

**NEWS**

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The FACES of Kenya

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At the Tuungane Youth Centre in Kisumu, young Kenyans casually gather to shoot pool, play ping-pong and soccer, or engage in other recreational activities. But Tuungane is much more than a social club for teenagers—it also serves as an HIV clinic where young patients can receive treatment and support while avoiding the rampant stigma this disease carries throughout much of Kenya.

The HIV youth facility in Tuungane is just one of several initiatives supported by the Family AIDS Care and Education Services (FACES) program, an HIV/AIDS treatment and awareness program throughout western Kenya and Nairobi that launched in 2004. The FACES program is a collaboration between the Kenyan Medical Research Institute and the University of California, San Francisco, with funding provided through the U.S. President's Emergency Plan for AIDS Relief.

In Kenya, the prevalence of HIV infection is estimated to be 7.1% of the population, with rates as high as 14.9% in Nyanza Province. Although FACES was originally created to offer treatment to research subjects who tested positive for HIV in the Couple Intervention Studies conducted in Kisumu, Kenya, a dire need for services and treatment for the family and friends of these study participants became clear.

“The family model of care was pioneered because if one family member is HIV-infected, then the entire family is affected and has to cope with the physical, emotional, social, and economic consequences,” said Jeremy Penner, MD, clinical/program advisor for FACES. “We used these family linkages to find out who needed HIV testing; those who were positive were then given care, and those who were not [HIV-positive] were given education on transmission prevention.”

Dr. Penner added that FACES created a “treatment buddies” initiative, where the family members of patients with HIV help them with treatment adherence and coping with side effects. Another area that FACES targeted was disclosure counseling, because patients have trouble with treatment adherence if their family members do not know they are HIV-positive, with patients sometimes hiding their medication to maintain secrecy.

“Practically speaking, each patient we enroll is seen as linked to a network of other people at risk for HIV and who can support the care of that ‘index patient,’” said Patrick Oyaro, MD, country director for FACES. “We also use HIV-positive peer educators who can talk to patients about their own experiences with issues such as disclosure, medication side effects, and adherence.”

Despite the high prevalence of HIV infection in Kenya, treatment adherence is a huge problem for caregivers in the region. The stigma of HIV infection is common, because it's associated with immorality due to its link to sexual transmission. So FACES combats this attitude through public

awareness and acceptance initiatives.

The geography, infrastructure, and economy in Kenya also play a key role for medication adherence issues. Many patients with HIV must travel great distances—at their own expense—to visit the clinics each month. These long treks also require them to leave their children or jobs periodically, which factor into the mix.

“Geographically, the poor road network in the rural areas makes it difficult for both patients and even our support teams to reach the clinics,” said Dr. Oyaro.

To assist with the challenging economic situation of Kenya, FACES implemented initiatives to create sources of sustainable, domestic income for patients with HIV. The organization piloted a farming program, called *shamba maisha*, that lends the resources and technical support required for high-yield farming. When the farm becomes prosperous, the patient repays the loan so that the resources can then be offered to another patient.

Decentralizing HIV services into every health care facility is another important goal for FACES. Providing care in more locations would reduce the burden many patients deal with in seeking care, especially for those with co-infections that require visits to separate clinics. To support this goal, FACES has emphasized training health care workers to treat HIV and the many other common infections Kenyans face, which expands the number and accessibility of locations for patients to seek treatment.

“In the first 5 years of FACES, we trained over 2,300 health care workers using national guideline curricula, even creating a clinical mentor training program for ongoing support,” said Dr. Penner. “We also started an HIV hotline, so health care workers in remote sites can get expert advice 24/7 while they are caring for a patient right in front of them.”

With the obstacles that Kenyan patients with HIV face to receive treatment, they sometimes miss their appointments. Some believe, correctly or not, that they will be scolded by their caregivers for missing an appointment, so they either seek treatment elsewhere or do not seek it at all. But FACES tries to track patient activity to ensure they’re continuing on their therapeutic course, even making house calls when distance permits it.

“We continually try to work on our staff’s attitude to treat HIV [infection] like any other condition to prevent ‘HIV apartheid,’” said Dr. Oyaro. “Some patients lie about their reasons for moving to other clinics, even re-registering as newly diagnosed [with HIV] for fear of being reprimanded.”

The longstanding, colonial religious traditions in much of Kenya also can work against the program staff. Some patients believe that seeking treatment is unnecessary, due either to their church leaders’ naïveté toward HIV or their own personal beliefs that faith and prayer can overcome the disease.

“We don’t really argue with them about it, but we ask them to be responsible about it and confirm their HIV test before stopping their treatment,” said Dr. Penner. “Some of the preachers also advocate this, which is helpful—but others say treatment is unnecessary and come up with success stories about how someone was healed merely through prayer.”

To reach this segment of the population, FACES began teaming with preachers and local community leaders. They spread their awareness message at church gatherings and chief barazas, community meetings where the village elders and chief discuss issues with the local population.

In the end, the long-term goal for FACES is to make Kenya self-sufficient to the point where their presence is no longer necessary. The program already has seen great success with efforts to increase

accessibility to HIV treatment. In the Suba District, where HIV prevalence was an estimated 30% of the population when FACES first arrived, there are now 18 sites offering comprehensive HIV services. Overall, FACES currently oversees 62 HIV care sites, with a cumulative enrollment of 87,703 patients since the organization began working in Kenya.

But with only one-third of the adult population in Kenya tested for HIV infection, there is still plenty of work to do.

“The single greatest challenge is funding. We’ve been asked to expand services, but without a proportional increase in funding,” said Dr. Oyaro. “As huge numbers of patients enroll into care, it is a challenge to improve quality and increase access to services with stagnant or decreased funding.”

To learn more about FACES and its work in Kenya, visit www.faces-kenya.org.

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