



# **UNIVERSITY OF EMBU**

## **2<sup>nd</sup> HIV&AIDS PREVENTION CAMPAIGN AND WELLNESS CLINICS 2017**

**Held on  
6<sup>th</sup> June 2017  
University of Embu**

# 2<sup>nd</sup> HIV AND AIDS PREVENTION CAMPAIGN AND WELLNESS CLINICS 2017 REPORT

**Date:** 6<sup>th</sup> June, 2017

**Venue:** University of Embu

**Organized by:** HIV & AIDS Prevention Committee

University of Embu

## **HIV & AIDS Prevention Committee Members**

Prof. Nancy Budambula – Chairperson

Dr. Phyllis Muturi – Member

Dr. Mark Otieno – Member

Mr. Isaac B. D. Ominde – Member

Mr. Josepg Ogeto – Member

Mr. Peter Ndirangu – Member

Ms. Bessie Mukami – Secretary

**Rapporteurs:** Ms. Irene Wambui Mwangi & Mr. Jared Anyona Nyakundi

**Compiled and Edited by:** Prof. Nancy Budambula

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## Summary

This report covers the events of a one day HIV & Aids campaign and wellness campaign held on 6<sup>th</sup> June, 2017 at Charter Hall, University of Embu (UoEm). The campaign aimed to sensitize all members of staff and their families on HIV&AIDS as well as healthy living. The plenary session registered 180 participants comprising of 170 UoEm staff members and 10 facilitators, the Voluntary Counselling and Testing (VCT) 78 participants, Body Mass Index (BMI) clinic 104 participants, Blood Sugar Clinic 88 participants and Blood Pressure Clinic 87 participants. The Vice Chancellor, in his address stated the commitment of the University Management to combating HIV and raising awareness on HIV&AIDS. Different speakers underpinned the importance of abstinence, using condoms correctly and consistently as well as adhering to Antiretroviral Therapy (ART). The Chair of HIV & AIDS Committee gave a detailed status of HIV & AIDS awareness at the University of Embu as shown by a previous survey. The survey indicated about one third of the staff of UoEm did not know how HIV is transmitted, were uncomfortable working with infected colleagues and had a negative attitude towards key populations in HIV&AIDS epidemic. The Head of Health Services at UoEm presented basic information on HIV & AIDS. During the open discussion, what the University is doing to reduce exposure of female students to HIV&AIDS featured prominently. Other questions were on modes of transmission, social relations and transmission in domestic setting, ART side effects and resistance, hope for a vaccine and Pre-Exposure Prophylaxis (PrEP) among others. A representative from the Ministry of Health sensitized participants on adherence to ART, stigma and condom use. According to the clinicians who provided services in the wellness clinics, approximately 56% of staff members who attended the BMI clinic are overweight or obese and 2% of the staff members are underweight. In the blood pressure clinic, 11% of staff members who attended the clinic had a high blood pressure reading. In the blood sugar clinic, 3% of the staff who attended had high blood sugar. It is recommended that UoEm Management puts in place, comprehensive exercise, nutrition program and stress management program for staff. During the 2017/2018 it is recommended that another survey is done to on the status of HIV&AIDS awareness at UoEm. More deliberate effort will be required to continue engaging academic staff in HIV&AIDS related activities. The male voice also needs to be heard in the fight against HIV&AIDS in the University of Embu. The campaign against stigmatization of persons living with HIV & AIDS as well as key populations such as sex workers and intravenous drug users should continue. A new and effective strategy of communicating HIV&AIDS issues to students needs to be developed. The need for a mature female counselor to reach out to female students should be given serious consideration.

## The Campaign's Proceedings

### Campaign Participation

Upon arrival, each participant was registered, detailing the name, designation as well as signature. At the plenary, there were 180 participants comprising 170 UoEm staff members and 10 facilitators, VCT 78 participants, BMI clinic 104 participants, Blood Sugar Check 88 Participants and Blood Pressure clinic 87 participants.



*Some of the participants at the registration desk*

### Plenary session

#### Opening and introduction of participants

The Master of Ceremony (MC) called the meeting to order at 0845 hours at the Charter Hall where all the participants gathered and the opening prayer was offered by Dr. Samuel Mwangi. The MC asked Prof. Nancy Budambula, Chair of HIV & AIDS Prevention Committee to give welcome remarks. She welcomed the participants, recognized the presence of the Vice-Chancellor and introduced all participants as well as HIV & AIDS committee members. She called upon Mr. Elias Njue, Senior Public Health Officer in the Ministry of Health, to introduce the guests he had come with. She briefed the participants on the programme of the day. She also gave the Deputy Vice-Chancellors' apology. Prof. Budambula appreciated the management for allowing members of staff to participate in the campaign's activities. The Chair, HIV & AIDS Committee then invited the Vice-Chancellor to make his remarks and to officially launch the campaign.

## The Vice-Chancellor's Remarks



The Vice-Chancellor, Prof Daniel Mugendi, welcomed participants and guests from the Ministry of Health. He appreciated the Ministry of Health and National Government for sparing time on their busy schedule to attend the occasion. He expressed appreciation on behalf of the University management to the Ministry of Health, County Government and National government for their continued support to the University. He thanked University of

Embu, HIV & AIDS Committee led by Prof. Nancy Budambula on their increased effort on the awareness campaigns of HIV & AIDS within the University. He recognized last years' Annual HIV & AIDS Prevention Campaign and Wellness Clinics as a successful event.

The Vice Chancellor traced the history of HIV & AIDS in Kenya noting that the first HIV & AIDS case was first reported in 1984. By the mid-1990s it was one of the major causes of mortality in the country. The National Aids Control Council (NACC) 2015 HIV Estimate Report, indicates that about 1.5 million Kenyans were living with HIV by the end of 2015. The national prevalence was estimated to be 5.9%. It was further estimated that Kenya had 71,034 new infections in the same year. Tragically, married or couples in stable relationships accounted for 44% of the new adult infections. Ladies and gentlemen, I hope you now understand why we are gathered here today and why we must talk openly about HIV&AIDS. At the national level, the NACC reports indicate that new infections are prevalent in people who are between the ages 15 -24 years which is the age of our students and some of the staff.

The University of Embu management is committed to supporting HIV & AIDS awareness. This is demonstrated by providing protection services through distribution of condoms, promoting abstinence and fidelity, providing testing services regularly and reducing barriers to information access on HIV & AIDS by having sensitization sessions. The University of Embu management has taken measures to ensure its commitments are carried out by having a HIV & AIDS policy, forming a HIV & AIDS Prevention Committee, allocating resources towards HIV & AIDS activities, holding the annual campaign against HIV &AIDS, wellness clinics and having all members of staff included in all HIV & AIDS activities. Regular health checks are important since they enable early prevention and detection of diseases. It is cheaper to prevent diseases than to treat. Today wellness clinics will be on BMI, Diabetes, hypertension and lifestyle counselling. Heads of Departments kindly release staff in turns to visit the clinics between 11.30 am and 4.00pm. With these remarks, I now declare the HIV & AIDS Prevention Campaign and Wellness 2017 Campaign officially launched.

## Sensitization Sessions

### Sensitization Session 1: Status of HIV & AIDS Awareness at University of Embu



The first presentation was made by Prof. Nancy Budambula, Chair of HIV & AIDS Prevention Committee, University of Embu. She informed the participants that HIV & AIDS policy has been in place since the inception of the University as a university college. There have been two committees since the inception of the University. She reported that the HIV & AIDS awareness survey of 2015 was carried out by the first

committee as per NACC guidelines and was questionnaire based. She noted that 51 staff members participated however the data was not analyzed until 2016 by the second committee.

From the survey, 61% of the respondents were male and 39% were female despite the population of female employees being higher at that time. In terms of job groups, 2% were from top management, 21% were from middle management and no academic staff responded to the survey. There was a good participation from the technical and support staff. From the questions asked, 31.3 % of the respondents believe that mosquitos transmit HIV, 15.6 % believed that they can acquired HIV by sharing food with an infected person, 17.6% are not comfortable to work with a colleague who has HIV. Out of the 51 participants, 35.3 % were not sure or felt that sex workers and intravenous drug users deserved to be infected with HIV. She further observed key populations including commercial sex workers (CSWs) are also present in Embu. There is a possibility that their clientele includes members of the University community and the public.

Key Findings from the survey informed the HIV & AIDS prevention activities in the University between May 2016 and June 2017. Some of the activities include; deliberate effort to engage academic staff in HIV/AIDS related activities, raising awareness on how HIV is transmitted, raising awareness on HIV infection prevention methods including condom use, campaigning against stigmatization and discrimination against persons living with HIV/AIDS or -vulnerable/key populations such as persons who inject drugs (PWID) and CSWs. There is need for periodic follow-up surveys to assess progress of staff knowledge on HIV and AIDS, related issues and concerns in UoEm.

During 2016 HIV&AIDS prevention campaign, female visitors were more than male visitors and VCT clinic had the lowest number of visitors. According to the clinicians in the 2016

Campaign, most of the tested parameters were within normal range except for the high BMI that was observed among staff members. High BMI will eventually translate to higher medical bills for the individuals and ultimately the organization. To address the high BMI, It was recommended that the University puts in place a comprehensive exercise and nutrition program for the staff.

A key milestone of the 2<sup>nd</sup> HIV & AIDS Prevention Committee is the dissemination of information on HIV & AIDS through the corporate emails to all staff and all students. In addition, more information HIV&AIDS is provided on the HIV & AIDS Prevention Committee website at [www.hivaids.embuni.ac.ke](http://www.hivaids.embuni.ac.ke). There are download links available on the website. There are videos on how to use and dispose male and female condoms and information on ART/ HAART adherence has been provided. Sensitization campaigns have been conducted for staff, students and the community in 2016 and 2017.

Two members of the 2<sup>nd</sup> Committee attended the National 'Maisha' HIV &AIDS conference that was held in May 2017 in Nairobi. There are National issues that need to be domesticated at the University of Embu. Most new infections are in people in the age bracket of 15 to 24 years, the age of university students. The rate of new infections is still high, there is need to focus on prevention. Nationally, condom use in high risk sex was only 40% among females and 44% among males. There is now a self-testing kit available but the experts need to advise on the use. The UoEm needs to develop an effective communication strategy to reach out to the students on HIV & AIDs matters.

The HIV&AIDS chairperson noted with sadness that despite distributing over 150,000 condoms between July 2016 and May 2015, a number of female students were observed to be pregnant during the last semester. Pregnant students have possibly been exposed to HIV. She called on the University Management once again to consider recruiting a mature female counselor to reach out to the female students.

In her concluding remarks, the HIV&AIDS chairperson noted that the male voice in UoEm needs to be heard in the campaign against HIV & AIDS at UoEm. She thanked the ICT Department for supporting the HIV&AIDS prevention campaign using the digital platform. She further acknowledged the Embu level 5 Hospital and the Ministry of Health in general for supporting the committee, HIV & AIDS committee members and the Committee Secretary, Ms Bessie Mukami, in particular for supporting her during her tenure as the Chairperson, HIV & AIDS Prevention Committee. Prof Nancy Budambula informed the participants that due to other commitments in UoEm, she would no longer chair the Committee but would remain active in fight against HIV&AIDS. She implored to them to continue their cooperation and support to the incoming Chairperson of the HIV & AIDS Committee, Dr. Gladys Khisa Sitati.

## Sensitization Session 2: Basics of HIV & AIDS



The second presentation was made by Dr. Simon Wachira, Head of Health Services at the University of Embu. He explained that the full meaning of HIV is Human Immune-deficiency Virus. It is an infection and it gradually affects the immune system. The full meaning of AIDS is Acquired Immuno-Deficiency Syndrome. It is caused by deficiency of immune system because of HIV. It affects/ has a higher affinity to CD<sub>4</sub> cells in the body

which causes multiple infections/opportunistic infections to occur. HIV is transmitted mainly through sex, blood transfusion, sharing of needles and syringes and mother to baby infection during pregnancy or delivery or breastfeeding. The population most at risk is women because of the vaginal mucosa, homosexuals and drug addicts. HIV cannot spread through sharing clothes, sharing food, mosquito bites, sharing equipment, shaking hands and kissing if the infected person does not have oral sores.

After a person is infected, there is a window period in which antibodies have not developed and the person can infect others, from the window period the person becomes HIV positive and there are no symptoms. It takes 10 – 12 years to reach AIDS where a person is now introduced to the use of ARVs. Signs and symptoms of AIDS are: weight loss of up to 10%, fever longer than a month, diarrhea for a long time, persistent cough, itchy skin disease, fungal in the mouth, herpes, cold sores, loss of memory, loss of intellectual capacity and nerve problems. Tests can be done to determine if one has HIV by ELISA and antibody tests. There are can be false negative test that is why it is required that another test should be taken after 3 months and 6 months. The University has a HIV & AIDS policy, testing is voluntary where one is given pre-test and post-test counselling and results of the test are confidential. HIV & AIDS is managed through eating food that is a balanced diet, medical drugs and change in lifestyle. HIV & AIDS services and medicines are free in the country where one can be given Highly Active Antiretroviral Treatment (HAART), Pre-exposure prophylaxis (PREP) and Anti-Retroviral Treatment (ART).

In Kenya, test and treat approach is used, once a person is tested and found to be HIV positive then he/she is put under retrovirals immediately. A red ribbon on a white background is used for HIV & AIDS awareness to symbolize care and concern for people with HIV & AIDS, hope for a HIV & AIDS vaccine, support to those infected and those who have lost someone to HIV & AIDS. He encouraged the refraining from inter-generational sex which is a contributor to the high rise of new infections in the age bracket of 15 – 24 years.

### Sensitization Session 3: Adherence to Antiretroviral Therapy (ART)



The third presentation was done by Mr. Elias Njue, Ministry of Health. He sensitized that ART prolongs life by stopping HIV from replicating. Most viral diseases do not have a cure. He encouraged people with HIV & AIDS to practice positive living that is positive attitudes towards self & community, positive outlook and living responsibilities which prolongs life. The number of people who are counseled on HIV & AIDS do not really go for testing. When one uses a self-

testing kit, he/she does not get counselling services, the person has to seek for counseling services.

One can practice positive living by getting prompt medical attention as this reduces HIV levels in the body at an early stage, eating a balanced diet comprising of vegetables, protein and carbohydrates which give immunity, body building nutrients and energy respectively, avoid alcohol and drugs because they make the liver detoxify the medication instead of having the medication absorbed by the body, have rest of at least 8 hours of sleep daily since it reduces fatigue and strain on the body, have light exercises to circulate blood and oxygen to the rest of the body which regulates the body temperature. If you do not do exercise, the body muscles tend to retract and stiffen unnecessary pains and aches and deformation of joints, avoid having unprotected sex due to re-infection and pregnancy which weakens the health of the mother and infection of the unborn child, psychological care to discuss worries and problems they have, spiritual care by not using judgmental language. General hygiene to avoid, re-infection, cracks, germs and skin problems, keeping busy and develop a positive attitude. Care for HIV & AIDS children by having them immunized.

### Sensitization Session 4: Stigma

The fourth presentation was done by Mr. Elias Njue, Ministry of Health. He sensitized that stigma is a spoilt identity and discrimination is labeling one due to a condition he/she has. Causes of stigma are ignorance and fear of the unknown. Types of stigma are: self-stigma, enacted stigma and felt stigma. Forms of stigma are: finger pointing, abusing, sharing, isolation, blaming and withdrawal. Effects of stigma are: revenge, low self- esteem, feeling guilt, denial, refuse to access medication, anger, stress and depression. How to fight stigma: know your status, disclose to your relative or neighbor, positive living. HIV is preventable, manageable, treatable and has no cure.

Long life = Knowledge + Determination \* Healthy body, mind and soul

## Sensitization Session 5: Condom use and disposal

Condoms can have side effects like Balanitis which is the inflammation of the penis and redness and peeling of the glans. Types of condoms: male condom and female condom.

### Male condom:

- Look at the expiry date. Do not use an expired condom it will rupture or cause a reaction.
- Do not use a condom if there is air in the sachet before opening it.
- Tear from the serrated side.
- Hold the tip to express the air out.
- Place it on the penis and roll to the base.
- Take tissue paper and remove it.
- Dispose in a pit latrine or disposal container..
- Use a condom once.



### Female condom:

- Look at the expiry date. Do not use an expired condom it will rupture or cause a reaction.
- Do not use a condom if there is air in the sachet before opening it.
- Tear from the serrated side.
- Squat or raise one leg to insert the condom in the vagina.
- Start with inserting the smaller ring until the outer ring is resting on the outer labia.
- The female to guide the penis inside.
- Take a tissue and remove it.
- Dispose in a pit latrine or disposal container.
- Use a condom once.





*Participants follow the proceedings*



*Mr. Elias Njue, Ministry of Health displays the female condom to the audience*

## Plenary Question and Answer Session

1. How does the University handle needy cases since poverty is the cause of students indulging in sex as a business?

**Ans:** The University handles needy cases on an individual basis. It provides basic commodities to needy students for example food to meet this need.

2. Does the University allow female scholars to talk to female students only in a session?

**Ans:** Yes, the management will support the female members of staff who want to mentor female students. There is need to talk to female students hence the need for a lady counsellor.

3. Who owns the data that was used in the survey?

**Ans:** The data belongs to the Ministry of Health. Once they have the data they take it to Embu Level 5 Hospital.

4. Is it okay to ask the househelp or shamba boy to go to the VCT and bring the results to you so as to take precautions?

**Ans:** No it is not. This is a form of stigma and it is against the law to use HIV status as a requirement for employment.

5. Would you recommend a HIV+ person to take care of a baby?

**Ans:** Yes. However it is advised to have the person enrolled to a comprehensive care unit. The baby is still safe as long as there is no exchange of bodily fluids.

6. Do ARVs prevent the virus from being taken to the next generation?

**Ans:** Yes, because it is a way of suppressing the virus so that it is not transmitted from mother to child.

7. Is there a HIV vaccine and is it effective?

**Ans:** HIV vaccine is still under development by KAVI (Kenya AIDS Vaccine Initiative) and results so far are promising.

8. Should both sexual partners take prep?

**Ans:** PrEP is recommended for specific populations at risk. The negative partner takes PrEP to prevent infection.

9. Does prep work?

**Ans:** Studies so far show that indeed PrEP does work.

10. Can someone be infected during menses?

**Ans:** Yes, the cervical area is slightly open during this period giving the virus a large surface area to get absorbed. Viral shedding is extremely high during menses.

11. Is it true that if you take a test five minutes after taking ARVs the results will show a negative?

**Ans:** No.

12. Is it possible for a mother to get a HIV baby?

**Ans:** Yes. You will need to follow the national guidelines on elimination of mother to child transmission of HIV to achieve this.

13. How does circumcision prevent HIV?

**Ans:** This is related to risk of STIs which put one at risk for HIV.

14. Is there a policy on what to do on an accident site where there are multiple casualties with open bleeding wounds hence cross contamination of blood?

**Ans:** Currently there is no policy in this regard and therefore it is treated on a case by case basis.

15. What should a person do if he/she is taking ARVs but there is no improvement?

**Ans:** The person should have a holistic management which includes lifestyle changes and proper diet.

16. Why do other people who are HIV+ become obese?

**Ans:** This is not always the case. It mostly comes about because of the improved metabolic state after viral suppression with ARVs.

17. Why not abstain instead of using condoms?

**Ans:** The two are not mutually exclusive. The first step is to advice on abstinence, faithfulness to one sexual partner and finally, use of condoms

18. Is HIV spread through hair-cuts?

**Ans:** HIV is very sensitive to ultra violet rays so after a hair-cut all HIV on the hair will all be destroyed. Make sure the instruments are sterilized.

19. How does alcohol affect ARVs?

**Ans:** Alcohol stimulates the metabolism of drugs in the liver. The liver will remove the ARVs from the body faster than it should.

## Wellness Clinics

The wellness clinics were divided into four – VCT, Blood Sugar Check, BMI and Blood Pressure Checks with each assigned a facilitator/clinician to perform the tests.

### VCT

Following the presentations in Charter Hall, participants walked to the various clinics in Nursing Skills Lab, Nursing Skills Hall 1 and Nursing Skills Hall 2. A total of 43 females and 35 male staff members were tested.

### Blood Sugar Checks

Out of 88 participants, 51 females and 37 males were interested in knowing their blood sugar levels.

### BMI

The BMI clinic was the most attended clinic by both genders. It attracted 58 females and 46 male participants.

### Blood Pressure Checks

With the knowledge that hypertension is one of the leading killer diseases in the world, many participants visited the hypertension clinic. A total of 47 females and 40 males visited the clinic.



*Members of staff under tests in different clinics*

## Closing

A large number of people were witnessed in every clinic. Closing prayer was offered by Ms. Naomi Mwangi. With the attendance of every stage of the campaign, the committee noted that the day was very successful.

The campaign ended at 1700hrs.

## Appendix 1: Invitation to attend



### UNIVERSITY OF EMBU OFFICE OF THE VICE-CHANCELLOR

#### INTERNAL MEMO

From: Vice-Chancellor

Date: 31<sup>st</sup> May, 2017

To: ALL STAFF

Ref: UoEm/VC/HIV/AIDS/VOL. 1/023

**SUBJECT: ANNUAL HIV & AIDS PREVENTION CAMPAIGN AND WELLNESS CLINICS**

I wish to invite ALL members of staff to attend the 2<sup>nd</sup> Annual HIV & AIDS Prevention Campaign and Wellness Clinics on 6<sup>th</sup> June, 2017 at 8.30a.m. at the University Charter Hall.

This is an important event in the University Calendar which constitutes part of the performance targets of the University of Embu and all members of staff are expected to attend. All staff are to assemble at Charter Hall at 8.30am for the opening ceremony and plenary session.

Parallel clinics including Diabetes, Hypertension, Weight Management as well as Voluntary Counselling and Testing will run from 11a.m. to 4p.m. at the Nursing Laboratory and adjacent classrooms. Heads of sections and Departments are requested to release staff in turns to attend the clinics. Staff members are encouraged to come with their families.

Members of staff who are not able to attend should seek permission from the Vice Chancellor.

Thank you.

Prof. Daniel Mugendi Njiru, Ph.D  
**Ag. VICE-CHANCELLOR**

DMN/dkn



Copied to:

- Deputy Vice- Chancellor (PAF)
- Deputy Vice-Chancellor (ARE)
- Registrar, Vice-Chancellor's Office
- HIV/AIDS Chairperson
- Ms. Bessie Mukami

## Appendix 2: Campaign publicity flier



**UNIVERSITY OF EMBU**

**2nd Annual HIV & AIDS  
Prevention Campaign and  
Wellness Clinics**

**For all staff and their families**

**Date: 6<sup>th</sup> June 2017**  
**Venue: Charter Hall**  
**Nursing Lab, LH 4 and LH 5**  
**Time: 8.30am**

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*Knowledge Transforms*  ISO 9001:2008 Certified

## Appendix 3: Training programme



**UNIVERSITY OF EMBU**

*Programme*

Second Annual  
HIV&AIDS  
Prevention Campaign  
and  
Wellness Clinics

TO BE HELD ON TUESDAY, 6<sup>th</sup> JUNE, 2017 AT 8.00 A.M.  
IN THE UNIVERSITY CHARTER HALL



P.O. BOX 6 - 00100  
EMBU, KENYA  
TEL: (+254-20) 2444136  
EMAIL: [vc@embu.ac.ke](mailto:vc@embu.ac.ke), [info@embu.ac.ke](mailto:info@embu.ac.ke)  
WEBSITE: [www.embu.ac.ke](http://www.embu.ac.ke)

*Knowledge Transforms*



*Knowledge Transforms*





| TIME                    | ACTIVITY   | ACTION BY   |
|-------------------------|--|---|
| 8.30 a.m. - 9.00 a.m.   | Arrivals and Registration.                           |   |
| 9.00 a.m. - 9.10 a.m.   | Opening Prayer & Introductions.                      |   |
| 9.10 a.m. - 9.15 a.m.   | Deputy Vice-Chancellor to Invite Vice-Chancellor     | <b>Prof. Eucharis Kenya,</b><br>Deputy Vice-Chancellor<br>(Procurement,<br>Administration &<br>Finance), UnEm |
| 9.15 a.m. - 9.30 a.m.   | Remarks & Official Launch by the Vice-Chancellor.    | <b>Prof. Daniel Mugendi,</b><br>Vice-Chancellor, UnEm   |
| 9.30 a.m. - 9.45 a.m.   | Status of HIV & AIDS Awareness at University of Embu | <b>Prof. Nancy Budambula,</b><br>Director, Board of<br>Postgraduate Studies                                   |
| 9.45 a.m. - 10.45 a.m.  | Presentations by External Facilitators               |   |
| 10.45 a.m. - 11.00 a.m. | Question and Answer Session                          |   |
| 11.00 a.m. - 11.30 a.m. | Meal/Break.  | Catering Department   |
| 11.30 a.m. - 4.00 p.m.  | Parallel Clinics                                     | Respective Chairmen of Departments  |

## Appendix 4: List of participants

1. Prof. Daniel Mugendi
2. Prof. Nancy Budambula
3. Mr. Francis Ngure
4. Mr. Abel Nyagemi
5. Ms. Stacey Syomita
6. MS. Florence Njue
7. Ms. Catherine Wanjiru
8. Mr. Michael Kiura
9. Mr. Fides Mbabu
10. Mr. Simon Karuku
11. Mr. Duncan Murithi
12. Mr. Felix Rotich
13. Mr. Jeff Kimanga
14. Mr. Michael Njagi
15. Ms. Daisy Nyaga
16. Mr. Ibrahim Ileri
17. Dr. Phyllis Muturi
18. Ms. Irene Ntabo
19. Ms. Sarah Kendi
20. Mr. Paul Waweru
21. Mr. Kelvin Munene
22. Mr. Francis Muvea
23. Mr. Julius Maore
24. Ms. Maryanne Mucheru
25. Ms. Susan Onsongo
26. Prof. Simon Thurania
27. Mr. Munyi Gatumta
28. Ms. Mugure Kebaara
29. Mr. William Wachira
30. Mr. Stephen Njagi
31. Ms. Catherine Gathuki
32. Ms. Mercy Gatobu
33. Ms. Petronilla Chibole
34. Mr. Jeff Gachanja
35. Mr. Simon Mwithi
36. Ms. Edna Wangui
37. Mr. Alex Mugambi
38. Ms. Christine Njue
39. Dr. Boaz Too
40. Dr. Robert Mathenge
41. Ms. Alice Njue
42. Mr. Gabriel Samuel
43. Ms. Lydia Muthoni
44. Ms. Grace Mwendu
45. Ms. Irene Mwangi
46. Mr. Kaburu Ngai
47. Ms. Beatrice Wanjira
48. Dr. Simon Wachira
49. Ms. Linda Kawira
50. Ms. Fiona Simba
51. Mr. Cosmas Nyaga
52. Ms. Mercy Njue
53. Mr. Charles Onyari
54. Ms. Ann Kathomi
55. Mr. Josphat Njue
56. Mr. Josphat Bundi
57. Mr. James Muchiri
58. Dr. Samuel Mwangi
59. Mr. Kelvin Muchungu
60. Dr. Philip Mayeku
61. Mr. Francis Lekololi
62. Ms. Judith Mueni
63. Ms. Hilder Murugi
64. Ms. Dorcas Oimboh
65. Ms. Purity Inoti
66. Mr. Sammy Musyoka
67. Ms. Veronicah Nyokabi
68. Mr. Peter Nyaga
69. Mr. David Macharia
70. Mr. Justus Mwenda
71. Ms. Ann Waruita
72. Ms. Naomi Kirimi
73. Mr. Joshua Onyango
74. Mr. Charles Muli
75. Ms. Sicily Muthoni
76. Ms. Faith Mutune

77. Ms. Lucy Mugambi  
 78. Mr. Momanyi Mabuka  
 79. Ms. Lucy Njogu  
 80. Mr. Cyrus Muriuki  
 81. Mr. Peter Shinga  
 82. Mr. Simon Mukono  
 83. Mr. Eric Mwenda  
 84. Ms. Faith Nyaga  
 85. Mr. Joseph Maguta  
 86. Mr. Kelvin Mugendi  
 87. Ms. Jacqueline Gatwiri  
 88. Mr. Stephen Mbunzi  
 89. Mr. George Lenkupae  
 90. Mr. Shadrack Odikara  
 91. Mr. Oyoo Weche  
 92. Ms. Jayleen Murugi  
 93. Ms. Lucy Gitonga  
 94. Ms. Florence Njeru  
 95. Ms. Joan Njagi  
 96. Mr. Francis Nyaga  
 97. Mr. Vincent Kitari  
 98. Mr. Patrick Minai  
 99. Mr. Milton Mugambi  
 100. Ms. Hilda Karimi  
 101. Mr. Francis Kadipo  
 102. Ms. Lucy Kanana  
 103. Mr. Peter Nyaga  
 104. Mr. Wilson Mugendi  
 105. Ms. Joyce Nyagah  
 106. Ms. Monicah Kariuki  
 107. Ms. Kellen Kaburu  
 108. Mr. Munene Njue  
 109. Ms. Caroline Kagendo  
 110. Ms. Risper Wanja  
 111. Mr. Isaac Mbirithi  
 112. Ms. Agnes Koome  
 113. Ms. Evelyn Njogu  
 114. Mr. Dickson Murimi  
 115. Mr. Lincoln Njeru  
 116. Ms. Elizabeth Njagi  
 117. Mr. John Kinyua  
 118. Mr. Erick Chirchir  
 119. Ms. Esther Wanjiku  
 120. Mr. Dennis Munene  
 121. Mr. Daniel Musau  
 122. Mr. Amos Bosire  
 123. Ms. Rosemary Machoya  
 124. Ms. Victoria Nyaga  
 125. Mr. Nicasio Nyaga  
 126. Ms. Miriam Mochache  
 127. Mr. Samuel Ndirangu  
 128. Mr. Kelvin Nandi  
 129. Mr. David Kiambi  
 130. Ms. Daisy Muchiri  
 131. Dr. David Mugo  
 132. Mr. Moses Njeru  
 133. Ms. Peris Wainaina  
 134. Mr. Jeremy Ileri  
 135. Mr. Loyford Gitonga  
 136. Mr. Antony Nyaga  
 137. Mr. Willies Gitonga  
 138. Ms. Catherine Diffatha  
 139. Mr. John Toroitich  
 140. Mr. Stephen Muriithi  
 141. Mr. Josiah Mwaruvie  
 142. Mr. Onesmus Ngoroi  
 143. Mr. Ashford Kyuna  
 144. Ms. Harriet Gichovi  
 145. Ms. Mary Wanjiru  
 146. Mr. Peter Ndirangu  
 147. Ms. Laura Simiyu  
 148. Mr. Tonny Kariuki  
 149. Ms. Eunice Njagi  
 150. Dr. Duncan Mugambi  
 151. Mr. Charles Moseti  
 152. Mr. Maurice Murimi  
 153. Mr. Henry Atuma  
 154. Ms. Racheal Kinyua  
 155. Ms. Caroline Ndiri  
 156. Mr. Alexander Kanyi  
 157. Mr. Robert Waigwa  
 158. Mr. Osore Okiko

159.Mr. Nicholas Mbogo  
160.Ms. Brenda Apiyo  
161. Mr. Jesse Mutugi  
162.Mr. John Nyaga  
163.Ms. Jacinta Ileri  
164.Ms. Janerose Mbogo  
165.Ms. Nellea Wairimu

166.Arch. Gerald Namwamba  
167.Mr. Anyona Nyakundi  
168.Mr. Peter Kinyua  
169.Mr. Daniel Wanyeki  
170.Mr. Peter Longu

### Facilitators

171. Ms. Risper Njeri - 4th year student BSc. Public Health, Maseno University.  
172. Ms. Nancy Ileri - 4th year student BSc. Public Health, Maseno University.  
173. Ms. Ruth Wairimu - HTS provider, Embu Level 5 Hospital  
174. Ms. Lilian Njue - HTS provider, Embu Level 5 Hospital  
175. Ms. Joyce Gitonga - HTS provider, Embu Level 5 Hospital  
176. Mr. Fredrick Kiguta - Clinician, Embu Level 5 Hospital  
177. Ms. Leah Mwendu - Clinician, Embu Level 5 Hospital  
178. Mr. Dennis Njagi - Clinician, Embu Level 5 Hospital  
179. Ms. Margret Warui - HTS provider, Embu Level 5 Hospital  
180. Mr. Elias Njue - Senior Public Health Officer, Ministry of Health

# **PROGRESS ON HIV/AIDS AWARENESS AND PREVENTION AT THE UNIVERSITY OF EMBU**

2nd Annual HIV & AIDS Prevention Campaign  
and  
Wellness Clinics  
6<sup>th</sup> June 2017

Prof Nancy Budambula  
HIV & AIDS Prevention Committee



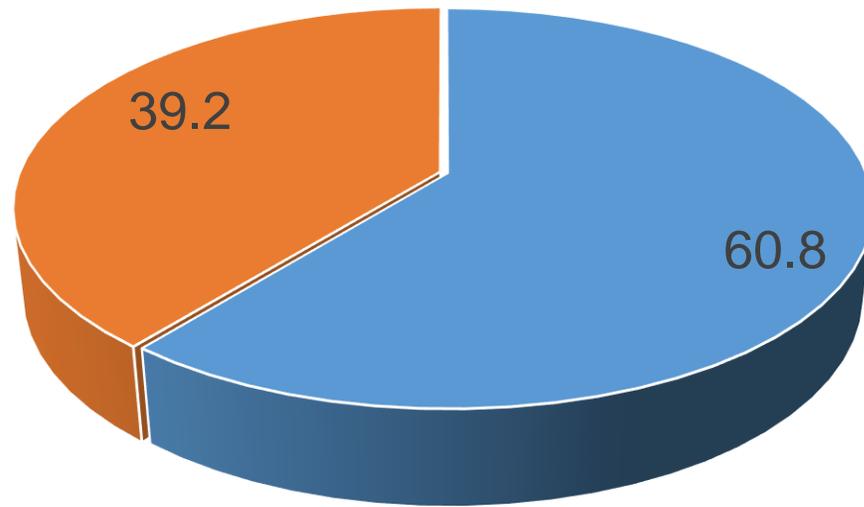
# Overview

- HIV /AIDS Policy in place since the university began.
- First HIV/AIDS Committee.
- Current – Second HIV/AIDS.
- Highlights from the First Committee.
  - HIV/AIDS awareness survey 2015.
- Key Milestones of Second Committee.
- Website [hivaids.embuni.ac.ke](http://hivaids.embuni.ac.ke).

# HIV/AIDS awareness survey 2015 per NACC guidelines

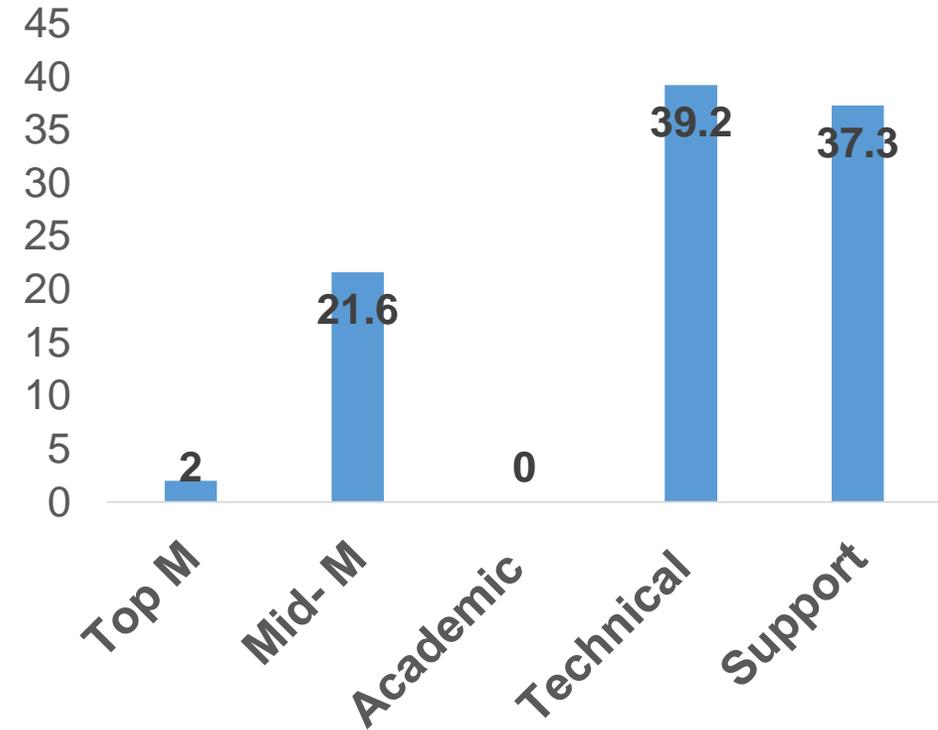
Questionnaire based, 51 employees responded, Analysis 2016

Gender proportion % of respondents



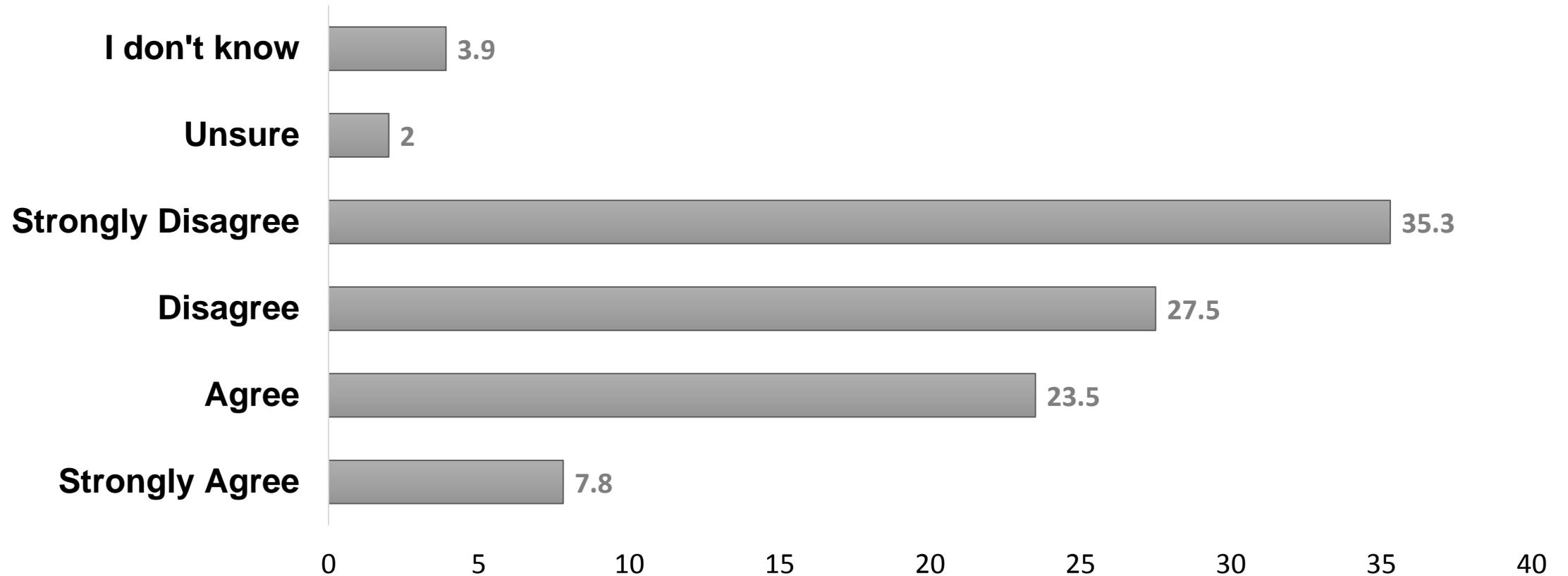
■ Male ■ Female

Job level %



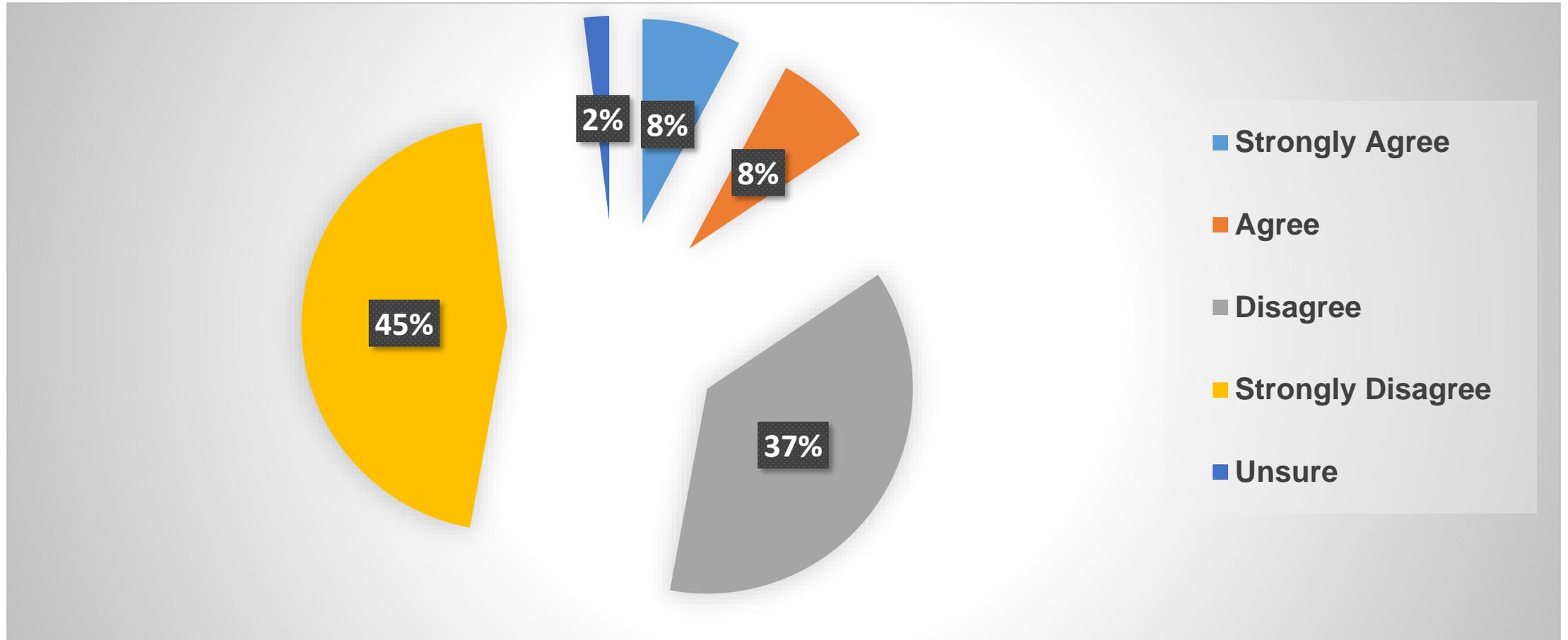
# People can get the HIV from mosquito bites

23.5% agreed, 7.8% strongly agreed

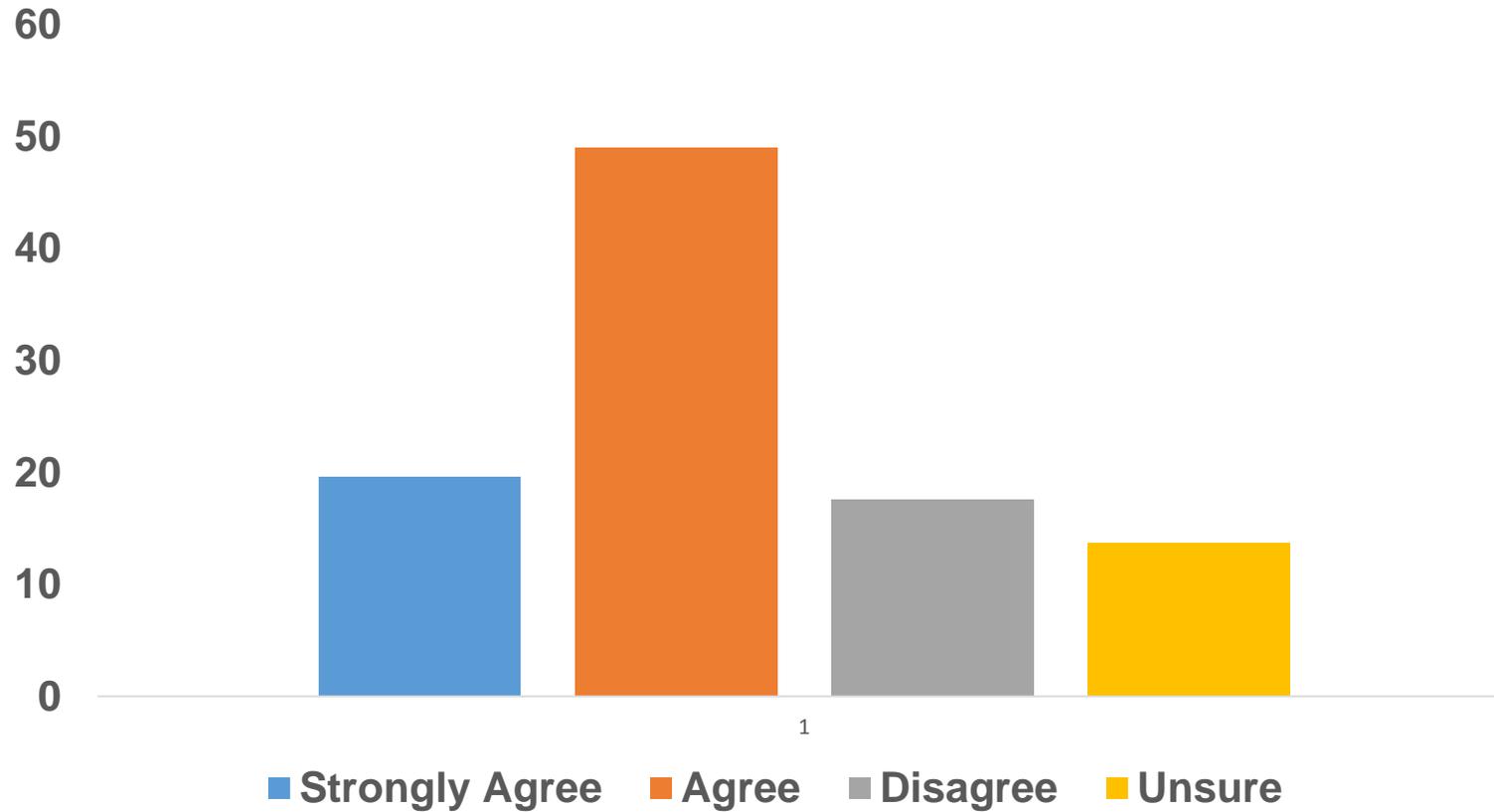


# People can get the HIV by sharing food with an infected person

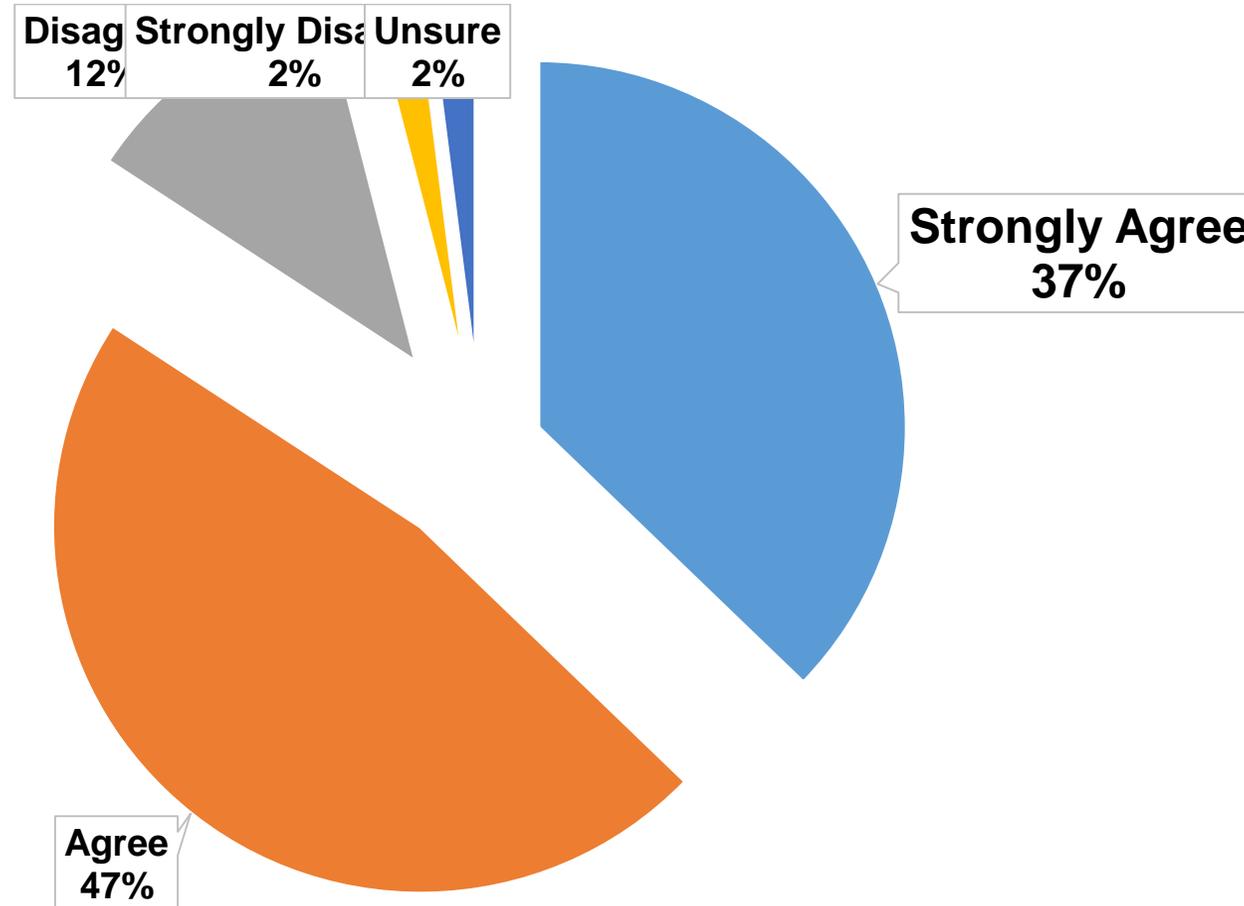
Strongly agreed+agreed 15.6%. Unsure 2%



I would feel comfortable working with a colleague who has HIV.  
17.6% disagreed. While 13.7% were unsure



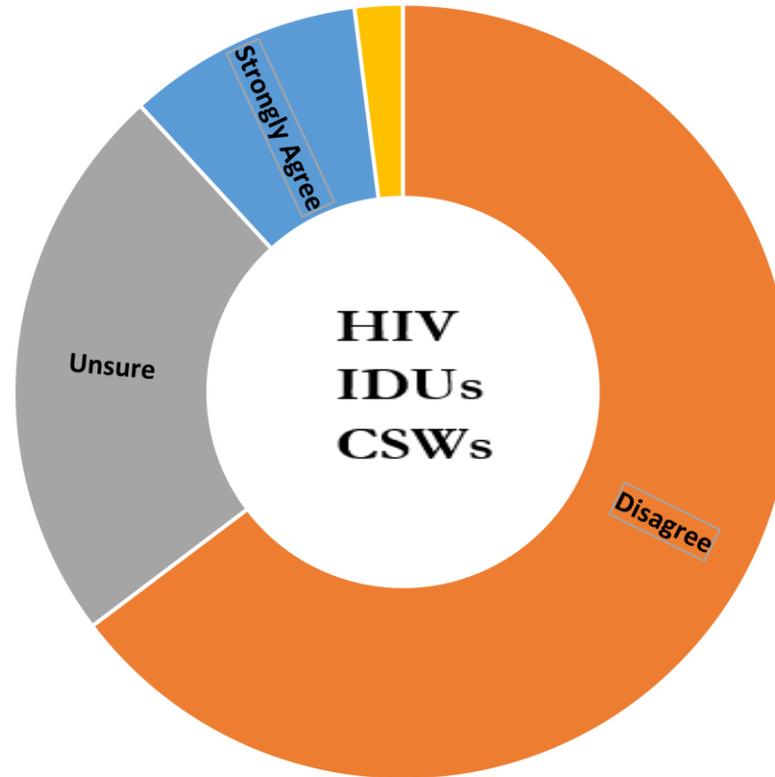
People can reduce their chance of getting HIV by using a condom every time they have sex. Disagreed 11.8%, strongly disagreed 2%, unsure %.



# Injecting drug users and sex workers deserve to be infected with HIV.

9.8% agreed while 23.5% were not sure. Only 64.7% disagreed

■ Strongly Agree ■ Disagree ■ Unsure ■ Withheld



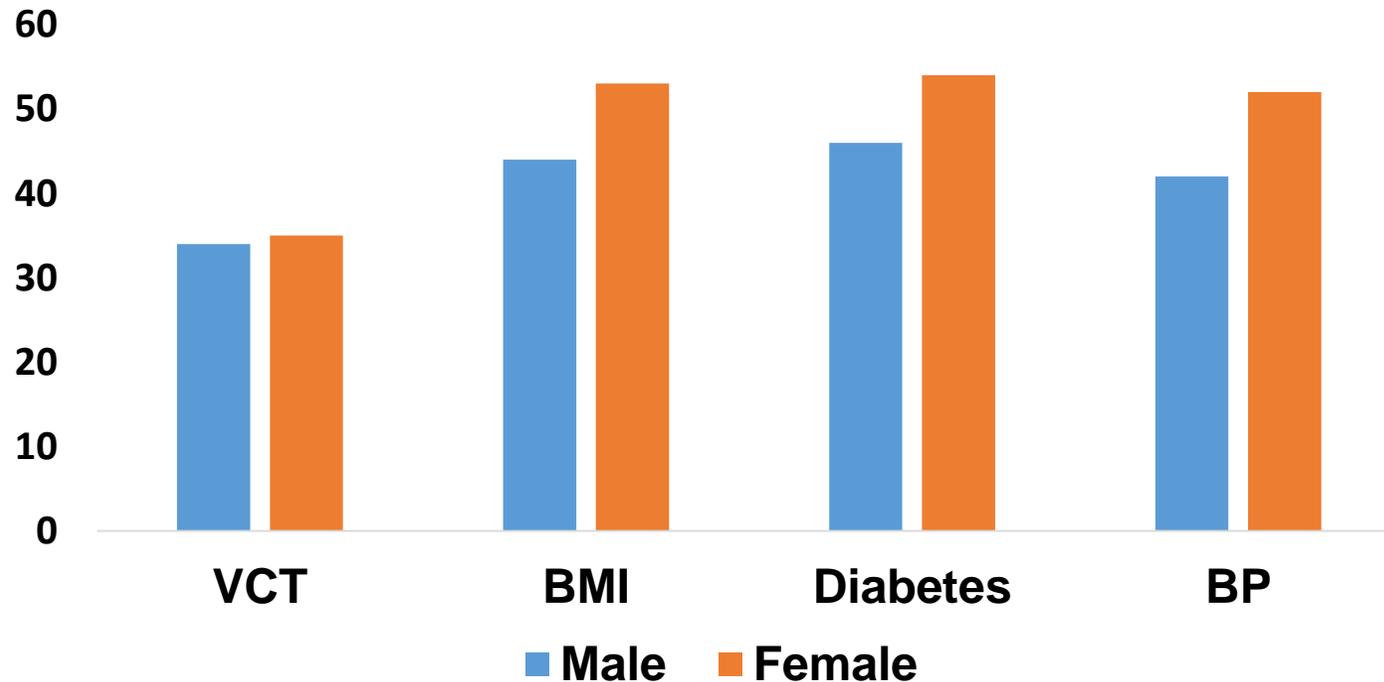
# Key Findings from the survey informed activities May 2016-June 2017

- Engage academic staff in HIV/AIDS related activities.
- Raise awareness on the means by which HIV is transmitted.
- Raise awareness on HIV infection prevention methods including condom use.
- Campaign against stigmatization and discrimination against persons
  - living with HIV/AIDS
  - vulnerable/key populations- PWID, CSWs. \*
- Periodically conduct follow-up surveys to assess progress of staff\* knowledge on HIV and AIDS, related issues and concerns in UoEm.

# 1<sup>st</sup> HIV&AIDS Prevention Campaign and Wellness Clinics 8<sup>th</sup> of June 2016.

Plenary session 140 staff members

## Clinics- Actual numbers



# Awareness raising- Digital platform

Website [hivaids.embuni.ac.ke](http://hivaids.embuni.ac.ke) –Downloads and links

## Corporate emails

- Basic HIV/AIDS Facts.
- Comprehensive HIV/AIDS information.
- Female and Male condom use video.
- ART Adherence.
- HIV Drug Resistance.
- Stigma and Discrimination.
- HIV/AIDS frequently asked questions

# Sensitization sessions

Condom use, ART adherence, Stigma and Discrimination

## Sensitization during VC's Tea



## On condom use and disposal



# Outreach to students

First year students Sept 2015



World AIDS Day



# Community outreach

Kangaru Market 03<sup>rd</sup> May 2017  
Basic facts on HIV/AIDS



Consistent, correct condom use  
and disposal



# National issues for domestication at UoEm

- Two out of five (2/5)...40% of new infections are occurring in 15-24 age group.
  - Our students are in the most vulnerable group.
- New infections not declining as fast as they should.
  - We cant treat, must focus on prevention.
- Condom use in high risk sex at best 44% in males and 40% in females.
- Condoms at UoEm over 150,000 end of June,
  - physical evidence we are not doing enough.
- Effective communication – Can we talk to our students in a language they understand?
- Self testing kit now available- Global? Local market?

# Which way forward?

- Staff survey, one year of intensive awareness raising
- Time to do another survey.
- Male voice.
- Rethink Communication Strategy to our students.
- Mature female counselor

## Acknowledgement

- ✓ University Management for unwavering support.
- ✓ Embu level 5 and line Ministry.
- ✓ ICT
- ✓ Health Services
- ✓ Committee Members, Secretary

Get tested today, Know your status, Live longer



# **Basics of HIV and AIDS**

**Dr. Simon Wachira**  
**Head, Health Services Department**  
**UoEm**

# What is HIV, what is AIDS?

**HIV** : Human Immunodeficiency Virus

(Gradually affects our immune system, i.e. the ability to fight infections/diseases)

**AIDS**

**A** - **Acquired**

**I** - **Immune**

**D** - **Deficiency**

**S** - **Syndrome**

– A condition caused by deficiency in body's immune system due to HIV.

– It is a syndrome: a group of symptoms of various illnesses.

# Routes of transmission of HIV

- **Unprotected sexual intercourse with an infected person**
  - Both men and women at risk
  - Women more at risk
  - Risk increases further in the presence of STIs
  - Anal intercourse- higher risk
- **Transfusion of infected blood/blood products**
  - Fastest rate of transmission
    - Can happen through blood transfused or use of unsterilized infected needles / syringes

## *Routes of transmission of HIV contd.....*

- **Sharing of Infected needles/syringes**
  - Small amounts of contaminated blood left in needles or syringes can carry the HIV virus from user to user. Among IDUs, transmission occurs by sharing drug paraphernalia.
- **From infected mother to the baby**
  - During pregnancy in womb;
  - During birth; and
  - Post- delivery through breast milk

# How HIV does not spread?

- **HIV does not spread by normal social contact**
  - Shaking hands
  - Living together in the same house / hostel
  - Sharing clothes/towels
  - Sharing toilets
  - Eating together
  - Through mosquitoes bite
- **Sharing equipment** (telephone, computers, machines etc.)
- **Kissing**
  - Does not spread by social kissing as viral load in saliva is low
  - In the presence of ulcers in the mouth or bleeding gums - deep kissing or French kissing may be risky

# Progression from HIV infection to stage of AIDS

Normal Healthy Individual



Gets infected with HIV



**WINDOW PERIOD** (3-12 weeks or even 6 months)

(Antibodies to HIV not yet developed, test does not capture the real status but person can infect others)



**HIV Positive**

(Development of antibodies, can be detected in test)

No exclusive symptoms (mild fever or flu like features in some cases)



May take up to 10 to 12 years to reach the stage of **AIDS**, the period can be prolonged through available treatment

## Major Signs / Symptoms of AIDS:

- **(A) Major Signs:**
  - Weight loss (> 10% of body weight)
  - Fever for longer than a month
  - Diarrhea for longer than a month
- **(B) Minor Signs:**
  - Persistent cough
  - General itchy skin diseases
  - Thrush in mouth and throat
  - Recurring shingles (herpes zoster)
  - Long lasting, spreading and severe cold sores
  - Long lasting swelling of the lymph glands
  - Loss of memory
  - Loss of intellectual capacity
  - Peripheral nerve damage

# How does one find out his/her HIV status?

- Blood Test (ELISA/ Western Blot)
- Testing available in government hospitals/voluntary counseling and testing centers/private labs
- NOTE: False negatives are common during window period  
(A person is infected but test does not show as antibodies are not yet developed in adequate quantity. So, test does not show positive, even if one is infected. Period is generally 3 months, may be 6 months in some)
- Policy on HIV Testing:
  - Testing should be voluntary
  - Testing should be with pre and post test counseling
  - Test results should be kept confidential

# Treatment for HIV and AIDS

- AIDS is still incurable but treatment to prolong life available, called Highly Active Anti Retroviral Treatment (HAART).
- In Kenya, NASCOP has adopted a “Test & Treat” approach.
- With ART, life can be prolonged substantially with few opportunistic infections.
- ART is life long, treatment adherence is the key.
- ART is provided free of charge in all Public hospitals in Kenya.

## The AIDS logo demonstrates:



**Care and concern** about HIV and AIDS for those who are living with HIV, for those who are ill, for those who have died and for those who care for and support those directly affected.

**Hope** - that the search for a vaccine and cure to halt the suffering will be successful.

**Support** for those living with HIV, for the continuing education of those not infected, for maximum efforts to find effective treatments, cures or vaccines, and for those who have lost friends, family members or loved ones to AIDS.

