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# FACES TALK

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## Remba Health Clinic Opens!

Remba – an island community in rural Suba District, officially opened the Remba Health Clinic in April. The Ministry of Health (MOH), the Remba Community, and FACES including Director, Dr. Craig R. Cohen, were on hand for the opening ceremony. This much needed clinic was generously funded by an anonymous donor. It will go a long way toward meeting the community's health needs. MOH will staff the facility Monday – Friday and FACES will be providing HIV services and mentorship during weekly visits to the island.



The new Remba clinic



Dr. Craig Cohen cutting the ribbon at the new Remba clinic



The Remba community celebrates the opening of the clinic

## Welcome

Welcome to FACES TALK. Our aim is to bring you updates on program progress, activities, and feature articles. This edition is focused on TB and HIV co-infection.

## FACES Response to TB and HIV in Nyanza

Along with the HIV pandemic in Sub-Saharan Africa, a resurgence of tuberculosis (TB) has occurred. HIV weakens the immune systems and allows infections like TB to resurface in infected people resulting in faster progression of HIV and higher mortality. HIV is the strongest known risk factor for TB and worldwide TB remains the number 1 killer of adults with HIV. In Nyanza Province, Kenya, where 14.9% of adults are HIV infected, there is a 10% risk of developing TB every year if not put on anti-retroviral therapy (ART).

The World Health Organization recommends three strategies in TB control, called “the 3 i’s”: intensive case finding, infection control, and isoniazid preventive therapy. Working with the Kenyan Ministry of Health (MOH), FACES is actively involved in all 3 i’s. Intensive case finding has been improved by screening all HIV-infected patients for TB at every clinic visit. This has enabled clinicians to identify and treat TB early. We have implemented an infection control protocol to reduce the exposure of staff and vulnerable patients to patients who have active TB. For isoniazid preventive therapy, FACES is studying its role in children.

To combat TB and HIV in Kenya, FACES is scaling-up ART, providing TB and HIV training, and increasing the screening for HIV at TB clinics. Improved access to ART through decentralization of HIV services at MOH health facilities reduces TB infections and death. Specialized TB training, which includes chest x-ray interpretation, has improved diagnostic skills and case identification, resulting in earlier treatment. In Nyanza Province, 69% of patients attending TB clinics are also HIV infected, so FACES has supported scale-up of HIV testing at these TB clinics.

A strategy being piloted is the integration of TB and HIV services, allowing co-infected patients to receive their TB and HIV care in a single clinic visit. This may improve adherence, reduce defaulting, and improve quality of care.

## FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program with 63 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.

## Children Facing TB and HIV Co-infection

### Quote Corner

#### What patients have to say about HIV and TB co-infection...

“It calls for a lion’s heart to take TB medication and ARV treatment at the same time! I had a terrible cough and was weak. I was diagnosed with TB while I was on ARV treatment. I was put on the TB medication, it was challenging. Thanks to the Clinic and Community Health Assistant – she encouraged me. I no longer cough and that makes me feel happy.”  
**51 yr old male patient at Tom Mboya Health Clinic, Suba**

“I contracted TB when I was in police custody. When you have TB you think twice, but it never occurred to me that I had HIV as well. Thanks to FACES I learned my status and I’m coping well”.  
**74 yr old male patient**

“While being treated for TB, I learned that I had HIV. I am now living positively.”  
**39 yr old female patient**



FACES Staff Edwin Wasiang'a and Patrick Mbullo taking the ferry to Suba

TB and HIV co-infection have similar effects in children as they do in adults, increasing the rate of death three to six times. At the same time, diagnosing TB in HIV-infected children is very difficult. Traditional diagnostics such as chest x-ray (CXR) and sputum exams fail to identify TB even in children who may have it. This leads to delayed diagnosis and treatment and even worse outcomes for these

children. For this reason, a collaborative team at FACES has been conducting a research study to help with early detection of TB in HIV-infected children in Nairobi and Kisumu.

Between March 2009 and April 2010, 585 HIV-infected children have been carefully screened for TB. Among them, 49 have been diagnosed with TB and started on the necessary treatment. On average, children with TB were 5.6 years

old and the majority (96%) were already on anti-retroviral medication. Additionally, the study has been able to determine that tuberculin skin testing and use of CXR amongst trained health care workers significantly improves diagnosis of TB. The FACES team is working with the National TB program to ensure that these important findings are disseminated and considered when making national guidelines for TB diagnosis in children.

### World TB Day Celebration

World TB Day was observed on 24<sup>th</sup> March 2010. The theme for 2010 was “Innovate to accelerate action”. FACES supported activities in Kenya to observe this day. The main event took place in Kogelo, hometown of

of U.S. President Obama’s father. The event recognized people who have introduced a variety of innovations in different settings, for example research and new approaches to helping people gain access to TB diagnosis and treatment.



World TB Day Celebration in Kogelo

### Staff Spotlight

**Lucy Sanguli** is the seventh of ten children in her family. She hails from Taita Taveta district in



Kenya’s Coast Province, a place she calls “the land of milk and honey”. Lucy is a very curious person who likes to discover new things. She enjoys meeting new people and loves travelling and exploring places unknown to her.

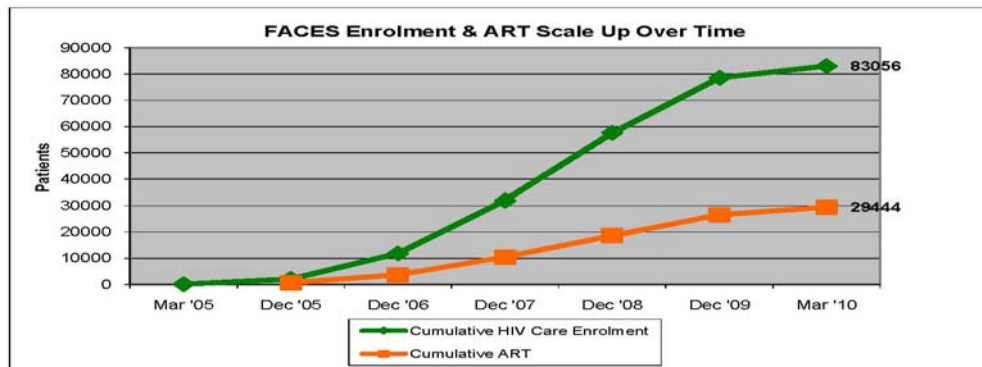
Lucy started working at a KEMRI Nairobi research clinic as a data manager on a study examining HIV progression in women. She then joined FACES in 2004 when the same clinic began providing HIV care to the general public as part of the FACES program. She is now the Nairobi M & E Coordinator for FACES. During her time with FACES she has discovered how critical it is to screen HIV patients for TB. Identifying TB enables providers to effectively manage and treat this co-infection.

**Lucy Sanguli – Data and M & E Manager, FACES Nairobi**

Lucy is proud of the work FACES has achieved over the past five years. The staff have gained so much knowledge and patients’ lives have improved. “There are many rewarding things about this work, such as seeing a patient brought in on a stretcher and a month later the same patient walks into the clinic by themselves to come and tell you thanks for helping me”.

“Always be helpful, and humble yourself in life” is Lucy’s motto. Something she practices each day at work with the FACES program.

### Enrolment Over Time



## STEP Experience

The conditions in Suba District are challenging: an HIV prevalence in the double digits, and rural conditions with limited transportation options for clients. But the energetic atmosphere within FACES builds tremendous support to face these difficulties. I spent 6 weeks on a clinical elective in Suba, a rural area bordering Lake Victoria. Although I could not



**Mai Khan Bui-Duy at Takawiri beach, Sena in Suba with Oscar, Lindah and Manwari**

visit all 20 FACES-supported facilities, a particular highlight included the mobile boat clinics to Ringiti and Remba Islands. All of the staff's willingness to share and learn from one another really made it wonderful to be a part of such a hard-working team!

By Mai-Khanh Bui-Duy (4<sup>th</sup> year medical student, Mount Sinai School of Medicine)

## Enrolment

**FACES Overall Cumulative Enrolment as of 03/10 at 62 sites:**

**Enrolled in HIV Care**

Adults: 69,355

Children: 13,701

**Total: 83,056**

**Cumulative on ART**

Adults: 26,511

Children: 2,933

**Total: 29,444**

## PPCT Update

**Prevention-of-Parent-to-Child-Transmission (PPCT) this reporting year (Oct '09—Mar '10**

Number of women tested, counseled and received HIV results within maternal and child health services at 63 sites: 15,287

HIV positive & Received ARV prophylaxis: 1,774

Infants HIV tested via DBS 790

## Learning Exchange at San Francisco General Hospital

Each year at least two members of the FACES leadership team are selected to participate in a learning exchange program at San Francisco General Hospital (SFGH) through the ASPIRE (AIDS Services, Prevention, Intervention, Research and Education) program.

Most recently, Dr. Dennis Osiemo, Lindah Otieno, and Dr. Patrick Oyaro were selected to attend. During their month-long stay in December they participated in grand rounds, ward rounds, Continuing Medical Education (CME) sessions, HIV hotline services,

patient consultation services and community outreach. In addition to enhancing their HIV management skills, they gained insight on the differences between Sub-Saharan Africa and the developed world in terms of HIV and demographics, cultural influence, expertise and resources. For instance, in Kenya more than 60% of HIV patients are female, but in the U.S. the majority of enrolled patients are male. At SFGH, the group noticed greater medical specialist involvement and substantially more resources available for



**Dennis Osiemo, Lindah Otieno, and Patrick Oyaro in San Francisco**

diagnosis and patient management.

All-in-all it was an enriching experience and equipped them with skills they can apply at FACES in Nyanza.

## VMMC

By 3/10, the cumulative number of Voluntary Medical Male Circumcisions (VMMC) performed:

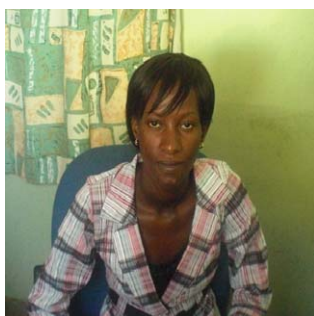
Youth & adult males: 9,733

Infant males: 51



**Remba Island beach—a lively fishing area**

## Staff Spotlight (Continued from page 2)



**Nancy Yienya — IPT Study Nurse FACES Lumumba**

**Nancy Yienya** is the third born in a family of eight. She comes from Rachuonyo District in Nyanza Province. She is a Kenya Registered Community Health Nurse by profession. She joined FACES in August 2008 as a Nurse Counselor and is now serving as the Kisumu Assistant IPT Coordinator, overseeing IPT research activities at Lumumba and Provincial General Hospital.

Active TB disease develops rapidly in HIV-infected children due to their immune-compromised status; screening is therefore important in order to reduce child morbidity and mortality. "There are cases of children who have been on highly active antiretroviral treatment (HAART) for years but their status declined to the point where they couldn't walk or talk," says Nancy, "Thanks to Isoniazid Preventive Therapy (IPT) and thorough TB screening, these children can now run and talk and grow healthy".

Nancy enjoys working with children, doing research and serving the community. She draws satisfaction from her job when serving, identifying and managing new TB cases, especially children with compromised immunity status.

[www.faces-kenya.org](http://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.**

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## From Patient to Provider



**Diana Adhiambo Okungu**

My name is Diana Adhiambo Okungu. I'm a widow with two daughters aged 14 and 9 years.

My husband was the family breadwinner. When he was alive we lived in Nairobi where he ran a curio shop. In 2004, my husband became sick. As his illness progressed, the business suffered and we were forced to close it and return to our marital home in Nyakach, a rural town about 60 kilometers from Kisumu city.

My husband passed away in September 2005 after ailing for over a year. He had a chronic stomachache and diarrhea and lost a lot of weight during his illness. During this time he adamantly refused to be taken to the hospital. When he eventually agreed to be taken for treatment, he was admitted at the Kisumu District Hospital (KDH) for only two days before he died.

I too was sick. Before my husband's death, I was sick with fever and had a growth on my neck. I went to KDH for

treatment and was told to go for some tests, but I didn't go because I did not have the money to pay for the tests. Instead I went back home to Nyakach.

My illness became worse; the more sick I became the more weight I lost. In October 2005 I decided to go back to KDH for treatment. At KDH I met the clinical officer who had attended my husband. He talked to me and advised me to find out my HIV status.

Following his advice, I went to the KDH Voluntary Counseling and Testing (VCT) center for an HIV test, but I was not happy with the service I received there. I decided to try another VCT center, which is how I ended up at Lumumba Health Center. I took the test and the results showed that I was HIV positive. I was referred to the FACES program for care and treatment and booked to return for HIV education the following day.

After being enrolled in the FACES program a number of tests were done. My CD4 count was 354 and my weight was 53 kg. I was also sent to the provincial hospital where a chest x-ray and biopsy were done for free. When the results came in from these tests, I was immediately put on TB drugs. I later learned I had TB adenitis.

In mid-2006 I got malaria and was very sick; I was paralyzed for some time, had anemia, and my CD4 dropped to 252. I was put on malaria treatment and started on antiretroviral treatment (ART) after completing an intensive phase of TB treatment.

I was forced to relocate from Nyakach to Kisumu to stay with my younger sister so that I could easily access care.

In 2008 I applied for a peer educator volunteer position with FACES. I was called for an interview and was delighted when they called me for the position.

The responsibility of a peer educator is an important one as this is often the first person to come in contact with the clients.

Through trainings, continuous medical education and on-the-job training, I acquired skills and experience to handle the cases I came across in the line of duty. The stipend I received enabled me to rent my own house and I was able to bring my kids to Kisumu to live with me. They are now in school.

In mid-February 2010 I moved up to a Clinic and Community Health Assistant (CCHA) position after a successful interview. I'm now a salaried employee of the FACES program. I believe this is because of my determination, commitment, hard work, and support that I have received from the FACES family, especially from the CCHA department.

I'm not sick anymore; I'm living with a condition. My CD4 has shot up and my viral load is down to an undetectable level. I have disclosed my status to my parents, other family members, and my in-laws.



**RCTP/FACES Administrative Team**