



# ANNUAL REPORT

2016-2017



 LVCTKenya

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 LVCTHealth

 TheLVCT



## ACRONYMS AND ABBREVIATIONS

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<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>CDC</b>	Centre for Disease Control
<b>CSS</b>	Community Strengthening Systems
<b>DHIS</b>	District Health Information System
<b>DREAMS</b>	Determined, Resilient, Empowered, AIDS free, Mentored and Safe lives
<b>ECP</b>	Emergency Contraceptive Pills
<b>FMP</b>	Family Matters! Programme
<b>FSW</b>	Female Sex Workers
<b>GBV</b>	Gender Based Violence
<b>HCBF</b>	Healthy Choices for a Better Future
<b>HIV</b>	Human Immunodeficiency Virus
<b>HTS</b>	HIV Testing Services
<b>IGA</b>	Income Generating Activity
<b>KCPA</b>	Kenya Counselling and Psychological Association
<b>KES</b>	Kenya Shillings
<b>KYS</b>	Know Your Status
<b>MHMC</b>	My Health My Choice
<b>MoH</b>	Ministry of Health
<b>MSM</b>	Men who have sex with Men
<b>NASCOP</b>	National AIDS & STI Control Programme
<b>OCAT</b>	One Child at a Time
<b>PEP</b>	Post Exposure Prophylaxis
<b>PNS</b>	Partner Notification Services
<b>PRC</b>	Post Rape Care
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>PVC</b>	Post Violence Care
<b>CQI</b>	Continuous Quality Improvement
<b>RPP</b>	Research-Policy-Practice
<b>SRH</b>	Sexual and Reproductive Health
<b>STI</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>VAW</b>	Violence Against Women
<b>WHO</b>	World Health Organisation

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## Message from the Chairman, Board of Directors



The Board of Directors is proud to have seen LVCT Health grow into a truly remarkable local organisation. In addition to being an election year, 2017 was a challenging year for many health sector organisations in Kenya with frequent health care workers strikes. The Board is particularly pleased with the work that the management and staff of LVCT health accomplished in serving Kenyans and contributing to the national targets to reduce new HIV infections and improve the quality of life of people living with HIV.

The last few years have presented significant challenges in the operating environment for non-governmental organisations, notwithstanding the reductions in global funding for HIV response. Despite these challenges, LVCT Health has continued to raise the bar across all areas of our work. The organisation's budget grew two-fold in the last year. We are fortunate to have donors who share our convictions and have entrusted us with funding to help deliver the national HIV strategy.

Our culture of quality and innovation has generated service delivery models that have been globally recognised by reputable bodies like the World Health Organisation and adapted by the Ministry of Health and Counties. This is as a result of the management team and staff who bring steadfast commitment and passion to this sometimes emotionally challenging work. The responsible utilisation of the resources that have been entrusted to us, has also made LVCT Health a strong organisation and key partner in the fight against HIV and AIDS.

On our part, the board has strengthened its governance and fiscal oversight role and provided guidance for the organisation's new 3-year strategic plan 2018-2021. We remain committed and dedicated to serving LVCT Health and the people of Kenya as we seek high impact solutions for HIV, health and wellbeing.

We hope that this annual report will inspire you to join us on our mission to reduce new HIV infections and increase equitable access to quality health services. Thank you to the donors who funded the work presented in this report and other stakeholders who made it possible. Together we can get to zero.

**Eng. Patrick Obath**  
**Chair, Board of Directors**

## Message from the Executive Director



*No new HIV infections  
under our watch*

Welcome to our annual report 2016- 2017, I hope you enjoy reading it.

As the HIV epidemic progresses countries, including Kenya are continually adjusting strategies to respond better. Tremendous progress has been made globally and we know much more now about HIV than a decade ago but key challenges like stigma continue to hinder progress to ending the epidemic.

This year we implemented many different strategies reaching more than 4 million people in 25 counties. Greater focus was on HIV prevention among key and priority populations that include men who have sex with men, female sex workers, injecting drug users, adolescents, girls and young women. Among those on antiretroviral treatment at our facilities over 90% have undetectable viral load, with the exception of adolescents and persons who inject drugs who did not achieve the desired 90%. Our youth program reached more than 3 million young people with information and services, among them over 30,000 adolescent girls and young women who were identified to be at increased HIV vulnerability. More than 5,000 HIV and gender based violence service providers were trained at the LVCT Training Institute.

We drew from our research studies and programmes to provide technical support for national policy development and to support county governments in service delivery. For example, in Mombasa, Bungoma, Kakamega, Nairobi and Vihiga counties we successfully piloted a novel model to provide HIV and other health services to lesbian, gay, bisexual and transgender populations through public health facilities. In Kitui and Nairobi we worked with the national and county governments to strengthen community health systems by implementing quality improvement approaches. These models aim to enhance sustainability of service delivery especially to vulnerable populations. Internationally we supported development and review of country operational plans, developed provider curriculums and supported national technical working groups on HIV and gender based violence capacities and plans.

These achievements were against a background of a challenging environment in which we were still defining the optimal ways of partnerships with county governments; there are prevailing global uncertainties about the future of HIV funding; and despite the best efforts new infections especially among young people have not abated in Kenya and the sub Sahara African region. While we are proud of the achievements presented in this report, we recognise that we have to do much more, do it faster, efficiently and more effectively to help reach the national and global goals set for the year 2020.

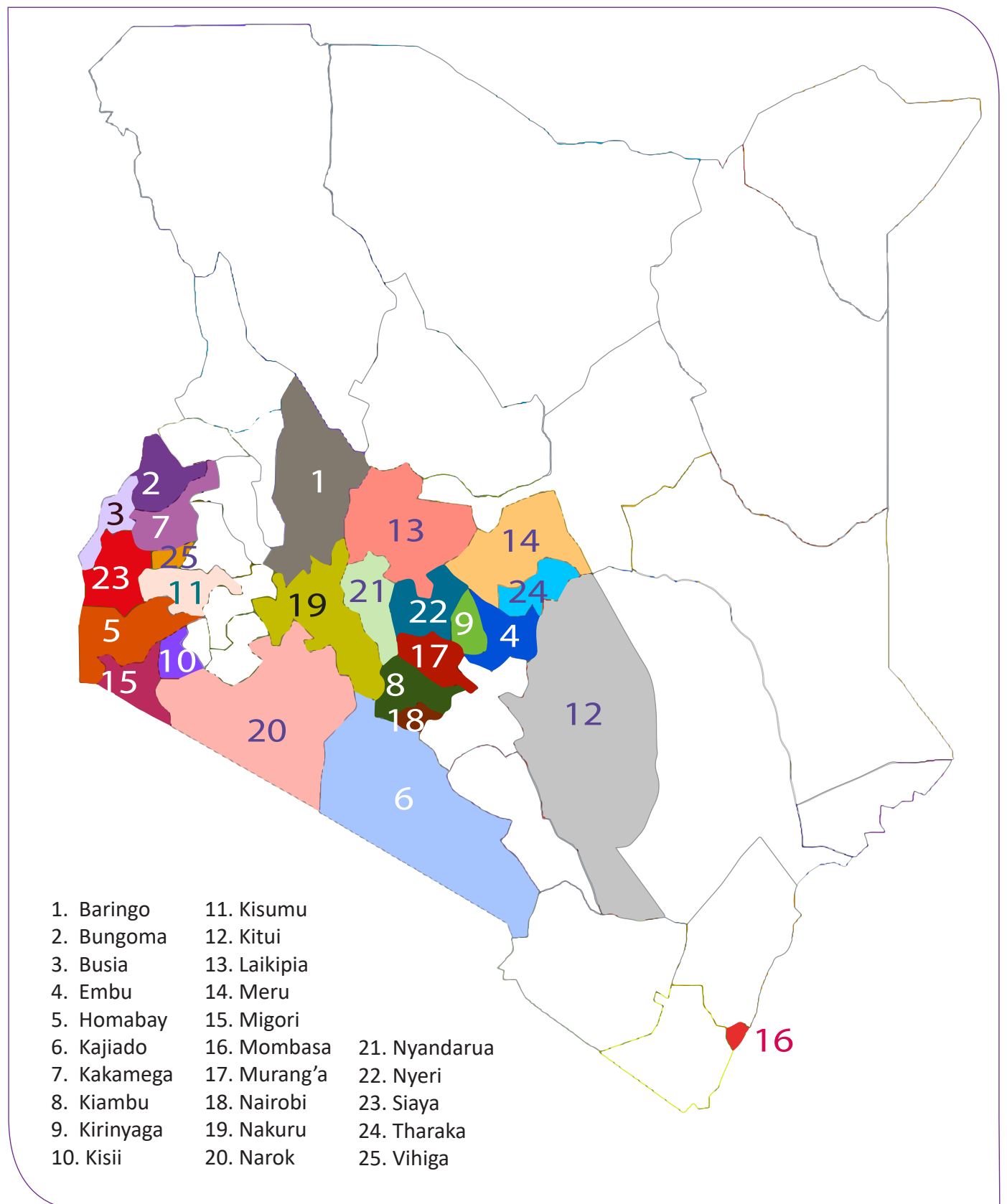
What may not be obvious in this report are the stories of the dedicated and passionate staff of LVCT Health. It is the stories of Ken, the counsellor who leaves his spouse and children several nights a week to offer moonlight services to key populations in bars and other locations and deliver the news of HIV infection. It is Carol, the clinician who daily supports people newly on ART or those getting disillusioned due to illness and the burden of daily treatment; or Steve the peer educator who provides psychosocial support to individuals who have just learnt of their HIV positive status or struggle to disclose their sexual orientation. These are some of the people, Kenyans, my colleagues, who are working tirelessly to deliver the results presented in this report. We honour and salute them for the tremendous work that they do. The board of Directors has been invaluable in providing strategic guidance and delivering on their governance and fiscal oversight roles towards keeping LVCT Health relevant, competitive and effective.

The donors who fund our work and the national and county governments that provide the enabling environment to do what we do also made these results possible and we are grateful to them.

To all the stakeholders and partners who work with us, we will continue to deliver with excellence. To the beneficiaries of our programmes, we are committed to providing you with the best quality of services that we can and we thank you for trusting us to be of service to you.

**Dr. Wanjiru Mukoma, Executive Director**

## Where We Work in Kenya





# Overview

LVCT Health is a Kenyan organisation established in 2001. We offer comprehensive HIV services and Gender Based Violence (GBV) programming, supported by research, health systems strengthening and policy influencing. We aim to drastically reduce new HIV infections and increase equitable access to quality health services through innovative, integrated, comprehensive and high impact services and programmes that can be delivered at scale. We provide technical support for strengthening HIV and GBV policies, guidelines, services and systems in Kenya and other African countries. We use research and practice evidence for learning, targeted policy action, and to inform organisations and national programming and decision making. Our Training Institute contributes to building human resources for health in Kenya through Diploma and Certificate level courses targeted at implementing organisations, workplaces, community providers and health care workers.

LVCT Health’s robust Research-Policy-Practice-framework (Hatua) model, is the foundation upon which our work is anchored.

## Hatua Model



- Policy Influencing**
  - Advocacy for policy reforms
  - Policy implementation support
  - Technical support for development of national strategy, operational plans, guidelines & standards
  
- Evidence for Action**
  - Operations research
  - Implementation research
  - Program Evaluations
  
- Practice**
  - Service delivery
  - Health system strengthening
  - Organisational capacity building
  - Technical support for implementation
  - Re-granting/ Subgranting

## Vision



Empowered healthy communities

## Mission



To reduce new HIV infections and increase equitable access to quality health services

## Our Core Programme Areas

**HIV Prevention:** To contribute to global and national goals of reducing new HIV infections

**HIV Testing Services:** To identify HIV positive persons and link them to care and treatment and the HIV negative to appropriate prevention interventions

**HIV Care and Treatment:** To improve the quality of life of persons living with HIV and contribute to reducing

HIV related mortality and morbidity and increasing equitable access to health services for all

**Gender Based Violence (GBV):** To prevent GBV and offer appropriate responses when it occurs; to support public health facilities to provide survivors of sexual and gender based violence quality services and prevent HIV infection

## Our Strategic Priority Areas

**Equitable Access to Comprehensive HIV, GBV and Sexual Reproductive Health Services:** To provide comprehensive HIV prevention and care services that can be scaled up to reduce new HIV infections, HIV related morbidity and mortality. Within our HIV programming, we deliver interventions that end stigma and discrimination of Key Populations and people living with HIV, integrate GBV, Sexual Reproductive Health (SRH), non-communicable diseases and other health services

**Research, Learning and Knowledge Management:** To use research and knowledge generation to provide 'evidence based responses' for programmes, policy and practice

**Policy Influencing and Systems Strengthening:** To provide technical support for (re)formulation and implementation of enabling HIV, GBV and SRH policies and systems strengthening

**Institutional Capacity Development:** To enhance our institutional relevance, effectiveness and sustainability

## Our Priority Populations

### General Populations

- Persons at higher risk of HIV
- Persons living with HIV
- Survivors of Sexual and Gender Based Violence
- Persons with disabilities

### Priority Populations

- Lesbians, Gay, Bi-sexuals and Transgender - LGBT
- Fishing Communities (Fisher Folk)
- Adolescents 10-18 years & youth 19-24 years especially girls and young women
- HIV discordant couples

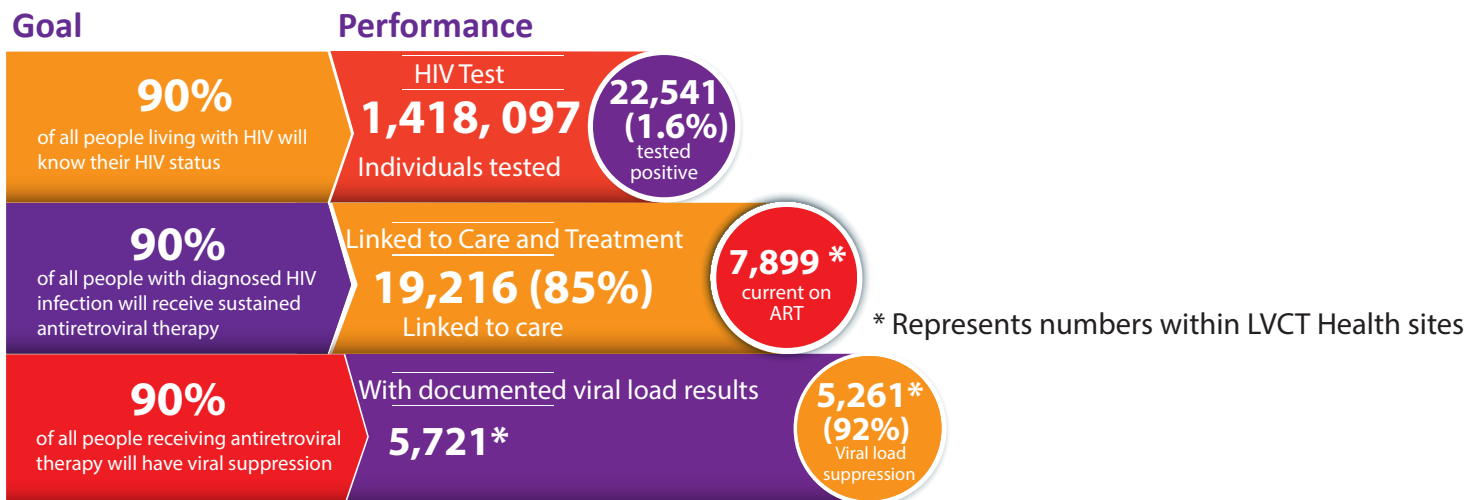
### Key Populations

- Men who have Sex with Men
- Female Sex Workers
- People who Inject Drugs
- Young Key populations

# The Year at a Glance

In 2016 - 2017, we worked in 25 counties in Kenya. We provided technical support to civil society organisations, the Kenya Government, and private sector in strengthening responses to HIV prevention, care and treatment, Sexual and Reproductive Health (SRH) and GBV interventions. We contributed to the national and global fast track goals of ensuring that 90% of the HIV infected persons know their status, 90% of those identified are initiated on ART and 90% of those on ART attain viral suppression.

## HIV Cascade Performance



Different strategies were employed for identification of HIV infected persons for different populations and levels of risk, notably; static community sites (voluntary counselling and testing, and community HIV prevention sites), targeted community outreach, provider initiated testing and counselling in Ministry of Health facilities, door to door testing (home based testing and counselling) and work place testing.

## Our Numbers





# HIV Prevention

We delivered combination prevention (behavioral, biomedical and structural) interventions for Key and Priority Populations in line with the national key indicators for prevention, testing, linkage to care for positives, re-testing for negatives, provision of commodities (condoms and lubricants), retention in prevention programmes, retention in care, and viral suppression.

Key Populations were enrolled in the HIV prevention program to receive the HIV combination prevention interventions. 1,456 KPs were provided Pre -exposure prophylaxis (PrEP) from among 6,742 who were eligible. Female Sex Workers formed the biggest proportion, 886 (61%) of those enrolled for PrEP.

## Key Populations enrolled in the HIV prevention programme



## Priority Populations

Enrolled into prevention programmes:

- HIV Testing Services
- Sexually Transmitted Infections
- Screening and treatment
- Condoms
- Evidence based behavioural interventions

Received a defined package of services based on the needs identified through the DREAMS (Determined, Resilient, Empowered, AIDS Free, Mentored, and Safe Lives) Programme



## Prevention services for Men who have Sex with Men and Female Sex Workers

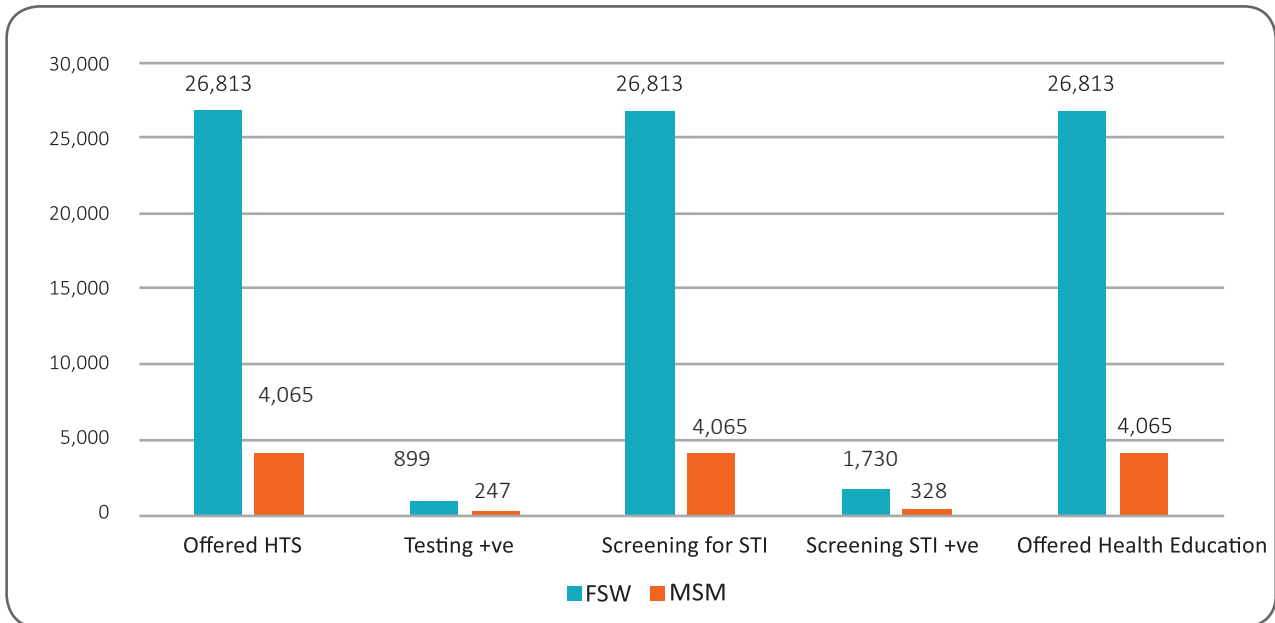


Figure 1: Prevention services for Men who have Sex with Men and Female Sex Workers

## Prevention for Adolescent Girls and Young Women

Through DREAMS programme, 30,880 adolescent girls and young women (AGYW), 10-24 years were programmed in our Drop in Centres (DiCEs) and in outreach settings with biomedical and structural interventions and services.

DREAMS aims to ensure that AGYW who are vulnerable and at risk of getting HIV infection have an opportunity to live Determined, Resilient, Empowered, AIDS-free, Mentored and Safe lives, It was implemented in 7 Wards in Nairobi, 2 wards in Homa Bay, and 5 wards in Migori Counties.



King of Condoms, Stanley Ngara, LVCT Health, conducts prevention awareness session



## DREAMS interventions offered to AGYW

### DREAMS Achievements

#### Social Asset Building

- 30,880 AGYW enrolled in 359 safe spaces, to receive various interventions
- 154 mentors trained

#### Social Protection

- 4,291 AGYW households received cash transfer
- 8,304 - received education subsidy

#### Post Violence Care (PVC)

- 66 change agents trained
- 99 health workers sensitised on PVC response and prevention

#### Social Norms Behaviour Change

- 9,134 girls, 15-19 years - My Health My Choice (MHMC)
- 4,645 girls at high risk of HIV infection - Sister 2 Sister (S2S)
- 5,348 girls - RESPECT K
- 8,474 girls SHUGA II
- 7,104 AGYW – Sexual and Reproductive Health

#### HIV Services, Biomedical intervention GBV and PrEP

- 27,934 AGYW received HTS; 176 (0.6%) tested HIV+
- 3,382 male sexual partners tested for HIV, 8 (0.2%) tested HIV+
- Of 29,300 girls screened for GBV, 8,175 (28%) had experienced GBV
- 1,227 girls between 15-24 years were put on PrEP

Determined

Resilient

Empowered

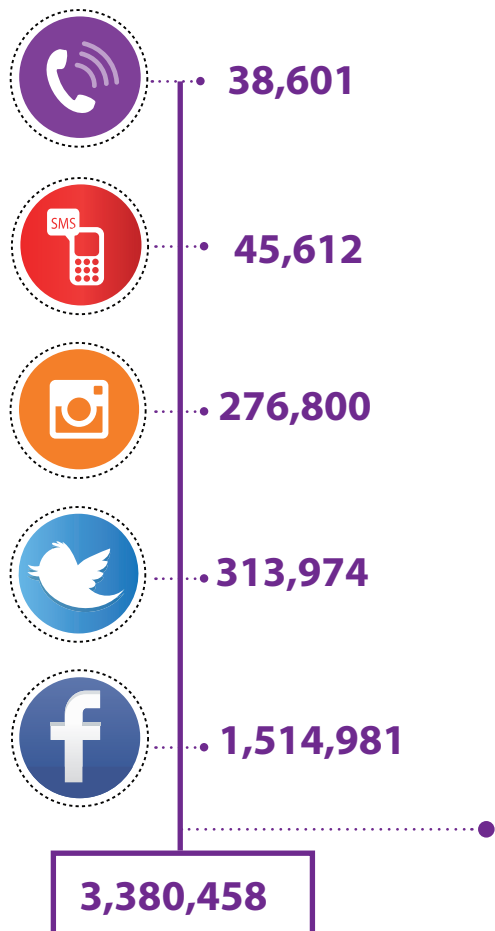
AIDS-free

Mentored

Safe

## Youth Programming

In 2016 - 2017, LVCT Health's peer based online integrated digital platform (OIDP) and HIV youth programme provided information and counselling on SRH, HIV and Gender Based Violence, reaching over 3 million young people.



*Nurse counsellor at the call centre (1190 hotline)*

### Some of the services offered to adolescents and young people

**631** received information on PrEP

**244** received information on accessing HIV self-testing services

**1,136** were referred to and received; HIV testing services, HIV care and treatment, contraceptives, STI treatment and Post Rape Care services

# HIV Testing Services

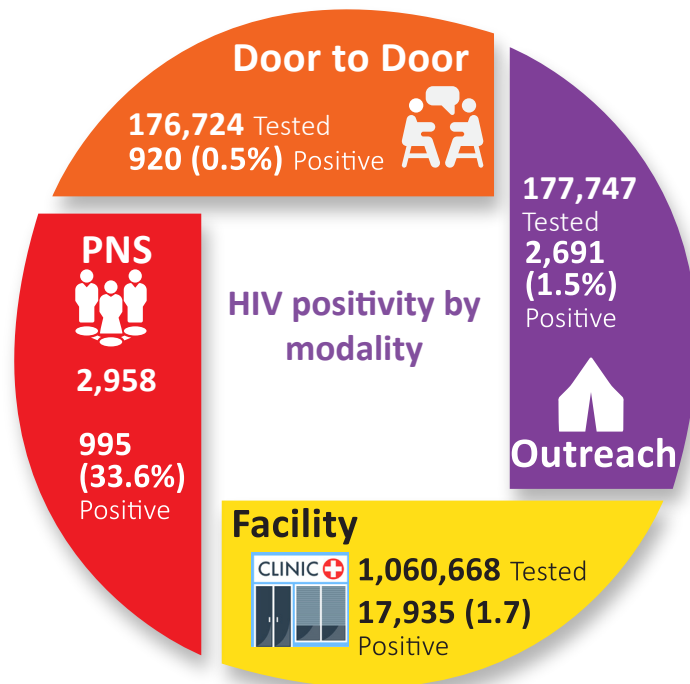
During the reporting period, we focused on finding undiagnosed HIV positive individuals and linking them to care and treatment. We provided HIV testing services to 1,418, 097 adults and children in 25 counties in Kenya, through LVCT Health sites, and 143 supported government facilities and partner sites. Of those tested, 22,541 (1.6%) individuals tested HIV positive. 19,216 (85%) were linked to care and 7,899 are on ART within LVCT Health sites.

## Strategies employed to identify HIV infected persons

**Targeted community outreach:** carried out in high HIV prevalence areas; informal settlements, and hot spots for the key populations and those who are at high risk of HIV infection

**Partner notification services (PNS):** is a voluntary process where a practicing HTS provider elicits contacts from an adult index client and offers the contacts voluntary HIV testing services

**Health facilities:** the goal was 100% testing in both in-patient and outpatient departments



## HIV Testing Services by Population

During the year, we provided HIV testing services to all populations, identifying the HIV positive individuals and linking them to care and treatment.

Sub-Population	Total Achieved	Tested HIV Positive	Positivity Rate	% Linkage
Overall tested	1,418,097	22,541	1.6%	85%
General Population	1,272,411	20,545	1.6%	85%
Children (0-9)	25,619	228	0.8%	85%
Adolescent Girls and Young Women	46,869	144	0.9%	91%
Men who have Sex with Men	7,850	260	3.3%	85%
Female Sex Workers	31,970	956	3.0%	87%
Fisher folk	29,547	327	1.1%	73%
Persons who Inject Drugs	1,376	31	2.3%	84%
Lesbian Gay Bisexual Transgender	2,455	50	2.0%	84%

Figure 2: HIV testing by population



# HIV Care and Treatment

In 2016-2017, LVCT Health provided 7,899 individuals with care and treatment services of which 1,707 were newly initiated on ART. Clients were initiated on ART within 14 days of a HIV positive diagnosis. We opened 17 Drop-In Centers (DiCEs) and supported 15 Mombasa county government facilities to provide integrated HIV services to the Lesbian, Gay, Bi-sexual, and Transgender (LGBT) populations.

We initiated 965 clients on antiretroviral drugs (ART), an achievement of 87% percent against the target of 1103, with 93% of clients on care at our facilities achieving viral suppression.

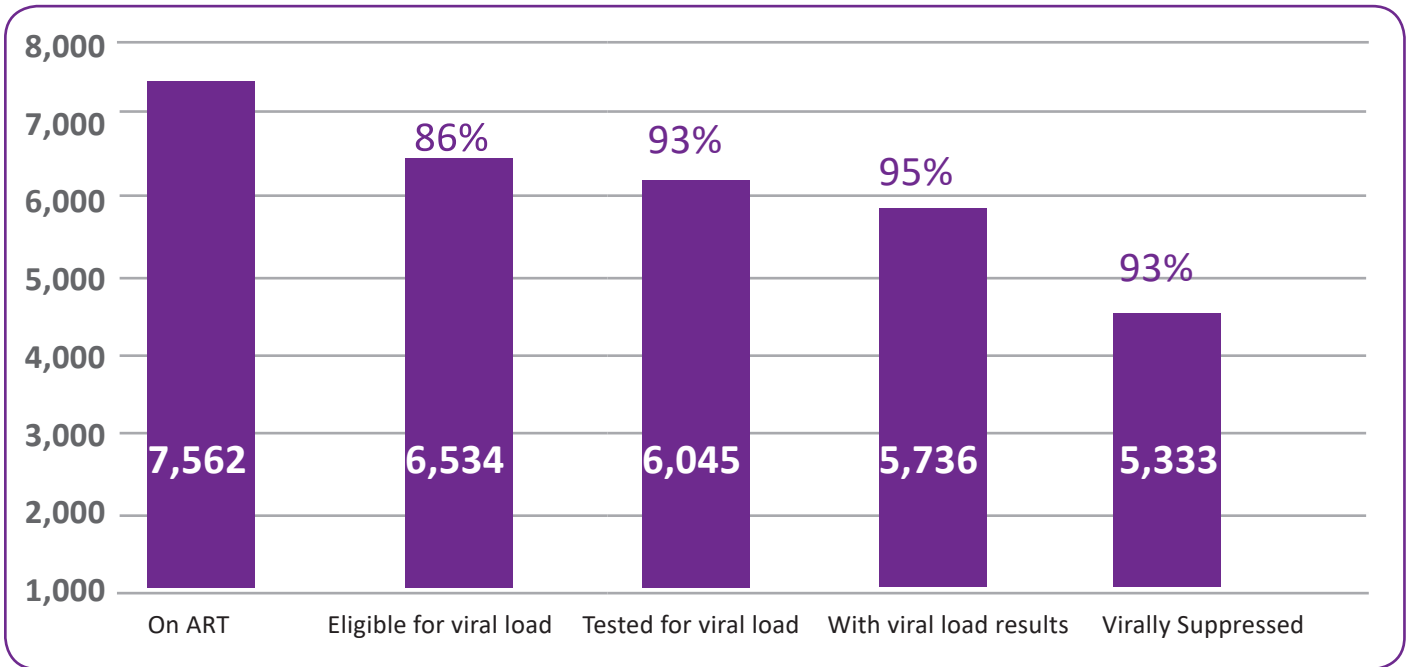
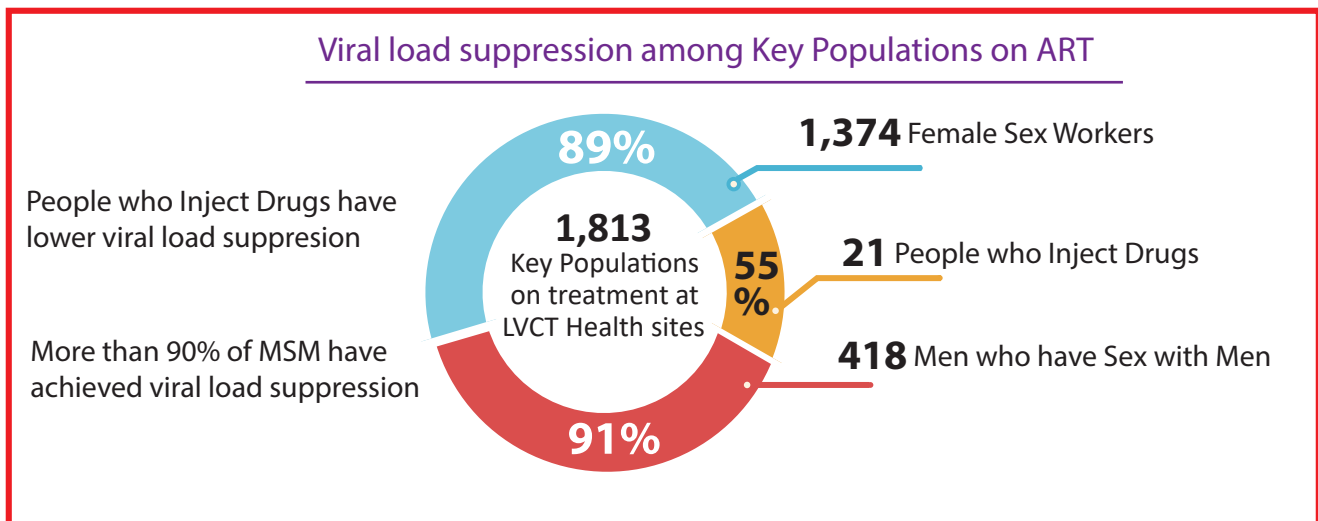


Figure 3: Clients on care and treatment at our facilities who achieved viral suppression

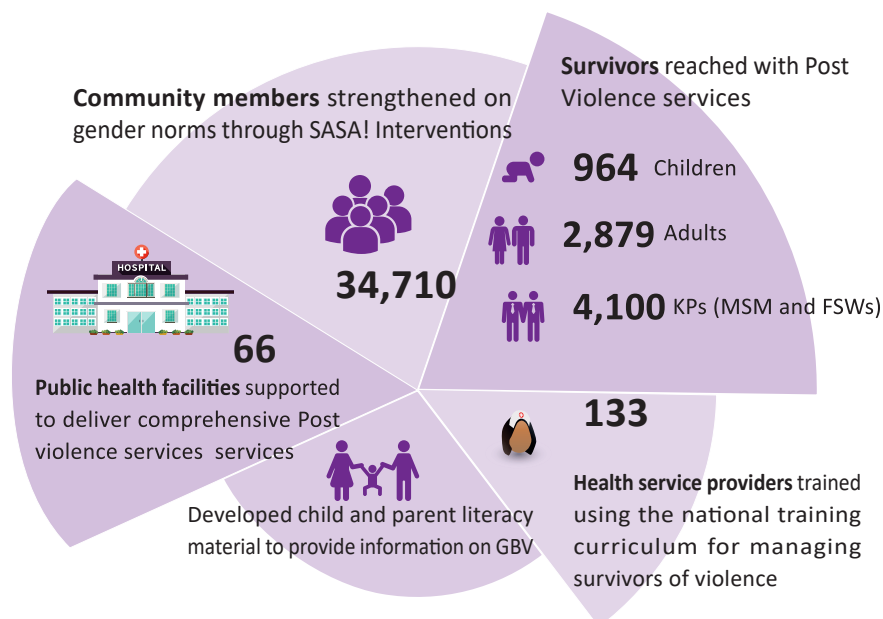


# Gender Based Violence

In 2016-2017, 66 public health facilities were supported to deliver the nationally recommended comprehensive GBV services. 1,539 survivors received services at the public facilities while 51 survivors were attended to across the LVCT Health sites.

We trained 133 health service providers using the national training curriculum for managing survivors of violence, 81 County Health Records Information Officers (HRIO) on District Health Information Systems (DHIS2) data management. 375 non-medical service providers were trained/sensitised on GBV response (83 County law enforcers, 142 county duty bearers, 88 National Police Service Officers, and 62 community policing members).

## Key achievements



## CASE STUDY

### Champion for GBV and HIV prevention at the community level

Robert Muiruri Wambui, Boda Boda association leader, Kiambu County is a champion for GBV and HIV prevention at the community level. He was involved in the project and training where he facilitated discussions on GBV and HIV prevention with other



Robert Muiruri addressing participants during MAISHA conference

boda boda riders and community members in Kiambu.

“I am one of the champions who were trained on Gender Based Violence and HIV. This project was very timely because initially as male boda- boda riders, we did not have any information about GBV. I came to know that everyone, including ladies have rights. Before the training, we used to harass our women customers when carrying them by touching their thighs while riding.

We have so many boda- boda riders who are either affected or infected with HIV and who experience or perpetrate violence. Lack of information on GBV and HIV has led to loss of lives and breakdown of families.

Based on my experience, there are many advantages of using boda- boda riders in spreading this information about HIV and Gender Based Violence. One, 90% of boda- boda riders in Kiambu and in Kenya are men.

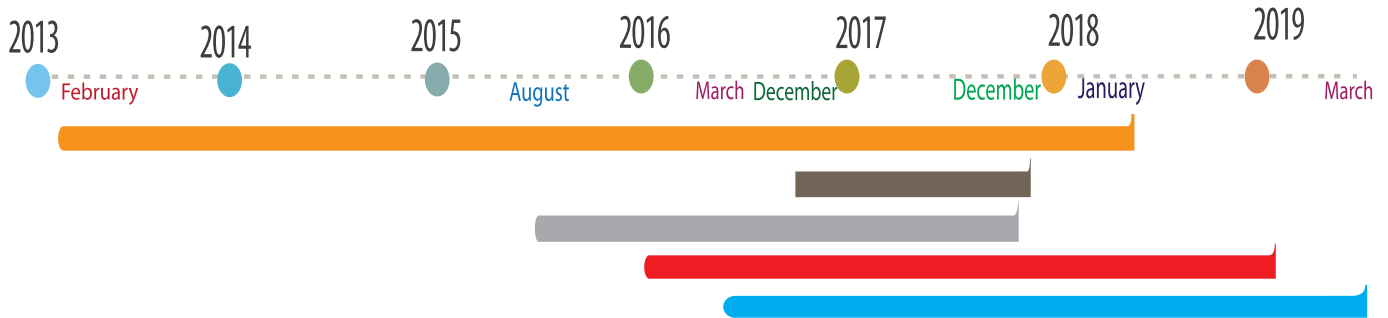
Meaningful engagement of men will reduce GBV and women will feel safer because men are now informed. Information sharing through branded lifesaving vests has also been very helpful in reaching other men in the community. If one boda- boda association has 150 members, each of who carries approximately 50 passengers in a day, many people get information on HIV and GBV. The information will spread like a bush fire.”

\*‘Boda Boda’ refers to individuals who use motorcycles as taxis to ferry passengers

# Research

During the year, we completed and published 5 research studies and 44 abstracts and conference presentations in local and international conferences.

Key research studies undertaken (and on-going) in the year.



- Reaching out and linking in communities to formal health systems project: <http://lvcthealth.org/wp-content/uploads/2018/04/Close-to-community-health-care-service-providers-in-Kenya.pdf>
- Child sexual abuse management study: <http://lvcthealth.org/wp-content/uploads/2018/03/Child-Management-Study-1-brief.pdf>
- Introducing Pre -exposure prophylaxis (PrEP) into Combination Prevention (IPCP) Project - findings from this study informed the national PrEP roll-out guidelines: [http://lvcthealth.org/wp-content/uploads/2018/03/Kenya\\_PrEP\\_Implementation\\_Framework.pdf](http://lvcthealth.org/wp-content/uploads/2018/03/Kenya_PrEP_Implementation_Framework.pdf)
- Intimate Partner Violence (IPV)3: Assessing the effectiveness of combined facility and community level Intimate Partner Violence and HIV Intervention in Kenya: <http://lvcthealth.org/wp-content/uploads/2018/03/IPV-3-study-brief.pdf>
- Sustaining Quality for Locally Embedded Community Health Systems (SQALE) <http://lvcthealth.org/wp-content/uploads/2018/04/SQALE-brochure-final.pdf>

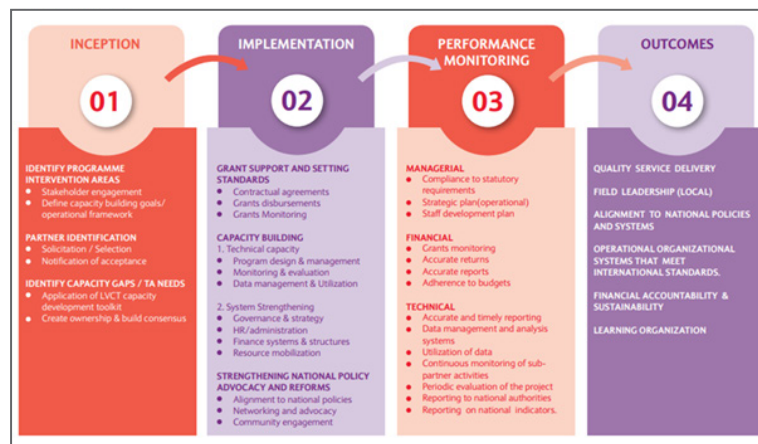
## Recent research publications and briefs



# Capacity Development

Utilising LVCT Health’s Timisha organisational capacity development and systems strengthening model, we strengthened organisational systems, and provided sub-grants amounting to USD 327,656 to 16 local organisations to deliver HIV services.

We built capacity of 15 Ministry of Health public facilities in Mombasa county to offer integrated HIV services to the Lesbian, Gay, Bi-sexual, and Transgender populations.



**Timisha Model**

# Policy Reform Support

We provided technical support to influence policy reforms at the international, national and county levels including:

- Development of the Kenya HIV prevention indicators and targets presented in the Global HIV Prevention coalition forum in Geneva, Switzerland, aimed at accelerating HIV prevention advocacy, resource allocation and programming
- Supported strengthening HIV and GBV policies, guidelines, services and systems and conducted national assessment of HIV combination prevention in Namibia
- Supported in the national roll-out of oral PrEP through development of readiness assessment tools, roll-out scenarios, project analysis and content for the implementation framework
- Supported development of self-testing operational manual, national partner notification services tools and curricula, adolescent sexual reproductive health policy and review of national HIV Testing Services curriculum
- Contributed to development of the WHO guidelines for management of child survivors of violence
- Successfully advocated for integration of MSM and LGBT HIV and SRH services in government health facilities in Kiambu, Mombasa, Vihiga, Kakamega and Bungoma Counties

- Supported the Ministry of Health in the development of National standard operating procedures for the management of sexual violence cases in children and Gender Based Violence facilitators manual for community health assistants

## Adolescent and Youth Technical Support

In the year 2016-2017;

- We supported five young women-led organisations and groups at the grass root level on advocacy and organisational systems strengthening to build self-advocacy
- We trained and mentored 10 girls as PrEP champions who organise and lead community peer-led dialogues on HIV prevention including the uptake of PrEP
- We supported Youth Advisory Councils (YACs) in 6 counties as champions of young people’s voices to ensure meaningful young people’s engagement in policy processes that affect them, in various counties and national fora

# Community Health

To embed quality improvement (QI) in community health in Kenya and improve maternal, newborn and child health, LVCT Health worked with the national and county governments and sub-county teams to implement QI approaches aligned to the Kenya Quality Model for Health (KQMH). The quality improvement approach involves a five-step process: plan, define, monitor, improve, and evaluate.

During the year, county, sub-county health management teams, community health extension workers, community health workers, facility managers and community members were trained on community Quality Improvement, using simplified approaches adapted to community level. Six sub-county and 18 community Work Improvement Teams (WITS), were established in Nairobi and w counties.



*Data review at our CBD Prevention Centre*

# Training Institute

In 2016-2017, LVCT Health :

- Trained 5,551 individuals in HIV testing and counselling, adherence counselling, Partner Notification Service, violence response and prevention training, among others
- Developed a new curriculum for Assisted Partner Notification Services (PNS), that was used to train PEPFAR implementing partners
- Trained a total of 612 Programme officers as PNS Trainer of Trainers (ToTs) in 42 NGOs - PEPFAR implementing partners

# WEMA Kazini

In 2016-2017, WEMA Kazini, a work place HIV prevention and wellness programme, offered integrated quality assured services: HIV prevention messages, healthy living and lifestyle diseases talks and confidential HIV testing and counselling services reaching 21 public and private sector organizations.

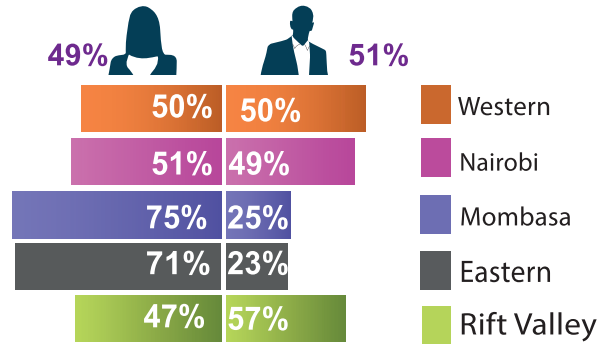
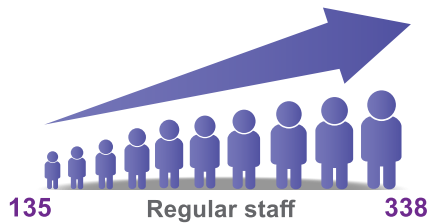
Over 17, 000 and 734 employees were sensitised and tested respectively. Out of these, 6 employees tested HIV positive and were linked to HIV care and Treatment services.

We further engaged the private sector organizations within the Federation of Kenya Employers (FKE) umbrella body in a condom audit initiative that was geared towards assessing knowledge, use and access of condoms as a means of HIV prevention at the workplace. Over 50 organisations were reached with messages on male and female condoms' use and disposal for HIV prevention.

# Human Resource Development

In the year 2016 – 2017, we grew the human resource capacity from 135 regular staff to 338 in different areas of professional expertise and from different backgrounds. We engaged 938 short-term contract staff in delivery of services.

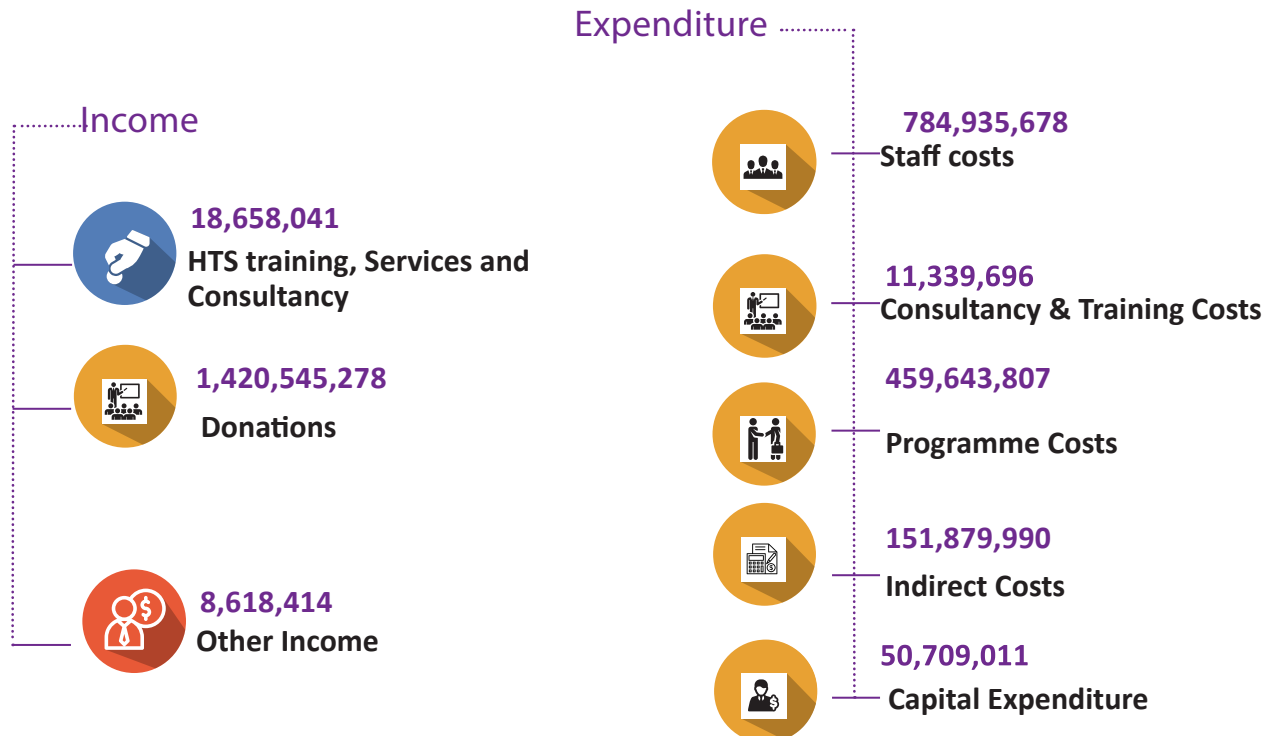
We hosted 25 interns, (23 local and 2 international) as part of building human resource capacities in various areas related to our work.



Staff by gender and region

# Financial Income and Expenditure Reports

In the year October 2016 to September 2017, our funding increased from Kes. 651,979,568 to Kes. 1,447,821,517. LVCT Health had 19 donors who funded our different projects with a budget of Kes. 1,420,545,062 (US\$14,205,450). We had clean audit reports for 4 projects and one institutional audit.



## 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 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: 804300

Account number OcaT

# Our Collaborations and Partnerships

Thank you to our donors, partners and LVCT Health family. The grants and donations received over the years have enabled us to achieve impact at national and community levels by strengthening health systems and reaching more than 4 million people annually with HIV and GBV prevention and treatment programmes and services.

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