



## **Best Practices: Identifying Approaches to Long-term and Effective Engagement in HIV Health and Support Services**

### **Case Study: The Liverpool Voluntary Counseling & Testing (LVCT) Health: Key Populations Program (This Case Study is currently being finalized)**

#### Executive Summary

LVCT Health is located in Nairobi, Kenya. In 2001, LVCT Health was registered as a local Community-Based Organization (CBO) with the following Mission: ***To use research, capacity improvement and policy reforms action for equitable HIV, sexual and reproductive health services to reach the most vulnerable.*** LVCT Health utilizes a four-pronged approach that includes operations research and pilot interventions designed to: (1) Gather evidence to strengthen HIV services and policies for vulnerable populations; (2) Provide technical assistance to key government agencies to advocate for policy reforms and improved service delivery for key populations; (3) Provide capacity building support to smaller local organizations providing community-delivered HIV services and programs; (4) Provide direct delivery of HIV services, including, HIV counselling and testing, combination prevention, care and treatment through clinics and outreach services. LVCT Health's commitment and development of a comprehensive MSM & Sex Worker sexual health intervention – the first of its kind in East Africa – is providing evidence for development of standards and guidelines on how to effectively program and provide services to key populations in the region. As a result, LVCT Health's approaches to programming for MSM and Sex Worker's sexual health have informed national guidelines in Kenya.

#### Program Overview:

HIV prevalence among MSMs in Kenya is almost three times higher than the general population, at 18.2 percent and data from the Sex Workers Outreach Program (SWOP 2011) that showed an estimated HIV prevalence of 30 percent among Female Sex Workers (FSW) and 40 percent among male sex workers (MSW). The LVCT Health KP program was piloted in 2004 and launched in 2005 in Nairobi and Kisumu. The program provides comprehensive and integrated service delivery for MSM and sex workers that cover the entire testing and treatment continuum. In Nairobi, LVCT Health has one main and two satellite care and treatment health facilities that serve both the general population and key populations at Hurlingham, Nairobi Central Business District (CBD) and Githurai respectively. In addition to these services, LVCT Health provides outreach counseling and testing known as "Moonlight" services that are delivered in "hotspots". These "hotspots" were identified by tapping into existing client's networks and leveraging their experience and understanding of where to best locate and engage clients. Moonlight services, where the outreach activity goes late into the night, are offered twice a month and offer testing, screening and lubricants. Clients who receive a positive HIV diagnosis through LVCT Health's counselling and testing services are linked to treatment and care services within LVCT Health or to government facilities.



In addition to these services LVCT Health set up a Hotline in 2006, the first of its kind in the region, to target sexual minorities, LGBTI, and youth. Although the Hotline was setup as a platform for key populations, this ultimately became popular among the general youth population. It was thus no longer just serving MSM group but the general population as well. There are 5 counselors with an average of 16,000 calls a month, with over 150,000 calls in 2014 with approximately 15% of calls relating to LGBTI concerns from young people.

As part of the overall Key Populations program, LVCT Health developed an Adherence and Retention Model after quality and improvement research showed that many clients were disengaging from services because of a lack of peer support, stigma & discrimination, and forgetfulness. The key components of the adherence model are as follows:

- Antiretroviral dispensing tool (ADT) is a nationally adapted electronic pharmacy commodity management information system;
- Mobile phone (SMS) appointment reminder tool;
- Community Tracer Model (CTM) that is a part of the LVCT community engagement strategy. Through Community Health Volunteers (CHVs), clients are followed up in their assigned community at least once a month for general cases and twice a month for lost to follow up clients and those identified to -based tool for the clients who have missed their appointment.

#### **Program Statistics at a Glance**

	<b>Total Counseled and Tested</b>	<b>Total HIV positive</b>
MSM	776	90
FSW	2,364	110
	<b>Total % Viral Load Suppressed</b>	
MSM	76%	* A 2014 analysis of MSM clients at Hurlingham
	<b>% Retention of All Clients on ART at LVCT 2014</b>	
All Clients	89.2%	
	<b>Condom &amp; Lubricant Distribution</b>	Sept. 2013-Sept. 2014
All Clients	170,699 male and female condoms to MSM and FSW and 15,835 water-based lubricants to MSM	



Costing Overview:

Through this case study, the team documented the average costs of provided testing and treatment services to MSM clients at LVCT’s Hurlingham clinic in Nairobi. Within Nairobi, Hurlingham is LVCT Health’s largest treatment facility and offered the widest variety of services to MSM clients during the period under review. The analysis showed an average unit cost of **\$125.78 per MSM client tested** at LVCT. For HIV+ MSM on treatment, ART services cost **\$444.22 per patient per year (PPPY)**. For both components of service delivery (testing and treatment), personnel is the most significant driver of overall costs – making up 83% of total testing costs, and one-third of total treatment costs.

HIV Testing Costs by Category	
<b>Personnel</b>	<b>\$ 103.87</b>
Direct	\$ 77.52
Indirect	\$ 26.35
<b>Commodities</b>	<b>\$ 2.86</b>
Condoms and Lubricant	\$ 1.40
STI Medications	\$ 1.47
<b>Labs</b>	<b>\$ 6.92</b>
Lab Commodities	\$ 6.59
Lab Equipment	\$ 0.33
<b>Other</b>	<b>\$ 12.13</b>
Equipment	\$ 5.57
ORC	\$ 6.08
Buildings	\$ 0.46
Trainings	\$ 0.01
<b>Total Cost Per Patient Tested</b>	<b>\$ 125.78</b>

ART Costs PPPY By Category	
<b>Personnel</b>	<b>\$ 149.87</b>
Direct	\$ 139.36
Indirect	\$ 10.51
<b>ARVs</b>	<b>\$ 136.43</b>
<b>Commodities</b>	<b>\$ 17.90</b>
Condoms and Lubricant	\$ 1.52
STI/OI Medications	\$ 15.97
Nutrition	\$ 0.41
<b>Labs</b>	<b>\$ 123.92</b>
Lab Commodities	\$ 92.55
Lab Equipment	\$ 31.37
<b>Other</b>	<b>\$ 16.10</b>
Equipment	\$ 5.47
ORC	\$ 3.49
Buildings	\$ 7.09
Trainings	\$ 0.05
<b>Facility Cost PPY</b>	<b>\$ 444.22</b>

Why the LVCT Health Model is a Best Practice:

LVCT Health has been instrumental in bringing attention to the needs of key populations such as MSM and sex workers into the national forum for the provision of HIV care and services. The following activities and associated impacts are among the main reasons the LVCT Health: Key Populations Program is considered a Best Practice for the provision of care and support services to MSM and Sex Workers:

Innovative: LVCT Health’s commitment and development of a comprehensive MSM sexual health intervention – the first of its kind in Kenya –is setting the standards and guidelines on how to effectively program and provide services to MSM and sex workers;

Policy Reform: The advocacy strategy implemented by LVCT Health for inclusion of marginalized populations into the Kenya National HIV and AIDS Strategic Plan (KNASP) resulted in the policy formulation , attitude and perception shift and national level standard operating procedures for engaging key populations.



Demand Creation: Setting up of a “Hotline” for sexual minorities and youth to enhance access to information – a first of its kind in the region and set up in an unsupportive environment plagued by stigma.