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**FACES-Kenya program, con-
 tact Alan Beach. Email:
 Abeach@ari.ucsf.edu
 Phone: 1.415.597.4982**



FACES TALK



New Steinberg Comprehensive Care Centre, Suba District Hospital

On October 31, FACES proudly hosted the dedication of the new Steinberg Comprehensive Care Centre at Suba District Hospital. This new centre, which will start offering services in early 2008, was funded by a generous donation from Sue and Michael Steinberg. FACES was honored to have the Steinbergs present for the dedication of the building.

After introductions, the dedication began with a tree planting ceremony, plaque unveiling, and a tour of the new centre. This was followed by an informative and moving program including skits and songs by FACES childrens' clubs, personal success stories from FACES clients, and speeches from FACES staff and other associated health personnel.

The Steinberg Comprehensive Care Centre will encompass an outpatient clinic, a counseling centre, a tuberculosis clinic, laboratories, a pharmacy, a resource centre, and an administrative wing. The opening of this clinic is an encouraging step forward as FACES continues to combat HIV in Suba District.



Dedication ceremony for the new Steinberg Comprehensive Care Centre



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FACES Snapshot

FACES is a family-focused HIV prevention, care, and treatment program with 31 sites in Kenya. FACES initially launched services in September 2004 with 1 site in Nairobi and a 2nd site in Kisumu, Nyanza Province in March 2005.

FACES partners with District Ministries of Health (DMOH), City Councils, non-governmental organizations (NGOs), faith-based organizations, and private HIV health facilities to provide comprehensive care and treatment, family planning, PMTCT, TB screening, counseling, and social support.

FACES continuously strives to increase local capacity through targeted trainings and continuing medical education (CME) activities.

Welcome

FACES welcomes you to the 3rd edition of our newsletter, newly named FACES TALK. This name was selected to capture our commitment to share and be a voice for those we serve. Our aim is to bring you quarterly updates on program progress, activities, as well as feature articles. This edition is focused on protecting infants from HIV transmission through prevention of parent-to-child transmission services.

Preventing Parent-to-Child Transmission of HIV

Children in Kenya are struggling to survive, particularly in Nyanza Province where HIV prevalence, and infant and under-5 mortality, are the highest in the country. Infant and child mortality have increased 30% due to AIDS and there are 117,000 HIV-infected children in the country. Most acquired the virus as babies through parent-to-child transmission. Risk of HIV transmission is high: without treatment about 15-30% of babies born to HIV positive women will become infected during pregnancy and delivery. Another 5-20% will become infected through breastfeeding. In 2004 in Kenya, an estimated 83,000 pregnant women were HIV positive and 30,000 children were infected through parent-to-child transmission. Fortunately, prevention of parent-to-child transmission (PPCT)* interventions can effectively reduce the risk of passing along HIV infection to babies. The challenge and critical need now is to improve access to PPCT services for pregnant women. In Nyanza Province, only 40-50% of HIV-positive pregnant women access PPCT services.

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*Prevention of parent-to-child transmission (PPCT), otherwise known as prevention of mother-to-child transmission (PMTCT), is an alternate term that reflects the role both men and women play in protecting their offspring from HIV infection. It also eliminates the burden of blame and stigma often placed on mothers.



PPCT Nurses & UCSF Staff



Migori & Rongo District MOH Clinical Officer, Program Coordinator, and PPCT Coordinator

Quote Corner, Patients Say...

Do you think it is important to learn your HIV status during pregnancy?

"Yes, it helps me to cope with the situation, it is not a crime to be HIV positive" (F, 25yrs, Ogwedhi)

"Yes, since there is help for people living with AIDS, and more so because it's necessary to prevent it from the baby" (F, 18 yrs, Macalder)

"No, because it will add me more stress- suppose it comes out to be positive" (F, 22yrs, Royal)

"Yes because I have 3 co-wives and I do not know their movements" (F, 32yrs, Rongo)

Will your husband come to antenatal visits with you?

"No, he is difficult to deal with" (F, 25yrs, Ogwedhi)

"Yes because suppose we test positive then he will be supportive" (F, 17yrs, Macalder)

"No, he will not agree to come" (F, 22yrs, Royal)



Valerie Ndege, Gabriel Lumasai, & Carolyn Onyang—members of the FACES PPCT Team

Preventing Parent-to-Child Transmission of HIV

Continued from page 1

To increase access for pregnant women and reduce HIV transmission to infants, FACES launched PPCT services in Migori and Rongo Districts, Nyanza Province, in April 2007. FACES supports eight PPCT nurses and a coordinator who provide patient care as well as mentoring to increase local Ministry of Health (MOH) capacity at 21 sites. FACES plans to support 13 additional sites in the next few months.

As of 30 September 2007, over 3,700 pregnant women had been counseled and tested since April. Among those 23% were HIV positive and over

92% were provided with antiretroviral prophylaxis to reduce the risk of HIV transmission. HIV positive patients are also counseled on feeding options for their infants. Counseling on feeding options is important because choosing not to breastfeed may put a child at a higher risk of malnutrition and other illnesses. This is because formula or other replacement food is expensive and parents may not have access to safe water to prepare formula or replacement food.

HIV positive pregnant women are also provided with multivitamins and cotrimoxazole in accordance with national guidelines.

Partners are encour-

aged to attend antenatal care visits and to be counseled and tested for HIV as well.

Antiretroviral treatment, for those in need, is either provided as part of integrated care within the facility or by referral to the closest FACES-supported facility providing treatment.

In addition to PPCT services, FACES will soon begin a public health evaluation study at 12 Migori and Rongo District PPCT sites. The study, examining an integrated model of care, is aimed at determining the most effective way to reach and provide pregnant women with accessible, comprehensive, and high quality HIV care and treatment.

PPCT Staff Snapshot

Valerie Ndege joined FACES in March 2007. The 34-year old mother of 3 was previously working with the CDC in Western Kenya. Under her leadership at FACES, the number of sites providing PPCT services in Migori and Rongo districts has grown from 10 to 21 in just under 10 months. She heads a team of 8 nurses and is charged with supporting the Ministry of Health in roll-out of PPCT services in both districts. Her supervisor describes her as an extremely hard-working individual who displays exemplary leadership skills. Valerie's motivation is evident: "I am a woman and have gone through pregnancy, women are vulnerable and are often not empowered and need our input in improving their lives; I would like to see children born free of HIV..."

Evelyn Ajwang is a nurse based at Macalder, one of the most rural parts of Migori. She joined FACES in April 2007 as a PPCT nurse. Evelyn has always been motivated to help people. Since April, she initiated PPCT services at 4 new sites. Her greatest joy comes from enrolling women in remote clinics, seeing infants born to HIV-infected mothers test HIV-negative, and when there is excellent uptake of PPCT services at clinics. Her philosophy is "Give the right information, do the right thing at the right time".

Gabriel Lumasai, also a FACES PPCT nurse in Migori and Rongo districts, joined FACES with 4 years of experience. "Taking care of HIV-infected people and seeing them recover and their quality of life improve gives me a lot of satisfaction." He is responsible for three sites and provides ongoing mentorship for local staff as well patient HIV counseling, testing, care and treatment.

Carolyn Onyang is a peer educator for the PPCT program. She is an inspirational HIV positive widow with 3 children. Her work involves taking patient vital signs, enrolling patients, leading health talks, and conducting counseling for adherence. "More women are accessing PPCT services, more women are bringing their children in for testing, and more are getting enrolled" beamed Carolyn. Her philosophy is that "Fighting HIV/AIDS begins with you – you must open up in order to fight stigma".

For more information on FACES, please visit our website: www.faces-kenya.org



Kisumu staff at Children's Club day



Rongo District Hospital



Uliza! continues to provide 17 Nyanza Province health facilities with free and rapid HIV clinical expertise via a cell phone hotline. **Uliza!** has responded to over 400 calls. NASCOP recently adopted **Uliza!** as a nationwide service and scale-up plans are underway.



Uliza Coordinator Charles Karari

FACES Enrollment at 31 sites as of 30 September 2007:

Currently enrolled in HIV Care

Adults:	19,247
Children:	2,828
Total:	22,075

Currently on ART

Adults:	7,258
Children:	531
Total:	7,789

Nairobi Report

To provide community outreach and emphasize patient retention, FACES Nairobi recruited two inspiring and caring peer educators. Their role encompasses leading HIV awareness talks to organizations and individuals, battling HIV myths and stigma, and encouraging HIV counseling and testing. They track down patients who have not returned for clinic appointments—and work hard to get them back to the clinic. Community barriers such as the inability to disclose HIV status due to stigma



FACES Nairobi Staff

hinders adherence to HIV care and treatment. Therefore it is vital that strong efforts are made to break down barriers through education and awareness. These efforts can be particularly effective when led by HIV-infected individuals.

The peer educators' work pays off: people who

hear them speak do come in for testing and many of the patients they trace return for care—often first seeking them out at the clinic as a source of comfort and trust. The work is challenging and satisfying as shared by one peer educator: "It's a great thing we are doing here and there is never too much for people to learn. I encourage the patients, I am one of them, and the challenges they go through are what all of us that are HIV-infected go through. One day at a time is the motto."

Student Training and Education Program (STEP)

STEP, an elective program for medical students and residents, enables Kenyan and international students to gain practical HIV care

and treatment experience. Forty-six students and residents have participated in STEP. Participants come from a variety of

prestigious institutions and universities in Kenya, the U.S., and Canada.

Kisumu STEP Experience

"This is a great organization to work with for grassroots projects because of the amount of support you get – from the medical officers to the staff and

everyone in between. FACES is a big family with each dedicated and inspiring family member welcoming you with open arms. My experience at

FACES was invaluable in shaping my career plans and ambitions."
Jen Albon
UCSF medical student

Other Updates

MAC AIDS Support

Thanks to generous support from MAC AIDS: Lumumba Health Clinic in Kisumu has a new playground structure for children. Children attending the clinic on Family Fridays also now receive a nutritious meal—including a banana, boiled egg, and porridge.

Paediatric AIDS Treatment for Africa (PATA) Sponsorship

PATA sponsorship sent six clinical staff members from Nyanza Province to the annual PATA conference in Swaziland this month to share ideas on children in care.

OpenMRS Launch

FACES recently implemented an electronic medical record (EMR) system in Kisumu. The program, Open Medical Record System (OpenMRS), was developed by Indiana University in the U.S. Patient records from four sites in Kisumu are being entered into OpenMRS daily. The program is enhancing efficiency, accuracy, employing data clerks, and enabling FACES to better monitor patient care, program progress, and overall health outcomes. FACES plans to roll out OpenMRS to all sites next year.



www.faces-kenya.org

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

FACES is a collaboration between the Kenya Medical Research Institute (KEMRI) and the University of California, San Francisco (UCSF).

Within KEMRI, FACES works with two Centres: the Centre for Microbiology Research (CMR), Research Care and Training Program (RCTP) and the Centre 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.



Generous donations and support have been received from the Clinton Foundation, Sue and Michael Steinberg, the Mulago Foundation, ARI, MAC AIDS, Indiana University, Flagship Fleet, Paediatric AIDS Treatment for Africa (PATA), Kenya National AIDS & STD Control Programme (NASCOP), and from many generous private donors.

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 and suggestions, please contact:

Charles Karari

kararic@kemri-ucsf.org

Jayne Lewis Kulzer

jkulzer@globalhealth.ucsf.edu

Food by Prescription Program

"Since I got pregnant my health changed. I felt I was weak most of the time. I almost gave up and lost hope. Food By Prescription gave me back my life and helped my unborn child. After 3 months in the program, I felt better than I had in years. My weight increased by 5.3 kgs" - FACES Nairobi patient.

To combat malnutrition and improve health, FACES provides nutritional assistance through the USAID/INSTA-supported Food by Prescription program. Malnourished patients and their vulnerable family members in the program receive porridge mix and waterguard (a water purifier).

Over 4,900 people have been initiated on the program.



Food By Prescription about to be loaded and delivered to Migori.

Facing the Truth: Lillian's Story

I became pregnant in July 2005. The nurses at the antenatal clinic asked me to go for an HIV test. I didn't hesitate and agreed to the test. I was confident that I would be HIV negative. I cried when I learned the results; I found out I was HIV positive. I wasn't convinced that the result was correct. I went back home very sad. My husband asked me what the problem was and I could not find the words to explain myself; I knew he was the one who infected me.

Since I wasn't satisfied with my result, the following day I went back to the voluntary counseling centre (VCT) for testing. Unfortunately, the result was still positive. I was counseled and told how I could live positively with the virus. The counselor referred me to the Patient Support Centre (PSC) for HIV care and treatment. I did not go.

Three months after giving birth, I decided to go

to Mbita Health Clinic for HIV care at the PSC. I have been in care for two years now. It took a long time to convince my husband to go to the VCT for testing. He finally did and he was HIV positive. After a while he became sick, he was vomiting and had diarrhea. I urged him to go for care and he agreed to come.

In June 2006, FACES began to support the Ministry of Health (MOH) at Mbita. They introduced some good activities such as health talks so that we were taught about everything related to HIV/AIDS and adherence counseling to help us stick to our medication. They employed more staff to ease the work.

I am now receiving HIV care with my husband and my child. I'm on anti-retroviral treatment (ARVs). My husband and child are on opportunistic infection prevention medi-

cine, they don't need ARVs yet. What I have realized is that when people say "if you are HIV positive you are going to die" it is not true. In HIV care, you can live positively for a long time.

We have joined support groups. We discuss problems that we are facing. Personally, I'm out preaching this gospel to the community and requesting my community to go for HIV testing. If they know their status, they can begin care. I also tell people that HIV treatment is free at Mbita and that there is ARV treatment for our children.

I am very happy with the services and may God help us continue with the services successfully until we overcome this problem.

Female patient at Mbita Sub-district Hospital in Suba District.

Pseudo names are used for privacy purposes.



Sena Health Centre, Mfangano Island—boat to the island, patient care, and health centre

