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Family AIDS Care and Education Services

Issue 17

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FACES TALK

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FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program in Kenya. FACES initially launched services in September 2004 with a single site in Nairobi, and a second site in Kisumu, Nyanza Province in March 2005. FACES now supports over 130 health facilities. FACES partners with District Health Management Teams (DHMTs), City Councils, non-governmental organizations (NGOs), faith-based organizations, and private health facilities to provide comprehensive care and treatment, family planning, PMTCT, TB screening, counseling, and social support. FACES continuously strives to increase local capacity through targeted trainings and continuing medical education (CME) activities.

Positively Boosting HIV Prevention

Protect your health, protect your partner, protect your family.



Tell your partner you have HIV.

Bring your partner to the clinic for HIV testing.

Use a condom every time you have sex.

HIV prevention efforts have commonly targeted HIV negative individuals with the goal of preventing HIV acquisition. However, over the past few years, Kenya has broadened prevention efforts to also focus on Prevention with Positives (PwP), which is aimed at preventing HIV transmission by targeting HIV positive individuals. With a national prevalence of 7.1%, 9.7% of married or cohabiting couples being discordant (one is HIV infected and the other is not), and 57% of individuals reporting unprotected sex (KAIS 2007), the need to prevent new HIV infections is urgent.

PwP encompasses a multifaceted approach to reduce HIV transmission risk: individuals are encouraged to know their HIV status, disclose their HIV status, partner testing is promoted, and discordant couples counseling is supported. At each clinic visit of adult and adolescent Persons Living with HIV (PLHIV), medication adherence is assessed and reinforced, and risk reduction and condom use counseling and services are provided.

Continued on page 2

Welcome

Welcome to FACES TALK. Our aim is to bring you updates on program progress, activities, and feature articles. This edition is focused on Prevention with Positives (PwP).

Great Progress on the HIV Prevention Front



Just published findings indicate that taking antiretroviral medication as a prophylaxis (as prevention) reduces HIV acquisition among HIV uninfected partners. This is promising news for couples in high-risk relationships, such as discordant partnerships where one partner is HIV positive and the other is not. Study findings were published in the online New England Journal of Medicine in July 2012: [Antiretroviral Prophylaxis for HIV Prevention in Heterosexual Men and Women](#). This study, funded by the Bill and Melinda Gates Foundation and coordinated by the University of Washington, was carried out at nine sites in Kenya and Uganda including one UCSF-KEMRI site in Kisumu, Kenya.

For more information on FACES, please visit our website: www.faces-kenya.org

Positively Boosting HIV Prevention (Cont. from page 1)

Five Key PwP Steps (at every clinic visit)

1. Prevention recommendations to all HIV-positive patients
2. Medication adherence assessment
3. STI assessment and management
4. Patient pregnancy status and intentions assessment
5. Issuance of condoms and education on correct and consistent use

Quote Corner,

“What is one way you practice PwP?”

Patients Say:

“I decided to start family planning so that I only conceive after consulting a doctor.”

Female Patient, 29 years old

“Being in a discordant relationship, we have to continue using condoms consistently for optimal protection of my partner.”

Female Patient, Lumumba PMTCT, Kisumu

“I make sure that I take my drugs daily.”

Female Patient, Lumumba PMTCT, Kisumu



Prevention of Mother-to-Child Transmission (PMTCT) and family planning services, as well as sexually transmitted infection screening and treatment are also provided. PLHIV are meaningfully involved in peer education, counseling, and support groups to promote healthy, positive living. Educational materials (eg. flipcharts and media) are used, encounter forms prompt clinicians to provide PwP, and posters with targeted messages

are posted on clinic walls to promote and reinforce PwP.

FACES collaborates with the Kenya Ministry of Health (MOH) to deliver PwP as part of ongoing prevention, care, and treatment services in compliance with Kenya National Guidelines. Novel approaches are also employed to ensure PwP effectively reaches patients. A family information assessment is conducted to facilitate partner and family testing and disclosure needs, providers are

mentored frequently on PwP, and expert social scientists and PLHIV are working with the community to educate on PwP. Meaningful involvement of PLHIV extends to leadership roles, patient advisory group participation, and income-generating activities. Integrating PwP into routine service delivery gives HIV prevention efforts a tremendous boost it needs to battle HIV transmission.

Living Positively—A Discordant Couple’s Story

I am married to a wonderful man and we are blessed with two children. I come all the way from the town of Ahero to get HIV care and treatment here at Lumumba Clinic.

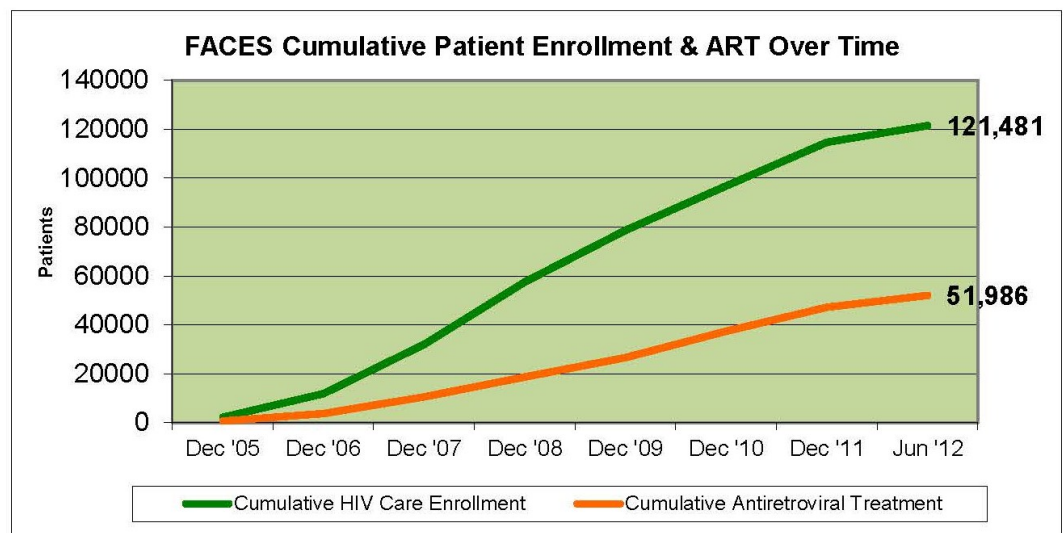
When I was expecting our second born in 2010, I went to the clinic at Ahero sub district hospital. They counseled me about knowing my HIV status and making decisions on how I would bring my baby up. At first, I was offended since I did not know what the nurse saw in me – why she was talking to me about HIV. Little did I know that all expecting women received that

counseling service. I was scared.

When the nurse asked me to interpret the HIV test results, since she had taught me what each line meant, I discovered I was HIV positive. My husband was tested the following day and he was negative. Since then, we came to Lumumba and enrolled as a discordant couple. My husband has been so good and supportive. He took me to all of my antenatal visits and reminded me about my visits and what care was needed for our baby. Fortunately, our baby tested HIV negative.

I still come to the clinic for my treatment. My husband drops me here by his motorbike or gives me bus fare. I am happy that my family and I are all happy. I take care of our children well and live like a HIV negative person, but I take precautions by using condoms all of the time and using Depo injections for family planning. I am happy that FACES talked to my husband and he took care of me and he still does.

Enrollment Over Time



Student Training Education Program (STEP) Experience

Enrollment

**Program-wide
Cumulative Enrollment
from 2004 to the
end of June 2012:**

Enrolled in HIV Care
Adults: 103,599
Children: 17,882
Total: 121,481

Cumulative on ART
Adults: 46,890
Children: 5,096
Total: 51,986

PMTCT

**Prevention of Mother-to-
Child Transmission,
2007 to end of June 2012:**

Number of women coun-
seled, tested and received
HIV results within mater-
nal and child health ser-
vices at 134 sites:

160,112

Proportion of HIV+
women in ANC that re-
ceived ARV prophylaxis:

91%

Infants HIV
tested via DBS
for PCR: 12,283

VMMC

Cumulative number of
Voluntary Medical Male
Circumcisions (VMMC)
performed from 2008 to
the end of June 2012:

25,244



Nyanza sunset on Lake Victoria



**Dr. Dan Suzman, UCSF
internal medicine
resident**

I recently had the opportunity to participate in the FACES' STEP program in Kenya, it is a training program for medical students and residents. In my relatively few years practicing medicine, I have had the opportunity to see impressive, technologically advanced medical care – that has, at times, struck me as wasteful. During the month I spent at the FACES clinic this spring, I finally had the opportunity to experience a medical setting that operates without waste. Relying on physical exams and basic lab tests, the clinic has distilled medical care down to its essence in order to deliver the most care to as many people as possible. The clinical officers, trained to function as physician extenders, freed the physicians to focus on the most complicated cases. Nothing went to waste – even down to the pharmaceutical boxes that were cut up to become appointment slips. The efficient and holistic care at FACES can serve as a model – not just for resource-limited settings, but for fully funded health facilities as well.

Staff Profile



**Jared Ombati Mayaka
FACES District Program**

My name is Jared Ombati Mayaka. I hold a diploma in clinical medicine and surgery and I'm currently studying for my degree in public health. I joined FACES in 2007 and I am a District Program Officer. I am responsible for providing support and mentorship to eight sites in Suba District. I ensure that quality HIV services are provided, commodities are available, work to further decentralize HIV services at the facilities, and ensure that reports are compiled and submitted timely. To reduce HIV transmission risk we actively provide PwP at the sites I support and I mentor staff on PwP provision skills. At every patient visit we ask about consistent, correct condom use and encourage clients to disclose their HIV status to partners and bring family members in for HIV screening. We also screen for and treat STIs, make sure family planning services are offered, and work to strengthen adherence at every visit. The most rewarding part of my work is seeing patients' quality of life improve after practicing PwP, observing providers deliver PwP well after mentorship, and seeing new infection rates reduce because it means interventions are working.



**John Ndakuya Kundu,
Kisegi Sub-district Hospital In-
charge**

Hi. My name is John Ndakuya Kundu and I'm 25 years old. I hold a diploma in clinical medicine and surgery and I joined the Ministry of Health (MOH) staff at Kisegi sub-district hospital in May 2011. I am responsible for managing the HIV clinic, mentoring staff, and seeing patients in both the inpatient and outpatient departments. Prevention with Positives (PwP) is an important part of our everyday work at Kisegi. At each patient visit we have integrated reproductive health services – we educate clients and demonstrate family planning methods, we inquire about condom use and provide condoms, and we encourage HIV patients to bring in their partners and other family members for HIV and STI screening and treatment. The most rewarding part of my work is seeing an empowered HIV-positive client equipped with HIV knowledge turn up for care and treatment, ready and willing to know more about HIV. I also am motivated by seeing the number of new HIV infections decline.

**www.faces
-kenya.org**

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FACES is a collaboration between the Kenya Medical Research Institute (KEMRI) and the University of California, San Francisco (UCSF).

Within KEMRI, FACES works with two Centers: the Center for Microbiology Research (CMR), Research Care and Training Program (RCTP) and the Center for Respiratory Disease Research (CRDR).

Within UCSF, FACES is a core program of the AIDS Research Institute (ARI), which coordinates all of the HIV/AIDS research, treatment, and prevention activities at UCSF.



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Special Thanks

We would like to express our sincere gratitude to all of our collaborators, funders, and donors. Your support changes lives daily and greatly helps us improve services, training, and capacity.

FACES welcomes your newsletter comments, please contact:

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Staying Healthy

My wife began HIV care first. She disclosed the news to me and I was still hesitant to know my HIV status. It was truly one day when she fell very ill and I brought her to clinic, then I decided to know my HIV status. That was 2008; my CD4 was just 99 and I enrolled in HIV care then.

Since then we have been staying healthy together. Every time we engage in sexual intercourse we use protection. We

also ensure that we take a balanced diet. Given that I have not gone public to disclose my status, I have taken it upon myself so that I don't infect another person.

I also gain strength from the existing support groups. In these groups we have therapy sessions where people share their experiences living with the virus and this gives hope to us.

I urge all those who do not know their HIV status to take the bold step of getting tested and those who already know their status to live positively and protect their partners.

**Male, 45 years old,
Kisumu East District
Hospital**



Family Matters

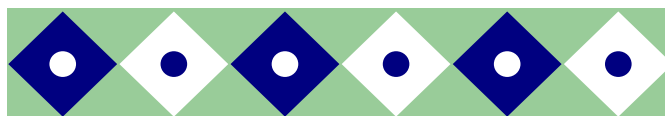
I went to the antenatal clinic when I was 17 and as a requirement I was tested for HIV, and my result came out to be positive. I was enrolled into HIV care that very day. Later I disclosed to my husband who took too long to accept and go get tested.

When he was finally test-

ed, it turned out that he was positive too. Our baby was enrolled in HIV care after delivery for follow-up, and fortunately her tests have been negative. We have been following all the instructions from the clinic to protect her so we hope she will never have HIV.

I have decided that the way forward is to remain faithful, always use protection, and make sure to take my drugs daily.

**Female, 19 years old,
Lumumba PMTCT, Kisumu**



Wise Decisions for Healthier Living

I learned of my HIV status in 2007 and started HIV care that same year. My CD4 was only 11 then; I was very weak and could not easily carry out my daily activities due to persistent illnesses.

Since then I have focused on living positively so that I don't succumb again to illnesses. I live positively by using protection (condoms), always taking my HIV treatment drugs daily and on time, and I make sure to exercise every day to remain fit.

I also stay strong by eating a balanced diet.

Initially I used to take alcohol, but I realized that it could interfere with my HIV treatment drugs and the time of day I take them. Also, after taking alcohol I realized that I don't make good decisions; it often led me to putting myself and my partner at more risk and so I decided to stop taking alcohol.

I urge everybody to know their HIV status. For those who know they are living HIV posi-

tive let us try hard not to put the life of others at risk; let's live positively and protect them.

**Male, 30 years old,
Lumumba Clinic, Kisumu**