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Family AIDS Care and Education Services

Issue 7

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FACES TALK

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Patients Supporting One Another

Patient Support Groups are a vital source of social and emotional support, strength, and ingenuity for HIV-infected and affected individuals. They provide a venue for sharing information, knowledge, ideas, and experiences in a confidential setting. Sharing common experiences and difficulties gives members the opportunity to: 1) give and receive support, 2) express themselves freely, 3) connect with each other, 4) learn different ways to cope, 5) gain insight and deepen understanding of issues affecting others, 6) increase feelings of acceptance and belonging, 7) gain factual information, 8) develop relationships with others they can rely on in difficult times, and 9) see HIV positive people thriving which serves as a role model and inspiration to others. Patient support groups promote positive living, as well as encourage care and treatment adherence, and serve as a platform to initiate ideas, such as income-generating activities.

FACES currently supports 83 patient support groups across 5 districts in Nyanza Province and in Nairobi. The groups are linked to the nearest health facilities' HIV clinic, and each group is led by three elected group members. FACES Lay Health Care Workers (LHCWs) help initiate and facilitate the groups. LHCWs and collaborating partners provide skills-building training to support group members. Some groups are tailored to specific needs, for example antenatal women's support groups for expectant HIV-infected women emphasize infant feeding options, strategies for preventing transmission of HIV to the child, and promote partner involvement. Several women's support groups and a general support group in Kisumu have led to the development of goat husbandry and agricultural income-generating projects. Children's clubs are another special support group, allowing kids to play and learn together while their parents and guardians meet or join in the fun. FACES will be supporting over 100 patient support groups by March 2010.

Lay Health Care Woker Milka Adoyo Orony at Mbita Sub-district Hospital in Suba

Welcome

Welcome to FACES *TALK*. Our aim is to bring you updates on program progress, activities, and feature articles. This edition is focused on lay health care workers—a committed cadre working to meet the demand for HIV services in Nyanza Province.

Lay Health Care Workers Making a Difference

Nyanza Province has the highest adult HIV prevalence in Kenya at 15%. Rising public awareness of treatment, improved uptake of testing, and growing decentralization of services have resulted in large numbers of people seeking care at understaffed health facilities. To meet the enrolment demand and to maintain high quality care, novel approaches to improve staff utilization are needed. Task-shifting from clinical staff to Lay Health Care Workers (LHCWs) was adopted as a strategy to meet these needs. It allows the few medically trained staff to focus on patient care while LHCWs manage other clinic duties. LHCWs conduct patient registration and education, take weight and temperature, perform adherence counseling, manage nutritional supplements, maintain records, and assist with pill counting. They also lead support groups, children's clubs, and trace patients who have missed appointments.

Lay Health Care Workers Rebecca Diana Ombewa, Felix Onyangu Odondi, and Sibia Achieng Dimba at Nyamaraga Dispensary in Migori

LHCWs are recruited from among model patients and community-based organizations. Facilities have 1-7 LHCWs, depending on patient load. LHCWs undergo a 3-month internship comprised of a week-long basic training followed by an on-the-job practicum with weekly seminars.

FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program with 64 sites 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 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, PPCT, TB screening, counseling, and social support. FACES continuously strives to increase local capacity through targeted trainings and continuing medical education (CME) activities.

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

Richard Adede, FACES Nurse, Migori District and Christine Osula, FACES Clinical and Community Health Assistant Coordinator, Kisumu District

Quote Corner, Lay Health Care Workers Say ...

How has being a lay health care worker influenced or changed your life?

"Each day I go to sleep happy knowing I have touched a life through counseling"
Joy, LHCW, Rongo District Hospital

"I have learnt to accept and be positive about everybody in any condition and ready to assist anybody in my capacity."
Nicholas, LHCW, Migori District

"Has built my confidence as an individual"
LHCW, Rongo District Hospital

"I interact and relate with the community in a better way, so that I conduct home visits and tracing effectively."
Oyoo, LHCW, Migori District

What do you like most about your work?

"Being a living example and giving people hope that they too can live positively with the virus"
LHCW, Rongo District Hospital

"The ability to influence people's lives through the care and counseling and letting them know that having HIV/AIDS is not the end of the world"
LHCW, Rongo District Hospital

"It makes me interact with people of different values, interests, vision, cultures therefore building on my experience and improving my service delivery to all patients."
Nicholas, LHCW, Migori District

"Encouraging the patients when they are low."
Hylyn, LHCW, Rongo District Hospital

Lay Health Care Workers (cont from page 1)

After internship, ongoing mentorship is provided through weekly site visits by an interdisciplinary clinical team. Compensation is a progression based on performance and resources. LHCWs can be pure volunteers, peer educators receiving a small stipend, or salaried staff known as Clinical and Community Health Assistants (CCHAs).

In January 2006, FACES implemented the task-shifting strategy with 9 LHCWs at 8 health facilities in 1 district. At the time, there were 1,176 patients in care, including 335 patients on antiretroviral therapy (ART) at FACES-supported sites in Nyanza. The task-shifting strategy has scaled up considerably over the past few years. There has also been a dramatic increase in the number of FACES-supported sites and patient enrolment. By June 2009, 342 LHCWs were stationed at 62 health facilities in 4 districts, among which 26% were volunteers, 42% were peer educators, and 31% were CCHAs. Enrolment in Nyanza has soared to 46,502 patients currently in care, including 16,603 on ART.

LHCWs have contributed substantially to patient flow and decentralization efforts. Success may be attributed to ongoing LHCW mentorship, learning opportunities, and motivational rewards which contribute to performance and retention. Enhancing skills through additional task-shifting responsibilities are underway; many are undergoing training in Provider Initiated Testing and Counseling (PITC) which will enable them to counsel and test patients and family members for HIV at health facilities. Strong MOH involvement is also key to inspire team work and local program ownership.

Each LHCW plays a vital role in the battle to prevent and treat HIV in this high prevalence setting. FACES greatly appreciates their significant contributions to this end.

Staff Spotlight—Lay Health Care Workers

George Agengo, FACES Nyanza Clinical and Community Health Assistant Coordinator

George Agengo joined FACES in Kisumu in March 2005, when FACES first launched services at one site in Nyanza Province. He brought a wealth of experience in home-based HIV care and counseling to the program. His work initially focused on tracing patients who missed appointments. His responsibilities quickly expanded to include patient support group formation, children's club development, and conducting patient intake. George has spearheaded the growth of the lay health care worker (LHCW) program at FACES; as the Clinical and Community Health Assistant (CCHA) Coordinator he oversees the LHCW program. He trains and manages 4 district CCHA coordinators, 109 CCHAs, 120 peer educators and volunteers, and the implementation and facilitation of facility level task-shifting activities, patient support groups, children's clubs, and patient advisory groups. The most rewarding part of his work is seeing a HIV care site scale up to provide ART services "HIV care services start with LHCW support. To see them turn into an ART site means my team has done their job well. That site is now providing the full package of services for HIV patients." George is also inspired by the patients served. "Seeing people get better gives me hope and energy". FACES is graced by George's dynamic leadership, energy, and ability to build strong ties between the health facilities and the community.

Janet Ogada is a FACES CCHA at Magunga Health Centre in Suba District. She joined FACES in 2006 with training in home-based counseling, palliative care, and microfinance, as well as six years of experience of working extensively with Persons Living with HIV/AIDS (PLWHAs) as a volunteer. Initially, Janet started as a FACES volunteer; within a year she was hired as CCHA at Magunga. Janet was heavily involved in the site's successful scale-up to antiretroviral treatment services in December 2006. She has recruited peer educators and volunteers, started a Children's Club, and formed 25 patient support groups – some with income-generating activities. She maintains an active HIV calendar with many community events and collaborates closely with other community partners to promote HIV services and support. Janet looks at what she has been able to achieve at FACES with pride. Not only is she able to support her family through her work, but she has also gained knowledge, skills, a deeper understanding of PLWHAs and people she works with. "I have peace of mind knowing that I have been there to help those who needed my service."

Janet Ogada, Lay Health Care Worker, Magunga Health Centre, Suba District

Enrolment

FACES Overall Current Enrolment as of 6/09 at 64 sites:

Enrolled in HIV Care

Adults:	41,239
Children:	7,370
Total:	**48,609**

Currently on ART

Adults:	16,603
Children:	1,676
Total:	**18,279**

PMTCT

Prevention-of-Mother-to-Child-Transmission (PMTCT)(4/07—5/09):

Number of women tested, counseled and received HIV results within maternal and child health services at 62 sites:	40,373
HIV positive & Received ARV prophylaxis:	5,910
Infants HIV tested via DBS for PCR:	2,345

VMMC

By 6/09, the number of Voluntary Medical Male Circumcisions (VMMC) performed:

Adult males:	1,681
Infant males:	13

FACES Student Training Education Program (STEP) Volunteer Anthony Fong and staff in Suba District

Othoch Rakuom Health Centre in Migori District

Lay Health Care Workers and PMTCT/Research

FACES has made great achievements in the area of scaling up research activities and integrating them into routine HIV care and treatment services while maintaining high quality of care. The success has been made possible by Lay Health Care Workers (LHCWs), most notably the cadre of staff called Clinical and Community Health Assistants (CCHAs).

In October 2007, the MAMAS study (Maternity in Migori & AIDS Stigma study) was initiated at select FACES-supported facilities in Rongo and Migori districts. More recently, a study on integrating HIV services into maternal and child health services, called SHAIP (Study of HIV & Antenatal care Integration in Pregnancy), was launched on June 22, 2009. To support the research activities, CCHAs are used to identify, screen, obtain consent, enroll and follow up women coming to the health facilities for health clinical services. CCHAs have been empowered through didactic and hands-on training in research methodology, interviewing skills, good clinical practice and use of the handheld personal digital assistants (PDAs) for data collection.

The CCHAs' clinical and research tasks are paired so that neither responsibilities suffer. Recruitment scripts are included in the daily health education talks to the patients. Screening takes place while vital signs are being taken. Informed consent and study enrolment are done during patient registration and during HIV testing and counseling sessions. Follow-up visits for enrolled participants are coupled with defaulter tracing of HIV/AIDS patients.

To date, 9 health facilities providing comprehensive HIV/TB services, maternal and child healthcare, and outpatient services have become established research centers. Over 1500 women are enrolled into the MAMAS study and 5 participants were enrolled in SHAIP in its first week. The CCHAs have also assisted in the concluded patient satisfaction study and are assisting in the family planning and HIV/AIDS integration study which involves 18 sites in Migori, Nyatike, Rongo, Suba and Kisumu East districts. Future studies include the gender-based violence and the couple intervention studies.

CCHAs are the backbone of the research activities at FACES. They have proven that research activities do not need to be conducted parallel to care and treatment programs, and that it is possible to incorporate and scale up research activities in rural health facilities while maintaining high quality of care. Their work is highly appreciated.

PMTCT Lay Health Care Worker Quote

"I am HIV positive and received PMTCT services in 2002, but my child is HIV positive. I share my experience with the pregnant women in the facility despite this. Through sharing, they learn about the benefits of disclosure and support groups for Persons Living With HIV/AIDS. Disclosure and support helps them become free and to adhere to medications. Some women come to PMTCT with their husbands. From my disclosure and improved life, mothers have lived positively and seen me as an example of hope in life." *Janet, Lay Health Care Worker, Macalder Sub-district Hospital, Migori District*

FACES Volunteer Comments

It's not often in medicine that one gets to see so many aspects of humanity in such a short time. As a family doctor finishing an international health residency in Kenya, I saw some of the sickest people in one of the least resourced settings in the world. While struggling with small tragedies that come hand-in-hand with any developing world setting, FACES Suba unabashedly struck me as a centre of excellence. Getting to know the systems of HIV spread among fisherfolk on Lake Victoria was an intellectually amazing public health opportunity, and I was awash with the irony of how the "First World" could learn so much from the Third.

This experience was uniquely rewarding to me in ways that some would see as mundane. I greeted and complimented each client and colleague by name in my poor Dholuo, and occasionally, worse Swahili. I listened more than I spoke and learned more than I taught; recognizing that when it comes to HIV, perhaps life experience sometimes trumps a university education. Lastly, as I would do in any town back home, I made a concerted effort to build bonds and nourish working relationships and lifelong friendships. This experience enriched my life, affected my practice back home, and I hope that many other students take the humbling opportunity to see it in a similar light.

Anthony Fong, University of British Columbia

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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FACES welcomes your newsletter comments and suggestions, please contact:

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George's Triumph

George, Judith, & one of their children

George Owino is one of FACES' most celebrated staff members.

In 1998, George was working as casual laborer in Migori. That year, he began experiencing persistent fevers and headaches. Without his knowledge, George's employer had him tested for HIV and the results indicated that he was HIV+. He was abruptly laid off without being told why.

Unemployed, it was difficult for George to support his family – a wife and a daughter who had just started school. His wife gave birth to a son in 2000. That year George's health problems escalated as he developed chronic diarrhea and felt progressively weaker.

Believing that the diarrhea was amoebiasis, he spent as much as 200 ksh (about U.S. 3.00) per week on herbal treatment, but it did not help. Some members of his family suggested that the condition was caused by 'chira'. In the Luo culture 'chira' means a curse. That year George had planted crops before his parents, which is considered taboo. They consulted a magician to get rid of the curse, but despite following the magician's instructions, George's health did not improve.

Their next recourse was to seek treatment at a private hospital. He was put on IV fluids, which helped him somewhat, but unfortunately they did not have enough money to keep him at the hospital. He was moved to a church to recuperate. His condition deteriorated. Adding to his physical afflictions, he suffered another blow when his wife deserted him, taking their children with her. In 2003 George received more painful news. He learned that his son had died the year before; although he did not know it at the time, his son had been HIV positive from birth.

The constant search for cures at expensive private hospitals and maverick magicians began to take their toll. George's condition worsened and everyone around him seemed to have lost hope. His family even began to prepare for his funeral. Clinging to hope, George made one final desperate request. He wanted to be taken to Migori District Hospital (MDH). He was crippled and weak; his weight was a mere 35kg and he could no longer walk and was carried in his brother's arms to the hospital.

During his admission at MDH, George made a momentous decision and asked for a HIV test. With his mother and brother at his side, George was told he was HIV positive. The news was a relief; he finally knew what his condition was.

After discharge from hospital, George returned home and told the rest of his family about his status: 'I am dying from something that can be treated! We have wasted all of our money on magicians and herbs! I have HIV'. The family's reaction was grim: apart from his mother and younger brother, everyone else shunned him.

Now that he knew what his condition was, George wanted to do something about it. He had heard about antiretrovirals (ARVs) so he made inquiries about them. At that time, ARV treatment in Nyanza Province was only available at the Provincial Hospital in Kisumu and at the District Hospital in Homa Bay. Determined to get on treatment, George made his way to Homa Bay Hospital and by February 2003 he was started on ARVs.

The nurse who was treating George referred him to a patient support group. George could hardly believe such a group existed. This group of strangers accepted him as he was when his own family would not.

George went public about his status on World AIDS Day in 2004. His public declaration and testimony was heard by the District Commissioner and Health Officials, and the public. From then on, George was invited to attend and participate in stakeholders' meetings.

George continued to further his knowledge in HIV treatment and care. He went for training in Nairobi and was certified in Voluntary Counseling and Testing (VCT).

ARV treatment had been introduced at MDH in 2005, and George's career began in 2006 when he became the first volunteer at the hospital; his job as an expert patient entailed "fishing for people" and convincing them to go for testing and treatment. 'Over 600 people came in for testing and care because they saw me near death and then saw me come back to life.'

FACES began supporting HIV services at MDH in 2007. George was recruited, trained, and hired as a Clinical and Community Health Assistant (CCHA). George was a dedicated worker; it was his personal mission to increase the number of people in care and treatment. Within 10 months he was promoted to the CCHA Coordinator at Rongo District Hospital.

This promotion meant moving away which could compromise his health. His health was delicate; in addition to ARVs, he was on other medications and a strict nutritional plan for his co-morbidities. His mother was his devoted caretaker. Nevertheless, he accepted the post and took up his new responsibilities.

While working as the Rongo CCHA Coordinator, George met a young widow, Judith, a FACES CCHA. She was HIV positive and a mother to 2 children. They are now happily married.

George has triumphed. His CD4 count, once as low as 2, is now 1008. He manages a large staff across 9 sites. His acceptance and outspokenness about HIV has inspired the community to test for HIV, know their status, and enroll in care. He has travelled internationally to talk about his experience with HIV. This is a remarkable feat for a man who has coped with over 10 years of severe HIV-related illnesses that has nearly robbed him of his life several times.