



Family AIDS Care and Education Services (FACES)

By Dec 2017

Background

Family AIDS Care and Education Services (FACES) works in concert with Kenya Ministry of Health (MOH) and global efforts to attain UNAIDS' 90-90-90 targets by 2020. FACES supports over 70 health facilities in Kisumu County, Kenya and works to increase HIV status knowledge; ensure people living with HIV are linked to care; prevent new infections; deliver and capacity build for sustainable high quality care and treatment; and achieve viral load suppression to improve health outcomes.

Core Clinical Service Areas:

- HIV Testing & Counseling
- Prevention of Mother-to-Child-Transmission (PMTCT)
- Voluntary Medical Male Circumcision (VMMC)
- HIV/TB Care & Treatment



Cumulative Accomplishments (Oct 2016 – Dec 2017)

HIV Care Cascade

731,841 people tested for HIV, including 201,261 children

7,824 (1%) people tested diagnosed with HIV, including 433 children

7,050 (90%) people diagnosed with HIV initiated on ART, including 526 children

44,560 people living with HIV currently on life-saving ART, including 3,662 children

83% of people on ART have suppressed viral loads. *Note: based on prior year's cohort*

PMTCT

18,393 pregnant mothers tested for HIV

2,976 (16%) pregnant women test diagnosed HIV

2,932 (99%) pregnant women diagnosed with HIV started on ART

2,940 (99%) HIV-exposed infants received prophylaxis to prevent HIV infection

3,423 HIV-exposed infants tested for HIV via PCR

VMMC

53,440 men underwent VMMC to help prevent HIV infection

Approaches:

Increase HIV care access: Decentralize and the scale up the management and delivery of life-long HIV services to make them available at more sites, especially in remote locations. Through training, human resource support, task-shifting, and integration of HIV services where possible, FACES has have grown from serving just two facilities in 2005 to serving more than 70 health facilities today.

Facility testing coverage: To ensure testing is easy to access throughout the health care system, testing services are available at outpatient, inpatient, nutrition, TB, maternal health, and child welfare centers. A family testing approach is also utilized to ensure that the children and partners of patients attending HIV care are tested and linked to HIV care if diagnosed with HIV.

Prevention of Mother-to-Child-Transmission (PMTCT): FACES works to eliminate new HIV infections in children and ensure all pregnant women with HIV start ART and continue it for life through comprehensive and integrated delivery of PMTCT services within Maternal Child Health services.

Voluntary Medical Male Circumcision (VMMC): To increase knowledge and uptake of VMMC, which is proven to reduce HIV transmission, community outreach and VMMC services are provided at both static and mobile clinics. During VMMC HIV testing is also offered with rapidly linkage to HIV care for those diagnosed with HIV.

Rapid ART initiation: All individuals identified with HIV are targeted for same-day enrollment and rapid ART initiation to give them the best opportunity to achieve healthy outcomes.

Quality care: To ensure long, healthy lives for children, adolescents, and adults living with HIV, FACES offers a comprehensive package of care, which includes:

- Integrated family planning, including contraception and safer conception counseling;
- TB, STI, and opportunistic infection screening, diagnostics, and management;
- Side effect monitoring at every visit;
- Laboratory investigations, including viral load, to monitor health outcomes;
- Positive Health Dignity and Prevention (PHDP) services, peer support, and adherence counseling to support patients' well-being and boost retention; and
- Pre-Exposure Prophylaxis (PrEP) to prevent HIV transmission in discordant couples and other high-risk individuals.

Differentiated care services: To reduce the burden of frequent clinic visits for stable patients and ease clinic congestion, differentiated care models are

implemented. This patient-centered approach tailors service delivery based on the preferences of people living with HIV and, in turn, allows clinics to have more time to focus on patients most in need.

Adolescent services: To strengthen HIV treatment services for this underserved population, a standardized adolescent care package and youth-friendly services are provided. This includes youth-friendly clinicians and, at our larger health facilities, adolescent centers staffed by peer leaders. National and county efforts to educate teachers about how to better support youth living with HIV are also supported.

Task-shifting: By shifting tasks traditionally performed by physicians, such as taking vital signs or providing medication adherence counseling, to capable, well-trained non-physician health workers efficient use of local health workforces are optimized and people living with HIV are meaningfully incorporated into the workforce.

Capacity-building and technical assistance: To ensure the long-term sustainability and local ownership of HIV control efforts, FACES is equipping local governments, health workers, and civil society with the tools, skills, and manpower to manage HIV care systems independently.

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