

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, including 61 HIV care and treatment sites, 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

Progress Snapshot (October 2016-March 2020)

HIV Care Cascade

- 1,586,696 people tested for HIV, including 365,258 children
- 21,644 (<1%) people tested diagnosed with HIV, including 1,012 children
- 18,679 (86%) people diagnosed with HIV initiated on ART, including 1,179 children
- 51,395 people living with HIV currently on life-saving ART, including 3,500 children
- 95% of people on ART have suppressed viral loads, 95% among adults and 86% among children. *Note: based Jan-Mar 2020 results*

PMTCT

- 56,983 pregnant mothers tested for HIV
- 9,189 (16%) pregnant women test diagnosed HIV
- 9,098 (99%) pregnant women diagnosed with HIV started on ART
- 9,098 (99%) HIV-exposed infants received prophylaxis to prevent HIV infection
- 8,693 (95%) HIV-exposed infants tested for HIV via PCR

VMMC

- 146,262 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.

Partner Notification Services (PNS): This is a targeted approach to reach individuals at high risk of HIV. When patients test positive for HIV, training counselors build a relationship with patients to ensure they are counseled about HIV and linked to care. Their contacts are determined, traced, and informed without exposing the patient's name or information, and tested for HIV and linked to care. The same approach is carried out for patients in HIV care with high viral load and others at higher risk including adolescents, widows, and key populations in HIV care. Their contacts are listed and targeted for testing and linkage to care without exposing the patient's name or information.

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. Partner notification services and family testing approaches are also utilized to ensure that contacts including partners and children and individuals being tested and patients attending HIV care are tested and linked to HIV care if diagnosed with HIV.

Population-based HIV testing: To increase HIV case finding we employ the Community Health Initiative (CHI), which uses a proven population-based approach to HIV case finding. We are focused on the informal settlement of Obunga in Kisumu. We mapped and conducted a census of all of the households and deliver multi-disease health services through community health campaigns. Services include HIV testing and counseling; linkage to HIV care, treatment and prevention services; screening and referral for TB, malaria, hypertension, diabetes, fistula, and cervical cancer; and referrals for voluntary male medical circumcision. We work closely with the MOH and faith-based and other non-profit stakeholders to provide these comprehensive services.

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;
- 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 and Operation Triple Zero (OZT) activities are underway in all sub counties – zero missed appointments, zero missed treatment doses, zero viral load suppression. Youth-friendly clinicians and adolescent peer leaders staff our adolescent centers at high volume sites providing essential clinical and psychosocial support.

Eight Adolescent Centers opened in August 2018. These centers provide youth friendly care including preventive services, treatment, reproductive health services, peer support, along with engaging activities like sports and art to keep adolescents healthy and active.



Rabuor Sub County Hospital ribbon cutting the launch celebration



Ahero County Hospital Adolescent Center

The eight centers are located at Kisumu County Referral Hospital, Lumumba Sub-County Hospital, Rabuor Sub County Hospital, Masogo Sub County Hospital, Ahero County Hospital, Muhoroni Sub County Hospital, Nyakach County Hospital, and Nyahera Sub County Hospital. The centers were created collaboratively through FACES and the Kenyan Ministry of Health through the support of the Children's Investment Fund Foundation.

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.

FACES is a collaboration between the University of California San Francisco (UCSF) and Kenya Medical Research Institute (KEMRI) and is funded through a cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC)/U.S. President's Emergency Program for AIDS Relief (PEPFAR).

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