



COVID-19 RESPONSE



Innocent Mofolo flanked by Professors Chinula and Hosseinipour on the left making a symbolic presentation to Dr. Mbewe and others from the District Health Office.

UNC Project donates to KCH and Bwaila Hospital

On Monday 13 July 2020 and on Friday 10 July 2020, UNC Project donated medical supplies to Lilongwe District Health Office and Kamuzu Central Hospital (KCH) respectively, as part of its response to the COVID-19 pandemic.

The items included: oxygen concentrators, infrared thermometers, ventilator, dual head stethoscopes, oximeters and boxes of ICU medicines, medical face shields, surgical face masks, N95 respirators, disposable gloves, safety goggles and lignocaine injection vials.

Speaking when making the handover, UNC Project Country Director Innocent Mofolo said the donation was made through partners - Direct Relief International (DRI) from the United States and other well-wishers whom UNC Project asked for assistance.

"As we all know the number of COVID cases is rising every day in Malawi and we are all overwhelmed. We noticed the gaps that were in the system

hence our request to our colleagues who responded in kind," he said.

Expressing his gratitude, Hospital Director for KCH Dr. Jonathan Ngoma, commended the spirit of partnership between KCH and UNC Project.

"UNC Project has brought us a lot of support through service delivery, acting as a platform for teaching, health research and international collaboration. As of now we are fighting COVID together and we got financial and material support from UNC Project.

He said as the number of infections was increasing in the country, there was still need for support.

"There was a time when we might have had a few cases and we used a lot of protective personal equipment (PPE) and at the moment, the supplies are no longer adequate. In essence we ask more well-wishers wherever they are to come forth with their support," he said.

Speaking when she received the donation, Lilongwe District Health

Officer Dr. Alinafe Mbewe thanked UNC Project for the timely contribution in the fight against COVID-19. She said the donation will cover the PPE challenge.

"Lilongwe DHO is doing a lot; We do all the tests for people

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Dr. Ngoma speaking after receiving the items.



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UNC Project rations for Dzama kids

DRI brings timely support to Kamuzu Central Hospital and Bwaila Hospital

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coming here. We have to take samples of those coming back into the country, fumigation of rooms and burials and all these activities need PPEs as we can't use common clothes," she said.

She also lauded the timely coming of the portable oxygen concentrators.

"The oxygen concentrators as well are a timely donation. We need another room at Bwaila so that when we have very sick patients, we can stabilize them first before taking them to Kamuzu Central Hospital. These are the donations that we are in need of, as Lilongwe is the epicenter of COVID-19," she said.

She said there was still a lot of support that was needed in managing the pandemic.

"We need fuel to do contact tracing. We need vehicles and allowances for health workers and personnel protective equipment as sometimes we run short of them when we want to collect samples. We also want to settle some utility bills at the Malawi College of Health Sciences where we isolate positive cases that can't stay at home. We need to provide food for them and make sure that they have water and electricity. We do have lots of challenges.

At the time of the donation, Lilongwe DHO was only testing those who were showing symptoms or were critically sick so as to save resources.



FLASHBACK: Government staff from districts where the SHARP study is taking place during a workshop in 2019

SHARP's 'COVID' mode

Opts for phone interviews with NCD patients

The Sub-Saharan Africa Regional Partnership (SHARP) for Mental Health Capacity Building – A Clinic-Randomized Trial of Strategies to Integrate Depression Care in Malawi is now using mobile telephones as means to reach out to 600 clients who had been enrolled in the study before recruitment was suspended in March in the wake of the COVID-19 pandemic.

"We had to withdraw all the research assistants from the facilities and they are now working from home using tablets and through phone calls," said Dr. Chifundo Zimba who is coordinating the study.

She said the clients are reached out to through their own phones or phones of their friends or relations.

"The only feasible option with the patients was to get to them through the phone calls. So we went back to the locator forms and looked at who had the phones.

Fortunately, most of them had

phones except in Mulanje, a district which enrolled many people without phones. We had to arrange with the coordinators so that when clients came to get medication for the non-communicable diseases (NCDs), they could talk with the research assistants and schedule for interviews which would be done using the same handset or somebody's phone," she said.

She said they made sure that all the research assistants had the facilities that would enable them to work from home.

"However when interviewing the clients and they report something that needs immediate attention like suicidal ideas, intimate partner violence, the research assistants communicate with the clinicians, mental health specialists, NCD coordinators to make sure that the participant is assisted, based on the research protocol.

When the project had just started in 2019 research assistants based in the facilities carried out the work in conjunction with NCD clinicians

The five-year project is operational in ten health facilities in Karonga, Chilumba, Kasungu, Salima, Mchinji, Lilongwe, Machinga, Phalombe, Zomba and Mulanje with each facility enrolling 116 patients.

Enrolment for clients in the project started in May 2019 with the formative phase, and at the moment the project is in its implementation phase. In the formative phase they were assessing whether it was feasible to integrate depression in facilities in Malawi. 19 health facilities were assessed through qualitative and quantitative methods. The outcomes were used to come to u with the 10 health facilities the project is in at the moment.

The study is sponsored by the National Institute of Mental Health (NIMH) at the National Institutes of Health (NIH)

The goal of the study is to have data that can help the Ministry of Health to come up with an action plan to be used to integrate mental health services into non-communicable diseases.



This is an in-house publication. Its mission is to promote a sense of community by communicating information relevant and vital to the operations and staff of UNC Project Malawi.

In a drive to increase participation and bring variety to the publication, all UNC Project staff are free and encouraged to contribute articles in this publication. Write ups are welcome in the range 400 – 600 words for event stories and a maximum of 1000 words for other more technical issues worth sharing.

Forward your contributions to:
csekeleza@unclilongwe.org

Graphic layout:



Face-lifting the busiest obstetric theatre in Malawi - Bwaila

Construction workers busy in the obstetric theatre at Bwaila Maternity Unit in May 2020. The works which have now been finalized included the following: demolition of external walls and some internal walls of the minor theatre and open passage, building around the open passages so as to create closed passage from labour ward to the theatre, creating of windows, creating of doors to minimize access to the theatre and facilitate infection prevention flow of equipment and materials, and buying a new anesthetic machine and patient monitors for the minor theatre that will be turned into a second theatre. Bwaila Hospital is the busiest obstetric unit in the country with about 18,000 deliveries in a year and a Caesarian section rate of about 15%. The works are being sponsored by colleagues of the UNC Chancellor who accompanied her when she visited the facility in recent years. Below is the face-lifted facility.



Malaria Vaccine Implementation Programme

More evaluation assistants and motorcycles for three districts

The Malaria Vaccine Implementation Programme (MVIP) has procured 23 motor cycles to facilitate movement of evaluation assistants in the clusters that the UNC Project is operating within the central region of Malawi.

Initially the programme had 14 motorbikes for 3 districts (Mchinji 4, Lilongwe 8 and Ntchisi 2). These bikes were also used by 14 evaluation assistants.

However due to the increase in workload for evaluation assistants (EAs), the programme recruited 9 more staff; six in Lilongwe, two in Ntchisi and one in Mchinji.

According to the project's central region zone manager Lusungu Msumba, before additional bikes were brought in, there was low data collection and minimal visits to chiefs' residences.

She said: "The positive changes cannot only be attributed to the coming of the motorbikes, since we need people to ride the bikes and do the work in the field. The additional EAs and the motorbikes, will help us bring down the data deficit gap that we currently have especially for Lilongwe district."

She added that at the moment all the new evaluation assistants for the programme will be based here in Lilongwe until all gaps are filled.

The bikes will also hasten the process of the evaluation as each staff will work without interference, unlike when a group of two or three staff travel in a single motor vehicle or two people travelled on a single motorbike

"The motorbikes are new so we anticipate that they will be very effective, with minimal issues that will require mechanics to work on," she said.

The MVIP has three focus areas namely: household survey, mortality survey and hospital survey. The household surveys aim to assess coverage of children under the age of 5 with malaria vaccine and also to assess malaria infections prevented by the malaria vaccine



One of the evaluation assistants upon arrival from the field. LEFT: Some of the new bikes.

Coordinating the evaluation in the central region: Lusungu Msumba.

Photos: Callisto Sekeleza

Keep them in good health: UNC rations for Dzama kids



A caretaker at Dzama packing the rations. INSET- A kid receiving her ration. Photos: Callisto Sekeleza

As schools have been closed since March 2020, with all feeding programmes no longer in sight, UNC Project has continued to intervene with distribution of food rations at the nursery section of Nafutsa School at Dzama Village

387 children are benefitting from the provision of the rations until school resumes when their normal porridge and egg breakfasts shall also continue.

At the moment each child receives 2 kgs of porridge flour and 3 eggs every fortnight. This is to ensure that nutritional needs of the kids are sustained at this difficult time when re-opening of schools is not quite certain.

According to Kenne Liwewe educator in the community department, the current closure of schools would not be good to the children who are used to having breakfast at the facility.

"If we did not have such rations kids would get confused because they are used to eating phala (porridge) every day. At Dzama there still are parents who are very poor and cannot afford to be giving food to their young children every morning. Thus giving them the items to prepare the meals for some days gives them some relief and helps in keeping the children in good health," he said.

Liwewe added that at Dzama village some parents would rather skip a morning meal so that they can eat in the afternoon.

"In addition to that, they harvested low farm produce due to lack of fertilizer. Thus malnutrition would likely hit the children if UNC Project had not intervened," he added.

IMPAACT 2001 released in March 2020

Dissemination to be done when COVID diminishes

Primary results of the IMPAACT 2001 show that the 3HP regimen consisting of 12 once-weekly doses of rifapentine (RPT) (900mg) and isoniazid (INH) (900mg) taken with pyridoxine (25-100 mg) may help prevent mothers from acquiring active tuberculosis.

In a statement published on the organisation's website - <https://impaactnetwork.org> - the primary results from IMPAACT 2001 were released 11 March 2020 at the Conference on Retroviruses and Opportunistic Infections (CROI).

However, UNC Project will carry out dissemination to other partners like IRB, DHOs, CAB members, study staff, study participants, health workers and chiefs when the COVID-19 pandemic eases.

IMPAACT 2001 was a prospective, open-label, multi-center study to evaluate the pharmacokinetics (PK) and safety of (RPT) and (INH) in HIV-1-infected and HIV-1-uninfected pregnant and postpartum women with latent tuberculosis (TB).

The following were primary objectives of the study: 1- To estimate the population pharmacokinetics (PK) (CL/F, absorption, volume of distribution) of RPT and its desacetyl-rifapentine metabolite (desRPT) among pregnant women during the second trimester and third trimester who are receiving once-weekly

RPT (900mg or the new study dose, if a dose adjustment is indicated by the interim analysis) and once-weekly INH (900mg), 2-to estimate the incidence of serious adverse events (SAEs) related to RPT + INH dosed once weekly for 12 weeks in pregnant women., 3 -to describe the infant safety outcomes among infants born to women receiving once-weekly RPT + INH.

The study enrolled 50 mother-infant pairs, including 20 mothers living with HIV, at five study communities in Haiti, Kenya, Malawi, Thailand, and Zimbabwe. All mothers who joined the study had a higher risk of acquiring TB symptoms (active TB) and were followed until 24 weeks postpartum. Mothers living with HIV also took an antiretroviral regimen consisting of efavirenz (EFV) and two nucleoside reverse transcriptase inhibitors (NRTIs) when they started the study.

The background to the study indicated that women are most likely to develop TB during or immediately after pregnancy, resulting in poor outcomes for themselves and their infants, making TB prevention very important in this population. A recently-completed randomized trial suggests that the TB drug regimen currently recommended by the World Health Organization (WHO) may increase the risk of adverse pregnancy outcomes, including low birth weight and stillbirth.



Mother-infant like this were involved in the study. File photo from LIFE study

UNC Health Sciences Library visualizes Project Malawi Publications

In April 2019, a team of four librarians from UNC Chapel Hill's Health Sciences Library (HSL) visited Lilongwe to meet with Project Malawi staff and partners.

The team, led by HSL Director Dr. Nandita Mani, aimed to learn more about the research and work being carried out by researchers, staff, and students at Project Malawi to identify ways that the library can partner to support research and training.

They also shared with staff examples of HSL's capabilities around managing and visualizing publication data, enabling efficient research, and supporting education and instruction.

Through communications with Prof. Mina Hosseinipour about Project

Malawi's milestone publication year in 2018, the team identified an opportunity to create a visual representation of the

publications. HSL librarian Dr. Fei Yu collaborated with Dr. Hosseinipour to visualize the research impact of 124 publications from Project Malawi in 2018.

The HSL team used publication data from PubMed and Web of Science citation databases as well as a specialized bibliometrics, or publication citation analysis, tool called VOSviewer to analyze and create visualizations.



TIPS from
Health Sciences
Library

The completed publication impact analysis shows that as of June 2019, the articles had received more than twice

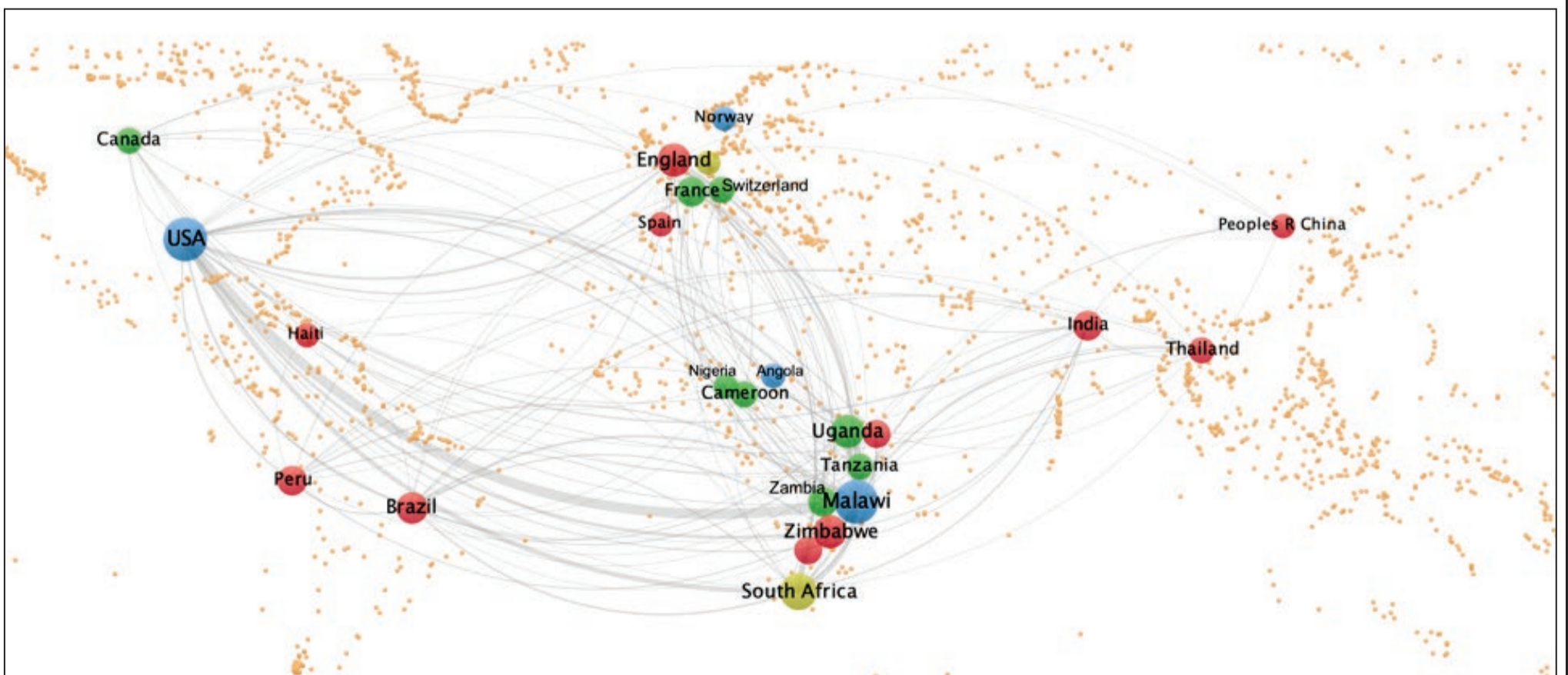
as many citations per year than the average articles funded by the U.S. National Institutes of Health (NIH) in the same field at the same time. The publication analysis also

identified the top 10 journal titles Project Malawi researchers published in, key research topic clusters, and created a map to show researcher collaboration at a country level.

Prof. Hosseinipour found the visual

analysis of the publications helpful and recently reached out to HSL to collaborate on additional publication analyses. Her team is analyzing trends in Project Malawi publications over the past 20 years and are interested in learning how their publication citation impact may have changed over time. They hope that adding these measures will highlight trends and increase awareness of the publication output and work of trainees and Malawian authors.

If you are interested in visualizing data or investigating research trends please email Megan Fratta, Global Health Librarian at UNC Health Sciences Library at mfratta@email.unc.edu.



Visualization of the authors' country of affiliation from Project Malawi publications in 2018. Created using VOSviewer.

PICTORIAL FOCUS

MASKING UP NOW THAN EVER BEFORE



AMBITION study staff creating group memories. Photos: Callisto Sekeleza



Moments in the Annexe and Tidziwe Building corridors



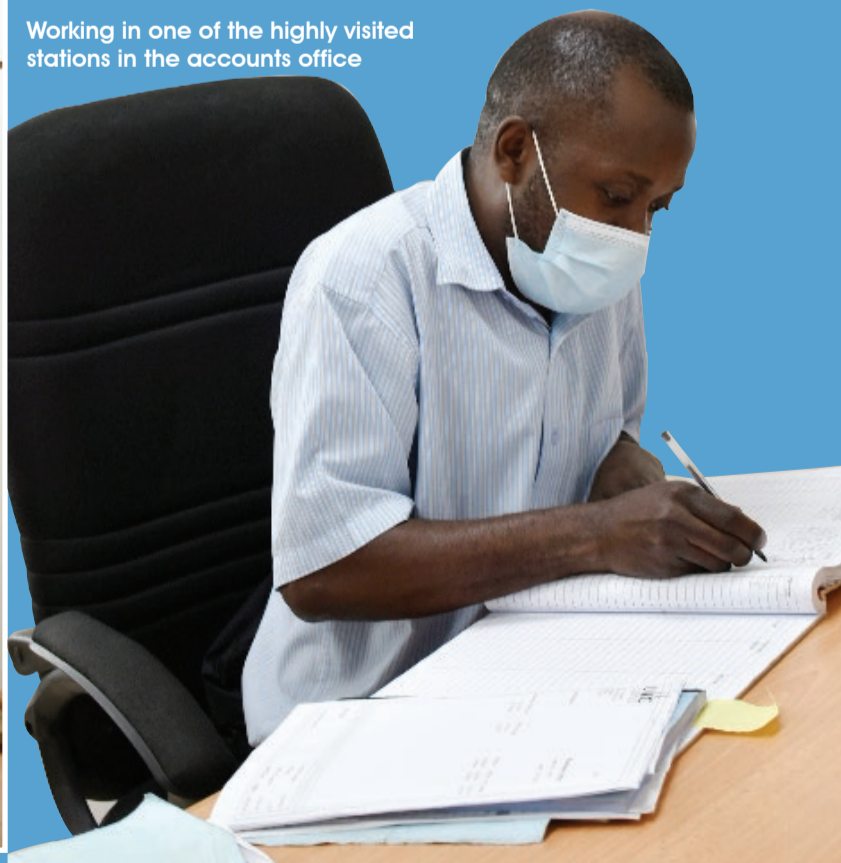
Teaching the security team how to put on PPE



Gardening but taking no chances at George Joaki Centre



Working in one of the highly visited stations in the accounts office



Journalists interviewing the country director after PPE handover ceremony

UNC PROJECT PEOPLE

Ellen Kapinga

CLINIC AIDE, GEORGE JOAKI CENTRE

Please tell us, who is Ellen?

I am Ellen Kapinga and I was born in Traditional Authority Mlonyeni in Mchinji on 17 August 1971. I am the fifth born in a family of 10. We are six now. I did my primary education at Kamwendo Model School. After some break in my secondary education, I completed my secondary school at Chipasula Secondary School in Lilongwe.

How did you find yourself at UNC Project?

I joined UNC Project in March 2001. I was very happy to have joined UNC Project then because I was offered a very good salary. Initially I used to work for Desiderata Coffee Shop in the City Centre.

When I joined UNC Project I started working as clinic aide for the condom promotion project but I am sure they were recruiting me for the HIVNET 024 study. I just stayed in the condom promotion project for three months. This new duty station was a study dealing with expectant women who were HIV positive.

Where else have you worked within UNC Project?

I have also worked for the Worm Study. Thereafter I worked for the Fertility Study whereby we recruited clients from the Lighthouse. After this study I was posted to the administration department where I worked as office assistant.

It was while I was in the administration that I sat for school certificate examinations in 2010 and passed with flying colours in some subjects.

I worked for at least four years in the administration. I was promoted by management after attaining the school certificate, to CHAVI (KCH STI clinic) as receptionist where I was doing filing, registering of patients. During this time, I also enrolled myself in some computer studies which would help in my work with databases. Some staff in the department also assisted me to get down to working with databases. The National Aids Commission (NAC) used to come to me for quarterly, and annual databases.

From CHAVI I was assigned to the MP3 (Acute HIV) study. Towards the end of MP3, KCH re-claimed their working space and all staff in the section were scattered. I went on leave but upon coming back I was informed that my new duty station would be in the ITIP (pneumonia) studies in the KCH children's wards as clinic aide.

After winding up of ITIP studies I also worked for LIFE study before I was sent here at George Joaki Centre as clinic aide. I am about to clock 20 years of working with UNC Project.

What has kept you all this long at UNC Project?

My secret is: you need to love what you do and do it with all our heart. When you love what you do, you will be happy for doing it.

What were your career ambitions when you were young?



Album photo: Ellen relaxing with her son

I wanted to be a teacher. My grandfather was a teacher and we have some teachers in our family.

What encouraging things would like to share about UNC Project?

UNC Project is such a good place because your supervisors will correct you when you are going in the wrong direction, Without that I could not have worked for so long at this place. One just needs to be loyal and humble. Further its always good to self-supervise; don't always be chased to do assignments.

What would be your best highlight of your work at UNC Project?

I am deeply appreciative for the support that I have received from people here at the Project towards my life. A number of people actually encouraged me when I wasn't eager to study or sit for exams. Others even went further to help me in paying for tuition fees when I decided to go for secondary education again. I will remember the good people I met at UNC Project. I wish I had continued further with my education; some people I was together with when I went again to secondary school actually upgraded themselves to nurses.

What would be your last words in this chat?

It's my prayer that we have more studies in Malawi. Studies undertaken at UNC Project have helped improve the health of many people in Malawi.

I can testify the benefits of UNC Project's work in Malawi especially when I see some people who would not have been around at this time if the organisation was not in Malawi. I take UNC Project as my family.

What do you like to do when you relax at home?

I like watching films and also religious channels. I have one biological son who is also serving as a pastor in South Africa but I also stay with children of my deceased relatives.

UNC Project People will be a regular feature in each issue of the Tidziwe POST.

Do you know someone with anything interesting or unique at UNC Project?

Please email your suggestions to csekeleza@unclilongwe.org indicating name and department the individual is working in.