

STUDENT TRAINING EDUCATION PROGRAM (STEP) ORIENTATION MANUAL



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Introduction to STEP

Karibu and welcome to the Student Training Education Program! STEP provides rotations for health professional students and residents at sites within the Family AIDS Care and Education Services (FACES) network of clinics in Kenya. Rotations may be clinical in nature (residents, nurses, pharmacists, third or fourth year medical students from the U.S., Canada, or the University of Nairobi) or research-focused (medical and public health students who have completed at least one year of graduate training.)

Founded in 2004, the mission of FACES is to provide accessible comprehensive care and support services to HIV-affected families and other vulnerable populations in Kenya, to reinforce prevention practices, and to train Kenyan health workers in scientifically sound HIV/AIDS care. Within this overall directive, the goals of STEP specifically are for:

- Health professionals in training to gain clinical and research skills in low-resource settings based on practical experience in HIV care and treatment;
- Permanent program staff to continually expand their knowledge of best practices in clinical care based on exchanges with STEP participants through mentorship, Continuing Medical Education and journal club;
- Research projects to contribute to the continual assessment and improvement of all aspects of FACES; and,
- The integration of STEP participants within clinics to maintain or enhance the provision of scientifically sound HIV/AIDS care to FACES clients.

The ultimate impact of STEP is intended to be two-fold: contributing to improved quality of life among HIV-affected individuals and solidifying the commitment of health professionals in training to global health.

Much of the information in this manual is intended for those coming from outside of Kenya. Those joining STEP from within the country may find the following sections the most useful: Introduction to FACES, Making the Most of STEP, Site-Specific Information, Appendices. Please note that the pre-trip form, KEMRI letter, and evaluation are required of ALL participants, regardless of university of origin.

Introduction to FACES

FACES is an HIV/AIDS care and treatment program in Western Kenya and Nairobi. FACES is a collaboration between the Kenya Medical Research Institute (KEMRI) and the University of California, San Francisco (UCSF), funded through the US President's Emergency Plan for AIDS Relief (PEPFAR).

FACES operates in Nairobi as well as four districts in the western province of Nyanza: Kisumu, Suba, Migori, and Rongo. Rongo district has operated in collaboration with Migori prior to 2008; it is projected to be independently operational as of October 2008 and may begin hosting STEP participants subsequent to this. Each district includes multiple sites. As of March 2008, FACES care was provided at 46 sites, with 33,411 enrolled patients (4,386 children) and 11,160 on anti-retrovirals (ARVs), including 709 children. FACES works in collaboration with the Ministry of Health (MOH) as well as community-based organizations (CBOs).

Model of Care

The FACES model of care focuses on identifying and enrolling all HIV infected family members to retain and support them in care. This includes:

- Encouraging HIV testing of partners and children
- Assisting with disclosure to both adults and children
- Scheduling joint family clinic appointments
- Holding weekly staff team meetings to discuss the needs of particular patients and how families can be involved in care
- Facilitating support groups for families and for HIV-positive pregnant women and their husbands
- Encouraging family members to attend education sessions and clinic appointments
- Encouraging family members to be treatment buddies for patients on ARVs
- Developing a system to address on-going needs such as home-based care, nutritional support, and economic support (including school fees) through referrals to collaborating community-based organizations

FACES has recently initiated:

- A "Kids Club" for children who are HIV infected and their siblings
- A "Family Empowerment" education curriculum designed to strengthen family support systems to improve the well being of patients.

Departments

FACES staff compose the following departments. Each one is coordinated by a head of department (HOD) for the particular district, who will be a critical contact point for any work you wish to do with that bench.

Reception

Reception is in charge of greeting clients, maintaining and retrieving files, scheduling follow-up visits, and identifying clients who default.

Peer Educators

Unlike the other departments, peer educators are not salaried staff, but FACES clients hired for nine-month periods to provide patient education, adherence counseling and family counseling, as well as to assist in CCHA tasks such as taking vital signs and making home visits. Some peer educators are hired as CCHAs or by other health organizations in the area.

Clinic and Community Health Assistants (CCHA)

CCHAs make up the largest cadre of FACES staff. They are paramedical assistants who have completed secondary school and undergone three months of FACES-specific training (one week of training alone, the rest on the job). CCHAs provide HIV education and counseling as well as taking vital signs and completing initial patient enrollment forms. CCHAs also do home visits for nutrition and adherence assessment, assisted disclosure, and defaulter tracing (clients who have missed appointments). In addition to the central facility at each district, CCHAs may be based at the peripheral sites on their own or with a nurse or clinical officer. Note that in Nairobi, the responsibilities of the CCHAs and Peer Educators are handled by staff within two different departments: Counseling and Field Work.

Nursing

Nursing staff are certified nurses (a three-year diploma) and provide two major elements of care: triage for newly diagnosed clients and assessment of clients during routine or unscheduled visits. Unstable clients will go on to see a clinical officer while stable clients may be seen by the nursing bench only.

Clinical

The majority of the clinicians at FACES are clinical officers who have completed a medical diploma (three years). They are responsible for seeing patients after the nurses have done so and undertaking assessment, diagnosis, and treatment.

Laboratory

Labs differ by district within FACES, but laboratory staff have a diploma in Medical Laboratory Sciences. Standard diagnostics on site include CD4, liver and renal function tests, hematocrit, serum cryptococcal antigen, syphilis testing, malaria smear, pregnancy testing and urinalysis.

Pharmacy

Pharmacy staff are certified pharmacists (also a three-year diploma) who fill prescriptions and work with the clinical team to tailor treatment, monitor drug toxicity, and change drug regimens in case of treatment failure.

Coordinators / Medical Officers

Many of the district and province coordinators and assistant coordinators are medical officers. Medical training in Kenya is a five-year undergraduate degree that includes two years of clinical rotations. Though they spend most of their time on administration, medical officers are available for consultation on complex cases both within the clinics and via Uliza!, a hotline for clinicians across the country seeking advice on HIV care.

Monitoring & Evaluation

The monitoring and evaluation team (M&E) perform continuous evaluations of specific aspects of FACES as well as overall quality of care.

Data

The data team, currently mostly based at Lumumba Health Center in Kisumu, implement the electronic records system and provide information to M&E.

Administration

Additional administrative staff include HR, operations and financial managers, as well as the transportation and maintenance departments.

Clinic Flow

This general description of clinic flow applies most directly to the major sites in each district, and may differ at peripheral sites or areas where FACES is running the HIV component of a larger operation.

New clients arrive at a FACES site having tested positive for HIV at a non-FACES clinic, such as a government voluntary counseling and testing (VCT) clinic at the same site. FACES offers HIV testing only for family members of existing FACES clients. A new client is assessed by the nursing or clinical staff using the WHO stages of HIV (see supplemental clinical information in Appendix 6 and on the website). FACES enrolls as clients any individual with a positive family member (spouse or child) as well as any individual adult who is currently ill. Stable individual adults are enrolled at most sites. At Lumumba Health Center, individuals are encouraged to bring in any untested family members and, in the absence of positive relatives, are referred to other sites for treatment. Clients who are enrolled in treatment provide a complete medical history, information on all family members, and a detailed description of how to locate them in person for any home visits.

The FACES model of care revolves around client education. Each client must attend HIV education upon enrollment as well as if they miss a follow-up appointment. Following HIV education, clients to be initiated on ARVs are scheduled for a return visit to begin adherence training unless they require immediate care. Three sessions of adherence counseling, two in groups and one individually with a nurse, are required for adults initiating ARVs; three sessions with a nurse are required for pediatric clients. All enrolled clients are prescribed multivitamins; those at WHO stage 2 or higher receive an antibiotic (septrin), and treatment for opportunistic infections. (TB treatment is typically provided nearby by a partner organization or the Ministry of Health). ARVs are prescribed for patients with low CD4 and / or an advanced stage of HIV per the WHO guidelines. A client returning for a scheduled follow up checks in with reception, has vital signs taken by CCHAs or peer educators, is assessed by the nurses, seen by clinical officers if necessary (most clients), and then sent to the lab and/or pharmacy as appropriate.

Clinic Schedule

Nyanza sites hold clinic days four days a week from 8:00 – 5:00, with three days open to all new and existing patients and one reserved for mothers and children and pregnant women.

The fifth day is reserved for staff training, continuous medical education (CME) sessions, hospital visits, and home visits. In Kisumu, this falls on Thursday, in Suba on Wednesday, in Migori on Friday. Teams of FACES staff also travel to the peripheral sites on set days to provide care, usually in conjunction with staff based on-site (FACES, MOH, or other). Mentorship of staff at peripheral sites is a major focus of activity at present, with the intention of enabling sites to be independent in the future.

In Nairobi, the main clinic is open five days a week from 8:30 – 2:30, with meetings and CMEs in the afternoons: a group meeting on ARV initiation on Monday, CME on Tuesday, and staff meeting alternate Wednesdays.

Client Population

FACES clients come from all sectors and groups of Kenyan society. In Nyanza, a majority of the population belongs to the Luo ethnic group, one of over 40 major ethnic groups in Kenya. Smaller percentages of the population are Luyah, Kikuyu, Kalenjin, Maasai, Basuba, Kuria, Kisii or South Asian, among others. Dholuo is the most commonly spoken language, followed by Kiswahili. Individuals who have completed secondary school generally speak enough English to be seen by an English-speaking clinician; this percentage ranges from roughly 20% - 40% depending on the site. Clinic staff speak Kiswahili and English, with the majority also speaking Dholuo and perhaps an additional local language (such as Suba on the islands). Clients in Nairobi reflect the range of socioeconomic status and ethnicity within the capital city; Kiswahili is the most common language, though English is more common among clients than in Nyanza.

Making the Most of STEP

FACES is a complex and widely distributed organization that performs a tremendous amount of clinical and non-clinical work. FACES staff enthusiastically welcome STEP participants and recognize the benefits of the program to all involved. At the same time, integrating participants within the clinic structure does require resources, particularly staff time. The guidelines below are designed to ensure that you get the most out of your experience and that the clinics also benefit as much as possible. Note that all forms (pre-trip, rotation objectives, and final evaluation) are REQUIRED of all participants. If your home university requires any additional forms, it is your responsibility to coordinate with your mentor to ensure they are completed in addition to the STEP forms.

Before you arrive

Review this manual in full, particularly the pre-departure checklist, safety information, and objective templates (Appendix 3). Supplemental information on clinical care is available in Appendix 6 and on the FACES website and is particularly critical for clinical rotations (but useful for everyone.) Complete the pre-trip form and return it to the Program Manager Kimberly Bale at UCSF to send on to the clinics, drawing from the department descriptions and template objectives to select the most likely host department. This form will facilitate selection of a mentor. It will also be posted in the reception area for your site and will help staff get a sense of who you are prior to arrival. As a result of the decentralized nature of FACES clinics and the model of care that emphasizes paramedical staff, the staff are numerous and dispersed, so information can be slow to permeate a site. Providing this information in advance will make it easier for the staff to work with you upon arrival. Keep in mind that health education systems differ among the U.S., Canada, and Kenya, so detailing your level of training can be helpful. If the person selected to be your mentor feels it would be helpful to make contact in advance concerning your project objectives or a possible topic for CME, he or she may email you directly.

Preparation for research or project rotations

- If there is a contact person listed for your project or research, contact them in advance to set up a conference call. This will help to establish the current status of the project, any additional resources you may need to provide, and how your schedule will best mesh with their schedules. Coordinators are unlikely to oversee any specific project directly, so try to identify and contact your direct collaborator. If there is no contact person listed, one should be identified by the clinic a month before your arrival.
- Any project that may need IRB approval (i.e., anything for publication) requires longer preparation time, as IRB approval is required from your home institution and KEMRI. KEMRI approval can take up to six months. Clarify this with your collaborator and the coordinators as soon as possible; they can put you in touch with staff who are familiar with the process.
- Though all staff speak English and all clinic records are kept in English, any projects involving clients will require translation into Kiswahili and Dholuo. Find out in advance whether any staff will have time to work on this or if an outside translator must be located and compensated.

- FACES wrings the most possible HIV care out of the funding available, so additional projects must be self-sufficient and self-sustaining. Budget for expenses such as printing (5 – 10 KSh / page), photocopying (2 KSh/page), transport (see site details), and any resources that can remain with the clinics to sustain the project.

When you arrive

You will be given an orientation to your site by the host liaison and introduced to all the departments. It is best to introduce yourself fully to everyone you meet, including where you are from and what your level of training / focus of your rotation is. The default expectation is that everyone is a doctor, so you may find yourself slotted to see clients regardless of medical training if you don't clarify who you are! Greetings are very important, so take time to complete them.

As you are oriented to the clinic, you will have the opportunity to sit in with each department in their daily tasks. Again, it is important to be clear on what you can and can't contribute in terms of clinical care, and also to be engaged with the department. Feel free to ask questions or offer perspectives. Taking the time to sit in with each department is critical for all electives as it provides insight into the operation of FACES and a chance to meet many of the staff.

Once you have gone through each department (anywhere from one to three days), your time becomes essentially up to you. It is critical at this point to have a sense of the clinic schedule and how you fit within it. Especially in Suba and Migori, a majority of staff are at peripheral sites each day, and at all sites staff travel frequently for trainings or meetings. Finding out the schedule of your key contacts can facilitate the effective use of your time. Understanding the overall clinic schedule will also help you to identify where you can be most useful. If you will be visiting multiple districts, work with the district coordinators and the administrative contact at each site to identify the best times. While transport is easiest with other FACES staff, public transit is available among all the districts.

Within the first week, schedule a meeting with your mentor (or the clinical officer who will serve as your point of contact for clinical rotations) and preferably with the site supervisor as well. Finalize your objectives by completing the appropriate template of objectives and work with them to identify what you can contribute to the clinic. Identify the topic of CME or journal club, if you have not already done so. Maintain contact and continuous feedback between yourself and your mentor or point of contact throughout the rotation.

Structuring a clinical rotation

It is important to strike a balance between learning from / mentoring clinicians and nurses and not slowing the typical client flow. The optimal way to do so varies from site to site and is best worked out with a mentor.

A few suggestions are:

- At centralized sites like Lumumba, sit in on the emergency desk when possible (which rotates among clinicians) as these are the more complex cases that may

present the best opportunities for learning and mentorship and also experience less time pressure.

- At decentralized sites, try to be worked into the weekly timetable in advance so that you are assigned particular peripheral sites. Each peripheral site has specific objectives for the week developed by the team leader from the previous week, so if you can identify sites with objectives that match your capacity to mentor, that will enable you to take on the mentorship there while the FACES staff perform client delivery. This mentorship could be for clinical, nursing, or paramedical staff. If you want to learn what is being taught at that site, you can do so alongside the mentee. Alternatively, if you are able to work with a translator to see clients, that will enable the FACES staff to focus entirely on mentorship.
- If another clinical rotation or non-STEP attachment coincides with yours, try to ensure that you are not both mentoring or being mentored at the same site, even in different departments.
- Recognize days that are very busy (the reception department can give you a sense by 9:00) and accommodate either by working on something else in the afternoon, such as on CME or with another department like nursing or the vitals bench, or by identifying a paramedical staff such as a CCHA or peer educator who has completed their duties and can translate so that you can see clients on your own. Mentorship does not need to be confined to the clinical department – building the capacity of paramedical staff and peripheral staff is critical to continuing the FACES model of care.

Before you leave

For any research project, schedule a CME session to present your progress and results if they are widely applicable or arrange a meeting with relevant heads of departments and coordinators in order to summarize findings thus far. Disseminate your progress and findings as much as possible while you are still on site. Obtain contact information for anyone off site who was involved in the project so you can send them your report or presentation.

For all electives, schedule another meeting with the same mentor / key contact and preferably the overall supervisor to take place during the last week. At this meeting, review your final progress on your objectives and the clinic objectives, identifying any areas for continued activity as well as the person within the clinic who will be carrying that forward. Provide feedback on your experience and perspectives on what you've observed, and solicit evaluation and feedback as well. Immediately following the meeting, complete the rotation evaluation. If you are unable to do this on site, it must be completed within one week of the end of your rotation. Check in with the supervisor / mentor that they have also completed your evaluation following the meeting as well as any additional forms required for your university.

Safari salama! Have a great time!

Pre-departure Checklist

- 1) Visit http://www.globalhealthsciences.ucsf.edu/intl_travel/ to review the general guidelines for international rotations and research.
- 2) Sign the UCSF waiver on the website above and submit to Program Manager.
- 3) TWO MONTHS prior: compose a request letter to the Kenya Medical Research Institute (KEMRI), your official host. A sample letter is in Appendix 1 for you to adapt. Required information: who you are, dates at FACES, sites to be visited, what you'll do at FACES, who you'll work with, relevant experience or background, significance of the trip to you. Note that the spacing of the heading of the sample letter must be included exactly as indicated. Send draft letter to Program Manager for revision and submission.
- 4) TWO MONTHS prior to departure, visit the travel medicine clinic at your health facility for vaccinations and prescriptions. Recommended vaccines: Typhoid, Hepatitis A, Yellow Fever, Meningitis. Bring your vaccination card with you. Medication: malaria prophylaxis, post-exposure HIV prophylaxis.
- 5) For UCSF affiliates, register for travel insurance (health, evacuation, and some property coverage) at <https://www.uctrips-insurance.org> and print out the card to bring with you.
- 6) For non-UCSF affiliates, confirm your insurance coverage and obtain contact information for international services, including emergency care and evacuation. Additional travel insurance may be useful for loss of property or cancelled flights: <http://www.statravel.com>.
- 7) Schedule flights to Kisumu. Weekends are the best time to arrive for FACES staff. Transport from Kisumu to Suba or Migori will be organized at FACES.
- 8) Provide the Program Manager with your itinerary and a completed pre-trip information form (Appendix 2).
- 9) ONE MONTH prior to departure, apply to the Kenyan Consulate in Los Angeles or Washington DC for a visa: <http://www.kenyaembassy.com>. You will need to send itinerary, passport, application Form V, two passport-size photos, a cashier's check for \$50, and a certified return envelope with postage paid. The LA consulate typically processes applications within two weeks. For express processing, send an additional \$10 (cashier's check for \$60 total) and they will complete your application the next business day. The alternative is to purchase a visa upon arrival in Nairobi. Due to the short layover between international flights and Kisumu flights, this is not recommended. Allow at least an hour, provide the information listed above as well as fee, and beware of corrupt officials asking for bribes.
- 10) Register with the US Embassy in Nairobi for updated information and assistance in case of emergency: <https://travelregistration.state.gov/ibrs/ui/>
- 11) Provide an emergency contact with copies of essential documents (passport, health insurance card, credit card, debit card, itinerary) and with the contact information for the Program Manager in case of emergency.
- 12) Print out STEP objectives to review and to discuss with mentor in first week.

Safety, Security, Health

Be sure you have registered with the U.S. Embassy in Nairobi in case of emergency of any kind, and leave copies of your essential documents with an emergency contact. Bring copies of the same documents on paper and also accessible via email.

Though the water at most sites has been treated, it is advisable to buy bottled water or boil all water before drinking. Bring water to a full boil and allow to boil for at least one minute, three minutes if you take any trips to higher altitude regions. Cook, blanch, peel, or bleach fruits and vegetables.

Most of the FACES flats have a sufficient number of mosquito nets already there, and you can double check with the staff contacts listed by site to be sure there is one for you. If not, they are available for purchase in Kisumu for ~ 800 KSh at any large grocery store. Post-exposure prophylaxis is typically kept stocked at the Kisumu flat.

Beyond malaria, health concerns in the region include schistosomiasis in Lake Victoria and sporadic cholera outbreaks. Traffic accidents also pose a risk at all sites.

For non-urgent health concerns, contact one of the medical officers at FACES (see site-specific contacts).

For urgent health concerns, the best hospital to go to in Kisumu is Aga Khan Hospital at the intersection of Nairobi Road and Nyerere Road. If possible, it is best to notify a FACES staff member so that they can accompany you. At all other Nyanza sites, the main FACES site is located within the district hospital. The best hospital to go to in Nairobi is Nairobi Hospital, as it is located close to the clinic and provides rapid care.

In the case of theft or other emergency, contact FACES staff and, if they are not available to assist you, the police. It is helpful to deal with any crises under the aegis of KEMRI and/or FACES to facilitate this assistance.

Emergency number: 999

What to bring

General

- Passport and visa
- WHO immunization card
- Laptop (with laptop lock) if possible
- Plug G (UK) adaptor. Kenya has two types of plugs: G and a local two-pronged plug. Adaptors between the two are available on site. You may require a converter for electronic equipment (current = 240 V) if it is not included. Surge protectors are helpful in case of power outage.
- Essential medications (see pre-departure checklist) plus anti-diarrheal, pepto-bismal, aspirin, sunscreen, insect repellent.
- Hand sanitizer
- Business casual clothing for time in the clinic. Clinic dress code is typically slacks / skirts and blouses / collared shirts along with nice sandals or dress shoes.
- Iodine tablets to sterilize water (optional)
- Cell phone, with unlock code to enable use of a Kenyan SIM card
- Reading material
- Headlamp (useful for Migori –power outages – and Suba islands– no power)
- Earplugs
- Guidebook, Swahili or Dholuo phrasebook

For rotations that will include a clinical component

- Stethoscope
- Reflex hammer
- Tuning fork 128 Hz
- Penlight
- Handbooks
- White coat
- Otoscope / Ophthalmoscope (optional)

Donation Items

Hand sanitizer (as much as possible!)	Tuning forks (128 Hz)
Daily planners, large lined notebooks	Stethoscopes (preferably Limann)
Post-it notes	Thermometers (metric)
Pens	Dopplers for fetal heart sounds
Journals	Pulse oximeters
Reading materials for clients	Glucometer and strips
Handbooks: Sanford pocket handbooks of HIV Management and Microbiology, pharmacopeias or drug references such as British National Formulary or similar (pocket version), Harriet Lane handbook on pediatrics	Ear flusher
	<u>For FACES Kids' Club</u> <ul style="list-style-type: none"> • Toys

Laptops	<ul style="list-style-type: none"> • Bean bags • Teddy bears • Skipping ropes • Pencils • Crayons & coloring books • Writing materials • Balls • Balloons • Story books • Alphabetical charts • Picture books • Puzzles • Ludo
Anti-virus software	
Gestation estimation wheels	
Pill-counters	
Pill packs (trays for dividing pills by day)	
Tips for otoscope	
Pen lights	
Reflex hammers	
Otoscope / ophthalmoscope (battery operated if possible)	
Sphygmomanometers (old mercury type are more durable if available)	
Microscope slides and cover slips	

Arrival

If you are staying in Nairobi, it is best to take a taxi directly to your destination. Look for one with a taxi company name (such as 24-7 taxi) prominently displayed. It should cost 1500 KSh from the airport to the clinic.

Options for travel within Kenya include Kenya Airways (<http://www.kenya-airways.com>), fly540 (<http://fly540.com>) and East Africa Safari Air (<http://bookeastafrican.com>). They permit a maximum of 20kg (23kg for some KQ flights) of checked baggage and 10 kg of hand baggage.

If you are transferring immediately to a Kisumu flight from Nairobi, note that the layover is often quite short and that delays with baggage or visas may cause you to miss the flight.

When you disembark in Nairobi Airport, follow the signs to customs and immigration. Pass through immigration with the immigration form provided on the plane - purchase visa if you have not done so in advance - and proceed to baggage claim. Once you have claimed your bag, pass through customs and exit the terminal to your left. (Always wait for your bag, even if it means missing your flight.) You will then cross over to the domestic terminal and check-in for the Kisumu flight. If you are pressed for time, be sure to notify the agents in the domestic terminal so that you can avoid the line and go straight out to the plane. Most bags will already have tags to be checked through, but be sure you give your baggage to the agent and explain that it is for the Kisumu flight to ensure that it comes with you.

Upon arrival in Kisumu, luggage will be brought to the outdoor waiting area to be reclaimed. You will be met by the FACES visitor liaison Veronica Achieng and a driver. If you do not see anyone, call Veronica's number (listed under contacts). In the event that you need to take a taxi into town, the cost should be 500 to 600 KSh.

Veronica will provide an orientation to the city and a chance to withdraw money and buy groceries (though it may be better to check what's in the flat first if you will stay in

Kisumu). For those going to Suba or Migori, she will let you know the transport arrangements, typically by FACES van. Details on transit by matatu (mini-van or bus taxis) are included under each site. Matatus leave from the main Kisumu bus terminal on a regular basis. Confirm the fare before you board; luggage should fit under the seat or on your lap. They may charge 50 KSh to put it on the roof.

Money

The easiest and cheapest way to get cash in Kenya is via ATM. Fees are minimal, particularly for those with Visa debit cards who use Barclay's ATMs. It is also possible to change cash directly in Kisumu and Nairobi, though bank hours can be limited. Be sure to know your local address and passport number when exchanging cash. Use of credit cards is minimal. If possible, it's best to notify your bank in advance that you will be accessing your account from Kenya to avoid charges or debits being rejected. Note the international number for customer service on your cards in case of any difficulty. Store this number separately from the cards themselves in case of theft. XE.com provides up to date conversion rates. All prices listed here are approximate.

Cell Phones and Internet

The cell phone network in Kenya is extensive, so with the exception of very remote areas, access is good though quality is variable. FACES typically has a few phones available for staff, one of which you may be able to use if it is free when you are there. You can purchase a phone relatively inexpensively or obtain the unlock code for your own phone before your trip and then purchase a SIM card upon arrival. Pre-paid minutes can be purchased at stores and roadside stands for domestic calls; international calling cards can be purchased at cyber kiosks. To call Kenya from the US, dial 011 254 (Kenya) 35 (for Kisumu) + local number. To call the US from Kenya, call 0001 or +1 and the full number. Skype.com provides free internet telephony, so it may be worthwhile to set up an account before your trip: <http://www.skype.com>.

If you are able to bring a laptop, you can often access the FACES networks within the clinic office during working hours. Otherwise, staff computers may be available for short periods of time for essential computing and internet access. If you would like to ensure you have wireless access throughout your time in Kenya, major Safaricom locations sell routers to connect to your computer. The two options are a USB device for 12,500 KSh or a PMCIA card that is cheaper but slower. After the first month, service costs 12.60 KSh per MB. Further information is available at Safaricom: <http://www.safaricom.co.ke/index.php?id=163>. It may be worth discussing this with other STEP participants who will be in Kenya at or around the same time to share the cost.

Site-specific Information

Nyanza Contacts: Kisumu, Suba, Migori, Rongo

Veronica Achieng, Lumumba Reception, Visitor Liaison: 0722 150 911, vachieng@kemri-ucsf.org

Dr. Catherine Kidiga, Nyanza STEP Coordinator: ckidiga@kemri-ucsf.org

Kimberly Bale, STEP Program Manager, UCSF: 415 597 4969, balek@globalhealth.ucsf.edu

Cost for accommodation at all Nyanza sites is \$60/week payable (in any currency) to Paul Kombo at Lumumba Health Center.

Kisumu

Kisumu is the third largest city in Kenya and capital of Nyanza Province, with a population of approximately 700,000. It is one hour by plane (Kenya Air, Fly540 or East Africa Safari Air) or four to eight hours by bus from Nairobi.

FACES-Kisumu

FACES-Kisumu was the first FACES site in Nyanza and remains the most centralized of the districts, with over 7000 patients enrolled at Lumumba Health Center. During clinical days, one clinical officer serves as the “emergency bench” and deals primarily with critical and complex cases. Staff from Lumumba travel to other sites, including Tuungane Youth Center and facilities in outlying areas, to provide care and mentor the staff on site. A small number of FACES staff are based at the Kisumu District Hospital to provide HIV care, and a similar arrangement will begin at the Nyanza Provincial General Hospital in October, 2008. Several research studies are coordinated from Lumumba, including the Cervical Cancer Screening Program (CCSP), the Fishermen Study, and Shamba Maisha, an income-generating project for HIV positive farmers. The UCSF-KEMRI building next to the clinic hosts the Couples Intervention Study, now in its final stages, and PREP, a follow-up study on use of ARVs for sero-discordant couples that is just starting.

Contacts

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Victor Odhiambo, Administration: 0721 888 996, vodhiambo@kemi-ucsf.org

FACES-Kisumu: +254 572 021 036

Lumumba Health Center

KEMRI-UCSF building, Agoi Road

PO Box 614-40100

Kisumu Kenya

Accommodation

The FACES flat in Kisumu is located in the Milimani neighborhood just off of Jobita Onditi Road. To get there, tell a boda boda driver the new flats behind Xaverian Secondary School or the Lumumba doctor's flat down the road from the Hari Krishna temple. The kitchen is equipped with refrigerator, gas stove, and cooking utensils. Laundry is done on Tuesdays and Fridays.

Banking

There is a Barclay's Bank downtown on Oginga Odinga Road (and many others nearby) as well as Barclay's ATMs in Nakumatt MegaCity and United Mall.

Internet

Limited free internet is available in the flat via the wireless network Butterfly, though it is slow and restricted to specific sites, including google, gmail (intermittently), and Kenyan news outlets. Skype is not available from the flat. Cybercafes are plentiful, including in MegaCity, the Swan Centre, and United Mall. The cybercafé on the second floor of the Al-Imran building includes webcams.

Food

The Coke kiosk in the Lumumba courtyard offers snacks such as chapatti and mandazi (fried dough) and sodas. A stand immediately behind the kiosk and another across the street offer beans (~30 KSh) or beef, chicken or fish with ugali (~60 KSh). The United Mall at the end of the block has a food court with a variety of options.

Elsewhere: There are many places to eat in Kisumu, particularly along Oginga Odinga Road and Jomo Kenyatta Road as well as near the Nakumatts and United Mall. Highlights include Green Garden (just off of Oginga Odinga Road past the Swan Centre), Inca Hotel (one block out from the Imperial Hotel off of Achieng' Onoko Road, best Indian in town), Kiboko Bay Resort (a long walk or short tuk-tuk ride, great view and the occasional hippo in the morning), Mambo (off Jomo Kenyatta Road beyond United Mall, chicken and beer), and Kenshop (on Oginga Odinga Road, good breads and pastries). For the real thing, walk straight down Oginga Odinga Road, cross the train tracks, and choose one of the many fish shacks on the shore of the lake, where you can select a fresh-caught tilapia and have it Dholuo style, fried with or without stew, accompanied by ugali or chapatti. Lunch may cost 200 to 600 KSh depending on the fish you pick and the time of year.

You can maintain a vegetarian or vegan diet fairly easily.

Groceries / Other

There are three large grocery stores in Kisumu that offer a wide range of food and non-food items. Nakumatt Nyanza is downtown on Oginga Odinga Road. Nakumatt MegaCity is located at the intersection of the Ring Road and Nairobi Road. Tusky's, probably the largest of the three, is in United Mall just down the block from Lumumba on Jomo Kenyatta Road. All are within a fifteen-minute walk of the flat and the clinic. Nakumatt MegaCity and United Mall both include movie theaters.

Suba

Suba is a rural district on the western edge of Lake Victoria, south of Kisumu, that includes mainland and island sites. It typically takes about three to four hours to get to Mbita from Kisumu: two hours by FACES van or three hours by matatu (250KSh) plus an hour-long ferry (100KSh). The ferry runs four times a day. If going entirely by land, it will be four hours with FACES or six hours by matatu (~400 KSh). A number of Suba staff come to Kisumu for weekends, so it is often possible to travel with them. Travel to the island hub site in Sena from Mbita costs 100KSh by boat matatu and takes about an hour and a half. Travel from Sena to outlying island sites is typically aboard a borrowed boat and takes between one and two hours each way.

FACES-Suba

FACES is pioneering a distributed model of HIV care in the rural Suba district, extending care out to small communities on the mainland and on islands in Lake Victoria. The main site is the PSC (Patient Support Center) at the Suba District Hospital, located in Sindo. Within the hospital, MOH staff provide general care, the International Medical Corps supports VCT and maternal and child health, and FACES provides HIV care. FACES staff travel daily to peripheral sites to mentor MOH staff on site and provide care. A second central FACES site is in Sena, on Mfangano island, which serves as the hub for outlying sites on Mfangano itself as well as the islands of Ringiti and Remba. CCHAs are often based at the peripheral sites (land and lake), and a nurse and clinical officer are based in the islands at nearly all times.

Due to its remote location, some of the services available in Kisumu are not available in Suba, including a few diagnostic tests. For instance, dry blood spot tests by PCR for HIV diagnosis in infants are sent to Kisumu, as are viral load tests. Depending on supplies, other tests may also be sent off. Clients with Kaposi's Sarcoma are transported to an MSF (Doctors Without Borders) site in Homa Bay for treatment every other Tuesday. At Sindo, mothers' and children's day is Monday and non-clinical day is Wednesday (which also includes ward rounds at the hospital). Shortages of drugs and other supplies are especially common on the islands. At present there is neither power nor running water on the island sites. Though bathing and swimming in the lake is quite common on the islands and along the coast, there is a substantial risk of schistosomiasis, especially in still water.

Contacts

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FACES Suba Program

PO Box 152

Mbita

Accommodation

The FACES flat is located on the grounds of ICIPE (Tom Odhiambo campus), an insect research facility in the town of Mbita. The flat is also home to the Suba Coordinator and Assistant Coordinator, and includes a well-equipped kitchen. It is approximately 25 km from the main site at Sindo; a FACES truck transports the coordinator and assistant coordinator to and from Sindo daily. Alternatively, motorcycle transport between the two is ~250KSh. Laundry is done Monday, Wednesday, Friday.

Banking

There is an Equity Bank in Mbita with an ATM.

Internet

Internet is available at the flat if you bring a laptop, and it may be possible to set up a workstation at Sindo (bring an ethernet cable – the wireless is substantially slower).

Food

There are a number of hotels (food stands) on the main street in Sindo by the hospital selling lunch (as well as chapatti and mandazi for tea). The most popular among clinic staff is Hotel Kadogo. In Mbita, there are the typical hotel stands in town as well as a guest house on the grounds of ICIPE and also Safari Village, a small resort on the lake 2 km outside of town that serves ok food (a bit overpriced) with a beautiful view.

Groceries / Other

There are no large grocery stores in Suba; it is advisable to buy any canned or processed food in Kisumu if possible. Produce is available at roadside stands; it may be easier to purchase in Sindo since the truck often returns to Mbita a bit late. Sindo hosts a large market on Tuesdays and Fridays just behind the main street. Food in the islands can be limited – bring snacks as well as food for meals (bread, eggs, peanut butter, etc.) whenever you go. Maintaining a vegetarian diet in Suba can be a bit of a challenge, but is possible.

Migori

Migori is a large rural district located in southern Nyanza; it tends to be cooler and wetter than the other districts. The town of Migori itself sits on the main road to Tanzania, about half an hour from the border. It typically takes two to three hours to drive from Kisumu by FACES van (which often travel to Kisumu on Friday evening and return Sunday afternoon), four to six hours by matatu (450 to 500 KSh).

FACES-Migori

FACES-Migori has implemented a model of decentralized care similar to that in the Suba district. Due to the vast size of the district and a shortage of MOH staff therein, decentralization remains a challenge. The central site is the Patient Support Center at the Migori District Hospital, and peripheral sites include sub-district hospitals and dispensaries across the district. Non-clinical day at MDH is Friday; mothers' and children's day is Wednesday. Unlike at most FACES sites, PMTCT and TB care are provided by both FACES staff and the MOH. In addition to clinical care, Migori is the main site for public health

evaluation (PHE) of three projects: the integration of family planning into the PSC, the impact of integrating ante-natal care with HIV care, and the MAMAS study on mothers and stigma. Collaborative FACES-MOH circumcision services will be rolled out in late 2008.

As one element of the decentralized model of care, FACES-Migori includes a number of staff supporting community care. The Community Extension Officers are salaried staff with diplomas or bachelors degrees in fields related to community development. They liaise with local communities, focusing on awareness and mobilization. FACES also works with two community units in Migori (and an additional two in Rongo) as part of a government initiative to bring health to the household level. Within this initiative, individuals selected by their communities are trained as community health workers (CHW) to provide basic care and to recognize cases for referral to the health facility. Community health extension workers (CHEW) coordinate the effort. As of July 2008, training for CHEW had been completed; training of CHW and rollout of the project await further funding.

Contacts

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Dr. Julie Kadima, Assistant Coordinator: jkadima@kemri-ucsf.org
Wycliffe Odhiambo, Administrator: 0722 945 833, awach_awach@yahoo.com

Accommodation

The FACES flat is located on the grounds of the Ombo Catholic Hospital, about 15 minutes' walk from the main road and a few minutes from the flat where the coordinators live. It includes three bedrooms and a basic kitchen. The flat does not include a water heater. Since the flat is a bit isolated, it can be vulnerable to theft. During the day it is best to place any valuables well away from the windows, preferably in locked cabinets (you may want to bring a few small locks). When leaving the flat overnight, secure all valuables or leave them with the FACES administrator and notify him that you will be gone.

Banking

There are several banks in Migori, including a Barclay's on the main road past the bridge. There is a KCB with ATM down the road from the hospital.

Internet

It is possible to use the internet within the PSC office at Migori when staff do not need the computers. It also may be possible to connect your own laptop to the network. In addition, there are several cyber cafes along the main road.

Food

MDH features a canteen and a Coke stand with the typical lunch time offerings. The Al Jazeera Hotel on the main street by the road leading to the flat offers excellent tea.

Groceries / Other

There are many stalls selling produce as well as a large marketplace just over the bridge and to the right. Small grocery stores abound, and two large grocery stores are located on

main road on the far side of the bridge. Small shops on the main road past the bridge show movies and TV shows – look for chalkboards with upcoming shows along the sidewalk.

Rongo

Cooler and wetter than Migori or Kisumu (wetter in April, cooler in July)! You should have some sturdy shoes for walking that can also handle getting very muddy as well as a rain jacket/fleece. Via public transportation, Migori is about 1 hour away (100 Ksh), and Kisumu is 3 hours (300Ksh). Kisii is the closest major town to Rongo (30 minutes by public) and you can get pretty much anything there. The cost by matatu is 50 Ksh.

FACES-Rongo

FACES operates out of the Rongo District Hospital, with a distinct FACES office and tent where HIV care and treatment occur. Lab and pharmacy services are integrated with the District Hospital as is Maternal and Child Health. Structure of clinic is very similar as well, but Rongo's peripheral sites are generally much closer to the Hospital than Migori's sites. They are now performing male circumcision in Rongo.

Contacts

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Eliud Akama, Assistant Coordinator: EAkama@kemri-ucsf.org

Thaddeus Ogada, Administrator: TOgada@kemri-ucsf.org

Accommodation

There is a flat in Rongo for STEP participants. The flat is located on the grounds of the former Permanent Secretary Oyugi's home. It is a self-contained, 2 bedroom/2 bathroom house that served as the President's (and his bodyguards) guest house when they visited the area. There is a water heater, whose switch is within the master bedroom's dressing room. A refrigerator has now also been placed in the flat. The cleaning is done by a clinic staff member 2x to 3x/week. Laundry will also be done (except for undergarments). The grounds are extremely safe, but valuables can be locked in the cabinets as in Migori.

The flat is about 6km from the clinic just off the main road between Migori and Rongo. It is about a 1-hour walk or a 10-minute ride by matatu (costs 20 KSh). When you board a matatu towards town, let them know you're going to Rongo (town centre). If headed back towards home, most matatus will recognize the place if you say P.S.

Since the flat is located far from town, it is recommended to get the number of reliable taxi driver to take you home after nightfall (do not walk). Nicole or Akama should be able to help you in this matter.

Banking

There is now a bank in Rongo (Kenyan Central Bank). Double check with a banking consultant to make sure the ATM machine is able to take cards from non-KCB banks. The next closest ATM is in Kisii (Barclays, Equity, KCB, etc). It is recommended to obtain cash on the weekends. There is not much need for cash during the week in Rongo as it is relatively inexpensive to live there.

Internet

There is wireless internet access in the clinic so it is best to have your own laptop while you are there. However because power outages are common, cellular modems can be provide you internet access in those off-times , provided you have enough battery life on your computer. If you do not wish to purchase your own modem (for future trips, etc) one has been left for you in the Rongo FACES office. Please ask Akama. You will simply need to purchase minutes for the modem at a Safaricom kiosk. The code for the modem is: 7674, and has been formatted to work with a Mac (but can be reconfigured for a Windows system).

Food

The Reeds Hotel close to the clinic is a popular place for lunch. It offers good, basic Kenyan food. Breakfast and tea/coffee is usually served around 10am in the FACES office. There are many small kiosks that sell snacks as well as a kitchen on the clinic grounds that sells freshly made chapatti (10 Ksh). Take note that many of the Rongo staff typically don't take lunch, so it's advisable bringing Cliff/Luna type bars or snacks to tide you over until evening

Groceries

Most basics can be purchased in the small kiosks (bread, pasta, flour). Fruits and vegetables can be bought from the street vendors or at the weekly (Wednesday) market. However, there are no supermarkets in Rongo. The closest ones are in Kisii (Nakumatt and Tusky's are both there). Recommend buying most non-perishable items at a supermarket in Kisii or Kisumu.

Other

The compound's 4 families (Oyugis' 4 wives' families) are fantastic and eager to get to know you, play soccer, and walk you around the grounds (there's a fishing pond & greenhouse). Take them up on their offer, if the chance permits. Also of note is a barn-like structure across from the flat that serves as a church for the compound and surrounding neighbours. Services, which you can clearly hear from the flat, are routinely held on Wednesdays. Other than that, once you reach the flat there isn't much to do - so be sure to bring reading material, movies to watch on your laptop, etc.

Regarding power outages: As they are becoming increasingly common, you'll find that a headlamp or solar-powered flashlight will come in handy. Further, be aware that when the power goes out, so does the water. For this reason, it is advisable to fill the empty litre water bottles when there is power/water for activities such as bathing, dishwashing, flushing of toilet, and cooking. The stove is gas, which remains steadfast during these times. Lastly, you may want to take a power surge protector for your laptop as the power pulses on in its process of regaining full strength.

Nairobi

Nairobi is the capital of Kenya and currently has a population of over two million. Given the ample information available on the city in guidebooks, the information below is limited to FACES-specific details.

FACES-Nairobi

FACES operates in two sites within Nairobi: the main clinic on the grounds of the Kenyatta National Hospital (KNH) at the KEMRI Centre for Respiratory Disease Research (CRDR) and a peripheral clinic in Mimosa, a fifteen-minute drive away. The model of care is generally similar to that in Nyanza in its focus on the family, but it is delivered by slightly different departments. Reception and Phlebotomy are a single department that manages clients as they first arrive. The nursing bench manages triage as well as vital signs. Counselors and Field Workers provide adherence, counseling, and defaulter tracing. All counseling is individual rather than group due to client schedules and preference. Because adult nutritional status tends to be higher among clients in Nairobi, multivitamins are prescribed only as needed. The clinic is open five days a week from 8:30 to 2:30, with a focus on TB clients on Tuesdays, pediatric clients on Wednesdays, and referrals from KENWA (Kenya Women with AIDS) on Thursdays. The clinical, nursing, and pharmacy teams meet each Monday afternoon to review clients for initiation onto ARVs and determine the appropriate regimen. CMEs take place on Tuesday afternoons following the end of clinic. Staff meetings take place every other Wednesday. The Mimosa clinic serves as a training site for nursing students on extended stay from Japan, making it a very student-friendly clinic.

Contacts

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Ayub Mbogo, Administrator, ambogo@kemri-nuitm.or.ke
FACES Nairobi Office: 0272 9894

Accommodation

FACES staff recommend staying at the Flora Hostel, which is located at 5th Ngong Avenue, a fifteen minute walk from the CRDR FACES clinic. The rate for a single room with private facilities is ~1800 KSh, for shared facilities is ~1400 KSh. Reservations should be booked in advance at florah@wananchi.com, 0272 3087. Cost is inclusive of meals. The ACK Bishop Hostel, located on 1st Bishop, is also within walking distance of the clinic. Cost is 2300 – 2800 KSh for a single; it offers a greater variety of food than Flora as well as a cyber café on the grounds. Those in Nairobi for extended stays may consider alternative arrangements – contact the Program Manager for suggestions.

Internet

To access internet at the main FACES clinic from your own laptop, you will be asked to fill out a form with basic information in order to obtain a temporary IP address. With that you will be able to connect from the office whenever an Ethernet cable is available. Access to staff computers is limited.

Food

The Flora Hostel and the ACK Bishop Hostel include breakfast, lunch, and dinner – food is a mix of European and Kenyan, and includes vegetarian options. On the hospital grounds, there is a small cafeteria called the ComCare Café in the Community Health Sciences building about ten minutes from the main clinic. Occasionally one of the cars will bring a group to a fast food outlet with burgers, chicken, and pizza a few minutes drive away. Most staff bring their lunch.

Groceries

There are two large grocery stores, a Nakumatt at Prestige Plaza and an Uchumi just before it, up Ngong Road from KNH. It is a 30-minute walk or a 10-minute bus ride by Citi Hoppa or the #2 matatu. There is an open-air market next to the Nakumatt with a small selection of local produce. A row of small stands selling produce lines Argwings Kodhek Road, off of Ralph Bunche road (across Ngong from KNH, one block uphill from 5th Ave).

Banking

There is a Visa-compatible ATM on the hospital grounds. There are several banks located at Prestige Plaza and at the nearby Yaya Center.

Advice from Past Participants

If you're doing a research project, continually assess your objectives and timeframe to make sure they are reasonable. Keep in mind a specific plan and identify the people who will carry on what you're doing after you leave, and work with them from the start.

Be ready to be flexible and to do things as they come. Go in with an open mind; be ready to work with multitude of people with all levels of medical training; get to know the people and community.

Define what you want to get out of the rotation. Don't be shy in the beginning to ask where they may feel like they want you, what they want from you. Setting those objectives out by end of the first week gives you time to realize what you're interested in, what they are interested in getting out of you.

Bring lots of Purell!

Bring books to read; it can get boring in the quieter areas. A headlamp is essential for the islands or in case of power outage (particularly common in Migori).

Try to experience a variety of sites, including satellite clinics, which are smaller and have fewer staff, and provide a different feel than the central locations. Set up a schedule with your mentor or supervisor so that you can see a number of distinct locations while still meeting the project or clinical needs.

People appreciate it when you try to speak Swahili or Luo. Any Swahili you learn before is likely to be Tanzanian and not Kenyan, which is slightly different, so be open to having people teach you.

Be ready to work independently and to see clients on your own if you are a resident.

It may seem difficult with all that is going on at the clinics, but stay in touch with your mentor or supervisor. If you have questions people are very receptive to questions. If you want to do something, make it happen. Don't be frustrated if things take time to happen, that's the local culture. Be persistent. Actively seek feedback from those with whom you are working.

Get to know and explore the local area. As automatic as it is, create solid relationships with the people at the clinic: they'll tell you what's fun.

In general, this kind of experience builds skills in patience, tolerance, seeing other people's perspectives. Keep in mind that those skills will be exercised. Be analytical without judging; try to be understanding of why things are happening the way they are.

Advice from FACES Staff

“Talk to people who have been to our clinics before, so you don’t look too lost on your first day!”

“Watch the FACES video [on the website] to understand what we’re doing and to get a sense of the patient flow.”

“[I would say] maybe to take note that we are also human, we appreciate visitors when they come around, so I would like the students who come to be more free and more relaxed, less tense, so whatever they are going to share with us and we are going to share with them will be delivered in a comfortable way.”

“Just to be easy, approachable when they are coming, so that people are able to interact with [you] freely.”

“Sometimes, their accent, the way [visitors] talk, is not the same as what we perceive, so they should try to slow down in their talking, that way we will understand each other.”

“First they must know that they come here, that they are coming to share with us – they are not coming to be a burden to the clinicians. So when they come, they must try to intermingle with us. In every department they go for orientation, they must participate fully, and know they are part of this community. Because we are called KEMRI-UCSF, so we share half half.”

Appendix 1: Sample KEMRI Letter

DATE

The Director
Kenya Medical Research Institute
(Attention Deputy Director Research and Training)

Through

The Director
Center for Microbiology Research

Through

Dr. Elizabeth Bukusi
Co-Director RCTP

RE: Permission to visit Kenya Medical Research Institute Sites

I am a third year medical resident in internal medicine at the University of California, San Francisco (UCSF). I am collaborating with the ASPIRE (AIDS Services, Prevention, Intervention, Research and Education) Program at UCSF, Dr. Elizabeth Bukusi at KEMRI, and Dr. Steve Adudans at the FACES clinics to assist in clinical duties and Continuing Medical Education sessions.

I am writing to request permission from the Kenya Medical Research Institute to visit SITE from DATE to DATE in order to conduct a clinical rotation. If granted permission, I will see clients at the FACES clinics with FACES staff, assist in clinical duties, and conduct teaching sessions on the management of people living with HIV.

As detailed in my attached Curriculum Vitae, I completed my medical degree at the UNIVERSITY. I will soon be completing my third and final year of residency training in Internal Medicine at UCSF. I am very interested in working with HIV + clients in Kenya in order to further understand HIV medicine and the innovative model of care offered through FACES. I hope to work in collaboration with the clinical staff at FACES to learn from their expertise and support their work.

I look forward to your positive response and am highly motivated to make this collaboration a success, should the opportunity be granted.

Sincerely,

NAME
DEPARTMENT / UNIVERSITY



STEP: STUDENT TRAINING EDUCATION PROGRAM

Name: _____

Email: _____

Site(s): _____ Dates: _____

University: _____

Rotation type: Clinical student Clinical resident Non-clinical / project

Area of study (i.e., medicine, nursing, public health, etc.):

Specialization: _____ Level of training: _____

FACES host department (i.e., clinical, nursing, CCHA, pharmacy, M&E):

Project and/or clinical objectives: _____

Insert digital photo here
(preferably one that can be
printed in black and white
and is as small a file as
possible.)

Appendix 3: STEP Objective Templates

Participant: Overall

- Participate in a comprehensive model for the provision of HIV care in a resource-limited setting.
- Understand the epidemiology of HIV in Kenya, the WHO HIV Clinical Staging system, and the Kenyan guidelines for HIV treatment.
- Gain an understanding of the FACES model of care, including resources required (human and material), structure, and operation.
- View the interaction between FACES and the Ministry of Health as well as community-based organizations, noting challenges and opportunities.
- In Nyanza, participate in hospital rounds and home visits to understand continuity of care, challenges in care delivery, and impact of Luo culture on HIV epidemiology.
- Integrate within the clinic structure, balancing individual objectives with clinic goals, operations and needs.
- Finalize individual learning goals, identify the individuals and resources necessary to achieve them, plan how to accomplish this within the clinic.
- Identify areas of mentorship or teaching that will provide the most needed assistance or information to the clinic and related sites.
- Provide CME or journal club tailored to the audience.
- Demonstrate cultural humility in all interactions, practicing patience and a willingness to share easily with staff.
- Maintain respect and confidentiality for all clients.
- Develop strong partnerships with staff, working collaboratively towards clinical or project goals.

Participant: Orientation

All departments

- Introduce yourself to the person you are shadowing, including whether you will be observing or participating
- Ask any questions you have concerning clinic or department operation
- Assist in service provision whenever you are able to do so
- Provide thanks and feedback on your orientation
- Note any areas of clinic practice where you can contribute directly or through mentorship during your rotation

Reception

- Understand client ID system and filing protocols
- Understand the different types of appointment (enrollment, scheduled, unscheduled) and appropriate form used in response
- Learn overview of defaulter identification system

Clinic & Community Health Assistants (CCHA) / Counseling

- Attend HIV education, noting the major messages and delivery style
- Attend adherence counseling, preferably either Adh1 or 2 and Adh3 (with nursing bench), for pediatrics and/or adults, and be able to summarize key points of adherence
- Assist in the vitals bench, taking vitals or recording results on the forms
- Sit in on client enrollment, grasping the purpose and procedure for all elements of a new file (client form, family information table, locator form)
- Learn the department's role in defaulter management and food by prescription / nutrition and HIV program

Nursing

- Attend client triage, becoming familiar with WHO staging and Karnofsky score
- Attend client follow-up visit, noting key elements of physical exam and client interview and which parts of the client form are completed
- Attend counseling visit

Clinical

- Sit in on emergency desk, noting the types of cases, the standard exam procedures, and the available tests and materials for diagnosis
- Note which elements of client form are completed at the clinical bench, including lab tests, prescriptions, and procedures for referrals or diagnostics off-site
- Become familiar with first-line and second-line ARV regimens

Lab

- Understand the range of tests available at that facility
- Assist in phlebotomy if possible, following procedures for safe blood draw

Pharmacy

- Assist in preparing pill packs
- Note ARVs available and the most common side effects
- Review options for OI management for adults and pediatrics
- Observe dispensing procedures
- Discuss current challenges in treatment provision, drug interactions, and treatment failure

Participant and Clinic: Rotation Specific

The following documents are provided as templates for objectives to be agreed upon by the participant and their main department, represented by the designated mentor. Each participant is encouraged to review these in advance, modifying them as appropriate to match their level of training, area of specialty, and rotation objectives before meeting with the mentor to tailor the objectives to the clinic needs at that time. Each rotation is made up of service (project or clinical), mentorship, and learning, with the balance among these three dependent on the interests and objectives of the participant as well as the needs of the clinics. For instance, specialty medical attention may be a particular benefit to hospital ward rounds, making that activity a priority for pediatric residents. Alternately, sustained mentorship of clinical and paramedical staff at peripheral sites may help to build capacity to deliver HIV care in more remote settings. At times, clinics will become so busy that service delivery is the most critical priority, even if that requires seeing clients alone or working elsewhere to enable the clinic to see to clients expeditiously. Since each district includes a variety of sites, it is beneficial to consider from the start which sites will be the best location for different aspects of the rotation (i.e., hospital wards, central Patient Support Center or Comprehensive Care Center, peripheral sites, island sites in Suba, etc.). Note that the projects included reflect general FACES priority projects. Participants should delete these and fill in specific objectives for their project if a topic is already set.

STEP Objective Template 1: Non-clinical rotation, research or program project

	Participants: public health, social work, pharmacy, medical students (1 st & 2 nd year)	Department	Site
Participant knowledge and skills: topics for FACES staff to focus on when mentoring participant	HIV education, adherence, counseling, home visits [N/A in Nairobi], enrollment of patients, presentation of food by prescription (FBP) / Nutrition and HIV Program (NHP)	CCHA / counseling	
	OI management, management of tropical diseases	Pharmacy	
	Basics of HIV care, WHO staging	Clinical	
	Psychosocial issues (social workers), adherence (pharmacists)	Nursing	
Clinic staff knowledge and skills: topics for STEP participant to focus on when mentoring staff	Counseling: disclosure, couples, pediatric, family planning, trauma, psycho-social, economic empowerment Community engagement and advocacy	CCHA / counseling	
	Updates on OI and ART management (pharmacists)	Pharmacy	
Service delivery: tasks the participant will assist in or provide	Assessments and reinforcement of adherence (pharmacists, social workers)	Nursing	
	Community mobilization: support groups and kids club Family involvement Development of training materials Mentorship of CCHAs at peripheral sites Home visits [N/A in Nairobi]	CCHA / Counseling	
	Prescription (pharmacists)	Pharmacy	
Projects: program development, evaluation, or research concerns the participant will address (Topics listed reflect general FACES priority projects. Participants should delete and fill in specific objectives for their project)	Evaluation research (evaluation design, determination of comparison group, identification of measures and indicators, data collection, data analysis, dissemination): Defaulter management, HIV education, adherence counseling, family planning uptake, integration of HIV care and antenatal care, pediatric follow up, treatment failure, adherence monitoring, adverse effects of ARVs, impact of PPCT intervention	M&E, CCHA / counseling, clinical, pharmacy	
	Program development (needs assessment, program plan, resource identification, stakeholder engagement, implementation): Resource mobilization for sustaining support groups, networking and collaborations with UCSF, safe water and hygiene training, nutrition training, SOP development	CCHA / Counseling	

STEP Objective Template 2: Clinical rotation, students

	Participants: medical students (3 rd & 4 th year) and nursing students	Department	Site
Participant knowledge and skills: topics for FACES staff to focus on when mentoring participant	ARVs, prescription drug interactions	Pharmacy	
	HIV education, adherence, counseling, home visits <i>[N/A in Nairobi]</i> , enrollment of patients, presentation of Food by Prescription (FBP) / Nutrition and HIV Program (NHP)	CCHA / Counseling	
	Triaging clients Filling out of enrollment and follow up forms Counseling services, including family planning and PMTCT Defaulter management Hospital visits <i>[N/A in Nairobi]</i> WHO staging Karnofsky score	Nursing	
	HIV care and treatment OI diagnosis, care and treatment	Clinical	
Clinic staff knowledge and skills: topics for STEP participant to focus on when mentoring staff	Vital signs Identification of OIs Feeding options	CCHA / Counseling	
	Infection control within clinics	Nursing	
Service delivery: tasks the participant will assist in or provide	Mentorship of CCHAs and nurses at peripheral sites Home visits <i>[N/A in Nairobi]</i>	CCHA, nursing	
	Triage Stable client visits PMTCT DTC (Diagnostic Testing and Counseling)	Nursing	
Projects: program development, evaluation, or research concerns the participant might address	Safe water and hygiene training Nutrition Evaluation of family planning uptake Integration of MCH and HIV services <i>[N/A in Nairobi]</i> In Nairobi: SOPs, e.g. clinic flow, TB recognition and treatment, use of pediatric growth charts	CCHA / Counseling	

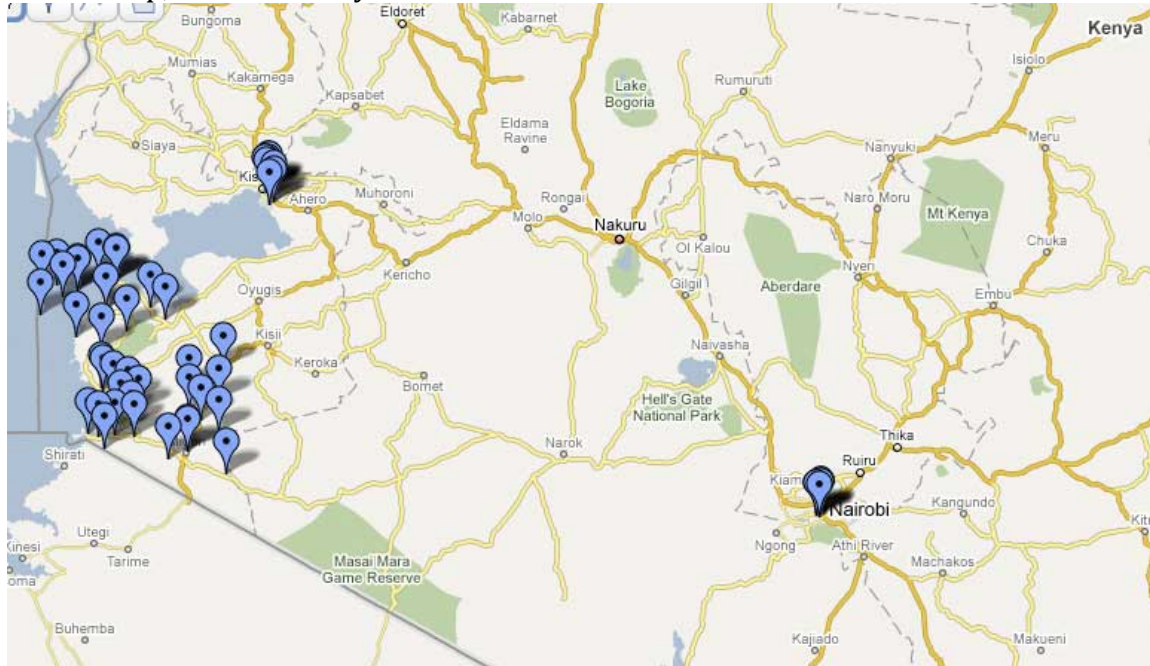
STEP Objective Template 3: Clinical rotation, residents

	Participants: residents in internal medicine, pediatrics, Ob/Gyn, family medicine	Department	Site
Participant knowledge and skills: topics for FACES staff to focus on when mentoring participant	Adherence and HIV education Prescription of Food by Prescription (FBP) / Nutrition and HIV Program (NHP)	CCHA / Counseling	
	Triaging clients Filling out of client forms / FACES SOPs Counseling Defaulter management Hospital visits [<i>N/A in Nairobi</i>]	Nursing	
	HIV care, treatment WHO staging Tropical medicine OIs TB	Clinical	
	ARVs Prescription drug interactions	Pharmacy	
Clinic staff knowledge and skills: topics for STEP participant to focus on when mentoring staff	Vital signs Identification of OIs Tropical disease in relation to HIV/AIDS	CCHA / Counseling	
	Physical exam Comparison of services offered, gaps in care	Nursing	
	Specialized physical exams: pediatric, pulmonary, neurological Chronic disease Differential diagnosis Rx failure Psychological Defaulter management Skin lesions	Clinical	
	Updates on OI and ART management	Pharmacy	
Service delivery: tasks the participant will assist in or provide	Client care Mentorship at peripheral sites CME and journal club Ward rounds [<i>N/A in Nairobi</i>] Community health: identification of OIs, tropical diseases	Nursing and clinical	
Projects: program development, evaluation, or research	ARV treatment failure	Pharmacy	
	CD4 trends TB transmission within clinic SOPs, e.g., defaulter tracing and management, rational use of antibiotics and other OI drugs / ARVs	Clinical	

Appendix 4: Maps and Supplemental Reading Materials

[Map of FACES Kenya](#) (or zoom to Kenya in Google maps and use the search options toolbar to search for FACES Kenya in the directory of user-created content)

FACES map, Western Kenya:



FACES map, Nyanza:



FACES website: <http://www.faces-kenya.org/index.php>

HIV InSite: <http://hivinsite.ucsf.edu>

STEP blog: <http://kisumu-ucsf.blogspot.com>

Appendix 5: FACES Clinical Mentorship Kit

This kit has been developed by FACES to assist in mentoring staff (FACES, MOH, or others) at peripheral sites, and may help you to integrate within FACES and to assist in mentoring as applicable.

Elements of the patient visit

1. Friendly environment, good rapport
2. Chart Review
 - a. Run through personal data. Ensure no discrepancies.
 - b. Note if visit is scheduled or unscheduled. If unscheduled, find reason.
 - c. Medication adherence/ Pill count
 - d. Review family information table.
 - e. Review prior results and previous follow up issues.
 - f. Run through file to find out if the patient has been stable, or has an underlying problem that needs constant review or if he has symptoms that are persistent or recurrent.
3. Review of Systems/Symptoms (ROS):
 - a. Elicit patient complaints, severity, duration, progression, new problem or recurrent problem, any prior interventions
 - b. Review of systems:
 - i. TB screening
 - ii. Appropriate OI screening based on CD4
 - iii. Appropriate screening based on medication regimen
 - iv. All symptoms fully evaluated for onset, duration, severity, associated symptoms, exacerbating and alleviating symptoms
4. Physical Examination:
 - a. Full examination for enrolling patients, very sick patients and at pre-determined intervals
 - b. Minimal exam for stable, follow up patients: eyes, oral, lymph nodes, skin
 - c. Symptom directed physical exam
5. Counselling:
 - a. Psychosocial, and/or economic situation including testing of family members and disclosure
 - b. Sexual health (prevention with positives)
6. Charting/documentation:
 - a. Details of symptoms documented
 - b. Physical exam findings documented including pertinent negatives
 - c. Plan and follow up issues clearly detailed.
7. Disposition
 - a. Plan of care is indicated for each problem area
 - b. Investigations ordered
 - c. Medications ordered
 - i. ART
 - ii. CTX

- iii. MVT
- iv. Rx for acute illness
- v. Others
- d. FBP if indicated
- e. Referrals

File Review

Before seeing a patient always review the file for the following elements.

- Name, sex, age
- Face page:
 - How long has the patient been enrolled
 - WHO Stage
 - Current CD4, CD4 nadir, and trend
 - *Check and enter latest laboratory data*
 - Hb, creatinine, ALT
 - *Check and enter latest laboratory data*
 - Weight and trend
 - *Check and enter today's weight*
 - ARVs
 - Current medications
 - *Verify this with the most recent visit note*
 - Past ARVs and reason for changes
- Review family page (back of file)
- Visit history:
 - Most recent visit: follow up or unscheduled?
 - *If most recent visit was unscheduled:*
 - What was the reason?
 - What investigations were done?
 - What was the impression?
 - What was prescribed?
 - ****Be sure to ask about and follow up on this problem during the visit.*
 - Briefly scan prior visits for:
 - Recurrent or common presenting complaints
 - Any recent acute problems and treatments
- Note today's vital signs

Appendix 6: WHO Staging, FACES Lab and Pharmacy Services

Note: All participants in clinical rotations receive a FACES formulary upon arrival. The list of available drugs and lab tests does not hold at all times at all sites; verify upon arrival.

WHO Staging for HIV in Africa

Clinical Stage 1

Asymptomatic

Persistent generalized lymphadenopathy (PGL)

Clinical State 2: requires cotrimoxazole

Moderate unexplained weight loss (<10% body weight)

Recurrent URIs, including sinusitis, bronchitis, otitis media, pharyngitis

Herpes zoster

Angular cheilitis

Recurrent oral ulcerations

Papular pruritic eruptions

Seborrhoeic dermatitis

Fungal nail infections of fingers

Clinical Stage 3: requires cotrimoxazole, ARVs if CD4<350

Conditions where a presumptive diagnosis can be made

Severe weight loss (>10% of presumed or measured body weight)

Unexplained chronic diarrhoea for longer than one month

Unexplained persistent fever (intermittent or constant for >1 month)

Oral candidiasis

Oral hairy leukoplakia

Pulmonary tuberculosis (TB) diagnosed in last two years

Severe presumed bacterial infections (e.g. pneumonia, empyema, pyomyositis, bone or joint infection, meningitis, bacteraemia)

Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis

Conditions where confirmatory diagnostic testing is necessary

Unexplained anaemia (<8 g/dl), and / or neutropenia (<500/mm) and/or thrombocytopenia (<50,000/mm) for more than one month

Clinical Stage 4: requires cotrimoxazole, ARVs

HIV wasting syndrome

Pneumocystis pneumonia

Recurrent severe or radiological bacterial pneumonia

Chronic herpes simplex infection (> one month duration)

Oesophageal candidiasis

Kaposi's sarcoma

HIV encephalopathy

Extrapulmonary TB

CNS toxoplasmosis

Karnofsky Score

100%: normal, no complaints, no signs of disease

90%: capable of normal activity, few symptoms or signs of disease

80%: normal activity with some difficulty, some symptoms or signs

70%: caring for self, not capable of normal activity or work

60%: requiring some help, can take care of most ADLs

50%: requires help often, requires frequent medical care

40%: disabled, requires special care and help

30%: severely disabled, hospital admission indicated but no risk of death

20%: very ill, urgent admission, requires supportive measures or treatment

10%: moribund, rapidly progressive fatal disease processes

0%: death

NVP/d4T/3TC or Triomune: 1 tab BID

For patients WHO stage 4, stage 3 plus CD4<350, any stage CD4<250

Pts < 60kg: D4T 30mg, 3TC 150 mg, NVP 200 mg [Triomune 30]

Pts >60kg: D4T 40mg, 3TC 150 mg, NVP 200 mg [Triomune 40]

Must give initial lead in dosing of nevirapine 200 mg once daily for 2 weeks; do this before starting Triomune!

Available alternatives: AZT (instead of d4T), EFV or Kaletra (instead of NVP)

FACES Labs

Rapid HIV, CD4

Qualitative PCR for babies

Liver (ALT) and renal function (Scr)

Hematocrit

Serum cryptococcal antigen

RPR syphilis testing

Malaria smear

Urine pregnancy testing

Urinalysis

FACES Drug List

ANTI-MALARIALS

- Amodiaquine tabs 200mg / syrup 50mg/5ml
- Coartem tabs 20/120mg
- Quinine tabs 200mg

ANTIBIOTICS

- Amoxicillin caps 250mg / syrup 125mg/5ml
- Ampiclox 500mg
- Benzathine penicillin(2.4MEGA)
- Ciprofloxacin 500mg
- Clavam (375/625mg) tabs
- Clavam syr 156mg/5ml
- Clotrimazole pessaries 200mg (v3)
- Cloxacillin 250mg
- Cotrimoxazole syrup
- Cotrimoxazole tabs 480mg
- Dapsone 100mg
- Doxycycline 100mg
- Erythromycin syrup 125mg/5ml
- Erythromycin tab 250mg
- Metronidazole 200mg
- Nalidixic acid 500mg
- Nitrofurantoin 100mg
- Norfloxacin tabs 200mg
- Spectinomycin injection
- Tinidazole 500mg

ANTIFUNGALS

- Caustic pencil (red)
- Clotrimazole pess 200mg
- Clotrimazole cream
- Fluconazole 200mg
- Griseofulvin 500mg
- Ketoconazole 200mg
- Miconazole 10mg tab
- Nystatin oral drops.
- Podophylline (can be applied in the clinic by the nurses)

CORTICOSTEROIDS

- Prednisolone 5mgs
- Hydrocortisone injection

ASTHMA

- Salbutamol 4mg

ULCER

- Alugel syrup (ALOH)
- Ranitidine 150mg
- Actal tabs

COUGH

- Trihistamine syrup
- Tricough
- Coscough

ANALGESICS

- Amytriptyline 25mg
- Brufen 400mg
- Brufen syrup
- Carbamezipine 200mg
- Diclofenac 50mg
- Indomethacin 25mg
- Paracetamol syrup
- Paracetamol 500mg
- Piroxicam 20mg

ANTHELMINTICS

- Albendazole 200mg
- Mebendazole 100mg
- Praziquantil 400mg (?)

ANTIEMETICS

- Domperidone
- Metochlopramide 10mg/metochlopramide injection
- Phenergan 25mg

ANTI-HISTAMINES

- Chlorpheniramine 4mg /chlorpheniramine injection
- Phenergan 25mg

ANTISPASMODICS

- Buscopan tabs 4mg

ANTIMOTILITY

- Loperamide 2mg

TOPICAL APPLICATIONS

- Bezyllbenzoate
- Calamine lotion

VITAMINS

- B12 inj.
- Multivitamin tabs/syrup
- Vit b6 (pyridoxine 50mg)

CREAMS AND OINTMENTS

- Clomax b cream (clotrimazole & betamethasone)
- Chlorhexidine(KED 1,2,3)
- Clotrimazole cream
- Exetar
- Hydrocortisone oint
- Tetracycline eye ointment
- Tetracycline skin ointment

HAEMATINICS

- Folic acid 5mg
- FeSo4 200mg
- HB-tone syrup

EYE/EAR DROPS

- Ciprofloxacin eye/ear drops
- Chloramphenical

Participant Log: Notes, Comments, Corrections

