



FACES TALK

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FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program with 88 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.

FACES—MOH Collaboration

Despite marked gains in HIV prevention and treatment, Kenya has a generalized epidemic with an estimated 1.42 million adult Kenyans living with HIV/AIDS¹ and an estimated 59.5% of HIV-infected adult Kenyans in need of antiretroviral treatment either unaware of their status or without access to treatment.¹ Nyanza Province, where FACES work is centered, has the highest HIV prevalence in Kenya (14.9%) compared 7.1% nationwide.¹ To control and reduce this epidemic, FACES and the Kenyan Ministry of Health (MOH) formed a partnership back in 2007 in the isolated island district of Suba. Within a year, HIV prevention, care, and treatment grew from 2 sites in Suba to 14 sites – enabling very remote populations to access HIV services. The FACES and MOH partnership quickly expanded to 4 other districts: Kisumu East, Migori, Nyatike, and Rongo. This partnership now supports HIV care at 86 health facilities in the 5 districts across Nyanza. FACES support also extends to 2 health facilities in Nairobi. Over 106,000 patients are enrolled and over 40,000 have initiated antiretroviral treatment.

How does this partnership work? Most of the funding support for HIV services in the country comes through international aid while most of the health services in Kenya are provided through the government's MOH system. To effectively counter the effects of HIV in a sustainable manner, a concerted joint effort is needed between HIV-funded partners and the MOH. Through the generous support of PEPFAR/CDC and other private donors, FACES is financially able to support HIV service provision and MOH capacity building efforts. This support spans 1) the procurement of lab equipment, supplies, and consumables ; 2) human resources such as health care workers, laboratory technologists, pharmacy

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Welcome

Welcome to FACES TALK. Our aim is to bring you updates on program progress, activities, and feature articles. This edition is focused on the FACES—MOH collaboration.

STEP Experience



Emily Mangone,
STEP student with
FACES staff Gorretty

As an MS candidate in the UCSF Global Health Science program, my fieldwork project was based at the FACES Migori site. My project was a qualitative evaluation of a gender-based violence screening pilot in a rural clinic. Being able to get the interviews myself was an extremely informative research experience that I would not have been able to have had it not been for the FACES infrastructure and staff on the ground. When I arrived I was paired with two fantastic mentors, Peter Manwari and Jannes Kodero, who helped me accomplish my projects and feel at home in the community. Truly the entire FACES team was extremely friendly and supportive. Despite the challenges of working in a rural area, in two months I was able to accomplish my project, participate in another project, attend several Continuing Medical Education sessions (CMEs) and even give one myself on my initial findings. It was a great experience and a great environment in which to do research. Thanks FACES!

Emily Mangone, Master's Student, UCSF

Quote Corner,

“Describe your working relationship with FACES”

DHRIOS say:

“The relationship between FACES and Rongo MOH is good. It needs to be emulated for all in the province partners implementing health services.”

Ahomo Michael, Rongo/Uriki DHRI

“Working with FACES has been good. We conduct integrated support supervision at the health facilities and they provide data entry support to help with the data received from both Nyatike and Migori districts every month.”

John Odira, Migori/Nyatike DHRI

“There are good leads that integration is picking up and I hope this will be sustained. The relation is good at the moment.”

Tom Arunga, Kisumu East DHRI

“The partnership with the FACES and MOH (DHRI) has improved with this second phase of work. So far we have conducted joint integrated support supervision with program coordinators and the M&E team. This has improved ownership at health facility level. Support from FACES for a data clerk has helped my department as well.”

Jared Aruasa Ombagi, Suba/Mbita DHRI

technologists, data clerks, and nutritionists to take on the extra work that HIV services bring to facilities (363 MOH staff are supported through FACES); 3) training health care workers not only in HIV clinical skills but also to be strong leaders and mentors for staff; 4) conducting supervisory and mentorship site visits; 5) carrying out monitoring and evaluation activities; and 6) HIV program planning and implementation. These

activities are carried out jointly with the district MOH. As collaborative partners, our goal is to transition HIV program management over to the MOH and to ultimately greatly reduce the HIV epidemic in Kenya.

1. NASCOP. Kenya AIDS Indicator Survey 2007: Final Report. Nairobi, Kenya: Ministry of Health; September 2009.

Statistical Approach to Integration Process



DHRIOS for Rongo, Kisumu East, Migori/Nyatike and Suba with FACES statistician Kevin Owuor and M&E Officer Peter Okal during the training

A data analysis training was recently held using SPSS(PASW) and a biostatistics overview for the District Health Records Information Officers (DHRIOS) from four districts (Suba, Migori/Nyatike, Rongo and Kisumu East) in Kisumu. It was facilitated by FACES statistician Kevin Owuor and M&E officer from Kisumu

East Okal Mitto. The DHRIOS included Mr. Ahomo, Mr. Arunga, Mr. Odira and Mr. Ombagi.

The DHRIOS noted that the training was a big eye opener to data management and analysis and will go a long way in bridging the existing gap in data analysis at the district level. The biostatistics overview was also noted as very useful.

Furthermore, the DHRIOS mentioned the need to strengthen data analysis skills of all stakeholders involved in health activities.

The participants were satisfied overall with almost all aspects of the training including content relevancy, well prepared and responsive instructors, practical exercises, and

good training facilities.

“Much more of such trainings should be in place to enhance the efficiency and effectiveness of the DHRI office and initiate routine follow-up by trainers to ensure support utilization”. We, as FACES, commend the DHRI team for their commitment and willingness to attend sessions even on a public holiday, (1st June 2011).

FACES is committed to utilizing the existing MOH structures to build capacity and strengthen health systems. This training will help toward that end. We hope that the data management and statistical skills learned will enhance and benefit the DHRIOS and the health facility infrastructure.

Ministry of Health District Health Records Information Officers (MOH DHRIOS)

What are District Health Records Information Officers and what do they do?

Each district has a District Health Records Information Officer (DHRI) who is responsible for managing the data and reporting for all of the health facilities in their respective districts. This includes data collection, collation, compilation, analysis and dissemination of findings for decision-making in support of management and to inform stakeholders. The DHRIOS are also responsible for monitoring indicators stipulated in the district Annual Operation Plan (AOP), ensuring the availability and distribution of data collection tools (e.g. registers and reporting forms); conducting site support supervision; providing performance feedback; participating in the AOP process; conducting routine data quality audits, training health facilities and students on data collection and report concerns; participating in District Health Management Team (DHMT) meetings and activities; and responding to information queries. Their wide array of responsibilities facilitates quality MOH reporting and enables all level of stakeholders to know how health facilities are doing individually and collectively.

Staff Spotlight

Enrollment

FACES Overall Cumulative Enrollment as of 06/11 at 88 sites:

Enrolled in HIV Care

Adults:	89,844
Children:	16,587
Total:	106,431

Cumulative on ART

Adults:	39,299
Children:	4,152
Total:	43,451

PPCT Update

Prevention of Parent-to-Child Transmission (PPCT)(06/11):

Number of women counseled, tested and received HIV results within maternal and child health services at 120 sites this past quarter: 12,898

HIV positive & Received ARV prophylaxis:	1,602
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Infants HIV tested via DBS for PCR:	779
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VMMC

By 06/11, the number of Voluntary Medical Male Circumcisions (VMMC) performed:

Adult males:	16,254
Infant males:	79



Jared Aruasa Ombagi, Suba and Mbita DHRIO



John Odira, Migori/Nyatike DHRIO

I am John Odira, the



Ahomo Michael, Rongo and Uiri DHRIO



Tom Arunga, Kisumu East DHRIO

I started working in the health sector from a very

DHRIO for Migori/Nyatike districts. I hold a Diploma in Health Records and Information Sciences from Kenya Medical Training College (KMTC) in Nairobi. I have about 20 years work experience in the field; I started at the certificate level in 1991 and have worked in 4 stations. The part of my work I enjoy the most is developing new skills through training and conducting support

supervision at health facilities.

The most memorable moment in my career was the day Migori District was #1 in Nyanza Province for the best annual operational performance in 2006 (AOP1 2005-2006) and witnessing the award receipt from the Minister for Health Mrs. Charity Ngilu in Nairobi, Kenya from the School of Monitoring Studies.

I am Ahomo Michael. I am a Health Records and Information Officer by profession. I trained in KMTC in Murang'a. Currently I am applying my professional skills as the DHRIO for Rongo District, working for the Ministry of Medical Services & Ministry of Public Health and Sanitation. I am now covering two districts in the larger Rongo area: Rongo and Uiri. I enjoy the challenges my work brings; I take it as an opportunity to challenge the challenge! I am looking forward to pursuing a degree course in Health Records and Information Management.

The most memorable moment in my career as DHRIO was when I reported to Rongo district, I was asked to prepare a presentation on district Annual Operation Plan (AOP4) performance and present at the provincial level in a stakeholders forum. This was something I had never done before. It was quite difficult, but finally the district was regarded as the most improved district in AOP4 performance.

humble background in early 1988 as a MOH clerical officer in Nairobi. Shortly after I was posted to Kisumu District as a statistical clerk and worked there until 1993. I then trained at KMTC as a Health Records & Information Technician and was posted to Kuria District, where I was the district's first DHRIO. I eventually moved to Kisumu District Hospital and took evening epidemiology coursework. I am now the

DHRIO for Kisumu East and I am pursuing a Bachelor's Degree in Health Records & Information Management at Kenyatta University. I enjoy the drive for information in my work. The information we provide is key to management and decision-making.

The most memorable moment in my career as DHRIO was being admitted at an institution of higher learning from a very humble beginning to advance in this career path.

I trained in KMTC and received a Diploma in Health Records and Information Sciences. I joined Nairobi Hospital as a Medical Record Assistant for 5 months after which I joined the civil service in the MOH. In Nyanza Province, I initially worked at Kisumu District Hospital and then later at Migori District Hospital as the In-charge of the Medical Records Department.

My current station is Suba where I work as the DHRIO for both Suba and Mbita districts. What I enjoy most about my work is presenting and sharing health information to decision-makers. I also enjoy professional development through training and seminars and conducting support supervision.

The most memorable moment in my career as DHRIO was the teamwork I experienced while working in Migori District Hospital and how all the managers valued data generated from each department.

**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.



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FACES welcomes your news-letter comments, please contact:

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PPCT Rapid Results Initiative Achievements



Mobilization in action - RRI caravan and banner carried by the DMOH Rongo & Pharmacist, Dr Wandera

With HIV prevalence at 18% among pregnant women and 248,000 births per year, Nyanza Province in Kenya has an estimated 44,680 HIV-infected women delivering annually who need services for the Prevention of Parent-to-Child Transmission (PPCT) of HIV.

To increase access to quality HIV services for pregnant women and their HIV exposed infants, FACES, in partnership with the MOH, conducted a Rapid Results Initiative (RRI) for a period of

three months at 119 sites in 5 districts within Nyanza Province.

To start, Provincial and District-level taskforces were formed from multidisciplinary areas: laboratory, monitoring and evaluation, community liaison, and clinical staff. RRI strategies, targets, and an implementation plan were developed to address key PPCT challenges which included the need to increase CD4 testing access, initiate more HIV positive women who qualify on ART, increase the number of HIV positive infants on HAART, improve partner involvement, and increase infant HIV testing. The RRI strategies focused on accelerated community mobilization and sensitization, health workforce support, strengthened laboratory networking, HIV care referral and linkages, and defaulter tracing activities. RRI findings were compared to baseline findings to determine if the RRI efforts led to an increase in testing and service uptake.

Preliminary findings indicated that the numbers increased during the RRI period: HIV counseling and testing increased by 11%; 9,585 women were reached compared to 8,591 at baseline. CD4 testing increased to 78% from 59% at baseline. Similarly HAART uptake increased to 26% from 14% at baseline. Infants under 3 months undergoing DNA PCR HIV testing increased to 92% from 46% at baseline and the percentage of positive infants initiated on HAART increased to 71% from 55% at baseline. Testing of male partners nearly doubled; it reached 15% compared to 8% at baseline.

Overall this RRI strategy led to remarkable improvement in reaching more women, partners, and exposed infants with HIV testing and services which will go a long way toward averting new HIV infections among infants. A follow-up evaluation is planned to determine if the improvement is sustainable.

Dedication to care and longevity—Barrack's Story



Barrack Odhiambo Odindo

My name is Barrack Odhiambo Odindo and I am 38 years old. I was born in Kadawo Kadongo, Holo, Kisumu. I was referred to the HIV clinic by Dr. Amos Otedo since I was doing poorly. However, I had known my HIV status since 2001. I was weak and had lost my job at Kenya Breweries in 1997 because of being sick on and off.

Dr. Otedo was a family

friend, so he took me in as his patient. He started treating the opportunistic infections. I got services free of charge, paying for my medicines and transport to Holo. We were seen at the referral clinic. Back then, very few people would come to the clinic and even nurses could be heard murmuring about my health. Then in early 2005, I came to the HIV clinic supported by the CDC, where they started free care but I had to pay for certain lab tests like liver function.

My illness was treated and my productivity was revived because I gained strength and started farming as my occupation. I stopped depending upon people for survival. Today I can do all things without straining. I used to weigh 42 kgs but today I am 55 kgs. My

previous CD4 count was just 100cell/ml but presently my CD4 count is 600cell/ml.

I now enjoy free x-ray services and tests which makes me happy. We are not sent outside the hospital to do the tests or to buy drugs since all these are provided at one center. FACES has the capacity to support a big number of HIV-infected people at once. Those who are malnourished are supported. The constant supply of drugs makes the programme score highly. The workers are quick and friendly.

Since we are the pioneers of the clinic, I wish to urge those who are down and in need of care to start care immediately and to adhere well.