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FACES TALK

Recovering from Kenya Post Election Violence

Post election violence erupted in Kenya after the 27 Dec '07 national elec- tion; opposing parties disputed the winner causing long-standing tribal and land griev- ances to surface and trigger havoc. Estimates indicate that over 1,000 people were killed and about half a million were displaced. Much of the violence took place in the Rift Valley and in southwestern Kenya - where nearly all the FACES-supported health facilities are located. Throughout January and February, the political unrest, violence, destruction, insecurity, and safety concerns severely limited health care services. Pa- tients and staff, fearing for their lives, sought protection in displacement camps, re- turned to their distant homeland, or took refuge in their homes – away from the heated, random violence on the streets.

FACES-supported health facilities, particularly in Kisumu, Migori, and Rongo Dis- tricts, were sporadically open and sported few staff. Drug supply and specimen trans- port systems were crippled, food was scarce, and patients couldn't reach HIV care and treatment services. HIV training and mentorship efforts were halted and many Ministry of Health and FACES staff were displaced or re-located. Collectively, this resulted in a decline in HIV service quality, a drop in access to HIV services, a rise in missing pa- tients, an increase in disrupted drug regimen prescription, and a reversal in the gains made in capacity-building. According to the National AIDS Control Council, post- election violence in Kenya prevented 2,391 HIV-positive people from accessing antiret- roviral treatment.

Fortunately the opposing political parties reached a power-sharing agreement in March 2008. Peace has been restored and the country is working hard to pick up the pieces, rebuild, and reduce tribal and land disparities. By April, HIV site expansion had resumed, patient enrollment figures were growing again, and lab support systems were back on track. However, capacity-building efforts have had to start fresh – with a new crew of local providers to train and mentor in HIV prevention, care, and treatment.

Despite the HIV service setbacks created by post-election violence, FACES is hopeful that peace and a more unified and equitable Kenya will prevail.



Kenyan Acacia tree

Welcome

Welcome to the 4th edition of FACES *TALK*. Our aim is to bring you updates on pro- gram progress, activities, and feature articles. This edition features Shamba Maisha, an agricultural program aimed at developing livelihood opportunities for HIV patients.

Shamba Maisha—Working Toward Income Solutions

Beyond providing vital HIV/AIDS care, FACES strives to offer services and programs that will improve the health and well-being of its HIV clients and their families in other ways. Many of these programs are through collaborations with other organizations. One such program, Shamba Maisha, was initiated in 2007. Shamba Maisha, which is supported by the Mulago Foundation, is a collaboration between FACES and Kick- start, an organization that develops and markets new technologies in Africa.

Shamba Maisha means "Farm Life" in Swahili. The main goal of the Shamba Mai- sha program is to enable FACES clients to grow crops for food and sale, thus improv- ing both their nutrition and their economic status. The essence of this program is the provision through loans of micro-irrigation hip pumps, one of Kickstart's innovative technologies. These hip pumps greatly contribute to the success and yield of farming activities.

To be a part of the Shamba Maisha project, one must be a FACES client, have land near or where they reside, have a consistent water source close to the land, and have previous farming experience. It is important that participants' land is close to

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FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program with 46 sites in Kenya. FACES initially launched services in Sep- tember 2004 with 1 site in Nairobi and a 2nd site in Kisumu, Nyanza Province in March 2005.

FACES partners with Dis- trict Ministries of Health (DMOH), City Councils, non- governmental organizations (NGOs), faith-based organiza- tions, and private health facilities to provide compre- hensive care and treatment, family planning, PPCT, TB screening, counseling, and social support.

FACES continuously strives to increase local capacity through targeted trainings and continuing medical edu- cation (CME) activities.



Shamba Maisha participant using his Kickstart pump

Quote Corner, Patients Say...

How has Shamba Maisha affected your life?

"I used to carry my wife and child to the clinic on a bicycle and it's a long way. Now we have money for transport." (Adult male, Shamba Maisha participant)

"There has been a big change. Now we can plant anytime – we don't have to rely on rains since we have the pump." (Adult female, Shamba Maisha participant)

"For three years I was sick. I didn't know why. I was bedridden. I found out I had HIV. I started ARVs and after three months I felt better. I gained strength and was urged to start farming. Farming is now my career. I earn money everyday by selling the sweet potatoes I grow." (Adult male, Shamba Maisha participant)

PPCT

Recent numbers from 34 Prevention-of-Parent-to-Child Transmission (PPCT) sites between Jan-Mar '08:

Number of pregnant women tested, counseled and received HIV results: 2,628

HIV positive: 496

Received ARV prophylaxis: 406

Infants HIV tested via DBS for PCR: 94

Shamba Maisha

Continued from page 1 where they live because it minimizes the risk of prohibitive travel costs hindering their ability to reach and tend to their land. A year-round, nearby water source is also essential to provide crops with a consistent water supply. The pump technology requires that the source of water be within 36 meters of where irrigation will be done. Previous farming experience is also vital – it demonstrates that the participant has the expertise to be successful in this project.

To join the Shamba Maisha program, participants are expected to make a down payment of 600 shillings (~\$10 USD), which is approximately

10% of the total amount of their loan. If they pay a higher down payment on their loan, they receive a lower interest rate. Farmers agree to repay the loans within a year or two crop cycles. Financial management training is offered through the program.

Once a farmer has made a down payment, he or she is given a package consisting of a micro-irrigation hip pump, pump accessories, planting seeds, fertilizer, and pesticide. Farmers can choose seeds from an assorted range of different vegetable crops to plant. Examples of some of the vegetables farmers are growing are kale, spinach, onions, sweet peppers, and

tomatoes.

Currently, there are 30 farmers participating in Shamba Maisha. As of now, about half of them are selling some of their vegetables, providing important income for their families. In addition to contributing to a healthier diet, the program also seems to be helping to improve the emotional health of the participants. Many of the farmers spend several hours each day working on their land, and indicate that their farming projects give a positive focus to their lives. They report that as a result of their involvement in the program, they are less shunned by the community, feel less stressed and are happier.

Shamba Maisha Staff Snapshot



Project Coordinator Elijah Onjolo traveling to farms in the Shamba Maisha program.

Elijah Onjolo, who always sports a broad smile, has been the Project Coordinator for the Shamba Maisha project since July 2007. His past experience and skills in agriculture and HIV/AIDS make him a great match for this position. Elijah first joined FACES in April 2006 working as a Community Health Worker before becoming a Clinic and Community Health Assistant (CCHA) and taking charge of the FACES support group—roles he continues to perform on top of his Shamba Maisha responsibilities.

As coordinator of Shamba Maisha, Elijah advises farmers on high value crops to grow, connects them with middlemen to market their produce, ensures that loan payments are made, and monitors their agricultural activities and health status. He also develops monthly project work plans, writes progress reports, and networks with stakeholders. In addition, as CCHA Assistant Coordinator, Elijah enrolls new clients at the FACES clinic, conducts HIV education and adherence counseling, and provides oversight for the CCHA department in Kisumu.

Prior to joining FACES, Elijah worked for many years at the Grail Cofido Program, a health and nutrition program. He was the Agriculture and Livestock Project Coordinator and trained many people living with HIV/AIDS. Through Grail, he earned an Oxfam scholarship for a two-year course in Bio Intensive Agriculture, which gave him the expertise needed to focus on using locally available resources in his Shamba Maisha work. Since arriving at FACES, Elijah has taken courses in computer technology and counseling. He is currently working toward a diploma in Community Based Development and Project Management.

"Having worked in health and agriculture in the community for more than 10 years, I understand the community interests and enjoy seeing the positive results of the Shamba Maisha program." His personal philosophy is that not all people are poor because they are lazy, for some it is because they lack resources to forge ahead. Elijah believes that nobody is unable to prosper -- they just need to be given a chance.

Migori District



Assistant CCHA Coordinator Don Willis of Migori and Dr. Janet Turan of UCSF, Karungu Health Clinic, Migori



FACES and Ministry of Health Staff, Migori District Hospital



Uliza! Clinicians' HIV Hotline provides free and rapid HIV clinical expertise via cell phone service. The 24-hour service was initially provided to 17 health facilities in Nyanza Province, however the Kenya National AIDS & STD Control Programme (NASCOP) recently adopted the program and *Uliza!* nationwide scale-up officially launched 9th May 2008. Provincial and district ministries will broadly disseminate the *Uliza!* phone number, brochures, and stickers to HIV health care providers. Publicity will initially focus on Coast, Nyanza, and Nairobi provinces. Publicity for the remaining five provinces will intensify once additional funding is obtained.

Enrollment

FACES Overall Enrollment as of 31 March 2008 at 46 sites:

Enrolled in HIV Care
 Adults: 29,025
 Children: 4,386
Total: 33,411

Currently on ART
 Adults: 10,451
 Children: 709
Total: 11,160

Student Training and Education Program (STEP)

STEP, an elective program for medical students and residents, enables Kenyan and international students to gain practical HIV care and treatment experience. Fifty students and resi-

dents have participated in STEP. Participants come from a variety of prestigious institutions and universities in Kenya, the U.S., and Canada.

STEP was halted dur-

ing Post Election Violence, however the program resumed in May. Five students will participate May—Aug 2008.

Nairobi STEP Experience

Prior to coming to FACES-Nairobi, I had no direct clinical experience with HIV/AIDS patients. My first day at FACES was a little overwhelming- I had never encountered so many people with HIV/AIDS before! I was touched by the kindness and empathy the staff at FACES-Nairobi showed to patients.

Perhaps one thing many people forget- especially those with little exposure with HIV/AIDS cases, is that these patients need to be loved and cared for just like any other

person. I remember one of the patients telling me "It feels so nice to know that there are good people like you out there with kind hearts and so caring- I like coming here because everyone here is very kind".

There were some occasions when I felt emotionally overwhelmed especially when dealing with children and extremely poor and helpless patients. The greatest moment was seeing a patient who came in withdrawn and looking depressed, leave my office with a smile on her/his

face saying how grateful they were. My overall experience at FACES-Nairobi was wonderful. I have gained so much experience already! My desire to serve poor people and HIV/AIDS patients is even stronger. I am grateful to have been considered to do my elective at FACES-Nairobi and I hope to come back again to be a part of this amazing family. I could not ask for more!
Jackie Mwendwa
University of Oklahoma Health Sciences Center
Tulsa, Oklahoma, USA

Suba STEP Experience

"My elective term in Suba has been a learning experience like no other, experiencing first hand the challenges of working in a poor resource setting. The cultural beliefs about HIV/AIDS and the low status of

women was unique, for though I am Kenyan I had never experienced such before. The Suba staff were exceptional in their work ethic and ready to work long hours to see all patients. I have learned

so much about clinical management of patients living with HIV/AIDS and the holistic care of patients."
Nicholas Kirui
University of Nairobi



Sena Health Centre, Suba District



FACES Nairobi Data Manager
 Lucy Sanguli



Clinical Officer Florence Gitau and
 UCSF Fellow Megan Huchko

Other Updates

Cervical Cancer Screening

To improve reproductive health services, cervical cancer screening and treatment began in October 2007 for female patients at Lumumba Health Centre in Kisumu. Nine clinical officers were trained in visual inspection, colposcopy, and biopsy and one medical officer was trained in LEEP (Loop Electrosurgical Excision Procedure) treatment. By December 2007, over 320 women had been screened and about 35% had abnormal VIA, resulting in colposcopy, and LEEP. Approximately 6% of screened women were found to have disease needing treatment. This program is supervised by UCSF Reproductive Infectious Disease Fellow Megan Huchko.

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

www.faces-kenya.org

FACES is funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through a cooperative agreement with the Centers for Disease Control and Prevention (CDC).

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 Centres: the Centre for Microbiology Research (CMR), Research Care and Training Program (RCTP) and the Centre 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 news-letter comments and suggestions, please contact:

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Nutrition and HIV Program (NHP)

Nutrition and HIV Program (NHP), formerly known as Food by Prescription is a nutritional assistance program provided by collaborating partners: the Academy for Educational Development (AED)— the prime partner, and Insta— the food manufacturing partner. NHP is funded by USAID.

Thanks to their support, FACES is able to provide nutritional support to malnourished patients and their vulnerable family members. There are three types of food: one for children, one for pregnant and lactating women, and another for those 10 years and older and not

pregnant. NHP includes a porridge mix and waterguard (a water purifier).

Over 4,900 people have been initiated on NHP.



NHP Foundation Plus - one of three NHP food types

Renewed Hope for Better Health Through a Bumper Harvest

Benter is a 35-year-old woman living in Luanda Village, Kisumu, Kenya. She dropped out of school after reaching level seven of primary school. Her husband died in 1999 after suffering a long illness.

Six years later, Benter became deathly ill. During an admission at the New Nyanza Provincial hospital she was tested for HIV and found to be positive. The future looked bleak for her, a single mother of 6 children: the oldest 18, the youngest only 4, and no visible source of income to speak of. She was shunned by her community; her and her children bore their insults. Her in-laws were cruel to her and threatened to evict her, she lived in abject poverty, and felt totally alone, an outcast because of having HIV.

In 2006 she joined the HIV program at FACES Lumumba in Kisumu. Soon after she enrolled at the clinic, she also became a part of the support group, where she met regularly with other HIV infected people. She was lucky to meet Joseph... they are now a couple.

In March 2007, she and Joseph joined the Shamba Maisha program. Benter has taken the lead with

this program doing nearly all the work when Joseph is at work.

Things changed tremendously after Shamba Maisha started; it was a great relief to her and the children. Before, they did not have a single vegetable planted at home. Now they have plenty.

Shamba Maisha helped her overcome stress and helped her regain her social status in the community. She now interacts with neighbors who used to shun her. Community members, including former adversaries, are slowly coming back to her. They marvel at how blessed she is due to this pump! Her family eats healthier and she can afford school fees for her younger children, who couldn't attend school before due to the costs.

Nowadays she can even afford to pay for transport to the FACES clinic; previously she painstakingly walked several hours to get there.

After realizing the garden was the only source of livelihood they could depend on, three of her children started their own gardens. One of them has written a sketch story about how the project has relieved them.

Benter's plot of land is along the roadside and has attracted people passing by. Many stop, ask questions, and learn from her. Benter is very appreciative of Shamba Maisha – it has brought hope to her life. Her farm has indeed given her a new lease on life.



Benter at home with her family and "sack gardens"



...and with her flourishing crops