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FACES TALK

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Shamba Maisha Farmers' Double Income

Shamba Maisha ("Farming Life"), recently completed its pilot project with 30 HIV-positive farmers in the Kisumu area. Shamba Maisha aims to improve the nutrition and health of patients and their families by increasing farm productivity using local irrigation technology.

Participants in the pilot project, who were all FACES patients at Lumumba Health Centre, received a small loan to purchase a Kickstart MoneyMaker irrigation pump and other farming supplies. They were also given special farming instruction from one of the FACES clinical and community health assistants over the course of one year. Participants were followed closely through home visits to assess income, nutrition, and health outcomes.

At the end of one year, we found that the average Shamba Maisha farmer doubled his or her annual income. As expected, the largest increase was in irrigated income, or income derived from crops they could now irrigate using the pump. *Cont. on page 2*



A Shamba Maisha farm outside of Kisumu

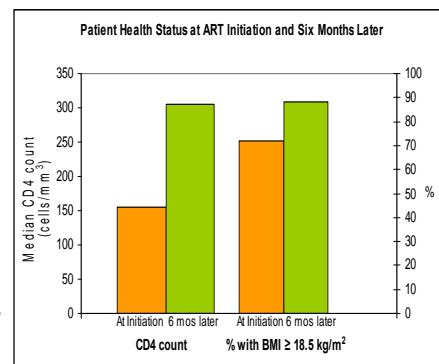
Welcome

Welcome to FACES TALK. Our aim is to bring you updates on program progress, activities, and feature articles. This edition is focused on health outcomes—how patients are doing after being on HIV care and treatment for some time, as well as systems in place to help monitor quality of care.

Patient Population Snapshot

The rapid scale-up of care and treatment in Kenya has transformed lives over the past few years. Anti-retroviral therapy (ART) has averted about 57,000 deaths since 2001 in Kenya (NACC report, 2008). What about patients at FACES-supported sites; how are they doing? To provide a snapshot of our patient population we looked at who receives HIV care, the quality of the care they receive, and their health outcomes. We examined electronic medical record enrollment data from patients at four sites in Kisumu East, namely Lumumba Health Centre, Family Health Options Kenya, Pandipieri, and Tuungane. Findings revealed that the majority of patients were female (75%) and nearly all patients were of Luo ethnicity (97%). About two-thirds (58%) had been educated up through some primary school and half (50%) were married or in a partnership. The median age in the patient population was 29 years old. Most patients were referred to HIV care from a voluntary counseling and testing center (77%), although about 10% had come from an antenatal care clinic, with the remainder referred from Maternal and Child Health departments, TB units, research projects, and other sources.

In terms of health status at enrollment, the median CD4 count in the population was 245 cells/mm³, well below the lower cut-off for a healthy CD4 count of 500 cells/mm³. 74% of enrollees had body mass index (BMI) greater than or equal to 18.5 kg/m², which is the lower end of the healthy BMI range. Nearly identical numbers of patients enrolled at WHO Stages I (32%), II (31%), and III (31%), with a much smaller proportion enrolling at WHO Stage IV (6%). *Cont on page 2*



FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program with 62 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.

Quote Corner, Patients say

How has your life changed since you started receiving HIV care and treatment?



Female FACES patient feeling too happy

"I'm too happy. When I first came to FACES I couldn't walk, my CD4 was 9. No one thought I could recover. I started on treatment. I can take care of my children and I'm working in business now. My children are happy."
Female

"My husband, one child, and I are in care and treatment at FACES. I was so weak, for a long time I thought I would die. People are so surprised that I have recovered so much. Now I am a farmer selling poultry at home. I am very proud."
Female

"My wife had passed away. My five-year old daughter and I came in for care and treatment. My daughter is doing well and is going to school. I have returned to work. I am well. I am thankful to FACES for the services we've been given."
Male

"I am a widow with two children. I have been HIV positive for eight years. I had TB and other health problems. I was put on treatment. Now I can work. I'm also empowered and can confidently deal with my status."
Female

Shamba Maisha Farmers' Double Income (cont. from page 1)

The average CD4 count of the farmers also improved over the study period. Despite the project, some families still struggled with food insecurity, however.

During focus group sessions, participants told us that the project had been very helpful, although a severe drought in the region had made farming difficult for everyone. Women were especially thankful for the project, stating that it had al-

lowed them to become more independent and provide for their families.

In light of the success of this pilot project, we are now planning to expand Shamba Maisha to Suba, Migori, and Rongo districts. There, we hope to enroll more than 1,000 farmers in a randomized controlled trial to assess the effect of our intervention on child health.

Children in HIV-affected households are particularly

impacted by poverty and poor nutrition. We hope that providing a sustainable farming project will allow the entire household to benefit from improved access to food and income.

Shamba Maisha participant using the Kickstart Moneymaker irrigation pump



Patient Population Snapshot (cont. from page 1)

WHO Stages classify HIV infection according to HIV-associated symptoms: Stage I - asymptomatic, Stage II - mild symptoms, Stage III - advanced symptoms, and Stage IV - severe symptoms. Findings also revealed that patients received timely care - there was rapid initiation onto anti-retroviral therapy (ART) when

patients met WHO stage and CD4 criteria. Interestingly, 32% met eligibility criteria for ART at enrollment. The median time from eligibility to initiation onto ART treatment was short, just 39 days. Patient health status improved substantially after initiating ART treatment: median CD4 count increased from 155 cells/mm³ at initiation to

306 cells/mm³ six months later. The proportion of patients with BMI ≥ 18.5 kg/m² rose from 72% at initiation to 88% six months later. Overall these results indicate remarkable improvement in the health of patients receiving ART treatment at FACES-supported sites.

Staff Spotlight - Meet Patrick Owiti Oyaro

What is your background? I completed my primary and secondary school education in Kisumu and my university education at the University of Nairobi Medical School. I hail from Kisumu's Nyahera village. My father, the late John Robert, was a laboratory technologist and my mother, Alice Owiti, is a retired nurse. When I am not at work I am with my family or doing music somewhere.

What is your role within FACES? I work as Program Coordinator of FACES Nyanza overseeing all program activities. I represent the program in several provincial and national meetings and act as a linkage to other stakeholders in the field of HIV. I support the district coordinating teams and the provincial departments on technical and leadership programmatic areas.

How has HIV care and treatment changed patient and provider outlooks?

It has given hope to many patients who thought their lives were over the moment they knew their status. It has re-energized them and allowed them to see their children through or advance in their education and other aspects of life. Providers have gotten satisfaction seeing the great transformation of patients while on treatment.

What are your interests? To pursue any level of education that permits me to influence the health policies of this nation. A large proportion of the diseases we are struggling with can be prevented. We need to strengthen public health so we do not spend a lot of resources on treatment.

What is the most rewarding part of your work? Seeing the lives of patients transformed and seeing colleagues grow professionally.

What motivates you to do this type of work? I love to help people and to see people get help whenever possible. I don't like to see people suffer when they can be assisted.



Patrick Owiti Oyaro, FACES Nyanza Program Coordinator

Enrollment

Patient enrollment by 12/09 at 62 sites:

Ever enrolled in HIV Care:

Adults:	66,397
Children:	12,853
Total:	79,250

Ever on ART

Adults:	24,518
Children:	2,528
Total:	27,046

PPCT Update

Cumulative Prevention of Parent-to-Child-Transmission (PPCT) by 1/10 at 63 sites:

Number of women tested, counseled and received HIV results within maternal and child health services at 63 sites: 93,111

HIV positive & Received ARV prophylaxis: 11,711

Infants HIV tested via DBS 4,985

VMMC Update

Cumulative Voluntary Medical Male Circumcisions (VMMC) performed by 1/10 at 12 sites:

Youth & adult males: 7368
 Infant males: 30



FACES Systems Team at Kadem TB Health Centre in Migori.

PSI Delivers

Population Services International (PSI) generously donated very useful care packages for each patient at Lumumba Health Centre, as well as for health facilities in Suba District. The contents are aimed at promoting good health and

preventing infections and disease. Each package contains a large water jug, 4 bottles of Waterguard, a water filter, 60 condoms, 2 long-lasting mosquito nets, and educational materials.



Kisumu pharmacist Roseline Oyuga with the PSI donated care package for patients

Quality Matters

FACES conducts quality assurance (QA) and quality control (QC) procedures as an internal process to gauge and improve clinical care. Data or M & E staff team up with clinicians to collaboratively conduct patient chart audits weekly at district hubs and at a random selection of satellite sites. The process involves randomly selecting 20 recently seen patient files. Reviewers carefully assess the patient cover sheet and encounter form(s),

baseline labs, vitals taken, and clinical care documentation for completion, accuracy, continuity and quality of care. The results are recorded in a handy Chart Audit Summarizer tool which produces immediate results and indicates where improvement is needed. Results are shared at weekly staff meetings and tracked over time to assess progress. The chart audit feedback has contributed to im-

proved form completion and service provision.

This process helps us achieve our goal of continuously improving the quality of services provided.



Anastaciah Omjah, Chart Audit in charge, Data Team, Lumumba

Revolutionizing Patient Tracking and Management

FACES is a comprehensive HIV patient support program with a constantly increasing client base. To keep track of the high volume of patients and to continuously improve quality of care, FACES employed an integrated, flexible, and user friendly electronic Open-source Medical Record System called OpenMRS. OpenMRS initially launched at four sites in Kisumu and recently ex-

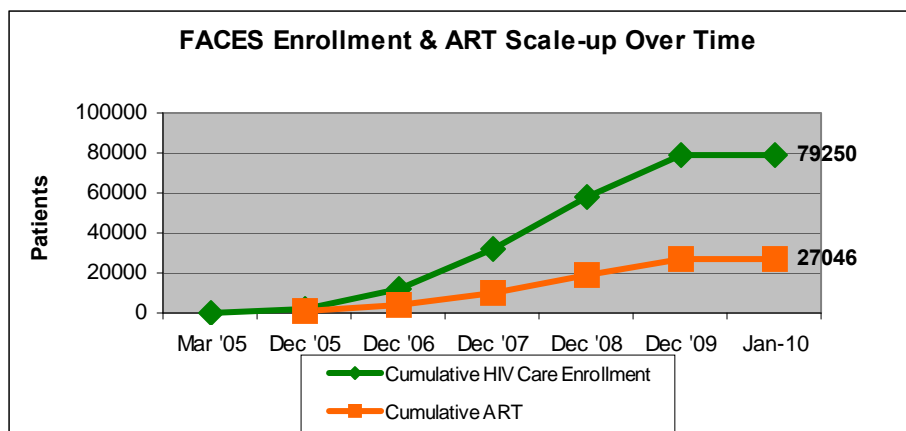
panded to 28 sites across 4 districts. OpenMRS is maintained on a central server in Kisumu, Nyanza. A remote form entry module allows us to gather data from satellite sites. Roving data clerks move around to satellite sites with laptops and enter patient encounter forms into OpenMRS. Data from the satellite sites are then compiled and processed at the central server. Once the data

is processed, it is then added to the main patient database. Assessing patient care and outcomes and tracking our patient load has been significantly streamlined with OpenMRS implementation.



Benard O. Otieno, Assistant Data Manager, Kisumu

FACES Enrollment and ART Scale Up



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 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.



Generous donations and support have been received from the Clinton Foundation, the Steinbergs, Riders for Health, Marie Mackay, the Mulago Foundation, ARI, MAC AIDS, Indiana University, Flagship Fleet, Paediatric AIDS Treatment for Africa (PATA), Population Service International (PSI), Insta, AED, USAID, Kenya National AIDS & STD Control Programme (NAS COP), and from many other generous private donors such as the Kwee family.

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, please contact:

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Reducing HIV Transmission—Rapid Results Initiative

The FACES Voluntary Medical Male Circumcision team, together with the local Ministry of Health, recently participated in the Rapid Results Initiative (RRI) in Migori and Rongo districts. The RRI sought to help reduce the HIV burden by heavily promoting and conducting voluntary medical male circumcisions between November 9 and December 20, 2009 throughout Nyanza Province. In Migori and Rongo districts, 3,117 male circumcision procedures were performed during this brief window of time. Overall, the RRI resulted in 35,628 procedures in Nyanza, surpassing the 30,000 RRI target.



Voluntary Medical Male Circumcision team at Migori District Hospital

Helplessness Behind!

Let me thank my almighty God for giving me this opportunity to share my life history. My name is Pamela Achieng' Botu, I am 34 years old.

It was in July 2004 when my husband Mr. Obuya was sick all the time and he could not go to work. At the same time I was ill, I had opportunistic infections like herpes zoster and I had to seek treatment at Rakwaro Mission Hospital. It was difficult for us to support our family of 2 boys and a girl.

One day my husband and I were both admitted to Migori District Hospital. At the hospital we were tested for HIV, we were both positive. I couldn't believe it. I disputed the results and doubted it, but my husband did not comment. By then his health problems had escalated. He developed advanced opportunistic infections like chronic diarrhoea and became progressively weaker as days went by.

I suffered a blow when my husband passed away. My in-laws took everything away and left me helpless, to die; at this time my health deteriorated as well. On my way to the hospital I met George Owino who was working with a community-based organization called DADRA. When he saw me he stopped the vehicle, told me to come aboard, and he took

me to the hospital. I was admitted for a period of 7 months and was assisted by friends. Thanks to George Owino, now FACES CCHA Coordinator in Rongo District, for his help during this tough time of my life.

While I was in the hospital I learned that my 2-year old son passed away. I still don't know where he was buried. I was initiated on anti-retroviral treatment in the ward.

By early 2005 I had improved and I was discharged. The hospital bill was waived by hospital management. My in-laws were surprised to see me back home. Afterwards I received home-based care support from DADRA. I improved and started a self-support project of a kitchen though I had a peripheral neuropathy, a side effect on of the anti-retroviral drugs.

My brother-in-law passed away and the family sat down and agreed that I had to be inherited (Luo practice called Jater*) for two widows cannot stay in one home due to our cultural beliefs. I got married, became pregnant and gave birth to a child who is HIV negative.

George Owino used to come to my home to counsel and take me through HIV



education. One day he came and asked me to be a peer educator at Migori District Hospital with FACES.

I joined FACES in 2006 as a peer educator. I worked closely with clients conducting adherence counselling, taking vitals, tracing defaulters, and enrolling clients. I wasn't paid, but I received a lunch reimbursement. In 2008, I was hired by FACES as an office assistant in Migori.

I thank and congratulate the FACES family for the good work of care and treatment they are offering to me, families and communities both HIV-infected and affected. **PAMELA ACHIENG' BOTU, OFFICE ASSISTANT, FACES MIGORI**

* *Jater* is a cultural practice of wife inheritance in which a widow is re-married or 'inherited' by one of the relatives to her deceased husband, usually a brother.