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Family AIDS Care and Education Services

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FACES TALK

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Faith Healing in the Context of HIV



What role does “faith healing” play in the HIV epidemic? With faith healing, individuals overcome illness or disease through divine or supernatural interventions; for instance it may involve prayer and anointing the sick with oil. In the era of antiretroviral therapy (ART), the biomedical world might quickly denounce the power or consequences of faith healing, but it is important to understand its roots in the context of

HIV. Religion is fundamental to the social structure and community in Africa and religious organizations have played a significant role in providing HIV-infected individuals and families with spiritual support. In sub-Saharan Africa, faith healing grew substantially in the 1990’s with the rise of the Pentecostal church, escalating HIV epidemic, and especially prior to availability of ART. Even as ART scaled up, people were not sure how long the treatment would last or how well it would work. More is known about ART these days. People who are initiated on ART on time and adhere well are living long and productive lives, but they are not cured. A study in South Africa found that high use of traditional, complementary, and alternative medicines (TCAM) seemed to decline after about 20 months on ART. Nevertheless, faith healing continues to have a powerful pull.

Welcome

Welcome to FACES TALK. Our aim is to bring you updates on program progress, activities, and feature articles. This edition is focused on faith healing.

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.

Attempting the Faith Healing Path



A client sharing her faith health path

Judith was enrolled into HIV care in the year 2009. She was active in care until early 2010 when a friend advised her to seek prayer from a church that was allegedly healing Persons Living with HIV/AIDS (PLWHAs). She remained well shortly thereafter. However, after a few months, Judith started feeling unwell and went back to the church; this time round she didn’t find help. A few days later, her friend advised her to go to the famous Loliondo for ‘HIV healing herbs’.

Together with 13 other clients from their community, Judith agreed to travel to Tanzania for the herbs and they paid a total of Ksh. 5000 per person for the fare. A few months after Loliondo, her health deteriorated even further. She did not know what was wrong. She was later brought back to Rongo District Hospital where she was tested again for HIV. She didn’t believe the positive results but after undergoing counseling she was restarted on care and reinitiated on HEART. Since then Judith has been doing fine and is back to her work; she is grateful that she was accepted back into HIV care.



Many health care facilities that serve patients who are HIV positive face challenges such as insufficient staffing levels and staff with limited training and no access to consultation resources. In response to this need, **Uliza!** (Swahili for “ask”) was launched in April 2006. It is a Clinicians’ HIV Hotline providing free HIV telephone consultation service for healthcare providers in Kenya. Hotline users call an **Uliza!** consultant who discusses the patients’ problems and helps the caller work through a solution, reinforcing national guidelines.



Faith Healing in the Context of HIV (Cont. from page 1)

It is pervasive across religious orders and customs, and the drive to be cured remains high. Positive associations between faith and health have been found and a recent study in Malawi identified an association between less generalized worry about HIV among individuals attending religious congregations with faith healing. Yet faith healing has not been found to cure HIV as individuals have hoped.

The challenge is how to address the faith aspect of this healing for patients who are on ART. After being prayed for, a patient may stop taking his/her medication to avoid the feeling or branding of being “faithless”. Some preachers or faith healers may advise believers to stop medication while others may advise them to continue with their medication until a negative HIV test is confirmed to testify the healing.

A faith healing practice called “Loliondo” has affected patients in the area FACES serves. “Loliondo” gained a lot of media attention in East and Central Africa. A faith healer from Tanzania from the village of Loliondo administered a drink made from a local shrub at a cost of 30 Kenyan shillings (\$0.35) with a promise of curing incurable disease such as HIV, cancer, and diabetes. Based on reports from the media, several people claimed to have been healed of different types of diseases. At the height of its popularity, an estimated 20,000 people per day lined up for the treatment forcing the Tanzanian government to request that they return home due to lack of basic services like food, water and toilets. Within the HIV community, this resulted in several patients missing appointments, defaulting from treatment, or stopping treatment completely. The consequences in a few cases were severe, with some patients developing treatment failure and others dying due to re-emergence of opportunistic infections and

increased viral loads. Recently, this faith healer has announced a new, even stronger, cure that he expects will bring even more people to him in the hopes of a cure.



Line of vehicles carrying people awaiting cure in Loliondo, Tanzania

The biomedical community cannot deny the desire and need people have for faith and spirituality in the healing process. The best course of action may be to co-exist with faith healing by building on its strengths and mitigating its risks through the following approaches:

- Educate HIV clinic officers about faith healing to empower them to:
 - ◊ Talk to patients about faith healing so that they understand the concepts and consequences
 - ◊ Learn not to stigmatize or judge patients who have sought faith healing
 - ◊ Encourage participation in social groups to help patients cope positively with HIV
- Educate faith healers on biomedical treatment, how it works, and how it can work alongside faith to improve health. Empower them to manage faith healing seekers with the best therapeutic options.
- Advise patients to stick to their treatment schedules until they test negative if they go for faith healing.



Staff Snapshots

Enrollment

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

Enrolled in HIV Care

Adults: 110,216

Children: 18,490

Total: 128,709

Cumulative on ART

Adults: 50,920

Children: 5,456

Total: 56,379

PMTCT Update

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

Number of women counseled, tested and received HIV results within maternal and child health services at 132 sites in Nyanza:

177,409

Proportion of HIV+ women in ANC that received ARV prophylaxis:

93%

Infants HIV tested via DBS for PCR:

13,781

VMMC

Cumulative number of **Voluntary Medical Male Circumcisions (VMMCs)** performed from 2008 to the end of December 2012:

29,040

CCSP

Cervical Cancer Screening and Prevention

Cumulative number of screenings from 2007 to the end of January 2013:

10,301



Caroline Oyaro, Kisumu East District

I am a Clinical Officer who trained at the Kenya Medical Training College-Kisumu, graduating in 2006 with a Diploma in Clinical Medicine and Surgery. I will graduate as a Social Scientist in October 2013 from the Catholic University of Eastern Africa. I have been working in the HIV field for 7 years now, having risen through different ranks from service provision to managerial duties.

At FACES I am a Clinical District Program Officer whose duties are to support a number of health facilities in capacity-building through mentorship and trainings. I also manage both staff and commodities that are within FACES jurisdiction, and collaborate with the Hospital Management Teams, District Health Management Teams and other partners to provide quality care for our clients.

To guarantee that patients receive the best care possible, I ensure that the service providers are equipped with the best and latest knowledge and are motivated to work. I also lead data quality checks to ensure we give the best at any given time.

The most rewarding part of my work is seeing very sick patients getting well and being satisfied with the quality of care given. Observing a more responsible, knowledgeable, determined and self-motivated staff also makes me love my work even more.



Molly Oloo, Kisumu East District

I am a senior Nursing Officer who trained at the Kenya Medical Training College for a Diploma in Nursing (from 1990-1994). Currently, I am undertaking a Bachelor of Science degree in Nursing at Great Lakes University in Kisumu. I have worked in HIV care for 9 years now.

My role with the Ministry of Health is both management and service provision. I manage staff and commodities at the Patient Support Center (PSC) where HIV services are provided. I am the In-charge nurse responsible for supervision of service delivery, training, and staff.

I ensure that patients receive the best care possible by motivating staff in various ways, having departmental meetings to discuss challenges for staff and patients that can hinder quality of care, and together deciding on the possible solutions to ensure quality of care is maintained. The staff are encouraged to uphold patient rights and maintain confidentiality.

What motivates me is observing clients who improve on care and lead quality lives that enable them to participate in nation building and care for their loved ones. I am also motivated by seeing staff members that are self-motivated and ready to serve the clients in a relaxed and conducive environment.

www.faces-kenya.org

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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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HIV Clinic Opening at Rongo District Hospital

The Comprehensive Care Clinic (CCC) at Rongo District Hospital was officially handed over by the contractor in November 2012. We were privileged to have our Country Director, Dr. Patrick Oyaro, and the Logistics Officer, Mr. Ken Kariuki, in attendance for the opening. This new facility is greatly appreciated and treasured. It has facilitated the integration of HIV services and general outpatient services. Patients can now receive multiple services in one place.



New Comprehensive Care Clinic at Rongo District Hospital; the official handing over of the keys from the contractor to the Hospital Administrator and District Program Coordinator.

Once Bitten Twice Shy

Jane is HIV positive and a mother of a baby boy who is HIV negative at 6 months of age. Jane started antiretroviral therapy (ART) treatment in late 2008, after which she had stopped for a period of 1 year. When asked what made her stop she said “*Donge Nyasaye to chango*” (God heals).

“What I will never forget is that the counselor told me to continue having faith and that the hospital was part of God’s work to ensure that his people get help, and those who work there have wisdom provided by God to help his people,”

“I thought I had reached the level of receiving a miracle but seemingly I had not reached that level,” she said. She further stressed her point by saying “We know that God is the creator and cannot be challenged by anything and he can heal if one has faith; it is only unfortunate that I had not reached the level of faith that could bring a miracle”.

Jane was seen during pregnancy when she came for ANC (antenatal care) last year. As per routine, she was tested for HIV and this is how she learned that she was still HIV positive. She was counseled at the ANC clinic and given information on the importance of HIV care. It was explained that HIV does not have

a cure however one can take medication to suppress the virus. Jane shared that she was encouraged to bring her spouse for testing which she did and he was HIV negative.

“I also got encouragement from my husband to continue with medication. What I will never forget is that the counselor told me to continue having faith and that the hospital was part of God’s work to ensure that his people get help, and those who work there have wisdom provided by God to help his people,” she said.

Jane shared that it was difficult to come back to care but after a lot of support from her family and the counselor who constantly engaged her in discussions about her health and her baby’s health, she has been able to take her medication seriously.

Jane indicates that her faith remains stable; however, she would only stop medication again after a confirmed HIV negative test result. “Faith in medication is also faith, therefore I have faith in my medication as well as my God,” she concluded.

Adult female, Rongo District, pseudo name used for privacy.