



Annual Report

2015-2016 .



Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CDC	Centre for Disease Control
CDACC	Curriculum Development Assessment and Certificate
CBET	Competency Based Education and Training
CSS	Community Strengthening Systems
DHIS	District Health Information System
DREAMS	Determined, Resilient, Empowered, AIDS free, Mentored and Safe lives
ECP	Emergency Contraceptive Pills
FMP	Family Matters! Programme
FSW	Female Sex Workers
GBV	Gender Based Violence
IEC	Information, Education and Communication
HCBF	Healthy Choices for a Better Future
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IGA	Income Generating Activity
KCPA	Kenya Counselling and Psychological Association
KES	Kenya Shillings
KNEC	Kenya National Examination Council
KYS	Know Your Status
MHMC	My Health My Choice
MoH	Ministry of Health
MSM	Men who have sex with Men
NASCOP	National AIDS & STI Control Programme
NITA	National Industrial Training Authority
OCAT	One Child at a Time
PEP	Post Exposure Prophylaxis
PRC	Post Rape Care
PrEP	Pre-Exposure Prophylaxis
PVC	Post Violence Care
QI	Quality Improvement

RPP	Research-Policy-Practice
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Illness
TB	Tuberculosis
TVETA	Technical and Vocational Education and Training Authority
VAW	Violence Against Women
WHO	World Health Organisation

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Word from the Chairman, Board of Directors



Serving on the Board of Directors of LVCT Health is a truly rewarding experience. We have seen the organisation overcome significant challenges to continue creating an impact on the national HIV response through visionary leadership with a staff that works tirelessly to find innovative ways to take services to those that need them the most.

During the year, the management has led the organisation through intensive and successful fundraising while remaining transparent and accountable for all resources received.

Investments made during the year in strengthening operational systems, organisation policies and governance have improved efficiency and effectiveness across board leading to the excellent results presented in this annual report. With leadership from the management team, LVCT Health continues to play a leading role in the civil society space locally and globally.

Our organisational capacity building approaches provide opportunity to share lessons learnt in our growth with smaller local organisations and counties towards building the critical mass of expertise that will help deliver quality services and end new HIV infections in Kenya.

We have achieved a lot during the year, but there is still plenty of work to be done to prevent new HIV infections and provide treatment for all who need it. As a local organisation, LVCT Health has a major role to play in bringing about this change. In the coming year, we will strengthen the Board structure to serve the organisation better as we plan our new strategic direction.

I salute all the staff of LVCT Health who make our work as the Board of Directors easier. In these challenging financial times, we remain committed to ensuring that resources are well spent for the benefit of the communities that we serve. Thank you to all the donors who continue to fund our work.

Eng. Patrick Obath - Chair, Board of Directors

Word from the Executive Director



There is never a dull moment at LVCT Health and 2015-2016 period was no different. It was a year of reflection, rethinking our organisational strategy, investing in innovations and continued growth.

As global resources for HIV continued to decline, fewer funds were going to community based services. Fundraising was a major focus for LVCT Health during this year resulting in increase in diversity and size of grants to the organisation.

When we started working in the urban slums of Nairobi over 10 years ago, we envisioned a future where children and young people would have access to quality HIV and sexual reproductive health services, where girls would complete school and young women would have sources of livelihood to help them stay HIV free. Through various programmes, these dreams are coming to fruition.

However, the work can be emotionally exhausting and sometimes risky. For example, our staff repeatedly hear stories of stigma, victimisation and abuse. Our staff are also at risk of violence when they get mugged in these neighbourhoods when on duty, yet they carry on with passion and conviction that it can and must be done.

LVCT Health continues to play a leading role in HIV testing and linkage to care, particularly for the at high risk populations. Our programmes integrate Gender Based Violence with Sexual and Reproductive Health (SRH) to provide comprehensive services.

During the year, we reached 1,241,952 people with HIV testing services through innovative methods such as partner notification to get to and test HIV positive individuals and link them to appropriate services. Innovations in care and treatment saw us achieve 87 percent retention on Antiretroviral Therapy (ART) and 90 percent viral suppression.

We made contributions to preventing new infections in the country through continued focus on populations at greater risk of HIV infection including men who have sex with men, female sex workers, adolescents and young women in locations of high HIV burden.

Our work covered 27 counties in HIV prevention, testing, care and treatment services as well as sexual and gender based violence prevention and response reaching 3,567,867 people. All this work generated practice and research evidence that we used to support national and county governments in policy reforms and technical input to programming.

We have made significant contributions nationally and internationally through the efforts of dedicated LVCT Health staff, strategic partnerships with the national Ministry of Health, county governments and other implementing organisations as well development partners and communities we serve through generous financial support from donors.

Our Board of Directors has been steadfast in its fiduciary role and focus on strategy, policy and oversight ensuring that we remain true to our mission. I thank you all for your contributions that have made the results presented in this annual report possible.

Dr. Wanjiru Mukoma- Executive Director, LVCT Health

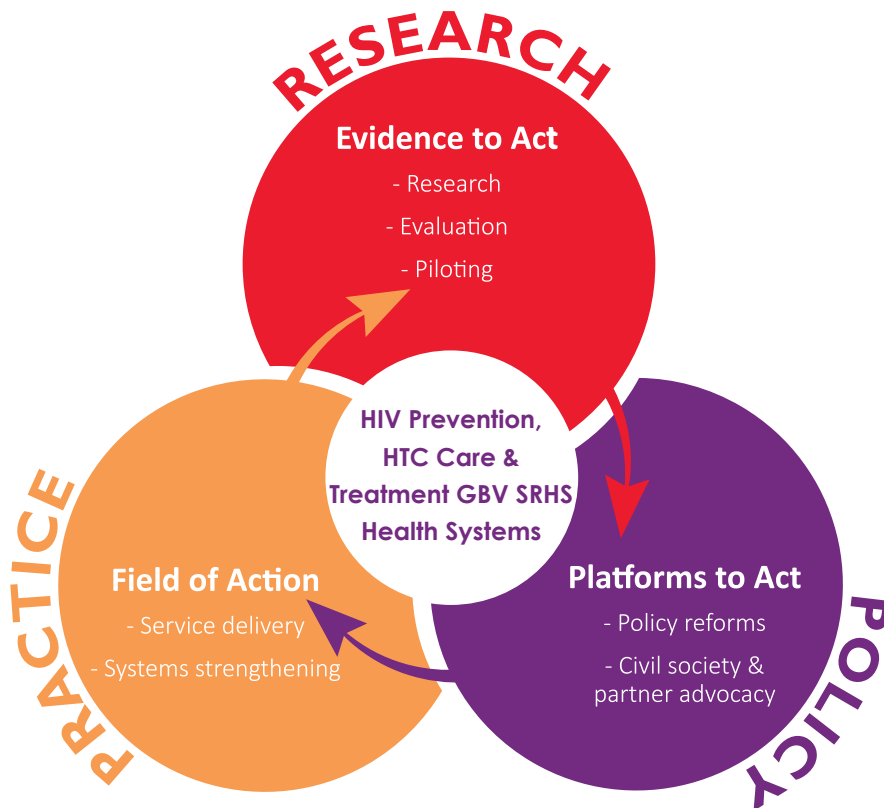
About Us

LVCT Health is an indigenous Kenyan non-governmental and non-profit organisation. Founded in 1998 and registered in 2001, LVCT Health undertakes research and implements programmes towards achieving Kenya's goals for ending new infections and providing care to persons living with HIV to achieve viral suppression and live quality lives.

During the year, LVCT Health worked in 27 counties within the country and provided technical support to the Government, civil society organisations and private sector in strengthening responses to HIV prevention, care and treatment, Sexual and Reproductive Health (SRH) and Gender Based Violence (GBV) interventions.

Our Core Programme Areas

- » HIV prevention: To contribute towards preventing new HIV infections and ending AIDS in Kenya
- » Integrated HIV Services: Testing and counselling, Care and Treatment as well as 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
- » Sexual and Gender Based Violence: To prevent occurrence and increase access to effective interventions to achieve positive health and wellbeing outcomes for survivors of Sexual Gender Based Violence (SGBV)



Our Key Strategies

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

Our Priority Populations

- » Persons living with HIV
- » Adolescents aged 10-18 years and youth aged 19-24 years
- » Adolescent Girls and Young Women (AGYW) aged 10-24 years
- » HIV discordant couples
- » Men who have sex with Men
- » Survivors of sexual violence
- » Female sex workers
- » Persons with disabilities



Community members listen in during a Community health outreach activity in Kajiado county

The Year At A Glance

This report highlights LVCT Health's contributions to the national response through offering HIV prevention, integrated HIV/SRH testing and care and treatment services as well as programming on Sexual and Gender Based Violence prevention and response.

Our work is anchored in a Research-Policy-Practice (RPP) model that ensures generation and utilization of evidence to inform programs, policy and strengthen provider capacities and systems.

The report showcases our contribution towards achieving the global and national 90:90:90 targets — that by 2020: 90 percent of all people living with HIV know their status; 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90 percent of all people receiving antiretroviral therapy will achieve viral suppression.

During the year, HIV testing services were provided to 1,241,952 people, with over 80 percent linkage to care and over 85 percent retention on ART and viral suppression for all clients enrolled at the LVCT Health sites.

The index client follow-up strategy was employed during the year to identify and offer HTS to partners and sexual networks of all clients who tested HIV positive. Using this model in Nairobi, 1,244 index clients were tested for HIV, and 2,087 contacts identified, out of whom 1,205 (57.7%) were tested for HIV and 26 percent were identified to be HIV positive.

LVCT Health delivered HIV and Sexual Gender Based Violence (SGBV) services and programmes to 3,567,867 people. One hundred and thirty one public health facilities were supported to provide Sexual Gender Based Violence (SGBV) services to 3,560 survivors and strengthened on reporting through the national District Health Information System (DHIS).

In our prevention focus, 1,480 people were enrolled onto PrEP through a demonstration project involving young women, Men who have sex with Men and female sex workers. In total, 19,765 people were reached with various evidence based HIV prevention interventions. The DREAMS (Determined, Resilient, Empowered, AIDS free, Mentored and Safe lives) intervention reached 9,465 HIV negative girls and young women and; the One2One Youth Programme reached 2,311,183 young people.

The LVCT Health Institute continues to lead in training of HIV services providers graduating 862 participants during the year.

In the year, we provided HTS to 1,241,952 adults and children in 27 counties of Kenya through LVCT Health sites, supported government facilities and partner sites



From left to right: Dr Kevin De Cock CDC Director, the US Ambassador to Kenya Robert F. Godec of the United States of America, LVCT Health Deputy Director, Dr Lilian Otiso and Mr. Nyabuto Omache, the chief of Korogocho during a site visit.

Identifying Persons Living With HIV Through Testing Services

In the year, we provided HTS to 1,241,952 adults and children in 27 counties through LVCT Health sites, 143 supported Government facilities and partner sites. This was a 35.98 percent increase from those reached in 2014-2015. Of those tested, 25,981 (2.09%) were HIV positive and 21,264 (81%) were linked to care following the country's Test and Start Strategy launched in July 2016. Of the 5,481 clients enrolled in the two LVCT Health clinics, 5,387 (98%) are on Anti-retroviral Treatment (ART). This led to 4,142 (90%) out of the 4,621 who had been on ART for more than six months achieving viral suppression.

Our focus was to identify and offer testing services to the most at risk populations who do not know their HIV status, especially adolescent girls and young women, Men who have sex with Men (MSM), female sex partners of MSM and female sex workers. High risk HIV negative clients coming for HIV Testing Services (HTS) were identified using a screening tool, provided with HIV testing services and referred for appropriate HIV prevention interventions.



LVCT health staff conduct a Home based HIV testing and counselling



An LVCT health staff conducts a Home based HIV testing

Table 1: Distribution of HTS achievements by populations

Population	Total Achieved	Tested HIV positive	Positivity rate
Overall tested	1,241,952	25,981	2.1%
General Population	1,127,029	24,171	4.2%
Children 0-9 years	63,096	550	0.9%
Adolescent Girls and Young Women (AGYW) tested 10-24 years	24,432	302	1.2%
Men who have sex with Men (MSM)	16,210	607	3.7%
Female Sexual Partners of MSM	6,515	209	3.2%
Female Sex Workers (FSW)	4,670	142	3.0%

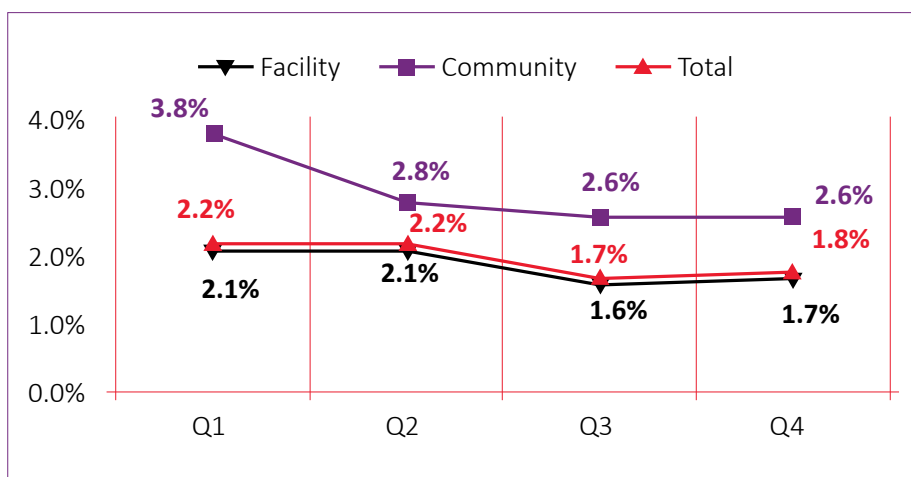
The highest positivity rate was among MSM and their female sex partners at 3.7 percent and 3.2 percent respectively followed by FSWs at three (3) percent.

Strategies Used To Reach Those Who Are HIV Positive

To reach HIV positive individuals, facility based (in-patient and out-patient) and community based (stand alone and outreaches/mobile) strategies were employed.

Overall, yield for positivity remained higher in community based testing at 2.6 percent compared to facility testing at 1.7 percent.

Figure 1: HIV positive yield by testing strategy

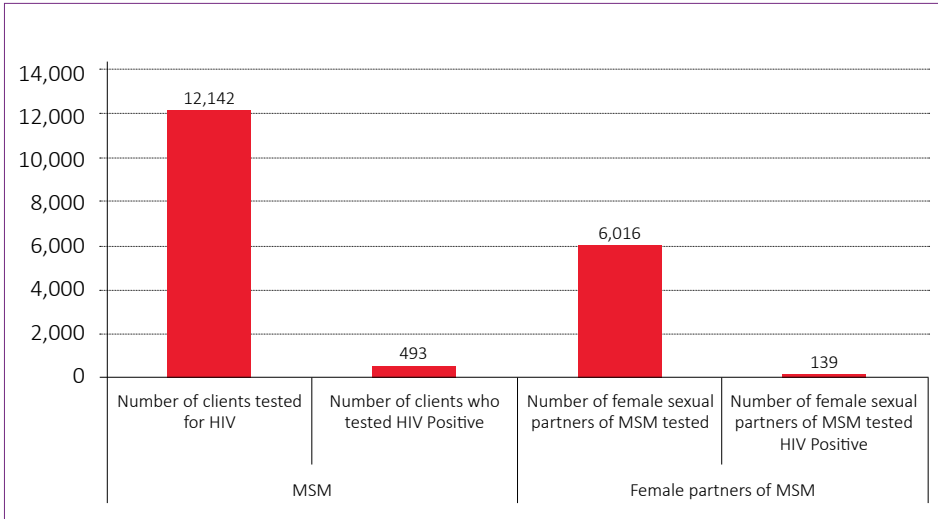


Reaching Key Populations With HTS Services

In Nairobi, Coast and Western regions of Kenya, LVCT Health tested 12,142 MSM and 6,016 female sex partners of MSM with a positivity rate of four percent among MSM and 4.6 percent among female sex partners. In the year, we identified female sexual partners of

MSM as a new population at high risk of HIV infection. Seventy-one percent of the 493 MSM and 62 percent of 139 female sexual partners of MSM were effectively linked to care.

Figure 2: HTS performance for MSM and their female sexual partners

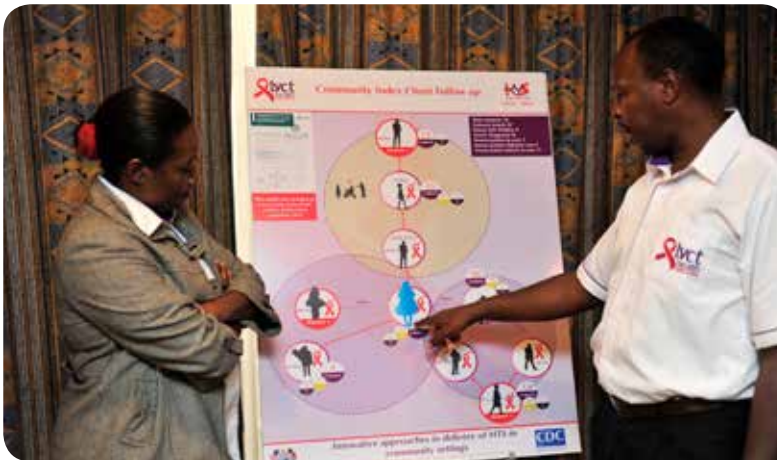


Innovative Strategies For Testing And Linkage

In 2016, LVCT Health piloted the index client strategy to follow up the partners and sexual networks of individuals who tested HIV positive and offered them HTS. In this model, consent was sought from all adult clients testing HIV positive to take their details and those of their sexual contacts and family members (spouses and children). Using a Contacts Tracing Register, counsellors followed up the index clients for a return visit to the sites or a home visit for supported

disclosure and testing with their family members or sexual partners. Those who expressed challenges in disclosing their status to their partners were offered assistance by the counsellors.

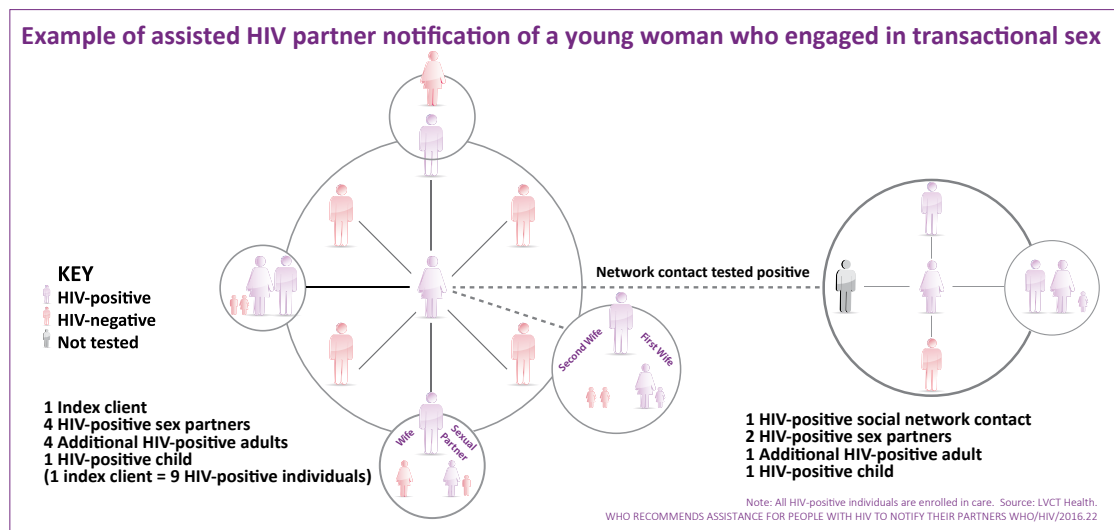
Using this model in Nairobi, 1,244 index clients were tested for HIV, and 2,087 contacts identified. Out of these, 1,205 (57.7%) were tested for HIV with a positivity yield of 26 percent.



LVCT Health’s Joseph Gatimu explains the Community index client follow up model to guests during the close-out of the Know Your Status (KYS) project.

The index client model was included in the World Health Organisation (WHO) partner notification Guidelines of 2016.- <http://www.who.int/hiv/pub/vct/who-partner-notification-policy/en/>

Figure 3: The LVCT Health case study published in the WHO partner notification guidelines



Linkage And Retention In Care For HIV Positive Individuals

LVCT Health offered care and treatment services to 49,705 people in its two clinics and 143 Ministry of Health facilities in the eastern region and 44,623 (90%) of those reached were on ART.

In the two clinics, there were 5,481 clients in care with 5,387 (98%) of them on ART.

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

Client Retention

Retention rate in Kisumu and Nairobi clinics was 85 percent and 88 percent respectively,

achieving an overall retention rate of 87 percent in the year. Thirteen percent of the clients were reported as lost to follow up due to missing of appointments for more than 90 days. To improve client retention in care and treatment, a structured appointment system, automated bulk short message service (SMS) and aggressive follow up of defaulters were initiated.

Viral Load Suppression

In the year, 4,621 of clients in our two clinics were active on ART for more than six months and underwent a viral load test. Ninety percent of those tested had achieved viral suppression. Adherence counselling was offered to all clients with a high viral load.

Figure 4: Viral load testing results

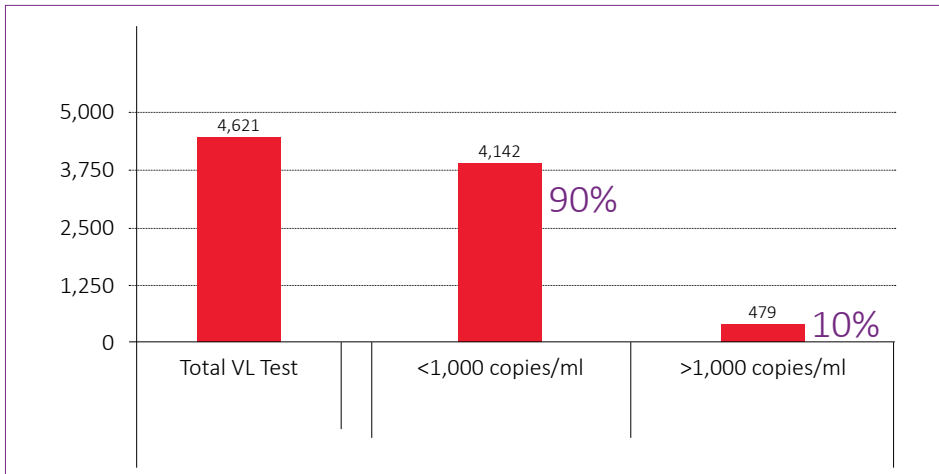
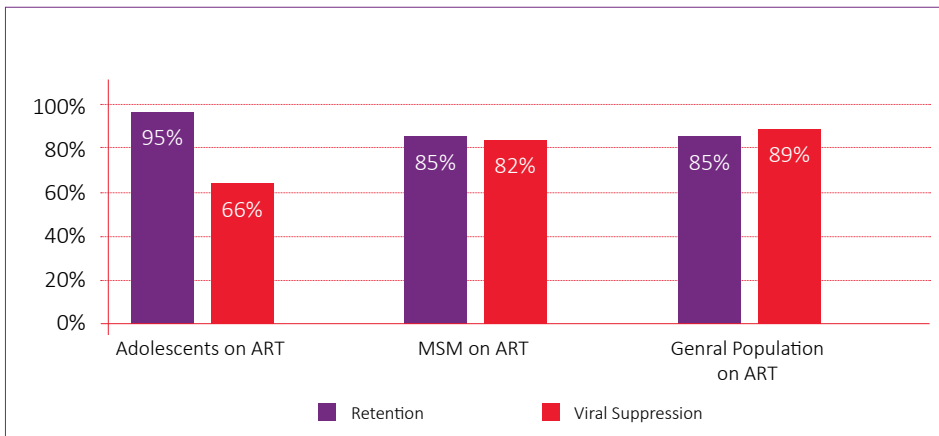


Figure 5: Retention vs. Viral suppression by sub population*



**Data from two LVCT Health clinics with a 5,387 total number of clients on ART*

To address the low viral load suppression among the youth, LVCT Health piloted the “Buddy-buddy” support system, which is a peer-based approach where adolescents and young people living with HIV who have good adherence and attained viral suppression, are linked with peers who have demonstrated challenges in achieving the same.

The pairing involves mentor buddies and the buddies they support reporting to a Peer-leader. They hold buddy-support forums especially during school holidays and virtual support groups on WhatsApp for experience sharing and progress review.

This approach has demonstrated to be an effective way of improving retention and achieving viral suppression in adolescents living with HIV who have adherence challenges. Data from LVCT Health’s Hurlingham Clinic demonstrates that overall viral suppression percentage rose from an average of 71 percent (January 2016) to 86 percent (December 2016) among 10-19 year old adolescents during the pilot phase.

LVCT Health will scale up the ‘buddy’ support system to other care and treatment centres and document it as a best practice.



A health fun day sensitisation meeting for adolescents at the LVCT Health headquarters

Figure 6: Viral suppression case study

Viral Suppression Case Study

Nineteen-year-old Joel* was enrolled in LVCT Health care in February 2008 and started on treatment within a year under the supervision and support of his mother. However, in 2012 when his viral load was taken, it was high. Joel and the mother were counselled on drug adherence and drug regimen changed during the phasing out of D4T.

Despite all the positive reports thereafter, when a viral load was done in September 2014, the result was worse and he had lost a lot of weight, had fungal infections and was also diagnosed with persistent pneumonia.

Interventions

After numerous discussions, the care and treatment team decided to give him one month appointments to follow up on adherence. It was also agreed that with the integration of services at every service delivery point, every single person that attended to him was going to identify the problem, and emphasize on drug adherence. In addition to other interventions, he also received nutrition counselling and was supported with food by prescription to help boost his weight.

Following consultation with experts from University of Maryland, It was recommended that he be referred to a paediatric psychologist. After counselling, he disclosed to the clinician that he had not been adhering to one of the drugs due to its side effects.



Viral Suppression

After several sessions with the psychologist, peer educators as well as the care and treatment team Joel was more receptive and was put on different drugs. By August 2016 when he did a repeat viral load count, he had achieved suppression below 150.

*not his real name

Research

In maintaining our research agenda to inform policy and practice, LVCT Health undertook four research studies and projects in the year. These studies played a key role in informing policy reforms at national and county levels as well as strengthening our services.

 <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: 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: 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: 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: http://www.lvcthealth.org/images/pdf/HealthSystemsResearch/Brief/REACHOUT-QIC1-Report-summary-2016.pdf and http://www.reachoutconsortium.org</p>



LVCT Health Executive Director, Dr Wanjiru Mukoma during staff team building event.

Our HIV Prevention Focus

LVCT Health prevention work targeted adolescent girls and young women as well as key populations being men who have

sex with men and female sex workers, who remain at high risk of new HIV infections.



LVCT Health's 'King of condom' conducts a talk on HIV prevention during a meeting in Korogocho: informal settlement in Nairobi county

Adolescent Girls and Young Women — DREAMS project

LVCT Health implemented the DREAMS (Determined, Resilient, Empowered, AIDS free, Mentored and Safe lives) interventions, in seven wards of Nairobi County. DREAMS targets HIV negative adolescent girls and young women with multiple solutions towards reduction of HIV vulnerability and infection.

In the year, 9,465 adolescent girls and

young women were enrolled into the project and offered different HIV prevention interventions.

During the year, 2,190 adolescent girls and young women were voluntarily tested for HIV where 2,179 were negative and 11 who tested HIV positive were linked to care and treatment services.



Inviolata Njoroge from LVCT Health during a DREAMS training session in Kibera Nairobi county

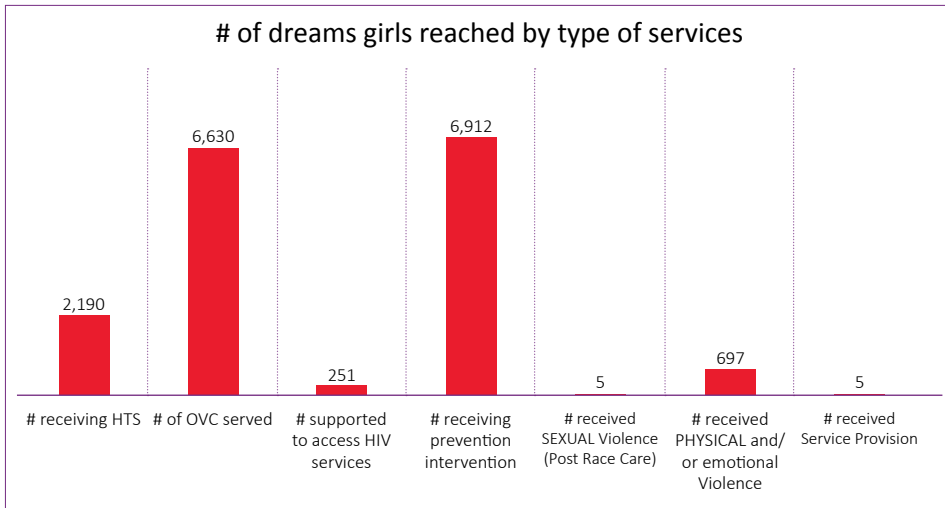


Young women from Baba doko in Nairobi, listen through a DREAMS training session

Table 2: Dreams Achievement

<p>Social Asset Building</p>	<ul style="list-style-type: none"> » 119 safe spaces identified » 3,650 beneficiaries enrolled to receive various interventions » 56 mentors trained
<p>School Norm Behaviour Change</p>	<ul style="list-style-type: none"> » Healthy Choices for a Better Future (HCBF) offered to 1,191 adolescent girls aged 10-14 years » My Health My Choice (MHMC) offered to 1,271 adolescents girls aged 15-17 years within the safe spaces » Sister 2 Sister (S2S) offered to 186 young women at high risk
<p>Families and Caregivers</p>	<ul style="list-style-type: none"> » Family Matters Programme (FMP) was offered to 1,435 parents and caregivers of adolescent girls aged 10-13 years
<p>HIV Testing Services</p>	<ul style="list-style-type: none"> » 2,190 adolescent girls and young women were offered HTS and 11 were linked to care and treatment
<p>Condoms Promotion and Provisions</p>	<ul style="list-style-type: none"> » 2,021 young women received education on condom use
<p>Community Norms Change</p>	<ul style="list-style-type: none"> » 75 community change agents were trained and provided with Information, Education and Communication (IEC) materials to facilitate discussion within the community on violence against women and its consequences
<p>Post Violence Care (PVC)</p>	<ul style="list-style-type: none"> » 255 Community leaders, local administration and community health workers sensitised on PVC response and prevention
<p>Social Protection</p>	<ul style="list-style-type: none"> » 1,558 adolescents girls and young women in households identified for cash transfer » 2,197 girls received education subsidies » 300 girls from across the seven DREAMS wards have been identified to receive vocational training

Figure 7: Number of DREAM girls reached by different services



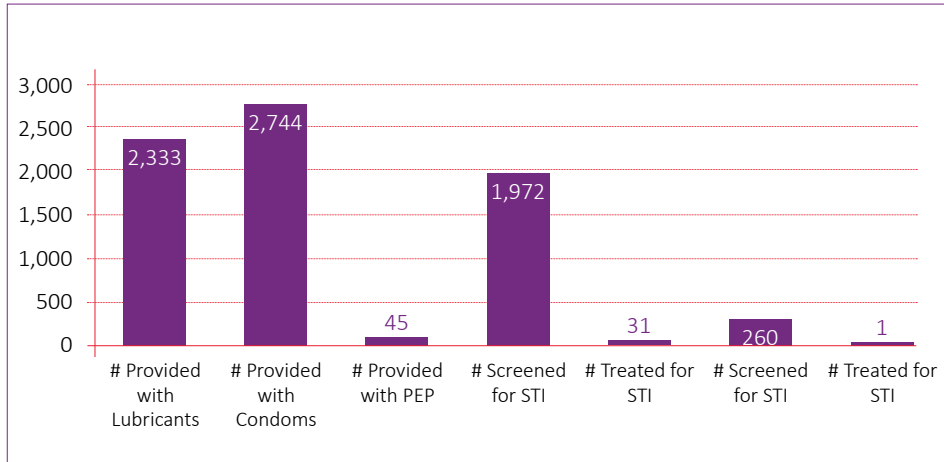
DREAMS girls during the celebrations to mark the International Day of the Girl Child in Nairobi

“While in the programme, I was admitted to a secondary school and I am now hopeful and getting closer to achieving my dream of becoming a doctor. Most importantly and excitingly, besides the formal education, DREAMS has equipped me with life skills that have shaped my thoughts and life. I have learnt to love myself and respect others. I renounced my old habits of sleeping with men in exchange for money and this makes me feel a lot better about myself because this was not something I enjoyed doing. My prayer is that many other girls are given the same opportunity to chase their dreams. This Programme has changed my life completely. I am living a life I never thought I would.” Neema, a DREAMS girl.

Prevention Services For The MSM

In 2016, LVCT Health also offered combination prevention services to 2,648 MSM.

Figure 8: Combination prevention services provided to MSM



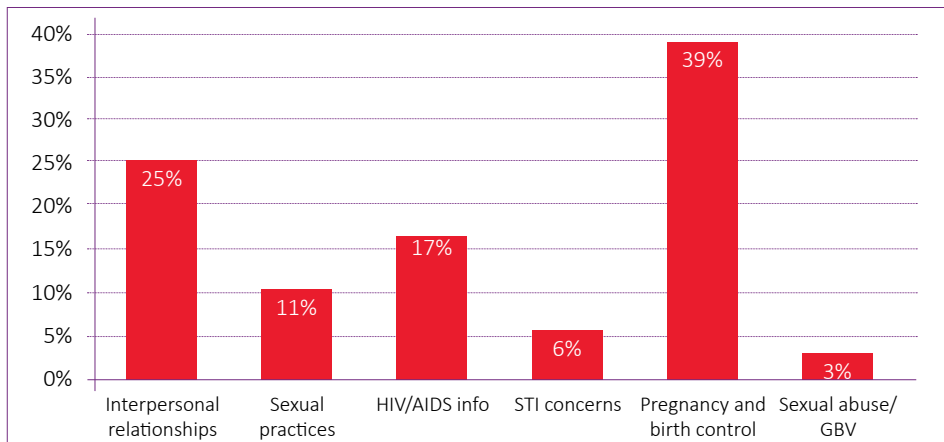
One2One Youth Programme

The One2One Youth Programme reached a total of 2,311,183 young people directly through the Facebook, Twitter, One2One website, SMS and 1190 toll free hotline with information and counselling on HIV, Sexual

Reproductive Health, Gender Based Violence and referrals for additional services.

The 1190 toll free hotline received 53,510 calls, out of which 53 percent of the callers were female.

Figure 9: Reasons for calling 1190



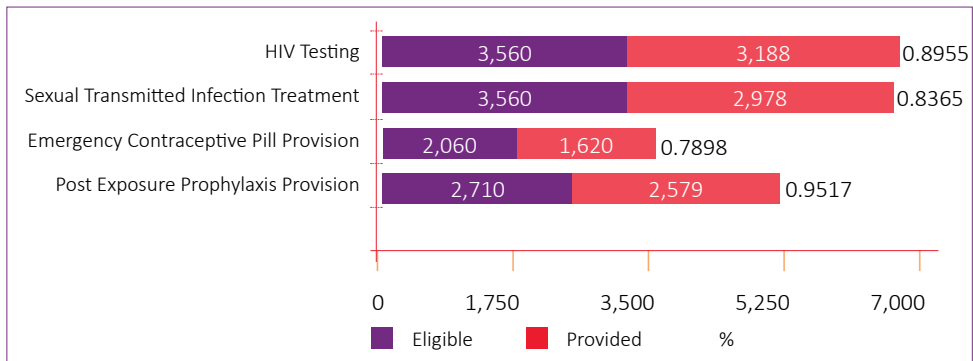
Integrating Sexual and Gender Based Violence and HIV Programmes

LVCT Health Gender Based Violence (GBV) Programme aims to influence policy and practice responses while strengthening linkages between GBV and HIV prevention and care.

In the reporting period, LVCT Health supported 131 public health facilities to

provide GBV services. In these facilities, 3,560 people received Sexual Gender Based Violence (SGBV) services that included Post Exposure Prophylaxis (PEP), trauma counselling and testing for HIV and Sexually Transmitted Illnesses (STIs) testing.

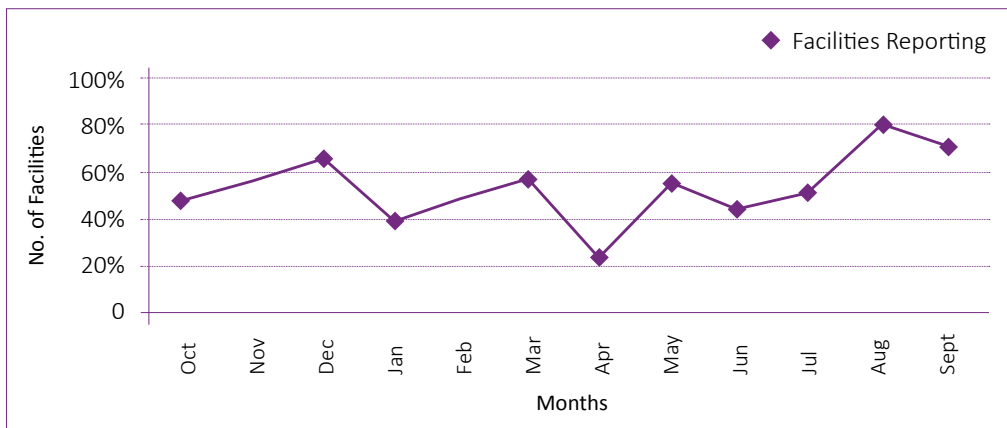
Figure 10: Sexual and Gender Based Violence services provided to survivors



Of those who received Emergency Contraceptive Pills (ECP) and Post Exposure Prophylaxis (PEP) services, four percent got pregnant and three percent were infected with HIV.

One hundred and thirty one public health facilities were supported to report through the national District Health Information Systems (DHIS). The facilities reported gradual increase in reporting rates through DHIS during the year.

Figure 11: DHIS public health facilities reporting



Advocacy and Policy Work at National and County Levels

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

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

At national level, LVCT Health :

- » was part of the team in the review of HTS guidelines that reduced the age of consent for HIV testing to 15 years
- » participated in the development of the guidelines on the use of ARVs for treatment and prevention
- » played a role in the development of the PrEP section of the ARV guidelines
- » mapped of all PrEP implementing partners in Kenya to help the national government identify gaps that need to be addressed as the country considered scaling up PrEP
- » participated in various national technical working groups including those on HTS, care and treatment, HIV PrEP and key populations

LVCT Health in improving curriculum development, participated in a technical committee at Kenya Counselling and Psychological Association (KCPA) developing the counselling and psychology courses as per the Curriculum Development Assessment and Certificate Council (CDACC) and Competency Based Education and Training (CBET) Curriculum Development Guidelines. LVCT health also led in the development of a training manual which will be used to train Quality Improvement teams at MoH and community level in quality approaches for implementing local health services.

In strengthening strategic partnership with government and other Civil Society Organisations, technical support was provided to the national Community Systems Strengthening (CSS) Technical Working Group to review the National Integrated Curriculum for HIV, Tuberculosis (TB) and Malaria.

At county level LVCT Health supported:

- » Establishment of adolescent health technical working groups in Nairobi, Mombasa, Kisumu and Homa Bay counties.
- » Formation of the secretariat for key population and adolescent health technical working groups in Mombasa County.
- » Implementation of work plans in Nyeri, Nakuru, Machakos, Kitui and Kisumu counties GBV technical working groups.

Building Local Capacities

Using LVCT Health's Timisha organisational capacity building and systems strengthening model, we partnered with 10 local organisations in Nairobi, Kisumu and Mombasa in implementing HIV prevention projects targeting key populations and people with disability. we built their capacity to strengthen their organization systems on different areas including record management, advocacy and resource mobilization. we provided sub-grants of KES 36,086,552 (US\$ 362,770) to local organisations to deliver programmes and services in their communities.



Martin Oloo from LVCT Health shares some IEC materials for the Deaf with a partner in Kajiado county

Developing Human Capital

LVCT Health Training Institute continues to graduate one of the highest numbers of HTS providers in the country. In 2016, 862 participants went through various trainings that were both market driven (requested by clients) and contractually obligated by LVCT Health (trainings required in the implementation of LVCT Health's programme work. Training on HIV Testing Services (HTS) and advocacy on adolescent topics had the highest number of trainees.

LVCT Health worked with relevant national entities including, National Industrial Training Authority (NITA), Technical and Vocational Education and Training Authority (TVETA), Kenya Counselling and Psychological Association (KCPA), Kenya National Examinations Council (KNEC) to ensure our trainings meet the expected national and international standards and that we also translate our experiences into policy development and advocacy.

"LVCT Health for the last 3 years have partnered with us in the areas of HIV awareness/sensitization campaigns to all our branches country wide. They have majored on HIV testing, behaviour change communication and couple/partner testing." "Throughout the years we have found them resourceful and very equipped"

Kenya National Highways Authority (KeNHA)

The LVCT Health Training Institute was accredited by National AIDS and STI Control Program (NASCO) to provide HIV Testing Services (HTS) trainings for the year 2016-2017. Fourteen diploma students at the training institute sat for and passed their KNEC examinations in July 2016.

Securing long-term resources for health through business development

"I have loved LVCT for its Commitment to Excellence, Efficacy and Quality Assured trainings. It has produced a student in me who is a cut above the rest, and when I have put my professional qualifications on the table, I have gotten doors opened. So far, I have gotten promotions for every training that I have done with LVCT due to their esteemed and recognized certificates..."

Evelyn Ogola – Diploma, HTC & Support Supervision

WEMA Kazini

During the year, HIV prevention, treatment and lifestyle health support was extended to 29 workplaces in Kenya through our WEMA Kazini Initiative, an integrated quality assured wellness programme for workplaces. The WEMA Kazini services were offered to 2,204 employees. Out of these, 14 workers tested HIV positive and were linked to HIV care and treatment services.

Human Resource Development

During the financial year 2015-2016, implementation of the Human Resource Master software improved efficiency in personnel management. The staff turnover was 13 percent ending the year with 136 employees.



LVCT Health staff during the annual general staff meeting

LVCT Health staff giving back to the community

Through One Child at a Time (OCaT) Programme, LVCT Health staff offer financial donations aimed at reducing vulnerability to sexual exploitation as well as preventing HIV infection among girls and boys below 18 years.

The children are also reintegrated back to school as a long term intervention since the institutions are well placed to teach pupils how to make positive choices and informed decisions in their relationships and protect themselves from sexual exploitation.

Since 2014, 1,500 children have been assisted through OCaT. Join us in this initiative and ensure children lead a healthy and happy life that is free from sexual exploitation!

- » \$100 can put a child back into school for one term, (\$300 per year)
- » \$50 can help prevent HIV and unplanned pregnancies.
- » \$100 can provide seed funding for an OCaT group to start an Income Generating Activity (IGA)
- » \$10 can supply one girl with sanitary pads for a year

Other forms of support

- » Basic supplies (sanitary pads, school books, stationery, uniform, shoes).
- » Expertise to improve the programme
- » Mentorship to the children
- » Internship opportunities for OCaT beneficiaries
- » Resource mobilisation for the project

Send all donations through:

- » Beneficiary Name: LVCT Health
- » Beneficiary Postal Address: 19835- 00202 NAIROBI
- » Beneficiary Bank Name: COMMERCIAL BANK OF AFRICA
- » Beneficiary Bank Address: MAMLAKA ROAD BRANCH, PO BOX 45136 NAIROBI
- » Branch code: 008 Bank code: 07-000 IBAN number: N/A
- » Beneficiary Bank Account number: 6605550056 SWIFT ID or
- » Routing ID: CBAFKENX

or

MPESA Paybill Number: 804 300

Account number OcaT

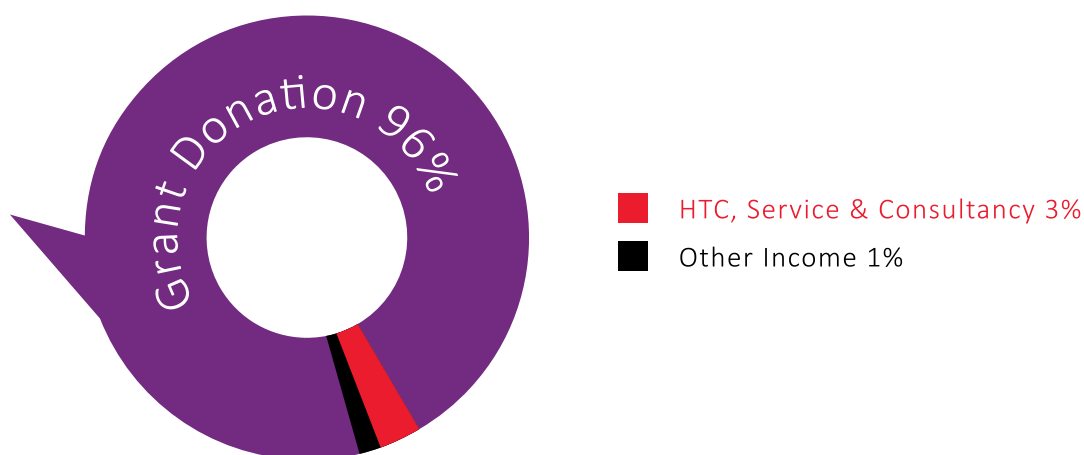
Financial Income and Expenditure Reports

Table 3: Summarised Income and Expenditure Statement for the financial year ended 30th September 2016

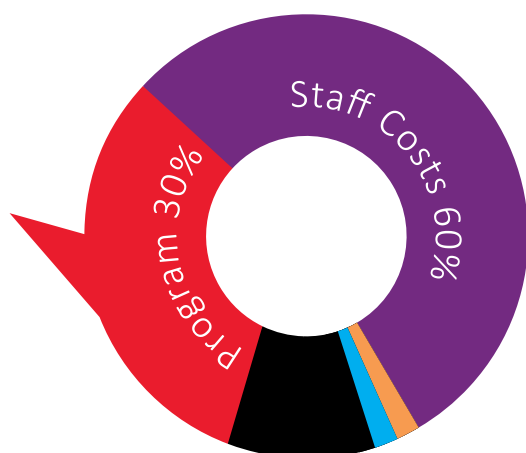
Income		
Category	Amount (KES)	%
HTS, service and consultancy	20,500,245	3%
Grant donation	622,527,167	96%
Other income	2,925,225	0.5%
Total income	645,952,637	100%
Expenditure		
Category	Amount (KES)	%
Staff costs	391,852,720	60%
Consultancy and training costs	7,279,845	1%
Programme costs	197,930,281	30%
Indirect costs	53,803,865	8%
Capital expenditure	7,268,974	1%
Total expenditure	658,135,684	100%

In October 2015 to September 2016, LVCT Health had an annual budget of KES 645,952,637 (US\$6,456,526). There were four project audits and one institutional audit of unqualified opinion.

Income FY 2015/16



Expenditure FY 2015/16



- Indirect Costs 8%
- Consultancy & Training Costs 1%
- Capital Expenditure 1%

We acknowledge the following key government and donor partners for making our achievements possible;

Key government partners

- » National AIDS Control Council (NACC)
- » National AIDS & STI Control Programme (NAS COP)
- » Community Health Services (CHS)
- » Community Health Development Unit (CHDU)

Donors

- » Centers for Disease Control and Prevention (CDC Kenya)
- » Trocaire
- » Elton John AIDS Foundation (EJAF)
- » UNICEF
- » JHPIEGO
- » Population Council
- » University Of Maryland (UOM)
- » Family Health International (FHI 360)
- » UN Trust Fund to End Violence against Women (UNTF)
- » Population Services Kenya (PSK)
- » Bill & Melinda Gates Foundation
- » LSTM/EU
- » UN Women
- » Stephen Lewis Foundation (SLF)
- » Global Fund
- » GIZ
- » Liverpool School of Tropical Medicine (remove Reachout)
- » WHO/UNAIDS
- » FHI 360
- » EGPAF/EJAF
- » EGPAF/Pamoja project
- » AJWS
- » Mainline Foundation



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