

To donate and support the
FACES-Kenya program, con-
tact Alan Beach. Email:
Abeach@ari.ucsf.edu
Phone: 1.415.597.4982



FACES TALK

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FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program with 67 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.

World Contraception Day 2010



Theme for World Contraception Day 2010

Services and Public Health and Sanitation (hosts), FHOK, APHIA II Nyanza, PSI – Tunza Network, KIMET, JICA, HAPPEN Project, and community units and youth groups. FACES Family Planning (FP) research marked the day by providing financial support and open air integrated HIV/FP services. Clients were counseled and tested and demonstrations were given on how to put on condoms. FP methods inserted or distributed included 15 Jadelle implants, 32 Depo-Provera shots, 1 intrauterine contraceptive device, and 2400 condoms. Skits were also performed by FACES clinic and community health assistants and community units from various districts. Messages conveyed were: A planned family is workable; FP not only benefits the family member, but also the community at large; and FP services are offered free-of-charge in government hospitals. Entertainment was also provided by local performers.

World Contraception Day, celebrated on Sept. 26 each year, is a global initiative to increase awareness and education on contraception and reproductive health. This year's theme was "It's your life; it's your responsibility." Nyanza Province celebrated the day with a campaign aimed at addressing the high unmet contraceptive need to reduce the number of unintended pregnancies. FACES took a leading role. Other participating organizations included the Ministries of Medical

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 Family Planning Integration.

HIV & Family Planning Integration

Recent studies suggest a large unmet need for contraception among HIV-infected women in Africa receiving antiretroviral therapy (ARV).¹ Family planning (FP) services, however, remain separate from HIV care and treatment services, leaving many HIV-infected women without resources for preventing pregnancy. The integration of FP services into HIV care and treatment programs would have multiple public health benefits by preventing adverse consequences of pregnancy for HIV-infected women and by providing them with the opportunity to make reproductive choices.

FACES is supporting efforts to improve FP services within the HIV-infected population, including a research study examining FP and integrated services. The FP study is a cluster-

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FACES Macalder Patient Waiting Bay

Quote Corner, Patients say

“I used Depo before but it did not favor me. I changed to IUCD. At first it was difficult for me because I was bleeding for about two weeks, but thereafter the bleeding stopped. I now find it very comfortable.”

Female Patient, 34 years old

“I heard about family planning when I went to Nyadenda dispensary for treatment. I had used Depo for some time. I had so many side effects and I was tired of walking to the hospital every three months. I have enough children and I don't think I need any more. And so I thought Jadelle [implant] was the best.”

Female Patient



Macalder Waiting Bay

For years, patients waiting to be seen at Macalder Sub-District Hospital in Nyanza Province had no

place to sit or be sheltered from the hot sun and heavy rain, which are common in this area. This was especially hard on pregnant women and infants. However, a generous donation from Grace Evangelical Lutheran Church in Des Moines, Iowa changed all that – a patient waiting bay was constructed in August 2010 and it was immediately opened for use. The waiting bay serves 2,056 patients including 386 children, who now have a comfortable place to wait while being guarded from the sun and rain. Furthermore, health education is now carried out by providers since there is cohesive area for all patients to gather, listen, and take part in the discussions. Gracious thanks go to Grace Evangelical Lutheran Church for their donation which has made a tremendous difference to patients and overall health facility operations.

HIV & Family Planning Integration (Cont. from page 1)

randomized trial comparing the effects of integrating FP services into HIV care and treatment on contraceptive uptake, contraceptive continuation, and unintended pregnancy rates. The study compares the impact of integration of FP services into HIV care and treatment versus the standard referral for FP services outside of HIV care and treatment programs.

The hypothesis is that the integration of FP services into HIV care and treatment will increase the utilization of more effective contraception (including oral, injectable, implantable, and intra-uterine methods) among HIV-infected women and decrease unintended pregnancy rates among

HIV-infected women.

Prior to the integration of services at the study sites, baseline interviews were conducted among HIV providers and clients to better understand their knowledge, attitudes and behaviors and to inform the design of the study. Follow-up interviews and surveys will be conducted at the completion of the study to measure the impact of the study on the providers and clients' knowledge, attitudes and behaviors.

At all 18 study sites, clinicians and peer educators received specific training on FP counseling and methods. Medical forms were revised to include a brief section designed to prompt clinicians to ask patients about their FP history

and needs. Family planning education materials for clients were designed and distributed to clients.

Clinicians at the twelve intervention sites directly provide clients who choose to initiate, change, or continue a contraception method with the actual contraception method at the time of their HIV clinic visit. Clinicians at the six control sites continue the current standard of care which is to refer women who desire contraception to a specific FP clinic.

¹ Smart, T. (2006) PEPFAR: Unexpected and unwanted pregnancies in women on ART highlights family planning gap. Aidsmap news.



Staff Spotlight

Maricianah Onono, FACES Research Coordinator in Nyanza, oversees 7 FACES-affiliated studies. She is a medical doctor and she is currently pursuing a master's degree in clinical research administration.

Asked how she thinks the FACES family planning (FP) program has helped patients, she exclaims, “Wow – I could write a book! In the past year we have trained over 90 lay health workers to conduct FP health talks and more than 100 health workers on FP service provision. These trainings have resulted in increased demand for FP services and demystification of FP.”

“Patients benefit from better services, ease of access, and improved health. Men are thinking of FP and getting involved! We even have 2 male patients who voluntarily asked for vasectomy,” she adds. She hopes that the program will receive more funds to scale up vasectomy.

Maricianah has a keen interest in evidence-based health systems that support women's and child health and hopes to become an “informed” policymaker one day. Her personal interests include cooking, singing, travelling, and writing poetry and children's stories.

Maricianah enjoys her work. “FACES is a great learning field. I have some serious mentors and supervisors who give me enough bait and space to run with my ideas and style allowing me to meet and surpass my potential. I like building systems, I like training and networking, and this job gives me that opportunity every day.”



Dr. Maricianah Onono-FACES Nyanza Research Coordinator

Family Planning Visit to Rwanda



FACES Research Coordinators and MOH Reproductive Health Coordinators in Rwanda

In mid-November, the FACES Research Coordinators, five District Reproduc-

tive Health Coordinators (RHCs) and the Provincial RHC from Nyanza conducted a 5-day site visit to Rwanda. FACES partnered with the Rwandan Intra-Health International HIV/AIDS Clinical Service Program to share strategies and challenges to integrating family planning (FP) into HIV care. During the Rwandan site visits many notable systems and practices were identified. There was a remarkable level of community engagement and a strong referral system between community health

workers and the health workers at the facilities. There was also a great deal of collaboration between the Ministry of Health, partners, and faith-based organizations. Other best practices included complete documentation, proper commodity management, and integration of FP services throughout the health facilities. The RHCs have pledged to implement many of the effective practices that they observed at the district and provincial level in Nyanza Province to improve integration of HIV and FP services.

Enrolment

FACES Overall Cumulative Enrolment as of 09/10 at 67 sites:

Enrolled in HIV Care

Adults: 77,013

Children: 15,259

Total: 92,272

Cumulative on ART

Adults: 30,998

Children: 3,420

Total: 34,418

PPCT Update

Prevention of Parent-to-Child Transmission (PPCT)(09/10):

Number of women counseled, tested and received HIV results within maternal and child health services at 65 sites this past quarter: 7,140

HIV positive & Received ARV prophylaxis: 911

Infants HIV tested via DBS for PCR: 511

Staff Spotlight (Cont. from page 2)



Norah Bett, Nyanza Provincial Reproductive Health Coordinator

Norah Bett works for the Ministry of Health (MOH) as the provincial reproductive health coordinator for Nyanza Province. A registered nurse / midwife, Norah believes that family planning in the context of HIV services enables couples to plan and get pregnant when it's favorable thus preventing parent-to-child transmission of HIV as well as reducing maternal and neonatal deaths.

As the provincial coordinator for reproductive health, Norah is committed to increasing the uptake of quality reproductive health services to ensure that mothers and babies are healthy.

She appreciates the partnership between MOH and the FACES program and says, "FACES is an enthusiastic, aggressive and passionate partner that is supporting MOH in implementing family planning and HIV integration especially the long-acting methods. They have built the capacity of service providers on this and have organized an educational tour to

Rwanda for reproductive health managers."

For Norah, the most rewarding part of her work is to see positive results of her work.

VMMC

By 09/10, the number of Voluntary Medical Male Circumcisions (VMMC) performed:

Adult males: 11,524

Infant males: 66

Soccer Donation



Sena Kids' Club Football Team

FACES sends a big thank you to the Kwee family of San Mateo (Tony, Judy, Nicole, and Travis); friends Nick Hui and Matthew, Michael and Timmy Lanthier; and American Youth Soccer Organization (AYSO) Region 36 Commissioner Brian Kersten for organizing another successful soccer donation drive on AYSO picture day this year! At the event, individuals were encouraged to drop off soccer uniforms and

equipment as well as buy bake sale items and give money to fund the shipment of the donations to Kenya. Following the drive, thirteen boxes filled with jerseys, shorts, socks, cleats, goalie gloves, balls, cones, and coaches' bags were sent to FACES and were enthusiastically received for use in various Kids' Clubs.



Sindo Kids' Club Football Team

www.faces-kenya.org

FACES 2 Transition

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:

Arbogast Oyanga

aoyanga@kemri-ucsf.org

Jayne Lewis Kulzer

jkulzer@globalhealth.ucsf.edu

Through the generous support of CDC/PEPFAR, FACES successfully transitioned to its second 5-year cycle of funding this past quarter. This transition period involved close collaboration with the MOH and local partners on integration and decentralization plans for effective expansion of sites and services; handing over of Prevention of Parent-to-Child Transmission (PPCT) services from University of Nairobi in Kisumu East and from International Medical Corps (IMC)

in Suba to FACES; improvement in Provider Initiated Counseling and Testing (PITC); as well as staff recruitment, orientation, and training to meet health facility and patient needs.

During this next phase, FACES will continue supporting HIV services in Nairobi and in Nyanza will expand HIV basic care and prevention of parent-to-child (PPCT) to new sites, further decentralize ART services, and provide male circumcision at district and sub-district hospi-

tals throughout Migori, Nyatike, Rongo, Suba, and Kisumu East districts. The transition also involves a new program structural model: FACES program officers, well-versed in comprehensive HIV services, will serve as technical and mentorship advisors for a small group of health facilities while MOH providers with some support from FACES lay health care workers will be responsible for daily health service provision.

World AIDS Day Celebration!



Kisumu World AIDS Day marathon running start

World AIDS Day, observed globally each year on December 1st, was celebrated big in Kisumu this year with the theme "universal access and human rights". After the annual marathon, people converged just outside of town at Chiga Primary School. A vari-

ety of organizations presented skits, songs and poems in line with the theme. The crowd roared with laughter as the presenters communicated messages in creative and funny ways. The District Commissioner for Kisumu, the chief guest, stole the show with his candid talk on HIV prevention and living positively, urging fidelity and protection. Speakers emphasized the need to seek available HIV services including male circumcision for prevention. The District AIDS and STI Coordinator recognized FACES for the good work the

program is doing to increase universal access by decentralizing HIV services so that patients no longer have to travel far to access services. The venue also included a free medical camp organized by the District Health Management Team that was partly sponsored by FACES. Voluntary HIV counseling and testing services were also available. The event served as an important reminder to the community to continuously work hard to prevent and treat HIV and to live healthy, safe lives.

Family Planning - Men Embracing Vasectomy



Mr. Olewe, a Kisegri vasectomy client

VIOLET: Where did you hear about family planning?

CLIENT: I heard about it at

the hospital when one of the health staff was giving the morning lesson.

VIOLET: Why did you decide to do a vasectomy?

CLIENT: I have two wives and twelve children. I think those are enough for me. I also think that I determine the size of family and so it's better if I participate. I am also [HIV] positive and I think instead of making my wives pregnant I would like to help them take care of the children we have.

VIOLET: Did they know your plans of having a vasectomy?

CLIENT: Yes, they knew. In

fact one of them had opted to do a BTL [bilateral tubal ligation] but I thought it was better if I do it than the two of them. The only fear was if I would continue to function as a man. I am functioning normally.

VIOLET: What do you think can be done to encourage more men to do a vasectomy?

CLIENT: We need to go from house to house educating the men.