

# FACES NEWS .....!



## World AIDS Day 2006

Family Aids and Education Services (FACES) is proud to celebrate its heroes; 40 inspiring patients who competed in the Kisumu World AIDS Day Marathon. The event, a half-marathon (25km) and full marathon (42 km), was held on 1 December 2006. Many spirited children from the FACES Children's Club also zipped through the World AIDS Day Fun Walk. FACES staff and a visiting doctor rallied alongside the patients and joined in the run to help raise HIV awareness and celebrate life.



**Kisumu World AIDS Marathon**

## FACES Suba Honoured

FACES Suba had cause to celebrate on World's AIDS Day; they were presented with a certificate for *Exemplary Commitment in the War Against HIV in Suba District and for Building the Capacity of Health Facilities to Provide Comprehensive Care Services*. The award was presented by the Suba District Technical Committee on HIV/AIDS.

## Welcome

Welcome to the 1st edition of FACES News. FACES plans to bring you quarterly updates on program progress, activities, and feature articles. This first edition features the most gentle and resilient of our patients – children in care. FACES youth programs and partnerships are also highlighted.

## FACES Snapshot

FACES is a PEPFAR/CDC-funded HIV care and treatment program in Kenya. FACES provides comprehensive family-centered HIV care and treatment including clinical and psycho-social care, education, and support group facilitation at 17 sites; 13 in Suba District, 3 in Kisumu, and 1 in Nairobi. By February 2007, over 13,900 were collectively enrolled in care and over 3,800 were on Antiretroviral Treatment (ART), approximately 65% are female and 35% are males. Through strong community collaboration and integrated services, FACES also provides family planning, PMTCT, and TB screening and care. FACES continuously strives to increase local capacity through targeted trainings and Continuing Medical Education (CME) activities.

To donate and support the FACES-Kenya program, please contact Rachel True.  
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FACES Enrollment as of 28 Feb 07 at 17 sites in Nairobi (1) and Nyanza Province (16):

**Enrolled in HIV Care**  
 Adults: 12,551  
 Children: 1,435  
**Total: 13,986**

**Currently on ART**  
 Adults: 3,584  
 Children: 234  
**Total: 3,818**





FACES Clinic at Lumumba Health Centre, Kisumu, Kenya

## Tuungane Youth Centre

To better reach youth, FACES established a partnership with Tuungane Youth Centre in Kisumu in 2005. Tailored for teenagers and young adults, Tuungane provides an inviting youth friendly environment for health, psychosocial services, and other activities. In addition to HIV care and treatment, Tuungane provides VCT,



Tuungane Youth Centre, Kisumu, Kenya

PMTCT, STI screening and treatment, and counseling for life skills and substance abuse. They

also host a computer lab/cyber café, study area, music, socials, pool table, and a “girls only” day once a week. It’s a lively and healthy place that many FACES youth opt to attend for HIV care.

A University of Nairobi medical student recently worked with Tuungane, see her comments below.

*“I saw people filled with the zeal to live, ready to face any hurdles in life and to overcome stigma”*

### Children’s Quote Corner



“When I grow up I want to be a doctor so that I can inject patients”.  
F, 8 yrs old, FACES Patient

“When I grow up I want to be a pilot so I can go abroad”.  
M, 10 yrs old, FACES Patient

“When I grow up I want to be a teacher so I can give students knowledge”.  
M, 8 yrs old, FACES Patient

“When I grow up I want to be a nurse because they treat sick people”.  
F, 7 yrs old, FACES Patient

## Visiting Student’s Tuungane Experience

“Here, you find a beautiful garden adorned with canopied seating areas and surrounding tall trees. It is in these shaded areas that you find the youth chatting away, a serene environment indeed for a troubled young mind.

Tuungane, a Swahili word for ‘Let’s join together’ is synonymous to what is found at the centre.

My personal experience at the centre revealed a lot of comprehensive and loving care towards the youth in all the services they pro-

vide. The clinicians on site are well trained and skilled in handling the youth. I saw youth open up to very personal issues like I have never seen before. The clinicians are good listeners, non-judgmental and very understanding to the various issues faced by the youth.

At the centre, I learnt to be a good listener, how to be open-minded and interactive. It was interesting to see clinicians tackle real life adolescent issues which often go unnoticed.

Impressive was the

adolescents’ willingness to embrace change in order to better their lives and overcome stigma.

I saw people filled with the zeal to live, ready to face any hurdles in life and to overcome stigma.

All in all, my experience at Tuungane was invaluable. I would like to commend the whole Tuungane family for the wonderful work they are doing in transforming the lives of the youth, both HIV positive & HIV negative alike. KUDOS!”

By Evelyne Ng’ang’a

## Uliza! Clinicians’ HIV Hotline

HIV clinician hotlines which provide HIV physicians with free expert clinical assistance have been successful in several countries. Yet in Kenya, with 7 % of the population estimated to be HIV-infected, no hotline service existed.

Fortunately through the generous support of the Mulago Foundation, PEP-FAR/CDC, and volunteer

doctors, FACES launched and continues to operate *Uliza!* Clinicians’ HIV Hotline. The program began in April 2006 as a pilot program providing 16 Nyanza Province health facilities with a resource for free and rapid HIV clinical expertise. To date, *Uliza!* has responded to over 250 calls at 17 health



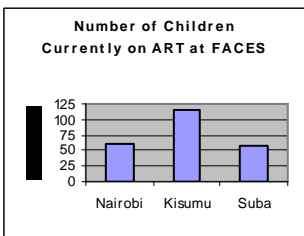
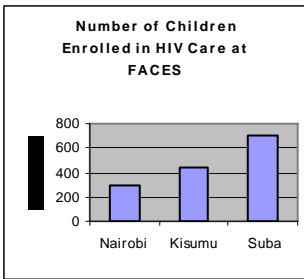
facilities, with the number of calls increasing daily.

*Uliza!* is working with NASCOP on scale up plans. As part of *Uliza!*’s commitment to HIV education and mentoring, it also sponsors Continuing Medical Education (CME) activities in Suba District.



**Kisumu Program Coordinator and Clinical Officer at work**

*“Among the 2.3 million children living with HIV globally, only 10% have access to ART”*



## FACES Children, A Top Priority for Care

Providing HIV-infected children with care and ART treatment is a top FACES priority, particularly with the staggering volume of HIV-infected children that are untreated: Among the 2.3 million children living with HIV globally, only 10% have access to ART. Those not receiving ART face a bleak and short-lived life; 30% die during their first year and 50% during their second year.

Children with HIV also need cotrimoxazole prophylaxis to prevent opportunistic infections which can be fatal, however only 4% of children in need received cotrimoxazole in 2005.

Moreover, many children’s HIV status goes undetected. Parents or guardians are often reluctant to bring their children in for testing. Perhaps because the fear of knowing is so great. Yet, once detected and treated, HIV-

infected children can live to pursue their dreams and contribute to the well-being of their families and communities.

To combat the crisis of undetected and untreated HIV-infected children, FACES, in partnership with the MOH, Center for Disease Control and Prevention (CDC), and NGOs, makes a concerted effort to reach and provide children with every opportunity to receive high quality comprehensive pediatric HIV care.

FACES employs a family-centered approach to care which includes proactively encouraging parents and guardians to bring in their children for testing, providing expert clinical pediatric care and treatment, nutritional support if needed, pediatric adherence counseling, assisted disclosure and

discordant counseling for families, joint family clinic appointments and education sessions, designated family clinic days, family support groups including a caregiver support group, a Children’s Club, and encouraging family members to serve as treatment buddies for children.

Recognizing the social and economic needs of HIV-infected children, FACES collaborates with partner agencies to ensure that children receive support services such as home-based care or economic support for school fees.

FACES now has over 1,435 children enrolled in HIV care and 234 are on antiretroviral treatment. Each child in care carries a unique and heartfelt story and the hope of a bright future. See Symon’s story on page 4.

## FACES Children’s Club

After an upsurge in pediatric enrollment, a task force was formed to look into children issues. In result, the FACES Children’s Club launched in August 2006 in Kisumu. The Club examines and addresses the psychosocial effects of HIV-infected and exposed children. The Club also works toward identifying resources for other necessary support and services. The Club is managed by Community and Clinical Health Assistants (CCHA) and the Nursing department. Over 30

staff have been trained as child counselors to help facilitate the Club.

The Club meets one Saturday a month, from 10am to 1pm. During this time children are engaged in a variety of enriching activities to promote self-expression and enhance well-being. The activities are centered on fun and include poetry, singing, story-telling, games, art, dis-

cussions, dancing, and play time. Meanwhile parents and guardians meet separately to discuss children issues. This group is called FACES

Children’s Club Parents and Guardians Group (FCCPGG).

Over 80 children are currently active in the Club and more are encouraged to participate.



**Two of FACES’ Nurse and CCHA staff members eager to begin the day.**

## My Story, My Hope

My name is Symon. I am 16 years old. I am an orphan. I am HIV-infected.

Everyone has a story, I will tell you mine.

I grew up in a place called Sioport, small town in western Kenya. I lived with my mother. My father lived in a larger city called Kisumu. One morning, I asked my mother if we could go and visit my father. She looked at me and told me that the man I thought was my father was not indeed my father, but my foster father. I was shocked, confused and in a state of disbelief.

Before I could get over the shock, my mother began to fall sick. She was always tired and did not look very strong. During this time, she said that she would take me to meet my biological father who lived in Busia, a town on the border of Kenya and Uganda. I was very anxious about the trip. Over and over I inquired if he would know me. My mother, who I call "Mama", smiled in reassurance and told me that I looked very much like him.

Weeks later, we set off to meet my father. I had mixed feelings about the trip but held my mother's words close to my heart.

During the difficult trip I noticed my mother's health was failing more and more each day. After what seemed like an endless journey, we arrived in Busia. Mama made some inquiries and we weaved our way through the town. She stopped at one shop and spoke at length with a man and then gestured for me to join her. I moved to

her side. She looked at me and said simply,

"Symon, this is your father." I looked searchingly in his face for any signs of resemblance and was relieved to find that we did indeed look like each other. We spoke for a while then Mama told me not to hesitate to go back to him for help should anything happen to her.

Then Mama died. She died in her house in Port Victoria.

After the mourning period I wondered what to do with myself. I was confused and I was scared. One morning I decided to go to Busia to look for my father. I looked for him but could not find him and went to the police station for help. Eventually they helped me to find him, but he denied that I was his son. This was very painful for me. Thankfully though the courts intervened and he was ordered to take care of me and educate me. Sadly, my father did not honour his promise to the court. He took me to Mama's friend and left me there. When she realized my father was not coming back, she took me to my grandfather's place across the border in Uganda.

I started becoming sick. I felt weak all the time. I then started getting boils all over my body. There was pus coming out of one of my ears; people were telling me that I was getting thin. Even when I tried to force myself to eat, I could not eat. I started getting diarrhea. I had diarrhea for such a long time, I thought it would not stop.

My grandfather consulted with a friend and they decided to take me to Kisumu for treatment. I stayed with my foster father in Kaloleni estate. One of our neighbours called Zainabu, took me for treatment at a health centre close to our place. I got some treatment, but did not feel a lot better. Shortly after that she took me to a youth centre for an HIV test. It turned out HIV positive and I was referred to the FACES clinic in Kisumu. At FACES they explained to me what it meant to be HIV positive and did very many tests.

After being taught about the medicine, I started to take antiretroviral medication. I felt much better. My skin became smooth and I didn't have any more boils or pus in my ears. I really wanted to go back to school. One of the staff from FACES asked different organizations to sponsor me. Many said they could not and it was very disappointing. Finally a group called Christ Hope agreed to take me to boarding school. I like boarding school. I like learning new things. I started coughing and they found out that it was TB; I was started on medicine. Now I am much better. I have never been so happy in my life. Now I am stronger than I would ever have imagined. I say thanks to Christ Hope and to FACES.

At home my nickname is 'Daktari' which is Swahili for doctor. I trust and hope that one day this dream will come true. By Symon

Note: pseudo names used.



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University of California  
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*Compassionate and  
Coordinated Care*



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