table 1: ICT data from seven Tingathe-supported districts: quarter one

ICT data point	ICT data
Clients tested and screened	3,337
Contacts listed	6,293
Contacts returning for testing	1,741
New HIV-positive clients	259
Yield	18%

ICT from October to December 2018 resulted in more male sexual partners tested (22% of all contacts tested), than female sexual partners (14% of all contacts tested). Male sexual partners constituted 48% of the total number of HIV-positive clients identified, with a yield of 32%. Testing of female sexual partners resulted in a 28% yield and children had an overall 6% yield.

Table 2: ICT contact testing and yield by gender and age: quarter one

	# of contacts tested	# of new HIV-positive clients	Yield
Sexual partner: male	385	124	32%
Sexual partner: female	259	73	28%
Child: male	496	32	6.5%
Child: female	601	30	5.0%

Total	1,741	259	18%

Implementation of voluntary assisted partner notification (VAPN) approaches to index case testing were introduced at two sites in Mangochi district (Koche Health Center and Mangochi District Hospital) and at four sites in Machinga district (Machinga District Hospital and Nsanama, Ntaja and Ngokwe Health Centers) under a VAPN study protocol led by USAID and CDC. Through assisted partner notification approaches, providers will assist index clients in inviting their partners to access HTS. Mangochi started implementation in November 2018 and Machinga began implementation in December 2018. Five providers from each site were trained for three days on the VAPN study approach. In Mangochi district, 21 index clients have been enrolled in the VAPN study, with dual referral as the most frequently-selected referral approach. Finding private space to offer VAPN services is a challenge in the sites and we have worked with facility staff to move some services and rearrange areas to create private spaces.

SO 3a - Outreach for males and youth: Implementation progress

Tingathe provided HTS to youth at all facilities with Youth Supporter providing additional support at their facilities. Tingathe worked in collaboration with community partners, including World Vision, Population Services International (PSI), and PACT Malawi, to implement outreach and targeted community testing (TCT) events for youth. Several of these events were very low yield and as such these communities will not be targeted in q2..

Table 3: TCT and outreach events conducted in quarter one

TCT and outreach events conducted in quarter one									
District	Event	Target population	Location	Number tested			Total positive	Yield	Collaborating partners
				Total	M	F			
Mangochi	Outreach	Youth	Chiponde	31	-	-	0	0%	Kajeko Youth Club
	Outreach	-	Monkey Bay Community Hospital	121	-	-	8	6%	
	TCT	Adolescent girls	-	137	0	137	3	2.0%	
	16 TCT events	Fisherfolk	-	749	532	217	41	5.5%	PACT Malawi
	TCT	School teachers	-	4	2	2	0	0%	
	TCT	Estate workers		15	15	0	0	0%	
	TCT	Female sex workers (FSW)	Cape Maclear	150	36	114	20	13%	Pakachere
Machinga	Outreach	General population	Mbonechera	16	-	-	6	37.5%	
	Outreach	General population	Gawanani	12	-	-	2	16.7%	
	Outreach	Men and FSW	Ntaja	17	-	-	4	23.5%	

Male involvement was encouraged through health talks in antenatal care units in all supported sites across the seven districts. Ntimabii and Malombe Health Centers in Mangochi district are working with local chiefs who have put in place bylaws that promote male involvement.

Namwera Health Center in Mangochi district implemented a male health screening day where men were offered a wide range of screening services, including HIV testing. Ten men attended the clinic, none of whom tested HIV-positive. Mangochi district is also implementing male testing days on Saturdays at eight supported sites.

SO 3b - Outreach for KPs: Implementation progress

Eight TCT events were conducted with sex workers in Mangochi district and one in Machinga district to improve access to HTS. These events were held in collaboration with Pakachere and PSI. In Mangochi, 150 people were tested: 114 females and 36 males. Twenty people were diagnosed as HIV-positive, a yield of 13%. In Machinga, 17 people were tested, out of which four tested HIV-positive (23.5% yield).

Active Case Finding challenges and responses

- Community members at some sites in the new districts objected to PITC screening, as they felt that clients were being forced to test. Tingathe arranged meetings with community leaders to orient them on the benefits of PITC and clarify the approaches used to ensure that all clients fully understand the concept of voluntary testing.
- Uptake of early morning testing has been slow in some sites in the new districts, especially at CHAM facilities, as the communities are not yet fully aware of this service. CHWs will focus on sensitizing communities about the service in quarter two.
- Use of the new OPD register remains challenging. The registers were distributed in quarter one, but some providers are refusing to use it because they have not been oriented by MOH. Some data clerks have shown resistance in recording the HIV status of clients in the register. District Health Offices have begun providing orientation on the new registers. Tingathe has provided orientation to all districts on the registers to help implementation however some staff are still resistant as they didn't receive the full DSA. Training has not been completed in Phalombe as the district wants a multi-day training of all providers.
- There is limited space for testing in some sites. The tents previously provided for additional testing space in Mangochi can no longer be used due to rain. Tingathe mentors are engaging site authorities to identify rooms that could serve as additional testing space.
- Delayed deployment of site supervisors in the new districts has affected some sites' performance. A total of 18 site supervisors were deployed in quarter one, and a group of 25 site supervisors will be deployed at the end of February, after a week of training.

- Frequent OPD closures in most sites resulted in a loss of clients who may be eligible for testing. Site supervisors immediately report OPD closures to Tingathe district leadership, who work closely with District Management to address the issue and ensure that services reopen in a timely fashion.
- Mobile populations in Mangochi (due to fishing and travel outside Malawi) present a challenge for follow-up of ICT contacts. Tingathe is working to prioritize new clients in the ICT register for more rapid follow-up, strengthening counselling content, and working with community partners to identify strategies to better identify and trace these clients.

Active Case Finding activities in the next quarter

All districts

- Prioritize clients with a high viral load and new diagnosis for ICT follow-up
-
- Continue excellent PITC coverage at facilities
- Expand targeted community testing to reach populations with limited access to HTS

Mulanje, and Phalombe districts

- Develop site-level PITC Plans of Action to optimize PITC in supported sites
- Coordinate with key populations and community partners to conduct hot spot mapping for implementation of targeted community testing
- Create awareness among community members about PITC services

Mangochi district

- Scale up youth testing days
- Conduct VAPN readiness assessments at all supported sites, train staff and roll out assisted partner notification services to all eligible sites
- Roll out of self-testing

Machinga district

- Integrate HTS and outreach in sites with limited hotspots
- Procure tents for sites with limited testing space
- Recruit additional HDAs and remaining site supervisors
- Conduct VAPN readiness assessments at all supported sites, train staff and roll out assisted partner notification services to all eligible sites
- Roll out self-testing services

Salima district

- Mentors and HTS focal persons to supervise and improve documentation in HTS registers
- Facilitate monthly site-level data feedback meeting with staff to collectively reflect on facility performance and plan for the next month

Balaka district

- Implement cluster testing (testing a number of index contacts at one place) during follow-up of index clients to reduce the potential for stigma and discrimination

Active Linkage and Retention

SO #	SO	Explanation
4	Linkage	Ensure >=95% linkage to ART and retention through the first 6 months of ART through data driven linkage-to-care strategies, with a focus on improving linkage and retention among men and youth
5	ART initiation	Quality ART service delivery, including Dolutegravir transition
6	Retention in care	Scale-up proven ART retention interventions to achieve very high levels of ART retention, with a focus on improving retention among men and youth

SO 4 - Linkage: Implementation progress

From October to December 2018, there were 7,103 individuals initiated on life-saving antiretroviral therapy (ART), with an approximate proxy linkage of 92% (7,103 initiated/7,745 diagnosed). The linkage rate for males and females aged 15-19 years and males 20-24 years is low, below 80%. Tingathe program is implementing the youth supporter program, teen club and testing initiatives for the youth that facilitate messaging and support to the youth to address their challenges. Youth supporters are youthful CHWs with interest in care of young people who received additional training on care of adolescents and young people and work as support and navigators for them at the health facility. Other age groups of focus to improve linkage include females' 20-24years and males' 10-14years and 25 – 39 years.

Table 4: Linkage by age and sex: quarter one

Sex	Age	New Pos	New on ART	Proxy Linkage
FEMALE	Unknown age	2	13	650%
	<1		12	N/A
	1-4	48	54	113%
	5-9	29	23	79%
	10-14	47	54	115%
	15-19	187	129	69%
	20-24	478	439	92%
	25-29	501	465	93%
	30-34	337	322	96%
	35-39	291	267	92%
	40-44	128	132	103%
	44-49	88	97	110%
	50+	125	136	109%
MALE	Unknown age		4	N/A
	<1	2	7	350%
	1-4	50	59	118%
	5-9	29	30	103%
	10-14	37	30	81%
	15-19	24	19	79%
	20-24	100	76	76%
	25-29	177	156	88%

	30-34	241	221	92%
	35-39	256	236	92%
	40-44	162	160	99%
	44-49	134	126	94%
	50+	121	131	108%
Total		3,594	3,398	95%

CHWs escort clients for ART initiation, provide pre-ART education and follow up clients who miss appointments and defaulters. During quarter one, 232 CHWs were trained and deployed to sites in Machinga, Mulanje, and Phalombe districts. All supported sites use ART referral registers to document HIV-diagnosed clients for follow-up. Appointment registers are used to enhance clinic bookings for ART clients and facilitate identification of clients who miss appointments. CHWs follow up clients who do not start ART within two weeks of HIV diagnosis or miss their clinic appointment date by two weeks. Client follow-up is done through phone calls or home visits to those who have consented to be visited at home. Linkage focal persons (a selected CHW at each site) monitor progress and report the number of clients linked out of the total number of HIV-positive clients identified each week to the site supervisor.

SO 5 - ART initiation: Implementation progress

The majority of Tingathe supported sites across the seven districts provide same-day ART initiation. Tingathe is supporting the MOH to transition all male ART clients weighing 30 kgs and above, all females above 45 years, and women under 45 years who are on permanent family planning, to Dolutegravir-based treatment from January 2019. Clients are provided health talks during the ART clinics and eligibility has been documented in client health passports and MasterCards. Tingathe coordinators support facilities to ensure that there are adequate supplies for this transition at all sites.

Tingathe supported two ART trainings in quarter one in Salima district, attended by 24 MOH staff and 28 Tingathe clinical staff. Site level orientation for CHWs and HDAs on the new regimen are underway, and Tingathe is developing job aids for health talks as well as pre-ART and pediatric switch guides. Tingathe staff provide one-on-one support and mentorship to ART providers who have not yet been trained in the new guidelines.

SO 6 - Retention in care: Implementation progress

CHWs provide pre-ART counselling to all HIV-diagnosed clients to enhance their understanding of ART and improve uptake and adherence. As described above, appointment registers are used to identify and track clients who miss appointments. CHWs follow up clients who miss the clinic appointment date by two weeks through phone calls or home visits.

Five psychosocial support service (PSS) providers were deployed to assist clients with poor adherence, those who refuse to start treatment, and defaulters: two in Machinga, two in

Mangochi, and one in Salima district. The PSS provider at the District Health Office receives referrals from the palliative care unit and psychological referrals from the general wards related to substance abuse, psychosis, and anxiety.

Site and Cluster Coordinators mentored ART providers to ensure that attending the ART clinic is a positive experience for clients – especially those that may have missed appointments. ART providers were also mentored to ensure a consistent supply of antiretrovirals (ARVs) and prompt and effective management of side effects.

Active Linkage and Retention challenges and responses

- Deployment of CHWs in the three new districts was delayed, which led to a backlog of clients, with missed appointments and high viral loads to be followed up. CHWs were deployed towards the end of quarter one, and client follow-up was initiated immediately.
- There is limited space for provision of pre-ART counselling in some sites. Site and Cluster Coordinators are engaging site authorities to identify available space to provide privacy for pre-ART counselling.
- Most ART providers have not been trained in the new guidelines and would not participate in the training organized by Tingathe, as they were unhappy with the logistical arrangements. On-site mentorship is taking place while Tingathe seeks to resolve this situation.

Active Linkage and Retention activities in the next quarter

- CHWs to conduct intensive tracing of clients who miss appointments.
- Hold community meetings in the three new districts to ensure that all new activities are introduced to community members for optimal acceptance and uptake of services.

Viral Suppression

SO #	SO	Explanation
7	Viral load testing coverage	Scale-up access to high quality viral load testing according to the national guidelines to reach >90% of eligible clients with a viral load test
8	Viral load cascade management	Ensure return of viral load results to care providers and patients and appropriate management of high viral load
9	Strengthen TB management	Strengthen TB screening, prevention, diagnosis and treatment among PLHIV and IPT prescription for >=90% eligible clients including IPT delivery

SO 7 - Viral load testing coverage: Implementation progress

Viral load coverage at Tingathe supported sites is 61%, while viral suppression is at 82% according to viral load LIMS data 2018.[3]

Tingathe implemented the following activities to increase viral load coverage in the supported districts:

- Health talks on viral load in ART clinic waiting areas empowered clients to calculate their viral load test due date and request this test when it was due.
- One or more HDAs at each site were allocated to viral load sample collection on each clinic day.
- MasterCard audits were conducted to identify clients due for a viral load test and flagging was done to ensure that clients received their viral load test at the next appointment.
- Introduced site-specific "flagging" tools to alert clinicians when clients were due for a viral load.
- Viral load data feedback was given to sites on their coverage and suppression rates to identify areas in need of improvement.

SO 8 - Viral load cascade management: Implementation progress

Site supervisors allocated one or more HDAs for viral load sample collection on each clinic day. Mangochi District Hospital is implementing "AM" viral load testing in which HDAs start

[3] Laboratory Information Management Systems (LIMS) is a central data repository for all Molecular labs in Malawi for both early infant diagnosis and viral load.

drawing viral loads from 6 am – before official health facility services begin – to reduce client waiting time.

The viral load focal person, a CHW or HDA at each site, works hand-in-hand with the site supervisor to ensure that viral load results received from the lab are attached to each client's MasterCard and entered into the viral load registers and EID log books. The viral load focal person ensures that all clients who have not yet received their results are identified and assigned a CHW for follow-up. Site supervisors assign a CHW to each client with a high viral load result to support them through the viral load cascade. CHWs ensure that the client attends intensive adherence counselling (IAC) and that a follow-up viral load sample is drawn.

Site and Cluster Coordinators mentored ART providers to provide a one-month supply of treatment to clients whose viral load samples have been drawn or those with high viral load to allow for timely follow-up. Mentorship also focused on management of clients with a high viral load. Supported sites used the flagging system for clients with a high viral load, or those attending IAC sessions, to alert the provider not to give more than one month's supply of ARVs.

PSS providers in five districts provided client support to those with high viral loads, working hand-in-hand with CHWs to deliver IAC sessions.

Viral Suppression challenges and responses

- Turnaround time for viral load results has wide variability. Tingathe hired lab technicians are helping followup on viral load results and facilitate communication and timely followup between clinical teams and molecular lab
- Many ART providers find interpretation and management of high viral loads challenging. Tingathe is providing mentorship to address this knowledge gap, and clients with a high viral load are assigned to CHWs for enhanced follow-up and support.
- There is inadequate/ incomplete documentation in the high viral load registers. Providers were mentored to improve documentation of viral load results in this register and in client MasterCards. The viral load focal persons are also monitoring documentation in the high viral load register.
- Deployment of CHWs in the three new districts was delayed, which led to a backlog of clients with high viral loads to be followed up. CHWs are now catching up on these backlogs and prioritizing client follow-up.

Viral Suppression activities in the next quarter

All districts

- Conduct viral load audits in all supported sites to identify cascade bottlenecks and intervene accordingly.

Mangochi district

- Scale up early morning viral load sample collection to all sites.

Machinga district

- The PSS provider will expand provision of support to additional sites, and the team will work on a referral system.

SO 9 - Strengthen TB management: Implementation progress

Tingathe has task shifted TB screening to CHWs at ART clinics at all supported sites. The CHWs use the four TB screening questions and refer clients who answer affirmatively to clinical screening services. Tingathe clinicians conduct ward rounds and aid in TB diagnosis, providing mentoring to health workers.

Strengthen TB management: challenges and responses

- Screening for TB is not consistently done at the OPD and ART clinics. Tingathe is conducting mentorship to enhance TB screening, and facility-level Continuing Professional Development (CPD) sessions will be held in quarter two to refresh facility staff on TB screening.

TB Management: Activities in the next quarter

- Tingathe CHWs will scale-up TB screening in ART clinics at facilities in newly supported districts.

Health Systems Strengthening

SO #	SO	Explanation
10	Adolescent care	Increase access to high quality adolescent and young person services
11	Differentiated models of care	Scale-up differentiated service delivery models, including male and youth-friendly models, with fidelity
12	Quality assurance/ quality improvement	Strengthen national, district, and site level quality assurance and improvement systems

SO 10 - Adolescent care: Implementation progress

Teen Club

Tingathe oriented the new districts (Machinga, Mulanje, and Phalombe) to TIngathe Teen Club programming and management in quarter one, and conducted Teen Club supportive visits in both previous and new districts. In the new districts, the criteria for enrolment into Teen Club was revised, as there were a number of undisclosed teens attending the existing Teen Clubs. Tingathe also introduced the new Teen Club register in all districts. The register emphasizes viral load monitoring and management of those with high viral loads.

Tingathe conducted a mini-symposium in Mangochi district to strengthen the capacity of Teen Club mentors in managing the clubs. The symposium provided a platform for sharing of best practices and experiences in working with adolescents living with HIV during Teen Club sessions, such as improving adolescent clients' viral load results, adherence, and retention in care and support services. Viral load audit tools were introduced to assist the facilities in monitoring progress, identifying gaps, and finding ways to rectify them.

Youth Supporter Program

Tingathe conducted two Youth Supporter Program supportive supervision and mentorship visits in all five sites in Mangochi and Balaka districts to monitor progress and provide remedial solutions to identified gaps. The following were observed during these visits:

- Youth supporters are leading the process of identifying youth living with HIV and are supporting them to start ART and remain in care. Those who decline to be linked to treatment are referred to the psychosocial counsellors for support and are followed up to continue to encourage them to begin ART.
- Youth supporters are helping youth needing viral load tests to have their samples drawn. Youth Supporter program registers show improvement in this area.
- The youth supporters are also providing psychosocial support, including disclosure sessions and adherence counselling, and are addressing stigma and mood disorders.

Read more about the Youth Supporter program, including early results, in the Success Story section.

SO 11 - Differentiated models of care: Implementation progress

Tingathe introduced and implemented a number of differentiated models of care for HIV treatment and care services in Mangochi and Machinga districts in quarter one. Meetings were held with the District Health Office, ART Coordinators and ART clinic staff in each district to orient them on differentiated service delivery (DSD) models and acquire buy-in for implementation of the models. These stakeholders supported the initiative.

1. Nurse-led ART clinic

A nurse-led ART outreach clinic to provide ART refills was implemented in two remote areas under Mangochi District Hospital (Chapola and Deborah) from December 2018, reopening clinics that Dignitas International previously operated using the same model. The clinics were conducted once per week, on Wednesdays, by a nurse, ART clerk, and Tingathe HDAs and CHWs from Mangochi District Hospital.[4] Health Surveillance Assistants raised awareness in communities around the areas two week prior to the start of the outreach clinics.

In Machinga, the nurse-led ART clinic approach will be rolled out in quarter two in the catchment area of Chikwewo Health Center, a facility with a high catchment population and large catchment area.

Table 5: Number of clients seen during nurse-led ART clinics in December 2018

Date	Site	# of ART clients	# of MIP clients
December 5, 2018	Deborah	42	2
December 12, 2018	Chapola	19	0
December 19, 2018	Deborah	39	9
December 26, 2018	Holiday		

2. Extended-hours ART clinic

An extended-hour ART clinic has been implemented at Mangochi District Hospital since December 2018, opening at 6 am and closing at 6 pm on Mondays.[5] The extended hours ART clinic targets men to allow them to access services either before or after work. The facility is planning to start holding the clinic two days a week, Mondays and Thursdays, in quarter two.

Tingathe conducted a small survey among men attending the ART clinic to find out their preferences on clinic opening hours, with most men selecting the morning as their preference to attend the clinic.

Table 6: Number of clients seen during Mangochi District Hospital's AM extended hours at the ART clinic in December 2018

Date	Total clients from 6 am - 8 am	Male	Female
December 24, 2018	127	66	61
December 31, 2018	106	49	57

At Machinga District Hospital, extended ART clinic hours (6 am – 6 pm) were rolled out during busy ART clinic days: Monday, Tuesday and Thursday. The extended-hours

[4] As Wednesdays are staff clinic days at Mangochi District Hospital and fewer clients are seen, this was selected as the best day to conduct the outreach clinic.

[5] The regular ART clinic day opens at 8 am and closes at 4 pm

ART clinic is supported by MOH staff (ART provider, ART clerk, nutrition assessor) and Tingathe CHW and HDA.

Machinga's Tingathe team developed talking points/checklist on the DSD models of care, which are used during routine ART clinic hours to sensitize and create demand for the services among clients.

3. Male wellness day
   Male wellness day services were held at Namwera Health Center in Mangochi on a Saturday, where men were screened for high blood pressure, sexually-transmitted infections, diabetes and HIV. Ten men attended the services and all tested for HIV. Mangochi District Hospital and Monkey Bay Community Hospital will start holding male wellness days in January 2019.

4. Chronic care clinic
   Blood pressure monitoring and management was intensified at the ART clinic, with promotion starting at Monkey Bay Community Hospital.

5. Teen club
   Tingathe continued its bi-monthly support to Teen Clubs at 59 sites in six districts: 12 in Mulanje, 11 in Phalombe, 13 in Mangochi, 5 in Balaka, 6 in Salima and 12 in Machinga.

SO 12 - Quality assurance/quality improvement: Implementation progress

Quality improvement (QI) committees exist in six supported districts (with the exception of Machinga), which discuss service delivery challenges and implement quality improvement plans. Facility meetings will be held in quarter two to establish new committees as sites without them, and to revitalize existing QI committees.

Table 7: Quality improvement projects in Lilongwe and Mangochi districts

QI project	*Progress/Results*	*Planned actions*
Lilongwe district *Goal:* Improve viral load coverage to 70% of those eligible	Three Lilongwe sites conducted a viral load audit, which led to the development of systems to improve coverage and IAC.	Continue VL audits monthly to monitor progress.

Mangochi district *Goal:* Improve the number of clients receiving routine viral load testing at Mangochi District Hospital	Viral load testing started at 6 am when patients arrive and are waiting for the facility to open. A WhatsApp group was developed to monitor the number of viral loads drawn by mid-morning and by the end of clinic so gaps can be addressed in real time. There was an increase in the number of clients having routine viral loads drawn, from 387 in November 2018 to 590 in December 2018.	Continue implementing morning viral load testing from 6 am and monitor the numbers of clients with viral loads drawn.
Mangochi district *Goal:* Improve the quality of documentation in the High Viral Load Register at Monkey Bay Community Hospital	The Site Supervisor, Viral Load Focal Person, and CHPO cross-checked the High Viral Register with the Viral Load Logbook to enter in missing data. This team provided staff training on how to document in the High Viral Register. The team has noticed an improvement in the number of clients completing the high viral load cascade. More clients had a 3rd IAC session, repeat viral load results, repeat viral load results, and were switched to second line treatment.	Continue cross-checking the High Viral Register with the Viral Load Logbook and entering missing data.

HSS challenges and responses

- Nurse-led ART clinic: As an under-five clinic also operates on Wednesdays in the same location at the nurse-led ART clinic in Deborah area, ART clients are reluctant to come to the clinic. The ART team has agreed with the under-five clinic team to work on different days. The Health Surveillance Assistant who promoted the clinic in Chapola area used a loudspeaker informing people that that ART clinic is starting again. This negatively affected the number of clients attending the clinic due to concerns for stigma and discrimination.
- Extended-hours ART clinic: It has been challenging for MOH staff to arrive at the clinic by 6 am. Tingathe is working with district staff to address this issue. Reporting on clients' access to these services is inconsistent, and the team is developing a system to more consistently track clients who are assisted during the morning hours.
- Youth Supporter program: There is incomplete documentation and inadequate sensitization and identification of youth that need support, as well as limited space to provide Youth Supporter program services. Some sites have few HDAs to support the program, and there has been inadequate dissemination of Youth Supporter program information at site level, which has affected the development of weekly and monthly youth supporter activity plans. These gaps were addressed during supervision and

mentorship visits, and Tingathe is using a WhatsApp group to address common challenges.

- MOH staff show little interest in QI issues and need considerable mentorship and support to buy in to these activities. Tingathe continues to mentor sites and advocate for the establishment and continued participation of QI committees.

HSS activities in the next quarter

Mangochi district

- Scale up nurse-led ART clinics to Makanjira, Koche and Katuli health centers
- Scale up male testing days and youth testing at all sites to at least once per month per site
- Develop a Diabetes screening tool for identification of clients at risk who will be offered a blood test
- Develop strategies for monitoring the extended-hours clinic at Mangochi District Hospital
- Conduct a Youth Supporter Program review meeting in February 2019

Machinga district

- Roll out a nurse-led ART clinic in the catchment area of Chikweo Health Center
- Identify communities with the highest volume of clients to determine locations to position the clinics and debrief communities on the initiative
- Establish new or revamp existing QI committees

Prevention

SO #	SO	Explanation
	GBV	Support facility-based GBV services in Machinga

SO GBV: Implementation progress

Tingathe oriented CHWs on GBV prevention and their expected roles and responsibilities in the program in quarter one, and conducted supportive and mentorship visits to six GBV sites in Machinga district. Trained providers in all sites are active and facilities attended to 47 GBV cases in quarter one. The teams are providing health talks and doing screening to identify survivors of GBV.

GBV challenges and responses

- Despite conducting health talks, the number of reported GBV cases is still low, demonstrating the need to conduct community mobilization to sensitize people on GBV, including the importance of reporting GBV cases and the availability of comprehensive care at health facilities.
- Tingathe has also identified a need to conduct formal orientation for religious and community leaders on GBV issues to enhance their knowledge on GBV prevention and management of GBV cases. This will help to strengthen referrals and linkage to the GBV program.

GBV activities in the next quarter

- Conduct an orientation meeting for mentors to capacitate them to facilitate the program at district level.
- Hold two trainings for clinical staff on the role of the health system in the response to GBV.
- Conduct community mobilization meetings with chiefs, religious leaders, Victim Support Units, local organizations, and social welfare departments to promote and create demand for GBV services provided by health facilities.

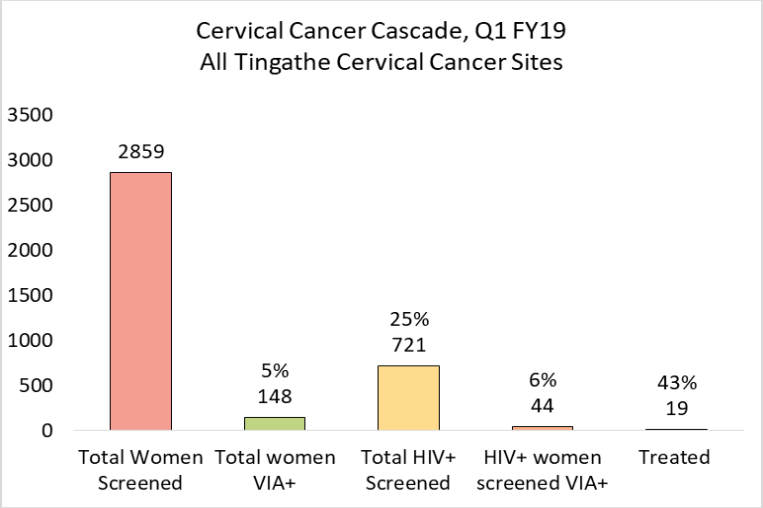
Cervical Cancer

Cervical Cancer: Implementation progress

Tingathe trained VIA providers from nine sites: Mulanje Mission Hospital, Namasalima Health Center, Phalombe Holy Family Hospital, Nambazo Health Center, and the District Health Offices in Mangochi, Machinga, Mulanje, Balaka, and Salima districts. Cumulatively, Tingathe has strengthened the capacity of 47 VIA trained family planning clinical staff in the targeted facilities through competency-based initial and refresher trainings. The trained VIA providers are offering a high level of care to women through VIA screening and providing treatment of precancerous lesions using thermocoagulation. Tingathe conducted supportive supervision and mentorship visits at seven of the nine sites,[6] assisting the newly-trained VIA providers to start screening and treating VIA clients under the supervision of national trainers, and for some sites, to roll out the program. VIA screening was started at Balaka DHO.

A total of 721 HIV-positive women were screened for cervical cancer, with 44 women (6%) screening VIA positive from October to December 2018. Of these, 19 women (43%) received treatment on the same day, four clients were referred elsewhere due to a large lesion and another four were postponed for treatment. No treatment was documented for the remaining 17.

Figure 1: Cervical cancer cascade: quarter one



Tingathe has recruited three Cervical Cancer screening Nurses, who are based at the District Health Offices in Mulanje, Machinga, and Mangochi districts, and are responsible for delivering high-quality cervical cancer services at their respective sites. The nurses are working in close collaboration with Cluster/Site Coordinators and VIA Coordinators, who provide guidance and supervision to facility staff providing the cervical cancer services. The nurses are also responsible for implementing and overseeing linkage of all eligible clients from the ART clinic to VIA services.

[6] These sites include Namasalima Health Center, Nambazo Health Center, Holy Family Mission Hospital, and the District Health Offices in Machinga, Mulanje, Balaka, and Salima.

Tingathe finalized procurement of equipment and supplies to fill gaps identified during the site assessment exercise. Equipment and supplies have been purchased and distribution is currently underway.

Cervical Cancer challenges and responses

- Tingathe experienced challenges in rolling out the program in Salima and Mangochi District Health Offices. In Salima, this was related to a lack of leadership at the VIA clinic, coupled with an intermittent power supply at the facility. The VIA coordinator was moved out of the VIA clinic, which made it difficult for her to manage the clinic. She has since been replaced by another officer who is managing the clinic. Mangochi District Health Office is still working to identify a suitable space for VIA services, as space is very limited after the fire.
- Tingathe is also experiencing space challenges at Mulanje District Health Office, as the current room is used by other partners such as ONSE, BLM, and PSI for integrated services. At Namasalima Health Center, VIA services are being provided in the labor ward.

Cervical Cancer activities in the next quarter

- Conduct a four-day refresher training for service providers in January 2019.
- Conduct supportive supervision and mentorship visits to assist MOH staff.
- Complete distribution of equipment and supplies to the remaining districts.
- Increased screen and treat rates and complete documentation of treatment cascade with support from Tingathe nurses and M&E team.

Monitoring and Evaluation

The Tingathe program works continuously to ensure data quality throughout the entire M&E process of data collection, entry, analysis, and reporting. The M&E team provides supportive supervision and mentoring on a monthly basis at site level to ensure accurate and complete documentation in all MOH and Tingathe registers and program tools. Reports submitted by site supervisors are verified by the M&E team at the time of collection using the source documents in order to minimize transcription errors and data manipulation. Data quality is discussed during monthly M&E site-level feedback loop data review meetings, and solutions are discussed with both Tingathe and MOH counterparts.

In addition, the following activities were implemented to promote data quality during quarterly disaggregated data collection in acceleration districts:

- Worked with MOH facility staff to strengthen report-writing before the MOH supervision team's visit.
- Conducted a data alignment exercise to document and explain discrepancies between Tingathe and MOH data and identify areas for improvement. The following were notable challenges encountered during disaggregated data collection:
- Tingathe was unable to access One Community's data during the first week of disaggregated data collection and called an urgent collaborative meeting on January 10, 2019, with Tingathe's and One Community's leadership to mitigate this issue and discuss the way forward for the coming quarters. The challenge could not be resolved in time to include most of One Community's data in the quarter one results. However, other partners' data (such as PSI and BLM) has been collected.
- The total number of clients tested in the site registers does not always align with the data in the facility reports due to double counting or issues with page totals in the registers. Where discrepancies were noted, the Tingathe M&E team member discussed this issue with the site in-charge. Sites where reporting challenges have been noted will receive enhanced mentorship from Tingathe's M&E team in quarter two to improve reporting and documentation

Operational Research

Ongoing research projects

Tingathe is currently implementing the following research projects:

a. Kim MH, Mazenga AC, Zomba G, Abrams EJ, Chinkhumba J, Ahmed S, Kazembe PN. **VITAL Start (Video intervention to Inspire Treatment Adherence for Life)**
(note that this study is supported through an external funding stream)

   Description and Progress: The team developed an innovative 35-minute, single session counselling video aimed at standardizing pre-ART education and promoting behavior change using pre-tested messages woven into an entertaining drama. The video promotes partner involvement, maternal initiation and retention on ART by providing an intervention at the critical teachable moment between testing HIV-positive and committing to life-long ART. To understand more fully how VITAL Start compares to the standard of pre-ART counselling currently conducted at health facilities, Tingathe is conducting a formal evaluation of VITAL Start and examining impact on partner outcomes and maternal ART adherence. The pilot study started in December 2016 and will end when the last enrolled participant attends the one-year follow-up visit. The main study started on September 20, 2018, and by December 28, 2018, a total of 100 women against a study sample of 704 participants were enrolled across the three sites in Mangochi (Mangochi District Health Office) and Lilongwe (Kawale and Area 25 health centers). There is good collaboration with all stakeholders present at the facilities.

b. Buono N, Worku A, Kasola J, Ng'ona K, Mitambo C, Auld A, Goldstein R, Nyangulu M, Odek J, Kim E, Wadonda-Kabondo N, Maida A, Shiraishi R, Valverde E. **Assessing the Effectiveness and Feasibility of Voluntary Assisted Partner Notification Services in High HIV Burden Districts of Malawi: a Pragmatic, Non-Randomized Stepped-Wedge Study.**

   Description and Progress: The aim of this study is to evaluate the effectiveness of Voluntary Assisted Partner Notification (VAPN) in real-world programmatic settings. It is a non-randomized, stepped wedge study in high volume facilities in six high HIV burden focus districts (Blantyre, Zomba, Chikwawa, Machinga, Mangochi and Lilongwe urban). The primary objective is to compare the percentage of contacts tested during the standard of care phase (using FRS index testing methodology) with the percentage of contacts tested during the standard of care phase plus VAPN phase, by 1, 2, and 3 months after the initial contact with the index client. The study was approved on February 5, 2018 by the National Health Sciences Research Committee (Malawi) and on November 8, 2018 by Baylor College of Medicine Institutional Review Board (USA).

   Baylor-supported sites in Mangochi (Koche and Mangochi District Hospital) and Machinga (Machinga District Hospital and Ngokwe, Nsanama, and Ntaja health centers) commenced study recruitment in November and December 2018, respectively. Sixty index clients have

been assessed and a total of 81 contacts reported, resulting in 32 contacts accepted for VAPN services. The study implementation is being overseen by MOH, CDC and USAID.

Articles published in the quarter

Tingathe did not publish any articles during quarter one.

Presentations in the quarter

a. Bvumbwe MJ, Dziweni L, Ulaya K, Masambuka M, Kazembe PN. Viral re-suppression in suspected second-line HAART failure in the era of intensive adherence counselling (IAC) sessions at Baylor Clinical Centre of Excellence Lilongwe, Malawi. *Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

b. Simon K, Holmes B, Maulidi B, Solanki A, Matupa E, Bvumbwe BJ, Odo M, Kazembe PN, Kim MH. Early results from provision of lopinavir/ritonavir (LPV/r) pellets as part of first and second-line ART regimens for young children in an urban health center in Malawi. *Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

c. Mazenga AC, Maleta K, Ahmed, Kazembe PN, Kim MH, Moodie R, O'Hare B. The relationship between depressive symptoms and adherence to antiretroviral therapy (ART) in adolescents living with HIV (ALHIV) in Lilongwe and Zomba, Malawi. *Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018*

d. Simon K, Hartig M, Wetzel E, Chester E, Chembezi C, Kabwinja A, Nkhono Z, Kavuta E, Nyirenda R, Kazembe PN, Ahmed S, Kim MH. The surge: a targeted, multi-strategy approach to accelerate HIV case finding in Malawi. *Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

e. Villiera J, Kamiyango W, Mehta PS, Kazembe PN, El-Mallawany NK. Potential for improved survival outcomes after treatment with intensified chemotherapy and antiretroviral therapy in children with pulmonary Kaposi sarcoma presenting with severe pleural effusions. *Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

f. Tembo T, Simon K, Ahmed S, Beyene T, Wetzel E, Kabwinja A, Kammera W, Chibowa H, Chavula B, Nkhono Z, Kavuta E, Kazembe PN, Kim. Scale-up of a passive referral model of HIV index case testing to accelerate case identification in Mangochi, Malawi*. Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

g. Wanda W, Manda G, Mpasa A, Wachepa S, Mtete I, Butia B, Chasela M, Sabantini M, Chirwa G, Bank R, Mulemba T, Itimu S, John T, Wasswa P, Huibers M, Kazembe PN, Martin S. Treatment outcomes of paediatric non-hodgkin lymphoma (NHL) following

chemotherapy completion: a single centre experience- Kamuzu Central Hospital (KCH), Malawi. *Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

h. Wetzel E, Simon K, Beyene T, Turetsky R, Kabwinja A, Kammera W, Chavula B, Chikoti C, Chibowa H, Mhango J, Kazembe PN, Ahmed S, Kim MH. Achieving the second 90: Linking adolescents living with HIV to treatment in rural Malawi in the era of test and treat. *Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

i. Makoza B, Makuti S, Magalasi P, Mikwamba G, Mafeni C, Katema C, Daire C, McKenney A, Lungu J, Kazembe PN. Evaluating the impact of child HIV disclosure trainings to health care workers in 13 health centers in Malawi. *Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

j. Manda G, Wanda W, Mpasa A, Wachepa S, Mtete I, Butia M, Chasela M, Mulemba T, Sabantini M, Chirwa G, Bank R, Lemon S, Nandi B, , Huibers M, John T, Wasswa P, Kazembe PN, Martin S. Combination chemotherapy of Wilm's tumour with vincristine, doxorubicin and cyclophosphamide (VDC): challenges and treatment outcomes from a resource limited setting in Lilongwe, Malawi. *Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

k. Wanda W, Manda G, Mpasa A, Wachepa S, Mtete I, Butia M, Chasela M, Sabantini M, Chirwa G, Bank R, Mulemba T, Itimu S, John T, Wasswa P, Huibers M, Kazembe PN, Martin S, Margolin J. Paediatric chronic myeloid leukaemia in Lilongwe Malawi. *Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

l. Ng'ambi A, Tembo T, Chavula B, Kavuta E, Kawonga S, Beyene T, Kazembe PN. Increasing HIV testing uptake among key groups through targeted community outreach setting. *Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

m. Phiri D, Tembo T, Kawonga S, Mbendala B, Kavuta E, Thomson H, Ulambo J, Beyene T, Simon K, Kazembe PN. Voluntary HIV counselling and testing of family members of adults attending Chinsawa support group led to high HIV case identification in Balaka, Malawi. *Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.*

Management and Operations

Tingathe has established and maintains strong, efficient and flexible management and operations systems to support its programming. These include administration, procurement, human resources and financial teams which work under the supervision of an overall Operations Manager.

Program Operations

Office start up and issues

Tingathe opened three new district offices between September and October 2018: Machinga, Mulanje, and Phalombe. The required furniture and supplies have been procured and distributed to these offices. Power backup (inverters) were installed in all the new offices. Internet connectivity was initially a challenge in Phalombe and Mulanje but is now becoming stable. Tingathe is installing a higher-capacity electricity line in the Machinga office to manage its needs and is considering relocating the office due to the electricity limitations.

Key procurement in quarter one

- Communication and technology: changed to VPN internet connection for all Tingathe Offices, with the migration completed in December 2018.
- Cervical cancer program: procured supplies, sundries and furniture and began distribution to the health facilities.
- Tents: procured 20 3x3m tents for testing in Mangochi district, as the tents procured in 2017 were worn out and the tents procured by Right to Care were inappropriate for Mangochi's weather. Distribution will commence from January 21, 2019.
  Bicycles for CHWs: procured 275 bicycles for CHWs in the new districts; distribution started in Machinga and is underway.
- District office set-up: procured and distributed furniture for the new district offices.

Inventory handover from Dignitas International

- Furniture: including chairs, a desk and a gas stove, which are in use at Tingathe's national and district offices.
- Motor vehicles: A total of seven motor vehicles were handed over and distributed to Machinga (4), Mulanje (2), and Phalombe (1).
- Air conditioners: 11 air conditioners were handed over and installed at Tingathe's national office, Machinga office, and Salima office.

HIV self-testing kits

Tingathe received 19,150 HIV self-testing kits to be distributed in Mangochi (11,960) and Machinga (7,190). A total of 9,500 kits have been distributed to date: 6,000 to Mangochi and 3,500 to Machinga.

Outstanding needs

- A generator for the Machinga office.
- Vehicles dedicated to M&E functions in all districts to enable the team to adequately manage its workload.

Human Resources

Tingathe began hiring staff for the new sites in Machinga, Mulanje, and Phalombe in August 2018 to ensure positions were filled and staff were ready to begin work on October 1, 2018. Tingathe hired a total of 397 staff for the following areas:

- Programs: 363 staff
- M&E: 16 staff
- Research: 5 staff
- Administration: 3 staff
- Finance: 2 staff
- Transport: 8 staff

Tingathe has experienced challenges in recruiting staff who are capable of mentoring clinical staff (Cluster Coordinators and Site Coordinators), as other organizations are hiring clinical mentors at higher salary levels which are above Tingathe's salary bands. Staff attrition has included three Cluster Coordinators that were hired in August 2018: two in Machinga and one in Mangochi. Tingathe has restructured sites affected by this attrition.

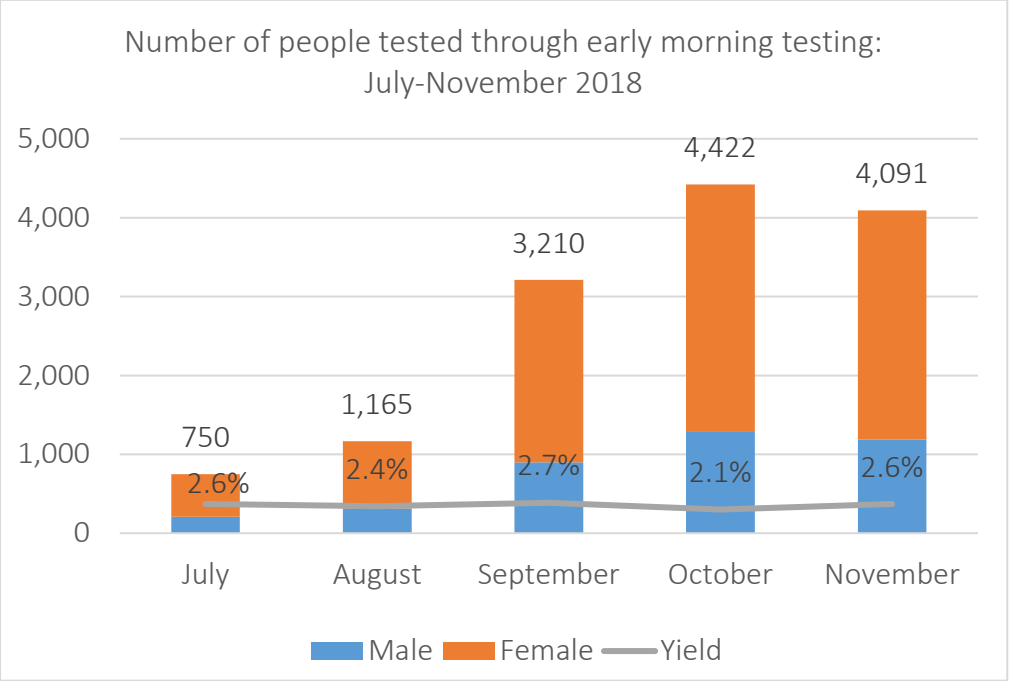
Success Stories

Expanding HIV testing access through facility-based early morning testing in Mangochi, Malawi

Grivin Frank accepts early morning testing as an opportunity to know his HIV status

Grivin Frank, a 66-year-old man who lives in Mangochi district, Malawi, has been reluctant to get tested for HIV: every time he came to Mangochi District Hospital, the outpatient department (OPD) was overcrowded, with long waiting times. Although Grivin wanted to know his HIV status, he wasn't willing to wait to access testing once the OPD began to operate in the morning. For Grivin, attending to his part-time job as a builder and providing for his family were more important than taking extra time to test for HIV. However, Grivin's attitude changed once he heard about early morning testing from the USAID-funded Tingathe program, implemented by Baylor College of Medicine Children's Foundation-Malawi. Grivin always arrives at the hospital long before services begin to secure an early place in the line of clients waiting for the OPD to open at 8 am. Previously he was unwilling to spend additional time after his consultation in the OPD to test for HIV, but he was happy to utilize his waiting time to finally learn his status.

Early morning testing is an approach which provides HIV testing from 6 - 8 am, expanding the availability of provider-initiated testing and counselling at health facilities. In September 2018, Tingathe, in partnership with the Ministry of Health, scaled up early morning testing as one of its key testing strategies in all 36 supported health facilities in Mangochi to increase testing access and reduce overcrowding and waiting times. The strategy is particularly relevant for men, who often want to minimize their time at the health facility in order to get back to their work or business. At each health facility, a team of at least two Community Health Workers (CHWs) and three HIV Diagnostic Assistants provides health talks to waiting clients about the value of knowing one's HIV status, screens client health passport books to identify those eligible for testing (particularly those who have never tested or tested more than three months ago), and provides testing to those who give consent. Tingathe Site and Cluster Coordinators provide oversight to ensure smooth implementation and HIV testing quality assurance. For those who test HIV-positive, Tingathe staff facilitate priority access once the OPD opens to fast-track them for initiation onto antiretroviral therapy.



Early morning testing now accounts for approximately 13% of HIV tests conducted by Tingathe in Mangochi, which indicates high client uptake and acceptability. Scale-up of the approach to all supported health facilities in the district and intensified implementation has increased the number of people receiving HIV testing by five-fold from July to November 2018, with triple the number of men accessing HIV testing. While the testing yield (the percentage of people who test HIV-positive) remains consistent at approximately 2.5%, more people living with HIV have been identified due to the overall increase in the number of those testing, from 20 people diagnosed with HIV in July 2018 to 90 people diagnosed with HIV in November 2018.

Early morning testing optimizes already-limited space for HIV testing services in the health facilities, and Tingathe staff say they have observed that men are increasingly willing to test as they have continued providing the service. As Grivin explains, “I was very happy and satisfied with the whole process. When I arrived at the hospital, I was offered the HIV health talk at 6:15 am. Thereafter, one CHW screened my health passport and found I was eligible for testing. I was willing to use my waiting time to test just to get to know my status. I was escorted to the testing point and offered counselling before and after testing. I was also very happy to be found negative and get to know that my sickness was not caused by HIV.”

Youth supporter program improves adolescent access and linkage to HIV testing, care and treatment in Malawi

Small group practice session for Youth Supporters

While young people continue to be at high risk of HIV infection, they are less likely to test for HIV, take HIV treatment, and be virally suppressed than adults. In Malawi, only 50% of youth aged 15-24 years know their HIV status. Of those who are living with HIV, 82.5% are on antiretroviral therapy and 78.8% are virally suppressed – lower rates than for adults in the country.[7] The number of adolescents living with HIV is also growing due to increasing numbers of new infections among youth, as well as perinatally-infected children surviving into adolescence and adulthood as a result of improved antiretroviral drug regimens.

Youth – including adolescents living with HIV – are less likely to access services for multiple reasons, including service provider attitudes towards youth, transport costs, inconvenient clinic hours, long waiting times, lack of privacy, and fear of stigma and disclosure. In recognition of these challenges, Malawi implemented youth-friendly health services in 2007 to increase access to and uptake of HIV, sexual and reproductive health (SRH), and family planning services that are appropriate and acceptable to young people aged 10-35 years. Despite the introduction of these services, Malawi has experienced an increase in HIV infections among the youth, representing 30% of all new HIV infections.[8]

It is critical to implement targeted strategies for these special populations. While government and donor-funded programs have developed effective, specialized services for youth

[7] Malawi Population-Based HIV Impact Assessment (MPHIA) 2015-2016. Available at: https://phia.icap.columbia.edu/wp-content/uploads/2017/11/Final-MPHIA-First-Report_11.15.17.pdf

[8] UNAIDS Data Book 2017. Available at: http://www.unaids.org/en/resources/documents/2017/2017_data_book

(including those living with HIV), these interventions can be costly, which limits their scalability. In response, the USAID-funded Tingathe program, implemented by Baylor College of Medicine Children's Foundation-Malawi, has developed and piloted a Community Health Worker (CHW) Youth Supporter program to improve HIV service provision to youth in central and southeastern Malawi. Youth Supporters assist adolescents in accessing SRH services, such as HIV testing and family planning. They link newly-diagnosed adolescents to HIV care and support adolescents living with HIV with disclosure and adherence, ensuring they receive viral load testing, their results, and appropriate follow-up. The Youth Supporters also connect young people to community support groups and psychosocial counselling when needed.

The CHW Youth Supporter program was piloted at 15 health facilities in three districts in Malawi: Balaka, Mangochi, and Salima. Each health facility has two CHWs and a Ministry of Health staff member who have been equipped with basic psychosocial counseling skills and advanced training on relevant health topics, including SRH, mental health, treatment adherence, stigma, and disclosure. In September 2018, the program tested over 4,000 adolescents for HIV across the three districts.

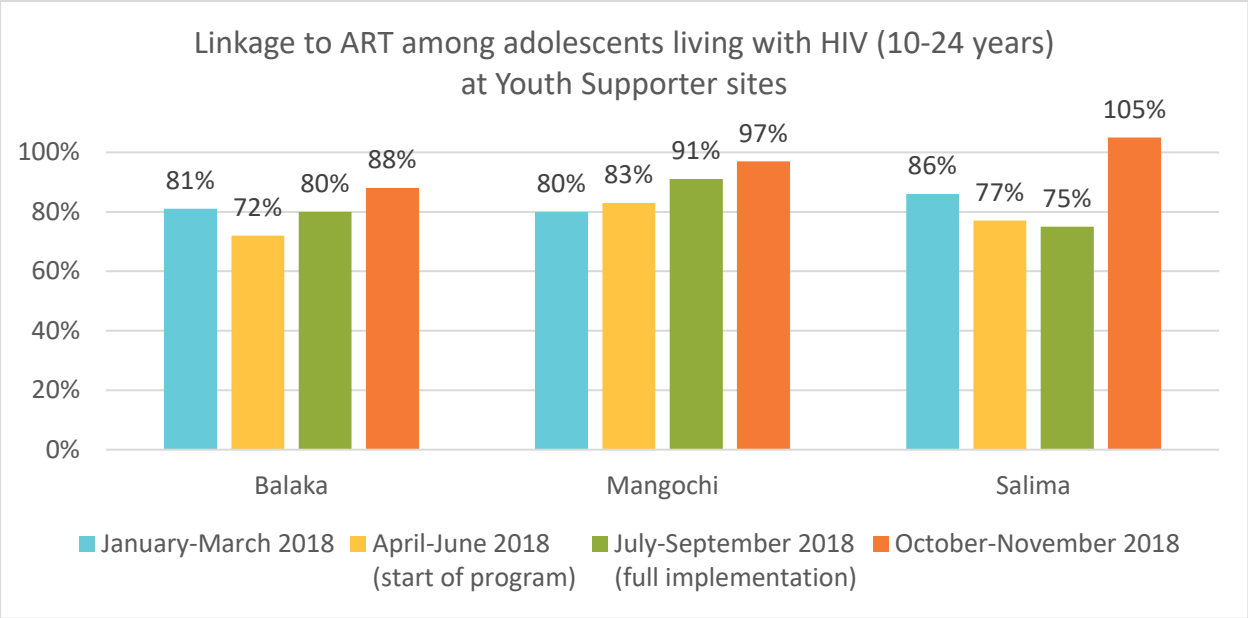
Fifteen-year-old Memory[9] is one of the adolescents who has benefitted from the program. She learned that she was living with HIV when she went to the hospital due to recurring illness and was offered testing by the health facility staff. "I was in great denial and it took me almost a week to accept my status," Memory said. "I disclosed my status to my relatives and they encouraged me to start treatment. I was shy and afraid of stigma and discrimination from my community, so I opted to start at Mangochi District Hospital rather than my nearest health center." Memory attended sessions with Tingathe's psychosocial counsellor Gideon Kaunda. "I received full support and I was put into the Teen Club program for easy appointments with the clinician," she shared. "I am now living a healthy life and am able to access ART services whenever I go to the hospital."

The Youth Supporter program has also helped bring clients back to care. One of these is Sephora,[10] a 19-year-old who was diagnosed with HIV in December 2017. Sephora found it difficult to accept her HIV status and experienced side effects on treatment. She stopped attending her appointments. Tingathe staff contacted her several times, encouraging her to return to the hospital to continue with treatment. Gideon and other team members visited Sephora on December 19, 2018, and found her to be very sick. They brought her to the hospital and provided intensive adherence counselling and psychosocial counselling, which helped her to accept her status and re-start treatment. One of Tingathe's CHWs is continuing to provide one-on-one follow-up and support to monitor Sephora's adherence and wellbeing.

Preliminary implementation results from the Youth Supporter program demonstrate improvements in the rates of youth diagnosed with HIV being linked to treatment and care. The program began in quarter three (April-June 2018) and Youth Supporters were fully trained and implementing the program by quarter four (July-September 2018), with the

[9] The name Memory is a pseudonym
[10] The name Sephora is a pseudonym

highest linkage rates achieved in October and November 2018. The program will continue to monitor program progress in terms of linkage rates, as well as viral load testing coverage and suppression.



These early results show promise of a youth-centered, effective model for improved HIV service delivery in Malawi. Tingathe will continue to implement the Youth Supporter program and share its results for potential application in other areas of the country.