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FACES TALK

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FACES Nairobi Gets a Facelift!

FACES Nairobi clinic is sporting new administration and data offices, as well as a new patient reception area and a refurbished patient waiting bay. Shipping containers were resourcefully and artfully turned into beautiful, sturdy, and roomy offices. Renovation was also conducted at Nairobi's sister clinic in town, Mimosa. A shipping container was converted into a very functional clinic facility which will allow for extended HIV clinic hours at that location.



Nairobi office and reception renovations



Nairobi patient waiting bay renovation

Welcome

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

Plumpy'nut Making a Difference

Plumpy'nut is a high energy, high protein peanut-based food stuffed with vitamins. Originally created by a French scientist in 2007, it is quickly revolutionizing treatment of acute malnutrition in children, especially in impoverished settings. Plumpy'nut has already demonstrated great success in areas like Darfur, Niger, India and sub-Saharan Africa.

This peanut butter like food comes in a small foil pouch that can be stored up to two years and requires no remixing or refrigeration. Each pouch contains around 500 kilocalories which are easily digestible. It is used for children with severe acute malnutrition. Generally, children receive two pouches daily for four weeks at a cost of around \$15 U.S.



Malnutrition is a frequent problem for children with HIV. Their bodies are working overtime to fight the virus while at the same time they are faced with frequent infections that increase their energy needs even more.

These factors, combined with high levels of poverty and misconceptions on feeding of sick children, create a recipe for disaster. It is estimated that in places like Kenya as many as 50-60% of children with HIV are malnourished.

With the help of a pilot program funded by Project Concern International, the FACES Lumumba clinic is implementing the use of plumpy'nut for malnourished HIV-infected children. So far, 56 children have received this food support and 49 have already gained enough weight to return to regular meals with the close supervision and counseling of our nutritionists.

FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program with 62 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.

Quote Corner, Patients say

"I joined FACES in 2007 when I was very sick. I was enrolled in care. After initiating ARV treatment, my health improved. My appetite is now good and I am back to work. I am also now in a position to take care of my family including my husband and my 4-year-old boy who are also in care at FACES."

Female Patient

"I enrolled in care at FACES Lumumba in 2005. Besides HIV, I was also suffering from cervical cancer. At FACES this was treated and I was also put on ARVs, and my life has improved. Congratulations to FACES for the comprehensive care we get. It's not only HIV care but complete care. Hongera FACES!"

Female Patient

"Before knowing I had HIV, I was suffering from various diseases like TB and Herpes. ARV treatment works – I am no longer feeling sick and my life has improved. Thank you FACES."

Female Patient



Catherine Wamuyu
FACES Nutritionist

Opportunistic infections place Persons Living With HIV/AIDS (PLWHAs) at high risk of developing malnutrition, especially in settings where poverty and poor access to care prevail. Without prompt attention, malnutrition and opportunistic infections can worsen disease progression and prognosis through malabsorption, impaired food intake and metabolic alterations.

Good nutrition can reduce the frequency and duration of opportunistic infections, prevent weight loss, improve drug efficacy, reduce drug side effects, lessen the risk of mother-to-child transmission of HIV, and improve pregnancy outcomes.

One way FACES is addressing malnutrition among patients and their vulnerable family members is through the Food by Prescription (FBP) program. The products used in the FBP program include a nutrient and calorie rich supplemental food source (SFP) and plumpy'nut, a ready-to-use therapeutic peanut based paste. This nutrient-based intervention enables health care providers to assess the nutritional risk of patients through individualized therapy and follow-up. Overall, FBP helps to prevent and correct nutritional deficiencies that compromise immune function, minimize nutrition related complications that interfere with intake or absorption of

nutrients, and enhance quality of life.

The role nutrition plays varies along the disease continuum depending on the patient's age, gender, current medications, drug history, socioeconomic status and associated health concerns.

FBP, as a model of nutrition care, is managed through 4 steps: assessment, diagnosis, intervention and monitoring, and evaluation.

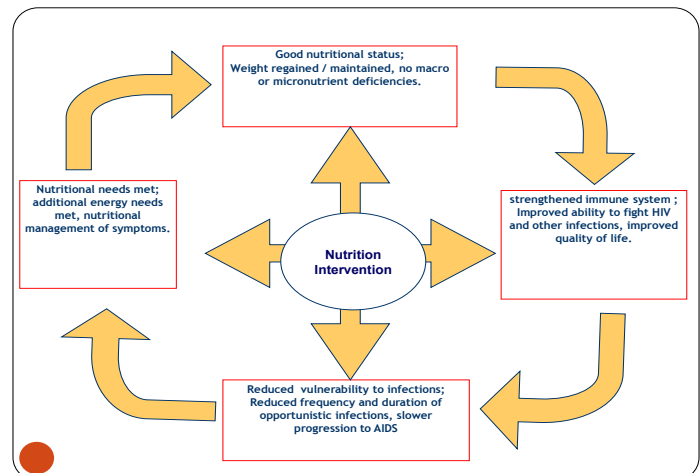
A thorough nutritional assessment using anthropometric measurements, diet history or WHO stage of HIV/AIDS and reference charts, is made to identify nutritional deficiencies, which in turn determine the nutrition intervention. The intervention involves nutrition education counseling, and enrolling the patient in the program.

The patient is monitored for three consecutive

months and discharged upon attaining the discharge criteria. Three additional months are allowed if the patient does not attain the criteria. If the patient still has not responded after 6 months, clinical investigations are done to determine the reason.

The patient returns for nutritional care at varying timeframes, depending on their risk assessment. Mild and moderate cases are managed within one month with a single dose of supplementary food. Severe cases are managed within two weeks using plumpy'nut and SFP which is a double dose ration. The main challenges to FBP include: sharing of prescribed rations due to food insecurity, not returning for scheduled visits, ration intolerance, ration stigmatization, and stock-outs.

Nutrition interventions have been successful in the management of HIV and AIDS, and many patients enrolled into the program have markedly improved in weight and general health.



Staff Spotlight

Catherine Wamuyu is the head of nutrition services at FACES. Cathy, as she prefers to be called, was born and brought up in Eastern Province. She has a degree in food, nutrition and dietetics from Kenyatta University and joined FACES in November 2008. Cathy's hobbies include engaging in charitable activities, singing, reading books and travelling.

At FACES, her responsibilities include: nutrition counseling and education to patients, screening and management of patients with nutritional needs, coordinating nutritional activities within FACES, and building capacity and mentoring staff on nutrition. A typical work day may involve Cathy giving nutritional advice to patients, managing malnutrition with supplementary food, and formulating food-drug menus and nutrition care plans.

Cathy finds her job very fulfilling. She says, "The most rewarding part of my work is when I see patients attain their target weight or regain a healthy nutritional status after nutritional interventions. This makes me feel that I am making a difference in someone's life and keeps me looking forward to another day."

STEP Experience

This summer, an interdisciplinary graduate student team from UCSF and UC Berkeley traveled to Mfangano Island, Suba District, as part of the Global Health Framework Program. Working at the FACES clinic at the Sena Health Centre, students conducted a chart review of patient files as part of multiple evaluation projects related to nutrition and HIV/AIDS. One research project is related to associations between body mass index (BMI) and socioeconomic status among AIDS patients and the other is an evaluation of the Food by Prescription (FBP) pro-

gram. The FBP study seeks to examine risk factors for BMI <18.5; protective factors for getting off of FBP once enrolled; and comparisons of BMI, CD4 count, WHO stage, adherence, and other health outcomes among eligible adults who do not enroll versus enroll in FBP. The goal of the evaluation is to inform nutrition support programs for people living with HIV/AIDS.



STEP QUOTE: "The experience on Mfangano Island in Suba District has made global health and medical anthropology ignite and come alive for me. The FACES program at Sena is well run and the clinical staff are impressive. Although I have experienced and learned an immense amount this summer, the memories that will most stick with me are, aptly, the faces of numerous patients living with HIV/AIDS in western Kenya and the master clinicians who work to heal them."

Jason Nagata, MSc, MD Candidate, UCSF

Left: Staff training graduation

Enrolment

FACES Overall Cumulative Enrolment as of 06/10 at 62 sites:

Enrolled in HIV Care

Adults:	73,087
Children:	14,616
Total:	87,703

Cumulative on ART

Adults:	28,677
Children:	3,103
Total:	31,780

PPCT Update

Prevention-of-Parent-to-Child-Transmission (PPCT)(06/10):

Number of women counseled, tested and received HIV results within maternal and child health services at 64 sites this past quarter: 7,444

HIV positive & Received ARV prophylaxis:	937
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Infants HIV tested via DBS for PCR:	604
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VMMC

By 06/10, the number of Voluntary Medical Male Circumcisions (VMMC) performed:

Adult males:	10,653
Infant males:	62



Shamba Maisha farm

HIV services are truly beneficial if patients have the nutrients required for a healthy immune system. This means having access to regular meals and nutritious food. Yet, adequate household nutrition remains out of reach for many HIV patients.

The FACES *Shamba Maisha* (a Kiswahili phrase for "farming life") program will enable patients to improve

their household nutrition in the long-term. The project will provide three tools: an agricultural loan, a hip-powered water pump, and training on farming techniques. With improved irrigation and farming skills, households can produce more food and sell extra crops for income. We believe that when patients have these resources along-

side other FACES services, they will be in better health and have stronger adherence.

The FACES team is currently seeking funding to test *Shamba Maisha* as a pilot program in one health facility. If *Shamba Maisha* is as successful as expected, we hope to expand to more facilities in three years time.

Staff Spotlight (Cont. from page 2)



Dennis Owino
CCHA at FACES KDH

mortality and morbidity, and many clients have been counseled on balanced diet and safe water usage. He is motivated when patients tell him "Thank you Dennis" and by the satisfactory smiles on patients' faces. Besides work, Dennis is also a spiritual leader in a church ministry. He likes reading the Bible, watching cartoons with his children and playing soccer.

Dennis Owino was born in Onding' village, Gem district in Nyanza Province, and attended primary and secondary school in Kisumu. He joined FACES in August 2005 as a Community Health Worker, and later became a Clinic and Community Health Assistant. In November 2006, Dennis attended a Food by Prescription (FBP) training sponsored by Insta Products and has been an ambassador of FBP ever since. He is part of the team that introduced the ready-to-use therapeutic food program for severely malnourished children at Kisumu District Hospital, where he's based, with support from Concern Worldwide. Dennis says FBP has improved the quality of life of patients, reduced

Shamba Maisha –Sustainable Means to Better Nutrition

**Www.faces
-kenya.org**

FACES is funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through a cooperative agreement with the Centers for Disease Control and Prevention (CDC).

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 news-letter comments, please contact:

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A New Beginning

I was first tested for HIV in 2001; the test result was positive but I refused to accept it. I conceived four times after this test but all four of my babies died.

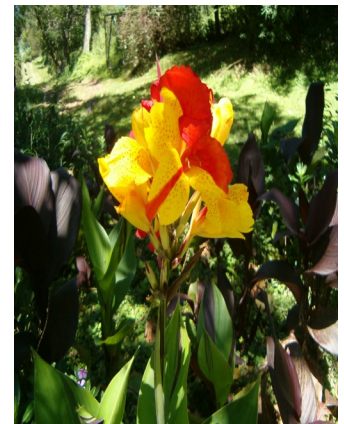
In 2008, while I was pregnant, I went for a another HIV test at Rongo District Hospital. The test result was positive, but once again I questioned the results. However, thanks to the nurse and the Clinic and Community Health Assistant (CCHA) who were there that day, I received some intensive counseling after which I accepted my status and was enrolled into HIV care.

After enrollment, I was sent for lab tests and told to come back after two days.

When I returned to the clinic, I was given seprin and multi-vitamin tablets. On this visit I was no longer afraid and I willingly went for adherence counseling. I attended all the three adherence counseling sessions and after the third session I was started on ARVs.

Since I started using ARVs my health has improved and I can do my chores without difficulty. I gave birth to a beautiful baby girl, Gloria Grace, who is now one and half years old. My daughter is HIV negative because I followed all of the doctor's advice. I appreciate the FACES staff for the good advice and care they offer to

HIV positive people within the locality and even those who come from far seeking treatment. May God bless the work of their hands always. Thanks to their help, I now have a child of my own after losing four.



Plumpy'nut Working Miracles



The little boy pictured above is a 2-year-old FACES client who has benefited from plumpy'nut. He was born in June 2008 and enrolled in HIV care in January 2009. At the time of enrollment he had a dry cough, a common cold, constipation, and difficulty and pain in passing stool. On the same day he was initiated on Food by Prescription (FBP) first food.

When he was 10 months old, he was enrolled in the plumpy'nut program. He was severely malnourished at 8 kgs and with a Mid Upper Arm

Circumference (MUAC) of 9.4 cm. After 3 months he was discharged from the program after gaining 1.5 kgs and with a MUAC of 13.5 cm.

His mother, a widow and a mother of 3, says that she is grateful to the program for the support she got with the plumpy'nut. She says that after enrollment she witnessed great improvement her son's health and his weight is currently at 15 kgs.

The little boy in the photo below has also benefited from plumpy'nut. He is a



FACES client who enrolled in the plumpy'nut program at the age of 14 months. He was severely malnourished with a MUAC of 8.4 cm and 4.9 kgs. He was discharged from the program after 3 months after gaining 4.1 kgs and sporting a MUAC of 12.5 cm.

His mother, who sells fruit for a living, is so happy with the outcome. She would really love to inform other mothers with severely malnourished children that plumpy'nut really helps. She had lost hope because her child was so thin and dehydrated. She says that the situation changed, his appetite has improved and his weight is now within the normal range for his age.