



# Strategic Plan 2018-2021



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## Acronyms and Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>KDHS</b>	Kenya Demographic and Health Survey
<b>ART</b>	Antiretroviral Treatment/Therapy	<b>KP</b>	Key Populations
<b>ARV</b>	Anti-Retroviral Drugs	<b>MERL</b>	Monitoring, Evaluation, Research and Learning
<b>AYP</b>	Adolescents and Young People	<b>M&amp;E</b>	Monitoring and Evaluation
<b>CHW</b>	Community Health Worker	<b>MoH</b>	Ministry of Health
<b>CHMT</b>	County Health Management Team	<b>MSM</b>	Men who have Sex with Men
<b>CIDP</b>	County Integrated Development Plan	<b>MSW</b>	Male Sex Worker
<b>CSO</b>	Civil Society Organisation	<b>NACC</b>	National AIDS Control Council
<b>EMR</b>	Electronic Medical Record	<b>NCD</b>	Non-Communicable Diseases
<b>EMTCT</b>	Elimination of Mother to Child Transmission	<b>NGO</b>	Non-Governmental Organisations
<b>FSW</b>	Female Sex Workers	<b>NHIF</b>	National Health Insurance Fund
<b>GBV</b>	Gender Based Violence	<b>PEP</b>	Post-Exposure Prophylaxis
<b>GoK</b>	Government of Kenya	<b>PNS</b>	Partner Notification Services
<b>HCW</b>	Health Care Worker	<b>PP</b>	Priority Populations
<b>HIV</b>	Human Immunodeficiency Virus	<b>PLHIV</b>	People Living with HIV
<b>HMIS</b>	Health Management Information System	<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>HR</b>	Human Resource	<b>PWID</b>	Person Who Injects Drugs
<b>HTC</b>	HIV Testing and Counselling	<b>PWD</b>	Persons with Disability
<b>HTS</b>	HIV Testing Services	<b>QA</b>	Quality Assurance
<b>ICT</b>	Information and Communication Technology	<b>QI</b>	Quality Improvement
<b>IPC</b>	Infection Prevention and Control	<b>SDGs</b>	Sustainable Development Goals
<b>IPV</b>	Intimate Partner Violence	<b>SGBV</b>	Sexual and Gender Based Violence
<b>KASF</b>	Kenya AIDS Strategic Framework	<b>SOP</b>	Standard Operating Procedures

<b>SRH</b>	Sexual and Reproductive Health
<b>STI</b>	Sexually Transmitted Infection
<b>TA</b>	Technical Assistance
<b>TB</b>	Tuberculosis
<b>TWG</b>	Technical Working Groups
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UHC</b>	Universal Health Coverage
<b>VAC</b>	Violence against Children
<b>VAW</b>	Violence against Women
<b>VCT</b>	Voluntary Counselling and Testing
<b>WHO</b>	World Health Organisation

## Foreword

LVCT Health is an indigenous Kenyan non-governmental and non-profit organisation dedicated to improving healthcare in Kenya and beyond since 2001. We offer comprehensive HIV and Gender Based Violence (GBV) programming, supported by research, health systems strengthening and policy influencing initiatives.

The organisation has grown rapidly over the last 17 years in terms of scope of technical programs as well as, financial and human resources. We continue to be a dynamic organisation staying ahead of the fast evolving epidemic curve by responding quickly and with impact as informed by global best practice in HIV programming and our own innovations. We have evolved over the years to an organisation providing needs-based, context responsive, evidence-based, quality and comprehensive HIV services.

Through this 2018–2021 Strategic Plan, we remain true to our mission of equitable access to quality prevention and health services for all. Whilst retaining the focus on HIV, this strategy includes associated areas such as non-communicable diseases and promotes differentiated and integrated service delivery approaches. It seeks to consolidate our technical capacities, spirit of innovation, systems and human resource skills to become a high-level technical support and capacity building

organisation, whilst continuing to deliver HIV services and undertaking associated research.

Informed by a detailed landscape analysis, the plan outlines the strategic vision and goals as well as the intervention strategies for reaching these goals. The rationale for the choices contained in the plan are based on the lessons learnt, conclusions and recommendations from the analysis of LVCT Health's operating context as well as a reflection on the organisational track record and performance over the previous strategy period.

We have made deliberate efforts to align the LVCT Health priorities with Kenya's goal of universal health coverage, as well as with global HIV and health response agendas as contained in the Sustainable Development Goals (SDGs), UNAIDS HIV treatment and prevention goals and the World Health Organisation's (WHO) guidance.

The Strategic Plan is anchored on five key pillars around which our work will be focused. These are 1) Access to Comprehensive HIV, Gender Based Violence and Sexual Reproductive Health Services; 2) Research, Learning and Knowledge Management; 3) Capacity Development, Technical Assistance and Policy Influencing and system strengthening; and 4) Institutional Capacity Development.

Through these pillars we seek to make significant contributions to the national and global universal health coverage agenda. We aim to develop low cost service delivery models to increase access to, and utilisation of comprehensive high-quality HIV, GBV and SRH services especially among the most vulnerable; generate knowledge and evidence for informing health policy and practice that is grounded in equity and; address quality and capacity challenges in health delivery systems. We will go beyond HIV to address broader health issues including non-communicable diseases and strengthen community health systems to increase access through integration and quality improvement.



Eng. Patrick Obath  
**Chairman Board of Directors, LVCT Health**

We know through our years of experience that sustainable progress in fighting the HIV epidemic and GBV requires that we leverage the efforts of other actors. We will thus pursue a system orientation, working with strategic communities, donors, private and public sector partners. We will use these partnerships to develop innovations and support accelerated scale up of what works.

We are confident of making significant progress towards achieving the national and global goal of ending new HIV infections and improving the quality of life of People Living with HIV.



Dr. Wanjiru Mukoma  
**Executive Director, LVCT Health**

## Acknowledgment

This strategic plan is the result of over a year long engagement of the LVCT Health management team and staff drawn from across the organisation, whose robust discussions and critical analysis are much appreciated. The Directors provided critical reviews and insights to the strategy. LVCT Health also acknowledges the contributions and brilliant workshop facilitation by Tom Olila of Strategic Connections Ltd.



**LVCT Health Family 2017**



## EXECUTIVE SUMMARY

This plan builds on the LVCT Health strategic plan 2014-2017, the lessons learnt over the years and our track record. It outlines the core values, guiding principles, differentiating factors and value proposition that LVCT Health will exhibit and deliver in the next three years. These include commitment to service, accountability, and integrity as exhibited in our track record of programme delivery and financial management; quality and evidence informed approaches; generation of new knowledge through research; innovations and best practice in programming and service delivery and; leveraging our positioning, technical expertise and geographic scope.

The strategic plan details what we will do within our own programmes and the roles that we will play as a non-government organisation within the broader HIV response as we engage at national, county and international levels through strategic partnerships, or taking on 'collaborative leadership' or 'thought leadership' roles. Our theory of change describes why we exist and the changes we aim to create in the short, medium and long term. We will maintain our focus on service delivery, research, capacity building, technical support and policy influencing in HIV and GBV. Under each strategic result area summarised in the table below, the plan identifies thematic areas and key interventions that will be implemented to achieve the objectives and expected results. Based on a detailed context analysis, in this plan we have made some

significant strategic shifts that will guide our work in the next three years:

1. From testing large numbers to a focus on testing people with undiagnosed HIV positive status and linking them to care to achieve viral suppression and improve quality of life
2. From testing primarily for knowledge of HIV status to using HIV testing services as an important platform for increased focus on combination primary prevention interventions that keep people HIV negative and holistically address the health needs of our clients
3. From generic service delivery to differentiated prevention and care models tailored to the needs of individual clients and population groups
4. From SGBV (post rape care) services only to broader gender based violence specializing in intimate partner violence (IPV), Violence against Children (VAC) and Violence Against Women (VAW)
5. From strengthening facility level systems to a greater focus on the community strategy and strengthening community health systems and in our counties of operation

6. From a focus on achieving HIV outcomes to optimizing our HIV services as a platform for integration of other health areas to holistically address the health needs of the people we serve
7. From reliance on donor funding to generating diverse non-donor funds and technical resources to fund and sustain our programmes and operations.

This strategy will be the basis for development of annual institutional implementation plans that will contain the key activities, strategies and outputs across the organisation. A board of Directors and the management team led by the Executive Director will provide governance, management, oversight and leadership for implementation of the strategy.

## **Result Area 1: Ensure equitable access to Comprehensive HIV, SHR and GBV services especially for vulnerable populations**

### **Thematic Areas:**

1. HIV Testing Services in our geographical areas to identify 95% of HIV positive individuals, link them to appropriate interventions and optimize the HTS platform to identify and prevent HIV and other diseases
2. HIV Prevention programmes to contribute to 75% reduction in new HIV infections in LVCT Health geographical areas by 2021
3. HIV Care and Treatment to link, retain and achieve viral suppression among 95% of those in our care
4. Gender Based Violence (GBV) programming to contribute to prevention of and increased access to comprehensive quality services for survivors of GBV especially women, children and KPs

## **Result Area 2: Research, Learning and Knowledge Management to generate, document and disseminate knowledge and evidence on HIV, SRH and GBV to inform policy and practice**

### **Thematic Areas:**

1. Research to generate and increase the uptake of results to inform HIV, SRH, GBV and health systems policy and practice
2. Knowledge Management to improve learning, accountability, visibility and decision making through knowledge generation, documentation and dissemination
3. Monitoring, Evaluation, Reporting and Learning to generate, analyse and share quality data for improving program delivery, organisational learning, decision-making and accountability

**Result Area 3: Capacity Development, Re-granting and Health Systems Strengthening to build the capacities of community organisations, offer subgrants and strengthen health systems to offer quality health services**

**Thematic Areas**

1. Capacity Development and re-granting to build capacities of and increase access to funding for community organisations
2. Community Health Systems Strengthening to improve quality service delivery and community-facility links towards HIV epidemic control and universal health coverage

**Result Area 4: Technical Assistance and Policy Influencing to ensure existence of an enabling policy environment and evidence-informed programmes**

**Thematic Areas**

1. Technical Assistance to government and non-governmental partners in Kenya and other countries to improve programmes and policies
2. Policy influencing to contribute to (re)formulation and implementation of health policies that support equitable access to quality HIV and related services for all

**Result Area 5: Institutional Capacity Development to continually strengthen LVCT Health as a dynamic, effective and sustainable organisation**

**Thematic Areas:**

1. Business Development and Resource Mobilisation to generate and reserve sufficient resources to assure growth and continuity of LVCT Health's operations
2. Human Resource Management (HRM) and Leadership Development to attract and retain optimal numbers of quality staff to meet the demands of the organisational strategy

# Strategy Map

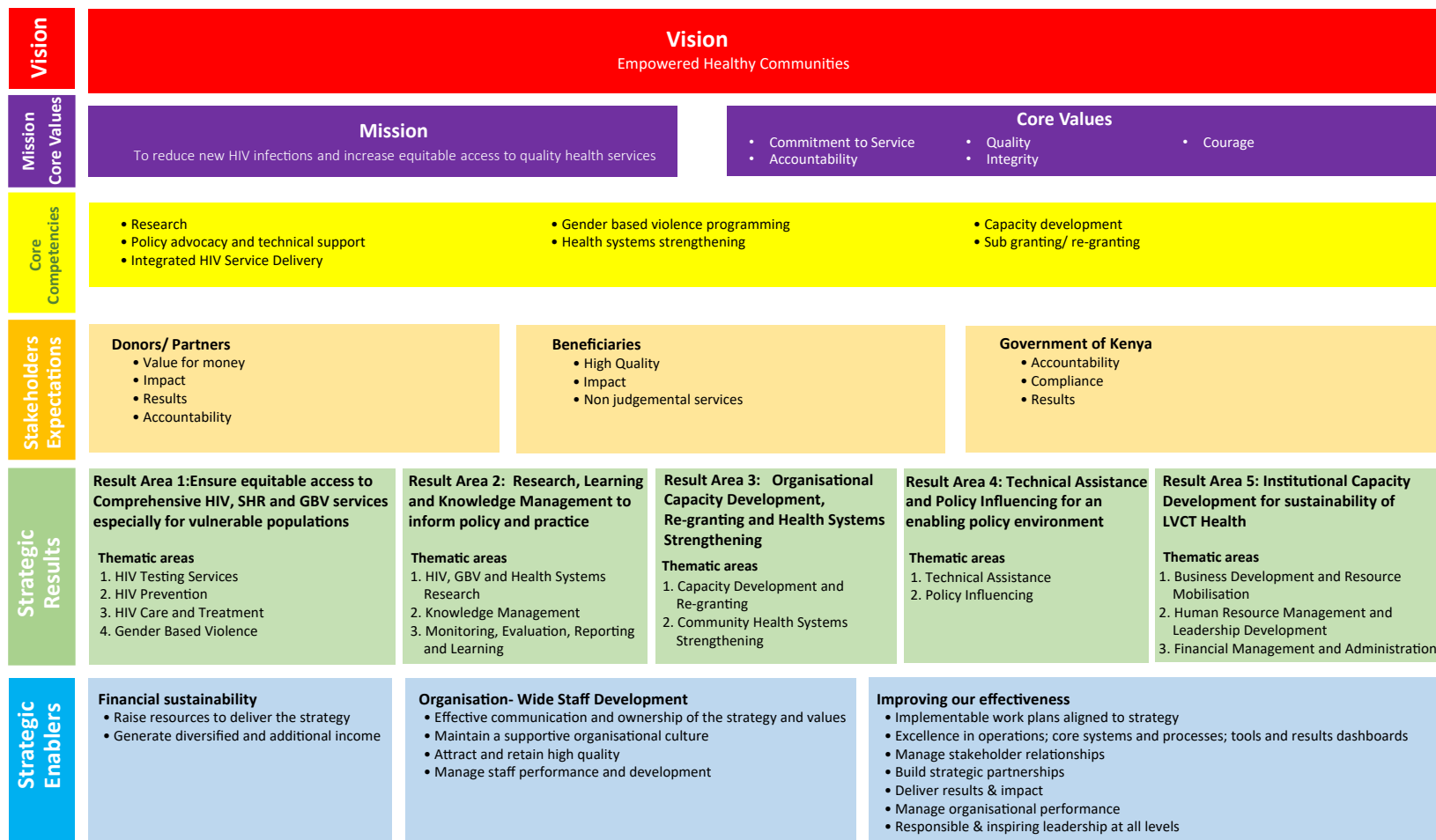


Figure 1: Strategy map

# About LVCT Health

LVCT Health is a Kenyan Non-Governmental Organisation (NGO) dedicated to preventing new HIV infections and promoting universal access to quality HIV care and treatment services in Kenya and globally. We offer client-centred services in HIV testing (HTS), HIV prevention, HIV treatment and psychosocial care, sexual and reproductive health (SRH) and gender-based violence (GBV). We integrate prevention and treatment for other health areas including STIs, TB, and family planning whilst addressing social and structural factors that affect health such as stigma and policies. LVCT Health also runs a Training Institute, which has trained more than 75% of the country's HTS counsellors and delivers certificate, diploma and other courses in HIV and GBV. We undertake capacity building of community organisations, workplace wellness services, and support health systems strengthening and quality improvement in Kenya and other African countries. We carry out operations and implementation research and utilise the evidence generated for advocacy and improvement of services and programmes.

We give special attention to those with greatest vulnerability to HIV infection and/or with special service needs; young people, female sex workers, survivors of violence, persons living with disabilities, men who have sex with men, adolescents, people who inject drugs, girls, young women and people living with HIV.

Our head office is in Nairobi. We also have offices in Kisumu serving

the Western region counties and in Nairobi serving Nairobi and surrounding Kiambu counties. As of 2018, we have service delivery sites or programs in 25 counties, with potential for expansion as necessitated by changing needs.

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## Organisational Identity

**Vision Statement:** Empowered Healthy Communities

**Mission Statement:** To reduce new HIV infections and increase equitable access to quality health services

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## Core Values

We are individually and collectively guided by the following ideals:

**Commitment to Service:** We are passionate about our mission; we go beyond the call of duty and deliver value that supersedes our clients' and partners' expectations.

**Accountability:** We are efficient, transparent and responsibly apply resources entrusted to us for optimal benefit to our beneficiaries.

**Quality:** We put forth our personal and professional best to deliver to the satisfaction of all; we set and maintain the Gold Standard.

**Integrity:** We consistently live our commitments and hold ourselves to the highest level of moral and ethical uprightness and honesty.

**Courage:** We are trailblazers. We boldly take leadership on new frontiers, question the status quo, and undertake change where need be.



## Guiding Principles

The following principles direct our decision-making and programme approaches:

**Client Centeredness:** We are committed to putting the needs of our clients at the centre of the services we offer, per their convenience and unique needs. We guarantee client confidentiality and pursue non-stigmatizing approaches.

**Local Ownership:** We exercise meaningful engagement with our stakeholders by involving them in the development and implementation of our programs through forums such as community advisory boards.

**Integrated Programming:** To ensure comprehensive support to clients and beneficiaries, our programmes deliberately respond to the relevant social, behavioural, biomedical and structural drivers of HIV infection and transmission. We utilise our strengths in HIV testing, care and treatment as an entry point to address the unique factors that promote individual and group health of those that we serve. In this strategy, we will endeavour to integrate other health priorities including Non-Communicable Diseases (NCDs), maternal and reproductive health into our HIV programmes.

**Evidence Based:** We generate and or use existing knowledge for learning, targeted policy action, informing programing and general management and decision-making.

**Innovation:** We constantly seek new ways of doing things better, more efficiently and differently for greater impact.

## Value Proposition and Unique Selling Points

We offer our clients, beneficiaries and partners the following:

1. Evidence informed quality assured interventions and services
2. Value addition by tailoring approved packages of HIV, SGBV and related services to the needs of our clients
3. New knowledge, best practices, and innovative solutions generated through our research and implementation work
4. Robust capacity development and technical assistance models
5. Opportunities to leverage our geographical coverage, our technical, financial and institutional relationships with communities and our experience on scaling up HIV, SRH and GBV responses
6. Greater visibility and profiling associated with our trusted and reputable brand and goodwill
7. A track record of integrity and accountability



## Organisational Track Record

Our work is anchored in a research-policy-practice approach to facilitate generation of evidence relevant to the priorities in the HIV response and utilise this to improve programs and policies.

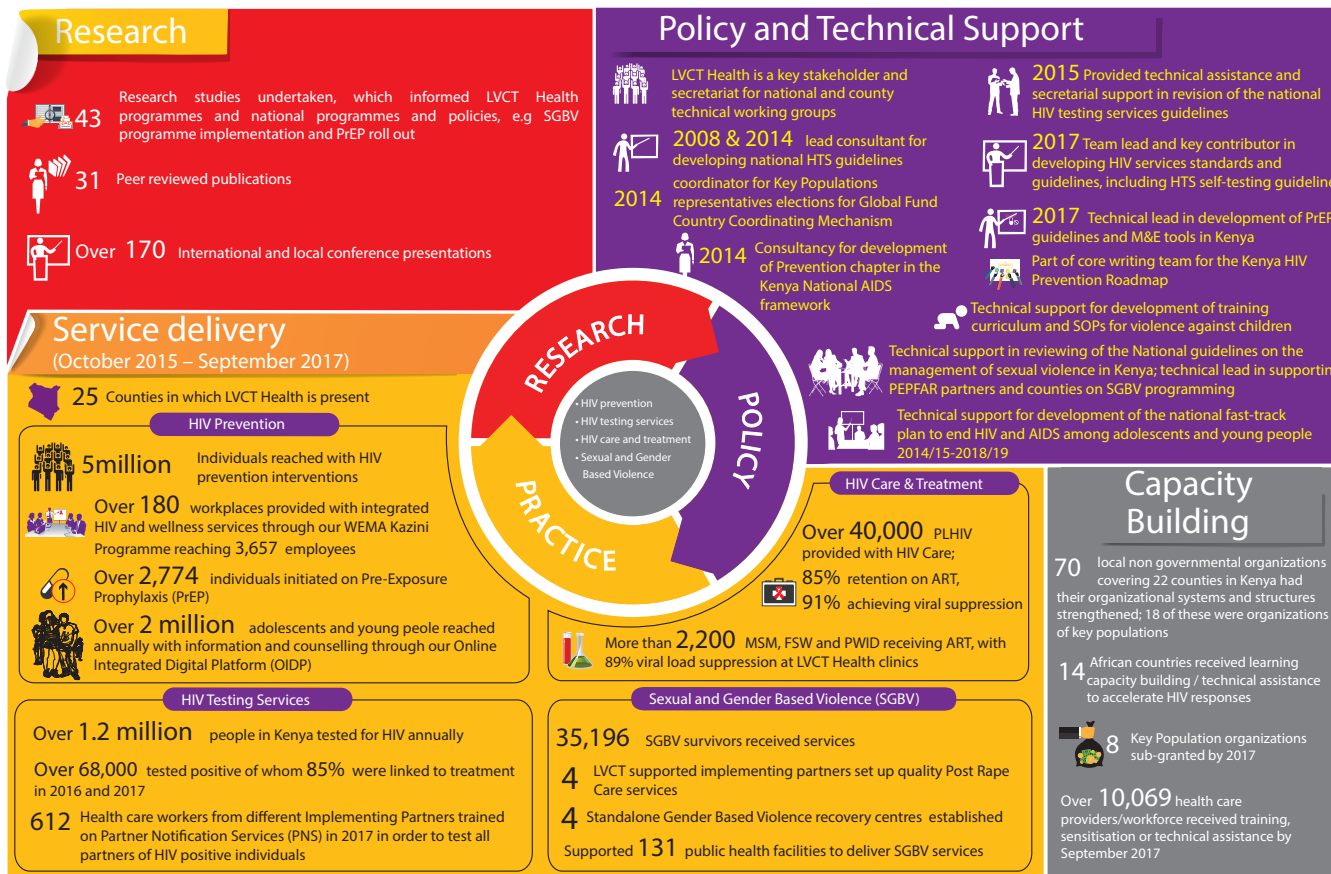


Figure 2: LVCT Health Track Record



# Context Review

## External Context Analysis Trends in the HIV Epidemic

Tremendous progress in the fight against HIV over the last 15 years has inspired a global commitment to end AIDS as a public health threat by 2030. As of 2017 we are far from achieving this goal.

Globally, there has been slow decline in the number of new infections, with an estimated 1.8 million new infections among adults in 2016 and one million AIDS related deaths in the same year. The global challenge remains how to significantly reduce new infections while scaling up treatment and care at a rate that surpasses the incidence of new infections. **The UNAIDS HIV Prevention 2020 Roadmap is a call to action that provides the basis for country-led movement to scale up prevention programs to meet the global and national targets** and commitments to end the epidemic by 2030. The Roadmap has the ambitious goal of reducing the global numbers of people newly infected with HIV to fewer than 500, 000 by 2020<sup>1</sup>. Per the roadmap, **Kenya aims to reduce the estimated annual number of new infections from 66,000 in 2017 to below 20,000 by 2020.**

In Kenya, 73 percent HIV testing coverage has been achieved, but there are population group variations with **young people having the lowest testing rates**. HIV and AIDS accounts for an estimated 29% of annual adult deaths, 20% of maternal mortality, and 15% of deaths of

children under the age of five. Kenya is the fourth HIV 'high burden' country in Africa. There were about 1.5 million People Living with HIV (PLHIV) in 2015, of whom 64% were on antiretroviral treatment<sup>2</sup> leaving **one third that require treatment not accessing** it despite the country's adoption for the "test and start" strategy.

Kenya exhibits an epidemic that is both generalised (more than 1% prevalence in the general population) and concentrated (more than 5% prevalence in specific groups more vulnerable to HIV transmission). It is estimated that **30% of all new annual HIV infections are among Key Populations (KPs)**<sup>3</sup>, mainly Men who have Sex with Men (MSM), prisoners, and sex workers and their clients, and People Who Inject Drugs (PWID).

According to the 2016 Kenya AIDS Response Progress Report, **young people aged between 15 and 24 years contributed to 51% of all new infections in 2015**, up from 21% in 2013. HIV prevalence in Kenya is highest among women and men aged 25 to 44<sup>4</sup>. Targeting young women, Key Populations and their sexual partners and men should thus be a priority for all HIV responses.

Most Adolescents and Young People (AYP) in Kenya also have inadequate knowledge on HIV/ AIDS and limited access to SRH

<sup>1</sup>UNAIDS, 'Towards a Global HIV Prevention Coalition and Road Map' 2017

<sup>2</sup>Kenya National AIDS Control Council, 'Kenya HIV Estimates 2015'.

<sup>3</sup> Kenya National AIDS Control Council 'Kenya AIDS Strategic Framework 2014/2015 – 2018/2019'

<sup>4</sup> [http://nacc.or.ke/wp-content/uploads/2015/09/KASF\\_Final.pdf](http://nacc.or.ke/wp-content/uploads/2015/09/KASF_Final.pdf)

services<sup>5</sup>. The 2014 Kenyan Demographic Health Survey (KDHS) indicates that only 54% of young women and 64% of young men could correctly identify ways of preventing sexual transmission of HIV. Further, majority of AYP are unwilling to get tested, whilst most of those who test HIV positive don't adhere to treatment.

Kenya's epidemic is geographically diverse, ranging from a high prevalence of 26% in Homa Bay County to 0.4% in Wajir County. Approximately 65% of all new infections occur in 9 out of the country's 47 counties<sup>6</sup>. While Kenya has achieved a tremendous 50% reduction in HIV stigma and discrimination, there exists huge geographical variation. Homa Bay, Kericho, Kisii, Kisumu, Migori, Nyamira and Siaya counties have been credited for having the lowest stigma levels at 34.5%, while Garissa, Mandera and Wajir counties still have a high stigma rate of 60.2%.

## Gender Based Violence

GBV in its various forms remains one of the most pervasive risk factors for HIV transmission in Kenya despite the presence of robust laws, policies and structures anchored in international and regional human rights frameworks.

<sup>5</sup> <http://www.dsw.org/en/2016/09/invest-youth-friendly-sexual-reproductive-health-services/>

<sup>6</sup> Kenyan Ministry of Health Kenya HIV Prevention Revolution Road Map

About **33% of Kenyan children are raped by the time they reach the age of 18 years**, with 22% of girls aged 15-19 years reporting that their first sexual intercourse was forced, according to the 2014 KDHS. The report also indicates that women who are divorced, separated or widowed are more exposed to GBV (at 60%), compared to their counterparts who are married (at 42%) or unmarried (at 25%). Children, KPs, Persons with Disability (PWD) and the elderly are also highly predisposed to GBV.



## Health Policy, Service Delivery and Coordination Environment

In 2014, UNAIDS released the Fast Track Strategy for ending the AIDS epidemic by 2030 with '90-90-90' targets for 90% of people living with HIV know their HIV status, 90% of those who know their status are on treatment and 90% of those on treatment have suppressed viral loads. In 2015 the World Health Organisation (WHO) released guidelines for 'Test and Start'<sup>7</sup>. Keeping pace with these global directions, the Government of Kenya (GoK) developed national guidelines for same day treatment initiation for HIV infected persons, differentiated care models and task shifting to better meet patient needs and streamline service delivery. **The fast track targets were incorporated into the Kenya AIDS Strategic Framework (KASF) 2015-2019<sup>8</sup>**, on which the county level AIDS strategic plans to guide service delivery and programs are based. LVCT Health provided technical leadership for development and implementation of the country's operational plan for fast tracking the end of AIDS and stigma among adolescents and young people<sup>9</sup>.

The above steps notwithstanding, significant capacity gaps for HIV service delivery are common within counties, often **resulting into acute healthcare delivery challenges and inefficiencies<sup>10</sup>**. There is significant variation across counties with regards to prioritisation of HIV

and related community engagement strategies. Most of the **County Integrated Development Plans (CIDPs) do not recognise Key Populations** or services offered by Community Based Organisations (CBO). There are rarely any county government budget provisions to address KPs HIV prevention or treatment needs or other health issues or to support CBOs. One of the government's priority initiatives towards achieving universal health coverage through the county governments is **activating the community health worker network by enlisting 100,000 community health volunteers** to recruit 20 households each into the national health insurance fund. This is a positive step in recognition of the important role of community health systems. In order to have impact on the HIV epidemic and general health and well-being of Kenyans however, these proposed responses **will require significant complementary support from civil society and organisations like LVCT Health** that are working at community level with vulnerable and discriminated populations who have difficulty accessing mainstream health services due to stigma among other factors. **Yet, community health systems work remains seriously underfunded.**

Kenya's multi-sector approach to the HIV/AIDS response was intended

<sup>7</sup> <https://www.pepfar.gov/documents/organization/272016.pdf>

<sup>8</sup> See [http://nacc.or.ke/wp-content/uploads/2015/09/KASF\\_Final.pdf](http://nacc.or.ke/wp-content/uploads/2015/09/KASF_Final.pdf)

<sup>9</sup> National AIDS Control Council, Kenya Fast-Track Plan to end HIV and AIDS among Adolescents and Young People, 2015

<sup>10</sup> [https://www.healthpolicyproject.com/pubs/719\\_KenyaDevolutionBrief.pdf](https://www.healthpolicyproject.com/pubs/719_KenyaDevolutionBrief.pdf)

to yield greater results in HIV prevention, treatment and care. The introduction of Devolution in 2010 presented many service delivery **opportunities including transfer of functions, resources and responsibilities from the national government to the county governments.** The National AIDS Control Council (NACC) has introduced mechanisms for the coordination of implementing partners at the county and national levels including reporting of expenditures by intervention areas. These data are crucial in informing the counties' resource mobilisation and utilization plans. These efforts are however faced with coordination and implementation challenges. For instance, while the HIV response is everyone's business, the Ministry of Health is devolved but the Ministry of Education is not, hence they have different mandates for HIV at county level. This situation presents a disconnect in the flow of information and resources, contributes to fragmented implementation, and sometimes a lack of clarity about who is responsible for the different areas of HIV coordination and service delivery within the counties. Consequently, **some interventions with potential for high impact have remained low scale** with slow implementation and uptake while community implementing partners and advocates have not been optimally coordinated or fully engaged in the county level response.

Recent years have witnessed a **regression in donor funding for HIV response.** As an example, HIV/ AIDS funding in low and middle-income countries declined by 7% between 2015 and 2016<sup>11</sup>. This has been partly due to on-going policy changes and fiscal austerity measures in many developed countries.



<sup>11</sup> NAIDS and The Henry J Kaiser Family Foundation (2017) 'Donor Government Funding for HIV in Low- and Middle-Income

## HIV/ AIDS Financing

Approximately 68% of Kenya's national HIV response is externally funded<sup>12</sup>. Although the GoK's spending more than doubled between 2006 and 2012 to reach \$US153 million, the indicated reduction in donor funding poses a challenge for the sustainability of Kenya's HIV responses.

Internationally, the bulk of HIV funding goes to care and treatment, leaving a major prevention gap, hence the UNAIDS "Quarter for Prevention" advocacy to allocate a minimum one quarter of total HIV budget for prevention but this is yet to be achieved<sup>13</sup>. In Kenya, 52% of the HIV budget is allocated to treatment and care; 21% to prevention (much less to primary prevention); and 13% to social inclusion, gender and human rights. Of the balance, 7% is allocated to leadership and governance, and 4% to HIV health systems strengthening. **The budgeting is heavily skewed towards treatment** despite the global consensus in the Fast Track Strategy that ending the epidemic will not be achieved without investments in primary prevention, community systems, gender and human rights. Without sufficient financing of these other areas, Kenya will not meet her Prevention Roadmap target of reducing infections to below 20,000 annually by 2020.

It is anticipated that the cost of Kenya's HIV response will increase by 114% by 2020, representing a funding gap of US\$1.75 billion. To plug

this, Kenya aims to increase domestic financing and has established a High-Level Steering Committee for Sustainable Financing, which has proposed the establishment of an HIV and Non-Communicable Diseases Trust Fund to pool additional public and private resources.

**Raising domestic financing for health has become even more imperative** with the 2018 presidential announcement of the 'Big Four' development pillars that include universal health coverage with the aim of increasing the health budgetary allocation from 7% in 2017 to 10% by 2022.

## Implications of Context Analysis

With the foregoing analysis of the operating context and with insights from our previous work, in this strategy we have made some significant programmatic shifts:

1. From testing large numbers to focus on innovative methods of finding positives and linking them to care to achieve viral suppression and improve quality of life
2. From testing primarily for knowledge of HIV status to using HIV testing services as an important platform for increased focus on combination primary prevention interventions that keep people HIV negative

<sup>12</sup> Kenya National AIDS Control Council (2014) 'Kenya AIDS Strategic Framework 2014/2015 – 2018/2019'

<sup>13</sup> [http://www.unaids.org/sites/default/files/media\\_asset/JC2791\\_invest-in-HIV-prevention\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/JC2791_invest-in-HIV-prevention_en.pdf).

3. From generic service delivery to differentiated prevention and care models tailored to the needs of individual clients and population groups
4. From SGBV (post rape care) services only to also specializing in IPV, VAC, VAW
5. From strengthening facility level systems to a greater focus on strengthening community systems and the community strategy in our counties of operation
6. From a focus on achieving HIV outcomes to optimizing our HIV services as a platform for integration of other health areas to holistically address the needs of the people we serve
7. From sole reliance on donor funding to generating diverse non-donor funds and technical resources to fund and sustain our programmes and operations

The following will underpin our work over this strategic plan period:

1. **Levels of engagement:** We will facilitate systems strengthening and access to comprehensive HIV services at county level; influence health policy at the national level, and share evidence to influence practice at national, regional and international levels. We will build on our on-going community health

systems strengthening work to leverage, advocate and provide technical support within the government's priority to activate the community health worker network towards universal health coverage.

2. **Locations, populations and interventions:** The geographical locations that we work in will be informed by national and program data on HIV burden to ensure we offer the right services where they are most needed. We will work with the populations that are most vulnerable to HIV infection and transmission. These include gay men and other MSM; Persons Who Inject Drugs; Female Sex Workers, young women, adolescents and men in the general population; discordant couples; fisher folk and other emerging at-risk groups as defined in national policies. We will implement evidence-informed high impact interventions most appropriate to the priority populations and locations. We will add value to nationally defined service packages by integrating feedback from users and service providers, and tailoring the implementation to the needs of our clients and beneficiaries. We will continually pilot new and innovative models and assess them for suitability for scale up.



### 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

#### Our Priority Populations

- 3. Collaborative programing:** We believe that a system approach is imperative. We will work with all levels of government, civil society, private sector, communities and other relevant actors for greater coverage and sustainability of our programs. We will remain a strategic, but independent partner to the national and county governments. We will create synergies, share information and knowledge, learn from our partners and leverage their technical expertise for greater impact.
- 4. Results orientation:** We acknowledge the increasing demand for evidence and impact level results. We will thus strengthen our MERL systems for superior delivery and/or demonstration of, and reporting on the impacts of our work, both for learning and accountability.
- 5. Depth vs. breadth:** While continuing to determine our geographical scope based on needs, we will focus investments in prioritised locations to enable deeper and more intensified engagements for greater impact. We will use our unique position as civil society to contribute to reaching the most vulnerable populations with quality services and programmes.
- 6. Innovation, acceleration and scale up:** We will undertake focused operational and implementation research in HIV, GBV and SRH to quickly and flexibly respond to emerging questions and provide evidence for action. We will assess pilot models and best practices and support their national uptake and accelerated scale up, where deemed appropriate.

7. **Roles:** We will deliberately take on ‘collaborative leadership’ and ‘thought leadership’ roles on emerging strategic issues at the local and sub-national levels. We will directly deliver interventions that are technical in nature at county, sub-county or community levels. We will continue to support the coordination of civil society players in the HIV sector and implement skills transfer through subgranting and building capacities of local organisations.
8. **Sustainability:** We will develop alternative resource streams, including through social enterprise models, to diversify and stabilise our resource base. We will also invest in continued strengthening of our organisational dynamism, internal efficiencies, programme cohesion and capacity. Further, we will strengthen our service delivery and referral systems and invest in community systems strengthening, empowerment and ownership as a basis of accelerating, scaling and sustaining impact.





# Strategic Priorities

## LVCT Health Theory of Change

We seek to contribute to national and global goals of reducing new HIV infections, HIV related mortality and morbidity, and GBV by doing the following:

- i. Piloting and/ or implementing innovative and scalable high impact HIV, SRH and GBV solutions
- ii. Generating, packaging and sharing research and evidence to influence policy and practice
- iii. Strengthening community health systems
- iv. Influencing health policy
- v. Offering technical support to donors, implementing organisations and governments; and
- vi. Strengthening our own organisational capacities

Our theory of change builds on a realistic analysis of our strengths, successes and lessons as a local organization working in the sub-Saharan Africa; with nearly 20 years of partnering with communities to respond to the local context and challenges and clear demonstrated support for accelerated programme scale up, research and evidence-informed policy advocacy.



**Figure 3: Schematic Representation of Theory of Change**

## Result Areas and Objectives

In keeping with the global goal to drastically reduce new infections HIV and AIDS related mortality, this plan defines our organisational priorities and lays out ambitious but achievable targets. These are organised under the following four **result areas**:

### 1. **Equitable Access to Comprehensive HIV, SGBV and SRH**

**Services:** LVCT Health knows that to reduce new HIV infections, HIV related morbidity and mortality; we must invest in early recognition of HIV infection risk, early diagnosis and effective treatment to prevent disease progression and thwart further transmission. We will provide equitable access to comprehensive HIV prevention and care services that integrate SGBV, SRH, and other health services. Integration will include health promotion, disease prevention and referrals for treatment for non-communicable diseases, referral to opioid substitution therapy services, treatment and follow up to ensure effective and complete tuberculosis (TB) case management as well as interventions towards ending stigma and discrimination of key populations and people living with or affected by HIV and ending sexual and gender based violence. LVCT Health has been tracking NCDs among patients on HIV care in our clinics for the past 2 years. Common diseases include hypertension, asthma, diabetes and arthritis. During the implementation of this strategic plan,

we will leverage our HIV platforms to integrate the delivery of information, screening, counselling, treatment and/or referral services for NCDs. We will engage our clients to ensure we respond to their needs and deliver differentiated services as well as providing innovative best practice service models and supporting accelerated national level scale up.

### 2. **Research, Learning and Knowledge Management:**

LVCT Health is committed to ensuring evidence based responses to HIV. We will therefore continue to undertake operations and implementation science research to generate solutions for preventing new HIV infections and providing better quality health services. We will undertake and appropriately publish research and practice evidence to inform different audiences including donors, policy makers, research institutions, the public and implementing partners. We will utilise technology to capture, collate, store, analyse and publish data in accessible formats for these audiences. We are committed to strengthening local research generation and utilisation. We will provide opportunities for research fellowships and collaborative studies with research institutions locally and internationally. We will also optimise our research-policy-practice model to ensure research uptake and utilisation by responding to the questions that are most relevant

to the country in our technical areas of work. Using evidence and to embedding best practices in the work of the sub-partners that we work with.

### **3. Capacity Development, Re-granting and Health Systems**

**Strengthening:** We will strengthen community health systems, capacities to deliver services and to undertake effective advocacy. We will also utilise the HIV and community health strategy programmes and community systems strengthening work as a platform for contributing towards further definition and shaping of universal health coverage programmes in Kenya and across the populations we serve.

**4. Technical Assistance and Policy Influencing:** LVCT Health will continue its thought leadership towards development and implementation of enabling HIV, SRH and GBV policies, and provide technical support towards (re)formulation. We will undertake capacity development of target service providers especially within the community level, and institutions to ensure implementation of these policies.

**5. Institutional Capacity Development:** Internally, we will consolidate LVCT Health's position as a dynamic, effective and sustainable organisation. We will strengthen our resource base, augment our human resource and leadership capabilities and enhance our financial management and administration capacity towards maintaining operational excellence.





# Detailed Strategies and Interventions

## Result Areas and Objectives

This section of the strategic plan presents the result areas strategic objectives and the broad strategic interventions for each thematic focus area. An elaborate results framework has been developed to facilitate effective delivery, monitoring and evaluation of the results and interventions.

### R.1 Access to Comprehensive HIV, SHR and GBV Services

The **Overall Objective** of this result area is to ensure equitable access to comprehensive HIV, SGBV and SRH services through delivery of cost effective high impact interventions and supporting national integration and services scale up. LVCT Health will utilise its HIV service delivery platform to integrate other health services to contribute to the national targets of reduction of new HIV infections, HIV related morbidity, mortality, reduction of all forms of GBV and progress towards other national health goals. Our work will be clustered into four priorities:

- i. HIV Testing Services
- ii. HIV Prevention
- iii. HIV Care and Treatment
- iv. Sexual and Gender Based Violence with particular focus on Intimate Partner Violence (IPV), Violence Against Children (VAC) and Women (VAW)

#### 1.1 HIV Testing Services (HTS)

**Specific Objective 1:** To use innovative models in our geographical areas to identify 95% of HIV positive individuals, link them to appropriate interventions and optimise the HTS platform for prevention of HIV and other diseases.

##### Expected Results

1. 95% of HIV positive persons are identified
2. 95% HIV positive persons are linked to care and treatment
3. Everyone receiving HTS is offered an appropriate minimum package of integrated prevention, treatment or referral services including SRH

##### Strategic Interventions

1. HIV Self-testing implemented in LVCT health supported regions.
2. Partner notification services (PNS) national scale up.
3. Targeted outreaches conducted in locations and populations with high HIV burden.

4. Counselor-supported disclosure.
5. Development and implementation of mechanisms for effective linkage from HTS to post-test service.

## 1.2 HIV Prevention

**Specific Objective:** To contribute to 75% reduction in new HIV infections in LVCT Health geographical areas by 2021.

### Expected Results

1. 90% of KPs and Priority Populations (PPs) in LVCT Health target areas are reached with comprehensive integrated HIV prevention services
2. All individuals at high risk of HIV infection in LVCT Health follow-up cohorts maintain their HIV negative status
3. Reduced incidence rate of Sexually Transmitted Infections (STIs) among the KPs in our programme areas
4. Reduced stigma towards KPs and PLHIV
5. All individuals in LVCT Health follow-up cohorts receive an integrated prevention package including NCDs, TB, SRH and other communicable diseases
6. LVCT Health service providers deliver quality assured, non-discriminatory services

### Strategic Interventions

1. Scale up of HIV prevention interventions including condoms, oral pre-exposure prophylaxis (PrEP) and other new technologies such as, dapivirine ring
2. Implement high impact combination prevention interventions and differentiated service delivery models that meet the needs of target populations
3. Scale up LVCT Health's online integrated digital platform and use other technology-driven media to disseminate knowledge and awareness to target populations
4. Facilitate community sensitisations and dialogues; family support for PLHIV and vulnerable populations; and support for attitude change through providers who address stigma and discrimination.
5. Scale up integration of NCDs, TB, SRH and other communicable diseases in HIV prevention programmes
6. Support on-the-job training and mentorship of health service providers to shift attitudes and facilitate quality-assured and non-discriminatory service delivery
7. Utilise opportunities provided by the national community strategy platform to strengthen HIV and SGBV prevention interventions

## 1.3 HIV Care and Treatment

**Specific objective:** To improve the quality of life of persons on HIV care and treatment in LVCT Health clinics. A third of PLHIV in Kenya are not on Anti-retroviral Therapy (ART) treatment. These are also the hardest to reach and will require distinct linkage and retention approaches. During the life of this strategy we will develop innovative models to reach those left behind in care and treatment

### Expected Results

1. 95% of all persons testing HIV positive are initiated on treatment
2. 95% of those initiated into treatment are retained on ART
3. 95% of everyone on treatment achieve viral load suppression
4. All individuals on care at LVCT Health clinics, prevention and Drop-In Centres (DiCEs) receive a minimum package of integrated HIV services including TB prevention, NCD screening and prevention, STI prevention, diagnosis and treatment

### Strategic Interventions

1. Initiate all individuals tested HIV positive on treatment per the national guidelines
2. Scale up delivery of comprehensive quality care and treatment services for HIV positive KPs and PPs at community level

3. Establish and implement community follow up mechanisms to enhance adherence to, and retention on care and treatment
4. Develop, pilot and scale up differentiated care models for KPs and AYP
5. Develop mechanisms for strengthening systems for laboratory networking, laboratory external quality assurance systems and commodity management at community level
6. Screening and management of NCDs, SRH and other communicable diseases among PLHIV in LVCT health clinics

## 1.4 Gender Based Violence

**Specific objective:** To contribute to prevention of and increase access to comprehensive quality services for survivors of GBV, IPV, VAC, VAW including KPs.

### Expected Results

1. 30% of individuals from LVCT Health catchment areas demonstrate improved knowledge, attitude and norms on GBV
2. At least a 50% increase in reporting of GBV cases among populations we serve.
3. 80% of LVCT Health supported sites able to deliver quality

- comprehensive GBV services in response to IPV, VAW and VAC
4. 90% of KP and PP survivors of GBV in LVCT Health catchment areas access comprehensive GBV services

### **Strategic Interventions**

1. Undertake innovative community level violence interventions for behaviour and norms change
2. Integrate violence prevention and response with interventions in HIV services at community and facility levels
3. Undertake or facilitate capacity development of relevant institutions to increase access to comprehensive services
4. Establish and or strengthen community based systems, such as community dialogue forums and referral structures for violence

## **R.2 Research, Learning and Knowledge Management**

The Overall Objective of this result area is to generate, document and disseminate knowledge and evidence on HIV, SRH and SGBV to inform policy and practice. The three thematic areas under are

- i) Research
- ii) Knowledge Management
- iii) Monitoring, Evaluation, Reporting and Learning (MERL).

## **2.1 Research in HIV, SRH, GBV and Health Systems**

**Specific Objective:** To generate and increase the uptake of research results to inform HIV, SRH, SGBV and health systems policy and practice for better health outcomes and progress towards universal health coverage.

### **Expected Results**

1. High Impact research conducted that informs HIV, SRH, SGBV and health systems policy and programs
2. Innovative HIV, SRH, SGBV and health systems models developed, documented and evaluated
3. LVCT Health research is published in peer review journals and presented in reputable national and international forums
4. LVCT health research findings are utilized at national and county levels for decision making
5. The research capacity of individual researchers at LVCT Health and the organisation is strengthened

## Strategic Interventions

1. Conduct strategic assessments of the dynamics of HIV transmission and prevention needs among KPs and PPs in strategic priority locations
2. Conduct research and evaluations to inform national policies and programmes
3. Establish strategic collaborations with think tanks, counties, knowledge management and research institutions for purposes of HIV, SRH, SGBV and health systems evidence generation and utilisation
4. Undertake structured strengthening of LVCT Health's internal research capacity, systems and funding

## 2.2 Knowledge Management

**Specific Objective:** To improve learning, accountability, visibility and decision making through knowledge generation, documentation and dissemination.

## Expected Results

1. Strengthened knowledge management tools, systems and mechanisms
2. Enhanced visibility and reputation of LVCT Health
3. Internal and external learning enhanced through knowledge sharing
4. Generated knowledge influences county and national policy and practice

## Strategic Interventions

1. Institutionalise knowledge management across the organisation using appropriate tools, systems and mechanisms
2. Systematically and innovatively capture and (re)package information to meet internal and external needs
3. Partner with counties to generate, manage and utilise county-specific data and knowledge
4. Facilitate translation and use of research findings to inform HIV, SRH, SGBV and health systems policy and practice

## 2.3 Monitoring, Evaluation, Reporting and Learning (MERL)

**Specific Objective:** To generate, analyse and share quality data for improving programme delivery, organisational learning, decision-making and accountability.

### Expected Results

1. Responsive MERL system in place and use
2. 100% of LVCT Health sites utilising electronic medical record (EMR) systems for data collection and reporting
3. 100% accurate and timely data reporting
4. Quality management systems utilised throughout LVCT Health

### Strategic Interventions

1. Strengthen institutional MERL information systems, including quality of MERL frameworks, tools and expertise
2. Utilise Health Management Information Systems (HMIS) to strengthen efficiency of monitoring and evaluation processes
3. Embed Quality Assurance (QA) and Quality Improvement (QI) mechanisms across the organisation

## R.3 Capacity Development, Re-granting and Health Systems Strengthening

The **Overall Objective** of this result area is to strengthen the capacities of community organisations and to strengthen health systems to offer quality health services. Our organisational capacity development will include among others, building technical capacities of providers, strengthening organisational systems and supporting institutions to design, implement and report on health programmes.

We are a strategic re-granting partner in Kenya with the capability and experience in re-granting other organisations. Our robust Timisha (Kiswahili for 'to fulfil') capacity building and re-granting model is easily adaptable across organisations and programme focus areas. We will also host local and international undergraduate, masters and PhD students through internships and post-graduate fellowships in order to contribute to the Kenyan and global expertise.

We will draw from our many years' experience implementing the community strategy and our presence in more than 20 counties to strengthen community health systems. We will invest in; i) capacity development and re-granting of community organisations and ii) community health systems strengthening.

## 3.1 Capacity Development and Re-granting

**Specific Objective:** To build capacities of and increase access to funding for community organisations.

### Expected Results

1. 90% of LVCT Health sub-grantees demonstrate enhanced institutional capacity (managerial, technical and financial) and growth
2. 90% of all LVCT Health sub-grantees achieve at least 80% of their program objectives
3. Diploma and certificate courses responsive to the country health needs delivered at scale through the LVCT Health training institute
4. Increased number of grants, type of organisations and geographical scope of sub-grantees
5. Capacity of communities developed for self-representation and engagement with counties to increase accountability for health outcomes
6. Number of interns, PhD and masters graduates successfully hosted annually

### Strategic Interventions

1. Continuously review and improve LVCT Health's Timisha organisational capacity development and re-granting approach utilising feedback from sub-grantees and other partners
2. Contribute to professional development through LVCT Health Training Institute and hosting local and international student internships and post graduate fellowships



3. Develop strategic partnerships with donor agencies and other partners with investments in Kenya and the sub Saharan Africa region
4. Community empowerment to enhance self-representation, contribution and active participation of beneficiary populations in advocacy on matters that affect them

### 3.2 Community Health Systems Strengthening

**Specific objective:** To strengthen community health systems for delivery of HIV and primary health services and contribute towards HIV epidemic control and universal health coverage.

#### Expected results

1. Effective implementation of the community strategy in counties supported by LVCT Health achieved
2. Existence of functional quality improvement structures at community level in LVCT Health supported counties
3. Advocacy for community health strategy policies and financing at national and county level conducted
4. LVCT Health best practices on community strategy implementation are disseminated internationally

#### Strategic interventions

1. Technical support for counties through relevant Technical Working Groups (TWG) and County Health Management Team (CHMT) to make community health strategy functional
2. Develop capacity of community actors to deliver quality services and implement quality improvement mechanisms
3. Develop and implement mechanisms for strengthening the linkages between communities and health facilities
4. Regular data reviews and documentation to facilitate evidence-based advocacy for community health strategy at national and county levels
5. Needs-based training and mentorship delivered to community actors to engage with and increase county level accountability for health



## R.4 Technical Assistance and Policy Influencing

The **Overall Objective** of this result area is to ensure existence of an enabling policy environment; uptake and utilisation of the technical expertise and evidence generated from non-governmental partners in the national HIV, SRH, SGBV and health strategies and programmes and; a robust community engagement and involvement at national and county levels. LVCT Health will do this through; i) Technical Assistance and iii) Policy influencing.

### 4.1 Technical Assistance

**Specific Objective:** To provide technical assistance in our areas of expertise to government and non-governmental partners in Kenya and other countries to improve programmes and policies. LVCT Health has provided technical support at global level through organisations such as the WHO and UNAIDS and directly to countries mainly in the Eastern and Southern African region. We use our own and others' experiences and lessons learnt to provide support to design, implement, evaluate and scale up programs.

### Expected Results

1. Technical assistance (TA) provided for programme design implementation and scale up across Eastern and Southern Africa
2. Counties sustain delivery of programmes initiated and or strengthened through our technical support
3. Strengthened national and county health systems to improve HIV, TB, SRH and SGBV outcomes
4. TA provided to at least 10 countries during the life of this strategy

### Strategic Interventions

1. Offer high quality and demand driven TA support to governments, development partners, public institutions, civil society and private sector institutions
2. Align technical support into county and country health priorities
3. Develop strategic partnerships with ministries of health, donor agencies and partners in targeted countries
4. Develop and implement effective methodologies and frameworks for South to South TA

## 4.2 Policy Influencing

**Specific Objective:** To contribute to (re)formulation and implementation of health policies that support equitable access to quality HIV and related services for all.



### Expected Results

1. Enabling policies in place, disseminated and utilized to increase equitable access to quality comprehensive HIV and related services with special attention to vulnerable populations
2. Policies and programmes are evidence-based and are designed and implemented to meet the needs of beneficiaries
3. Structured mechanisms exist and guarantee meaningful beneficiary and community involvement in policy and prioritization processes at county and national level

### Strategic Interventions

1. Provide expert input for development or reformulation of relevant HIV, TB, SRH and SGBV policies, guidelines, Standard Operating Procedures (SOPs) and tools at the global, national and county levels
2. Advocate for implementation of relevant health policies, guidelines, SOPs and regulations at the national and county levels
3. Play an active collaborative leadership role in strategic partnerships, networks, alliances, forums and platforms that

seek to influence health policy

4. Develop capacities of counties to meaningfully involve beneficiaries and community in policy processes
5. Utilize LVCT Health experience for advocacy to support (re) formulation, adoption and or implementation of policies in Kenya and other countries

## R.5 Institutional Capacity Development

The **Overall Objective** is to continually strengthen LVCT Health as a dynamic, effective and sustainable organisation. LVCT Health acknowledges the need to invest in enhancing its internal capacity to enable it to deliver excellent services and assure its sustainability. This result area is inward facing and internally focused.

We will invest in enhancing the quality of the human resources and the internal control environment, as well as in financial sustainability. The specific objectives, detailed expected results, and interventions under this focus area are elaborated below under the respective. In this we will invest in; i) business development and resource mobilisation ii) human resources and leadership development, and iii) strengthening of financial management and administration.

## 5.1 Business Development and Resource Mobilisation

**Specific Objective:** To generate and reserve sufficient resources to assure growth and continuity of LVCT Health's operations.

### Expected Results

1. 20% annual growth in donor funding
2. 10% annual growth in unrestricted funds
3. LVCT Health resource base diversified through introduction of new and alternative funding sources

### Strategic Interventions

1. Operationalise the resource mobilisation plan to attract new funding
2. Implement innovative and structured intervention to strengthen relations with existing and potential benefactors
3. Establish and operationalise viable social enterprises

## 5.2 Human Resource Management (HRM) and Leadership Development

**Specific Objective:** To attract and retain optimal numbers of quality staff to meet the demands of the organisational strategy.

### Expected Results

1. Attract and retain an optimal number of quality staff
2. Staffs are motivated, demonstrate commitment and are highly productive
3. Implemented effective leadership capacity, transition and succession planning

### Strategic Interventions

1. Undertake regular Human Resources (HR) planning, assessments and audits to facilitate quality staff recruitment, on boarding, administration and transition management
2. Undertake periodic review and updating of staff compensation and benefits (subject to resource availability) and act on staff feedback amongst other staff motivation strategies
3. Enforce appropriate HR administration mechanisms to assure a conducive work environment

4. Establish and enforce a Human Resource Development (HRD) plan as a basis of staff growth and talent management
5. Establish and continually improve our Information and Communication Technology (ICT) aided system for HR management including payroll management, leave administration, staff records management and performance management
6. Ensure the periodic updating and implementation of key governance instruments
7. Continually build capacity and offer mentorship to all LVCT Health employees

## 5.3 Financial Management and Administration

**Specific Objective:** To assure effective stewardship of LVCT Health resources and integrity of systems and processes

### Expected Results:

1. Management and accounting of all financial and other resources meets international standards
2. Complete adherence to all applicable compliance requirements

3. Demonstrated capacity to effectively manage multi-million-dollar grants
4. Comprehensive up to date policies and procedures that promote business excellence in place.
5. Financial and administrative management and program efficiency and quality improved through ICT solutions.

### **Strategic Interventions**

1. Continually improve automated systems for finance and administration
2. Develop and regularly review organisational policies and procedures
3. Enforce appropriate internal controls, oversight and compliance mechanisms
4. Ensure accurate accounting records management and further strengthen assurance practices
5. Strengthen business continuity strategies for better risk management
6. Deploy innovative ICT-aided solutions and control systems
7. Establish and use a robust, secure and interactive Management Information System (MIS)



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# Management and Governance

## Governance

LVCT Health's governance structure includes a Board of Directors whose mandate is to shepherd the organisation towards achieving its vision and mission. The Board provides leadership and governance entailing strategic guidance, financial oversight and policy direction.

## Management

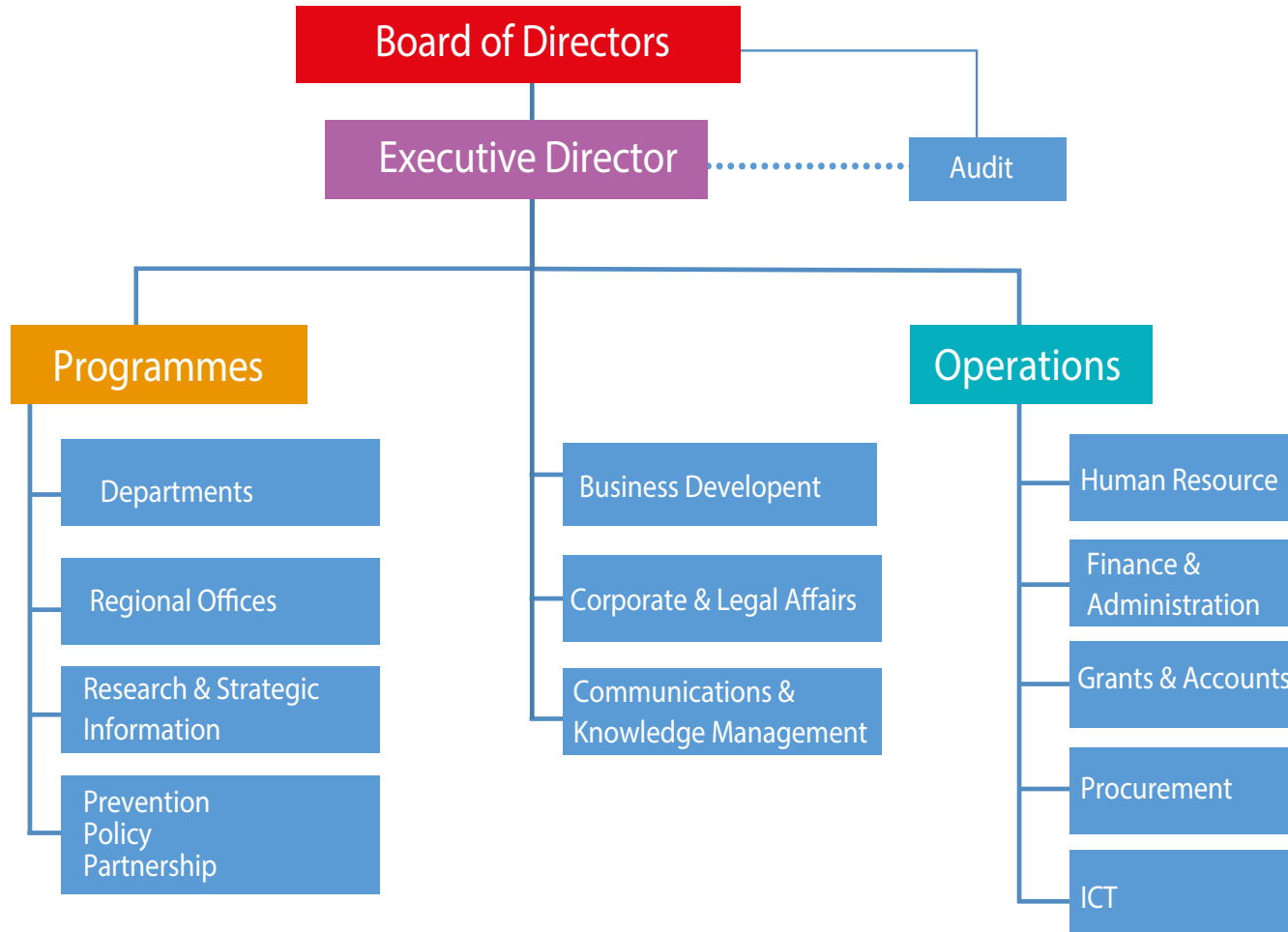
The LVCT Health Management is headed by the Executive Director (ED) who is also an ex-officio member and Secretary to the Board. The ED provides the overall oversight for the institution assisted by a Core Management Team which comprises of the ED, Director of Programmes, Operations Director, Heads of Departments, Project Directors and

The Board draws from diverse competencies such as finance and legal backgrounds private sector expertise and representation of key constituencies such as PLHIV and other vulnerable groups.

Regional Managers. The Core Management Team is responsible for implementing the LVCT Health strategy and Board directives, and also holds responsibility for effective programme and organisational policy implementation as well as financial and management responsibilities at programme and service levels.



**Board of Directors**



**Figure 4: Organisational Structure**





**Core Management Team**

# Partners

## Key Government Partners



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