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# FACES TALK

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## FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program with 58 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 Ministries of Health (DMOH), 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.

## Goat it—for healthier lives!

As FACES continues to help patients live healthier, fuller lives, income-generating projects are being initiated among the patient support groups in different districts. The Suba Goat Project is one of those projects. Two women groups in Suba District were donated goats. The goats provide nutritious milk, and using a purebred buck for breeding, the offspring have higher milk yield which can provide enough for family consumption and sale. The group can also generate income through stud fees from the buck. *Continued on page 3.*



Purebred Saanen buck donated to two women patient support groups in Suba District

## Welcome

Welcome to FACES TALK. Our aim is to bring you updates on program progress, activities, and feature articles. This edition is focused on male circumcision to prevent HIV acquisition, a new health service provided by Kenya Ministry of Health and FACES in Migori and Rongo Districts of Nyanza Province.

## Voluntary Medical Male Circumcision Program

Throughout sub-Saharan Africa, the popularity of male circumcision (MC) as an approach to HIV prevention is rapidly growing. Clinical trials in Kenya, Uganda and South Africa have shown that circumcised men are 50-60% less likely to acquire the virus than uncircumcised men. Although approximately 85% of men ages 15-64 in Kenya are circumcised, only 47% of men in this age group in Nyanza Province are circumcised—which is where FACES primarily works. In Migori District, Nyanza Province, this number is reduced to only 15%. Replicating other regions in Africa where circumcision prevalence is low, these areas also have the highest HIV rates in the country.

In September of last year, the Kenyan Ministry of Health announced the addition of medical male circumcision as a national strategy for HIV prevention. In October, FACES

rolled out the new voluntary medical male circumcision program in Migori and Rongo Districts of Nyanza Province. This program is in collaboration with the Kenyan Ministry of Health and in accordance with the National and International Male Circumcision guidelines. FACES and MOH health care workers have been trained in counseling, provision of adult male circumcision, and infection control and receive ongoing mentorship to build local capacity. Surgery rooms have been reno-

vated at Migori District Hospital, Karungu and

Muhuru Sub-District Hospitals, and most recently at Rongo District Hospital. Two surgery rooms are used for MC in Migori, while a roaming team strives to meet the MC demands in the areas of Karungu and Muhuru, serving each of these areas via a mobile clinic once a week. Rongo District Hospital is slated to begin male circumcision services this month. In the first 3 months of the program (October 16, 2008- January 16,

2009), 844 men were circumcised at the existing clinics.

*Continued on page 2.*



A few of the Voluntary Medical Male Circumcision Staff



Voluntary Medical Male Circumcision Clinic at Migori District Hospital

Male circumcision sign, Migori District Hospital



## Quote Corner, Male Circumcision Patients Say ...

### What prompted you to come for circumcision?

"My wife suggested [it] to me, after she was informed about male circumcision at the antenatal clinic. I had known of its health benefits but I didn't know it was this safe and pain free here."

(Male, age 34)

### Was being circumcised a hard decision?

"It was hard since I had to explain to my dad why I was going for it when not him or even my elder brothers are circumcised. He thought it was untraditional and they thought it was painful. After I explained the benefits and after seeing how fast I recovered, they [my brothers] asked me to bring them here. They are here now for circumcision."

(Male, age 26)

### How have you benefited from this clinic?

"I used to have cuts and bruises on my foreskin. The doctor told me it was a condition that can make me contract HIV/AIDS and sexually transmitted infections (STI) more easily if I have unprotected sex with an infected person. After awhile I developed a bad STI. I came here, got treated, and then I got circumcised. Now I believe this condition will resolve completely."

(Male, age 27)

"I paid two hundred shillings for circumcision in a local clinic. It was badly done and I developed very bad complications. You have been so good to correct it and treat me without payment."

(Male, age 18)

## Male Circumcision Program (cont from page 1)

Each person is provided with group and individual counseling prior to the surgery and is expected to return for a follow-up visit 7 days post surgery. Provider-initiated testing and counseling (PITC) is an additional component of the FACES/MOH MC program. A 24-hour hotline (staffed by a FACES MC clinician) can be called when there are any complications, or if any patient, potential patient or family member has a question about circumcision or HIV prevention.

Since October, FACES Community Engagement Officers have been very busy conducting community mobilization activities to promote male circumcision and educate on

other methods of HIV prevention. This community promotion has reached approximately 25,706 people through public addresses at barazas (chief meetings), community events, school presentations, and flyer distribution. Promotional efforts center on HIV and reproductive health education and MC counseling and target men and women, discordant couples, adolescents, and pregnant mothers. Community messages around male circumcision are developed by a team of clinicians, social researchers, community promoters and the FACES District Coordinators and are all in line with the national promotion materials developed by the Ministry of Health and

their partners.

Currently the program is only serving men aged 10 and older, and the demand is greater than what can be met with existing resources. Appointments are currently booked through mid-April, and the word is spreading! FACES aims to pilot an infant circumcision program over the next year, as well as expand the mobile and static clinic locations. By March 2010, FACES hopes to have implemented the program in at least 2 static sites and 4 mobile sites, serving 6 locations in Migori and Rongo districts.

## Staff Spotlight—Male Circumcision Program



Samuel (Apuot) Ndolo, FACES Community Engagement Officer (CEO)

Samuel (Apuot) Ndolo joined FACES as a community engagement officer (CEO) in July 2007. With a diploma in Community Health & Development and work expertise at the International Center for Research Agroforestry (ICRAF) and CARE, an NGO involved in development initiatives, he had much to offer. Currently head of the community engagement department, Samuel's principal responsibilities include marketing FACES/MOH health services in the community, educating the community about health, and facilitating community dialogue to improve health services. At present, community engagement at FACES Migori is focused on male circumcision. Over the past several months Samuel, in his engaging manner and with his simi-

larly engaging team, has been informing and mobilizing the community through talks at schools, churches, chief meetings, football tournaments, and video shows, flyer distribution in key locations such as barbershops, and even by sending text messages on mobile telephones. Samuel enjoys working at FACES because it is "a family - a team of young people doing big things". He finds it very rewarding to know that what he does helps to change behavior and save lives.

Joshua Were was hired by FACES in Suba in May 2006, and then transferred to Migori in November of that year to help launch the new FACES program in the district. Joshua has a certificate in Counseling and Guidance which he puts to good use as a FACES counselor in Migori district. He provides counseling for different needs at Migori District Hospital, most recently being trained in male circumcision counseling last year. Since the launch of the circumcision program, Joshua in his pioneering manner has been at the forefront of providing sexual and reproductive health counseling to groups of men interested in circumcision and their partners/guardians, and registering men for circumcision. He also gives individual counseling to each person who will be circumcised on a particular day, which is usually around 20-23 men. Joshua considers FACES a "team you always want to work with" and likes the opportunity to interact with different people. He finds it very rewarding to help people live full and satisfying lives.



Joshua Were, FACES Male Circumcision Counselor



*Patient support group member engaged in caring for a buck.*



*Samba Women's Group—part of the Suba Goat Project*

## Goat it! For Healthier Lives (cont from page 1)

The project launched in May 2008 with 20 local female goats and 2 purebred Saanen bucks generously donated by Marie MacKay. The goats were divided between the Samba Women's Group in Magunga and Tangendendi Women's Group in Sindo.

Each group received three days of training on goat care, feeding, treatment, pregnancy, the importance of goat milk, and other advantages of goat ownership and breeding.

Each women's group maintains a high quality purebred buck which stays in one place. Then different

female goats are brought to the buck for approximately one week at a time for breeding. Five offspring (three in Magunga and two in Sindo) have been born since the project started. The new offspring are given to other support group members. The groups are responsible for the care and feeding of the goats, and a FACES Clinic and Community Health Assistant (CCHA) visits the groups every month to oversee the project and provide support as needed.

Future plans include adding more local goats and introducing this project to other support groups in Suba Dis-

trict. In order to participate in this project, a group must have both a small farm and a shelter for the buck approved by a Livestock Officer.

Additional donors are needed to help expand the project. One high quality purebred buck is 15,000 Kenyan shillings.

(approximately \$200 U.S).

If you would like to donate a buck, a female goat, or contribute toward a goat donation, please see the donor contact information in this newsletter.

## Enrolment

**FACES Overall Current Enrolment as of 12/08 at 58 sites:**

**Enrolled in HIV Care**

Adults: 34,448

Children: 5,768

**Total: 40,216**

**Currently on ART**

Adults: 13,521

Children: 1,211

**Total: 14,732**

## PPCT Update

**Prevention-of-Mother-to-Child-Transmission (PMTCT)(4/07—12/08):**

Number women tested, counseled and received HIV results within maternal, child, health services at 49 sites: 31,316

HIV positive: 5,519

Received ARV prophylaxis: 4,878

Infants HIV tested via DBS for PCR: 1,723

## 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. Since the program's initia-

tion three years ago, 70 students and residents have participated in STEP. Individuals come from a variety of institutions and universities in Kenya, the U.S., and Canada. With the expansion

of FACES, participants now have the opportunity to carry out electives in one or more of five different areas: Nairobi, Kisumu, Suba, Migori and Rongo.

## STEP Volunteer Comments



*Jonathan Vlahos and FACES Clinical Officer Benjamin Koske in Kisumu*

"Shortly after finishing our residency training in psychiatry and emergency medicine, my wife and I had the pleasure of volunteering with FACES between September and December of 2008. We spent a rewarding two months working at the Lumumba Health Center in Kisumu, and one month in Migori and Suba districts. Melanie developed and piloted a depression screening protocol, while my project involved refining the

protocol for defaulter tracing, and capturing tracing information in the program database.

We were both extremely impressed with the FACES model of care: using clinics to decentralize HIV care, utilizing local healthcare infrastructure and staff from a variety of levels of training, and using staff from existing clinics to provide mentorship for new clinic locations.

That FACES has expanded in just four years to care for over 40,000 patients is a testament to the model.

During our stay, Melanie and I learned a tremendous amount about HIV from basic ARV management to rare complications of HIV we rarely see any-



*Melanie de Luna Vlahos leading a Continued Medical Education class in Suba District*

more in the US. This wouldn't have been possible without the fantastic program staff we encountered from our first meeting in San Francisco, to our last in Kisumu.

Thank you FACES, we miss everyone, and hope to visit again sometime soon."

**Jonathan Vlahos**  
Physician

**Melanie de Luna Vlahos**  
Psychiatrist

**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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### 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 newsletter comments and suggestions, please contact:

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## A Cutting End to Four Years of Suffering



*Joel Otieno—male circumcision patient*

When he first visited the clinic, Joel Otieno\* was not as open about his story as he is today. Perhaps he was not comfortable being in the company of the young men who make up a chunk of the clinic's clientele. He kept fidgeting uneasily in his seat and asking the counselor when he would be served.

Joel was served at last! The sixty-year-old breathed a sigh of relief. His excitement overshadowed the immense pain that usually overwhelms the clients when the local anesthesia wears off, thirty minutes after the surgery. 'It was the end of my four years of suffering' he says today.

Four years ago, Joel was diagnosed with balanitis (an inflammation of the glans penis) and the doctor re-

ferred him for circumcision as a permanent solution to the problem alongside other medication. At a cost of four thousand shillings\*\*, Joel could not afford the circumcision, neither could he afford the recommended medication; as such the disease soon became chronic.

'My life has been unbearable for the last four years; I struggled to clean my private area which was sore with pain and produced smelly discharge. Sometimes it got terribly itchy' he laments. He would avoid people's company suspecting that they would see through his uneasiness and realize his problem. Perhaps he felt the same way at the clinic on his first day.

Joel remembers how disappointed he was when he came to the clinic that day hoping he was the first and would therefore be served fast, only to realize many people were ahead of him and only twenty were booked for circumcision per day. The clinic serves on a

first-come first-serve basis. Three days later when coming for his first review appointment, he was the earliest to arrive at the clinic and was served first and as quickly as he had hoped. Joel still remembers in great detail the HIV testing and counseling and sexual and reproductive health education that he was given and he appreciates the process. When he came for his one week review, the clinician found a sexually transmitted infection, which he treated.

Today, Joel says he has fully recovered. His wife although supportive, was initially against the circumcision fearing irreversible complications; she too is now a happy woman. And how does Joel feel? He is delighted- he says "Right" to the counselor in his now characteristic manner and breaks out in rich hearty mirth that makes him look years younger.

\*pseudo name used

\*\*about US \$50

## Nairobi Update

FACES Nairobi and the National AIDS & STI Control Programme (NASCOP) joined forces to assess the electronic medical record

(EMR) tools in use country-wide at ART sites. The assessment will help inform and develop the NASCOP/World Health Organization

(WHO) ART/EMR tool for future implementation. The assessment is complete and results are being compiled now.

## Uliza! Update

*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 on a pilot basis. After collection and dissemination of findings, the Kenya National AIDS & STI Control Programme (NASCOP) has since

adopted the service for nationwide scale up. *Uliza!* nationwide scale-up officially launched on 9th May 2008. Publicity plans are underway. Provincial and District AIDS and STI Coordinators (PASCOs and DASCOS) will broadly disseminate the *Uliza!* phone number, brochures, and stickers to HIV health care providers. Public-

ity will initially focus on Coast, Nyanza, and Nairobi provinces. Publicity in the remaining five provinces will intensify once funding is obtained. From the trends experienced during the pilot, we expect call volumes to rise sharply with increased publicity of the service.