

Score Card

2015-2016

About Us

LVCT is an indigenous Kenyan non-governmental and non-profit organization. Founded in 1998 and registered in 2001; LVCT Health undertakes research and implements programmes towards achieving Kenya's goals for ending AIDS. We work in 27 counties in Kenya and offer technical support to governments in Africa, civil society organizations and private sector in strengthening responses to HIV prevention, care and treatment & sexual and reproductive health (SRH) interventions.

» Our Core Programme Areas

- I. HIV prevention: To contribute towards preventing new HIV infections and ending AIDS in Kenya
- II. Integrated HIV Services: Testing and counselling, care and treatment, sexual and reproductive health services to contribute to universal access to comprehensive, responsive, and high quality services for all persons living with or at increased vulnerability to HIV
- III. Sexual and Gender Based Violence: To prevent occurrence and increase access to effective interventions to achieve positive health and wellbeing outcomes for survivors of violence

» Our Key Strategies

- I. Generating evidence for programmes and policy action through research and piloting innovative service delivery models
- II. Policy advocacy and technical support to partners, the Kenya national and county governments and other African countries
- III. Delivery of innovative programmes and quality services to increase access and coverage of services to those who need them focusing on the most marginalised
- IV. Building provider, community and organisational technical and systems capacities through certificate training, on job mentorship and organizational systems strengthening

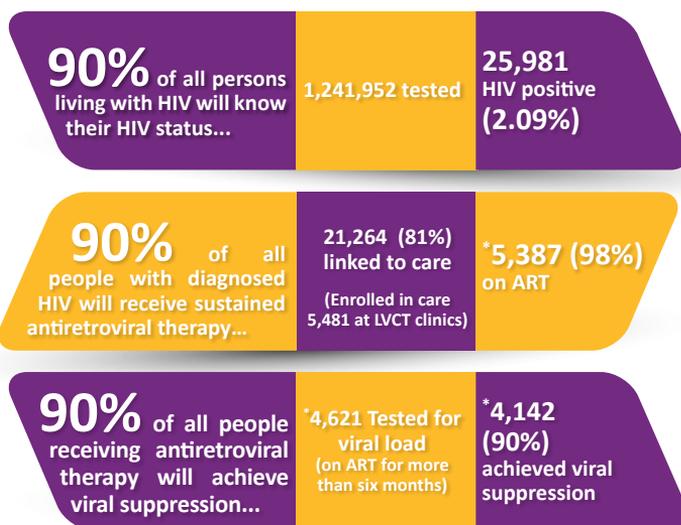
» Our Priority Populations

- I. Persons living with HIV
- II. Adolescents 10-18 years & youth 19-24 years
- III. Adolescent Girls and Young women (10-24 years) (AGYW)
- IV. HIV discordant couples
- V. Men who have sex with Men
- VI. Female Sex workers
- VII. Survivors of sexual violence
- VIII. Persons with disabilities

Our Performance 2015-2016

Globally, HIV prevention has been emphasised as a key to ending the AIDS epidemic among key and priority populations. LVCT Health contributed to this and the Kenyan national HIV targets through innovative strategies towards reaching these populations with HIV testing, care and treatment, prevention and other sexual reproductive health programs and services.

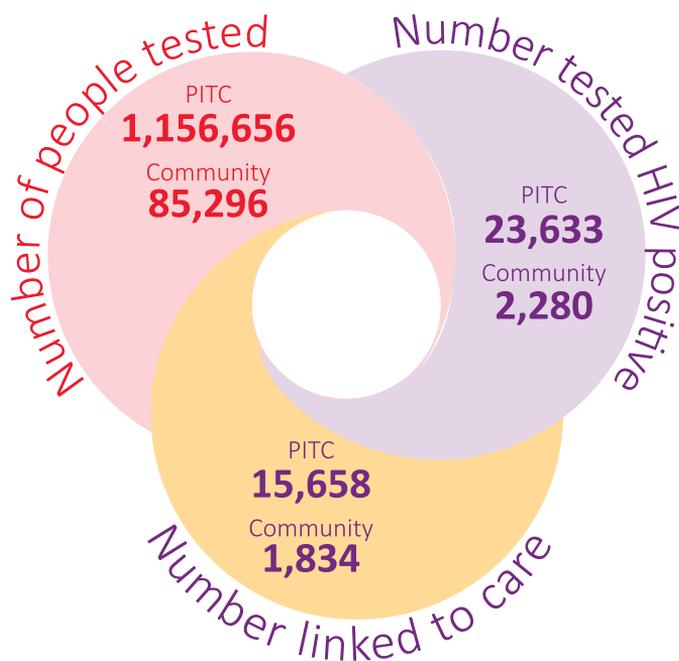
» Our Performance at a Glance



* These numbers are from our two clinics in Nairobi and Kisumu.

HIV Testing Services

In the year 2015-2016, HIV testing services were delivered with the aim of identifying the people at high risk of HIV who do not know their HIV status. These included priority populations (adolescent girls and young women), persons in discordant relationships; and key populations including men who have sex with men and female sex workers. LVCT Health tested 1,241,952 adults and children for HIV out of a target of 844,368. This was a 35.98% increase from 2015 (913,338 tested). 25,981 individuals tested positive, yielding an overall positivity rate of 2.09%



» Positivity Rate by Population

	Children	AGYW	MSM	Female Sexual Partners of MSM	FSW
Total Tested	63,096	24,432	16,210	6,518	6,636
Tested Positive	550 (0.9%)	302 (1.2%)	607 (3.7%)	101 (1.5%)	184 (2.8%)

In the year, 21,264 (81%) out of 25,981 people who tested HIV positive were linked to care and treatment to facilities of their choice including our two clinics (in Kisumu and Nairobi) and 143 Ministry of Health facilities that we supported.

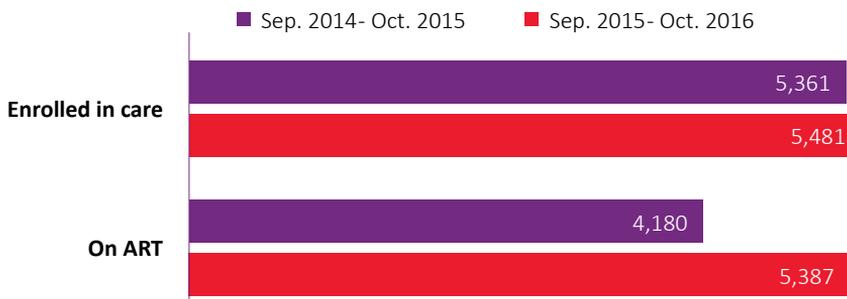
» HTS Strategies and Linkage to Care and Treatment

In achieving these results we used Provider Initiated Testing & Counselling (PITC) in In-patient and Out-patient settings and Community based (Stand alone and Outreaches/mobile) strategies. 1,156,656 people were tested using PITC strategy with 2.0% positivity while 85,296 were tested using Community strategy with a positivity of 2.7%.

» Client Retention

The retention rate in our 2 clinics was 87% in the year with 13% of the clients lost to follow up due to missing of appointments for more than 90 days.

LVCT health clinics enrolment in care and treatment in the last 2 years



Care and Treatment

We reached 49,705 people with care and treatment services in Nairobi and Kisumu and 143 Ministry of health facilities in Eastern region. 44,623 (90%) of those reached were on ART.

In our 2 clinics we had 5,481 clients in care with 5,387 (98%) of the clients on ART. Of the 4,621 clients who were on ART for more than six months, 4,142 (90%) achieved viral suppression.

In line with the national test and start guidelines in July 2016, we rolled out a Mop up strategy for those clients in care to be initiated on ART, a total of 347 clients were initiated on ART out of 441 who were in care.

To improve client retention in care and treatment, a structured appointment system, automated bulk SMS and aggressive follow up of defaulters were implemented.

» Viral Load Suppression

In our two clinics we achieved viral suppression of 90% of clients who had been on ART for 6 months and above. Adolescents had the lowest viral suppression rate (66%): similar to results received nationally. To address the low viral suppression for adolescents, we piloted a peer led 'Buddy-buddy' adherence support system.

Viral suppression of General pop on ART

90%

Viral suppression of MSM on ART

82%

Viral suppression of Adolescents on ART

66%

HIV Prevention

HIV prevention services were provided to 19,765 individuals at high risk of HIV infection. They received a combination prevention package that comprised of behavioral, biomedical and structural interventions.

In the year, 9,465 Adolescent Girls and Young Women (AGYW) were enrolled into the DREAMS (Determined, Resilient, Empowered, AIDS free, Mentored and Safe lives) Project in 7 wards of Nairobi

County. They were offered different HIV prevention interventions. HTS was provided to 2,190 AGYW and the 11 who tested HIV positive were linked to care and treatment services.

In the year we also offered combination prevention services to 2,648 MSM enrolled in our prevention services in prevention sites and outreaches. 317 MSM testing HIV positive at the beginning with an additional 83 MSM sero converted (tested HIV positive after sometime).

» DREAMS Achievement



- 119 safe spaces
- 3,650 beneficiaries enrolled in safe spaces to receive various interventions
- 56 mentors trained

Social Asset Building

- 1,558 AGYW households received cash transfer
- 2,197 girls received education subsidies
- 300 girls from across the 7 DREAMS wards have been identified to receive vocational training

Social Protection

255 Community leaders, local administration and community

Health workers sensitized on PVC response and prevention

Post Violence Care (PVC)

Healthy Choices for a Better Future (HCBF) to 1,191 adolescent girls aged 10-14 years

My Health My Choice (MHMC) to 1,271 adolescents girls aged 15-17 years within the safe spaces

Sister 2 Sister (S2S) to 186 young women at a high risk

School Norm Behavior Change

Research

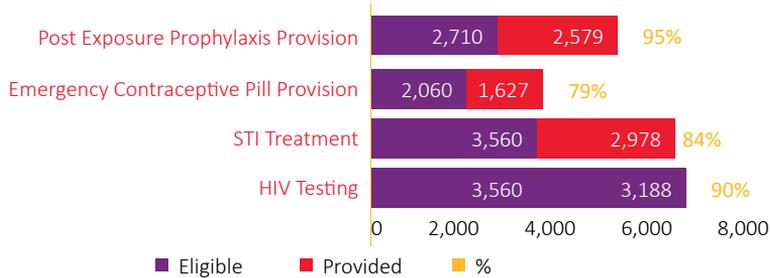
Key studies undertaken in the year:

 <p>IPCP Kenya Project: June 2014- December 2017</p>	<p>The aim of this project is to demonstrate how daily oral HIV pre-exposure prophylaxis (PrEP) might be delivered as part of an HIV combination prevention package among young women, female sex workers (FSWs) and men who have sex with men (MSM) at high HIV risk in a real life setting in Kenya. Results have informed the national operational plan for PrEP roll out in Kenya. For more information visit:</p> <p>http://www.lvcthealth.org/ipcp-project</p>
<p>Strengthening a community based intervention for prevention of violence against women and HIV in Kiambu County, Kenya: December 2015- March 2016</p>	<p>This project aimed to engage the community in prevention of HIV and violence against women (VAW) targeting boda boda (commercial motor bike) riders and women chama (saving groups) members. Among other achievements the project led to a reduction in gender based violence and intimate partner violence cases, and gave rise to boda boda champions who became VAW/HIV prevention ambassadors in the community. For more information visit:</p> <p>http://www.lvcthealth.org/images/pdf/GBVResearch/Brief/Abstracts/Strengthening-a-community-based-intervention-for-prevention-of-violence-against-women-and-HIV-in-Kiambu-County-study-brief.pdf</p>
<p>Assessing the Availability and Quality of Comprehensive Post-Rape Care Services for Child Survivors of Sexual Violence in Nyeri and Nakuru Counties – Kenya: July 2015- March 2017</p>	<p>The study sought to assess the quality and comprehensiveness of post-rape care (PRC) services offered to child survivors of sexual violence in Kenya. Key findings showed that health facilities lacked equipment and clear service delivery protocols on management of children survivors. The Study informed the inclusion of a specific training module (Module 6) within the national training manual on clinical management of survivors of sexual violence focusing on children. The findings have also been adapted by the Reproductive Health and Maternal Unit to help inform the development of standard operating procedures on management of children. For more information visit:</p> <p>http://www.lvcthealth.org/images/pdf/GBVResearch/Brief/Abstracts/Child-abuse-management-study-brief-2015.pdf</p>
 <p>The REACHOUT project: February 2013 – Jan 2018</p>	<p>This is part of a multi-country study project that aims to maximize the equity, effectiveness and efficiency of close to community services in rural areas and urban slums. In its second phase the project implemented two Quality Improvement (QI) interventions and led in the development of a training manual which will be used to train Quality Improvement teams at MOH and Community levels. The interventions involved capacity building and supporting Kenya Ministry of Health (MOH) supervisors in the Community Health Strategy on supportive supervision (QI1) and embedding continuous Quality Improvement, to shift from researcher-led to district-led approaches (QI2). The project findings showed an increase in the number of supervision meetings and a shift from fault finding to supportive supervision approach. Findings will be scaled up to embed quality improvement approaches in more counties. For more information visit:</p> <p>http://www.lvcthealth.org/images/pdf/HealthSystemsResearch/Brief/REACHOUT-QIC1-Report-summary-2016.pdf and http://www.reachoutconsortium.org</p>

Gender Based Violence

Over 3,560 people received Sexual Gender Based Violence (SGBV) services in 131 government health facilities supported by LVCT Health and reporting through DHIS. GBV survivors received various services from the nationally recommended package.

Services provided to survivors of sexual and gender based violence



- 326 (13%) completed 5 sessions out of those provided with PEP, as required by the GBV service guidelines.
- Of those who received Emergency contraceptive pills (ECP) and Post exposure prophylaxis (PEP) services, 4% got pregnant and 3% got HIV infection.

Capacity Development

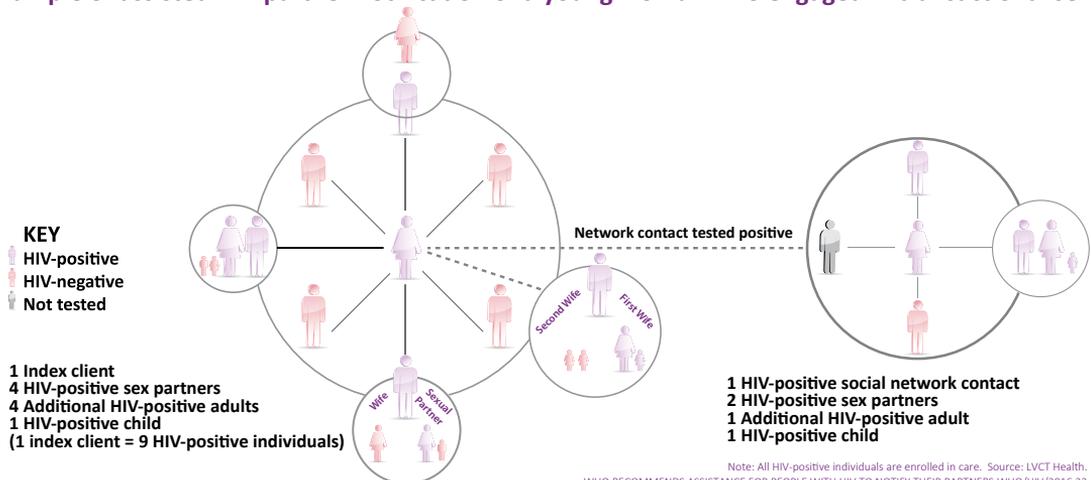
We partnered with 10 local organizations in Nairobi, Kisumu and Mombasa counties in implementing HIV prevention projects targeting key population and people with disability and built their capacity to strengthen their organization systems on different areas including records management, advocacy and resource mobilization. We provided sub-grants of 36,086,552 KES (USD 362,770) to other partners to deliver programmes and services in the community.

Policy Reform Support

LVCT health provided technical support on policy reforms at international, national and county levels.

- At international level LVCT Health was part of the guidelines writing teams for The WHO guidelines on self-testing and partner notification services (2016) for which LVCT health contributed a case study that was published.

Example of assisted HIV partner notification of a young woman who engaged in transactional sex



At National level, LVCT Health contributed to:

- The revision of the national HTS guidelines 2016 as lead consultant.
- The development of the guidelines on the use of ARVs for treatment and prevention (Test and Start).
- The development of the PrEP section of the ARV guidelines.

At county level:

- We supported the establishment of adolescent health technical working groups in Nairobi, Mombasa, Kisumu and Homabay counties.
- Training adolescents as peer educators and established advisory councils at the counties.
- Supported formation of the secretariat for key population and adolescent health technical working groups of Mombasa County.
- Supported the implementation of work plans in Nyeri, Nakuru, Machakos, Kitui and Kisumu counties GBV technical working groups.

Training Institute and Wema Kazini

The LVCT Training Institute trained 862 participants in various trainings including HIV Testing Services (HTS), Peer Education and Advocacy training on adolescent issues. We reached 2204 workers/employees from 29 workplaces with HIV prevention, treatment and lifestyle health services through our WEMA Kazini- an integrated quality assured wellness programme for workplaces. 14 workers tested HIV positive and were linked to HIV care and treatment services.

Financial and Grants Management

In the year October 2015 to September 2016, LVCT Health had 16 donors who funded our different projects with a budget of KES. 645,952,637 (US\$ 6,493,618). We had 4 project audits and one institutional audit of unqualified opinion.

We appreciate the support provided by our donors and partners, commitment of our staff and beneficiaries for giving us the opportunity to serve them



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