

LINKAGES KENYA

Summary of Achievements

March 2016–October 2019

BACKGROUND

While HIV in Kenya is characterized as a generalized epidemic, members of key populations (KPs) – including male and female sex workers, people who inject drugs (PWID), and men who have sex with men (MSM) – shoulder a disproportionate burden of HIV in the country. Compared to a general population prevalence of 4.7% (UNAIDS, 2019),¹ data from the 2010–2011 Integrated Biological Behavioral Survey² found the HIV prevalence among female sex workers (FSWs), MSM, and PWID in Nairobi to be 29.3%, 18.2%, and 18.7%, respectively. In addition, modeling studies have estimated that FSWs contribute to about 14% of new infections in the country, and MSM contribute to about 15% of new infections.³ Given the nature of the HIV epidemic in Kenya, the Kenya AIDS Strategic Framework 2014/15–2018/19 (KASF) prioritizes scaling up HIV programming with a focus on FSWs, MSM, and PWID.

The LINKAGES Kenya project began in March 2016 with 15 implementing partners in 11 counties and later was expanded to 25 partners in 17 counties.

The program's objectives were to increase the availability of comprehensive HIV prevention, care, and treatment services for sex workers, MSM, and PWID; enhance and sustain demand for comprehensive HIV services; and strengthen systems for planning, monitoring, and evaluating program quality.

Twenty-two of the project's 25 partners provided direct service delivery (Table 1). Three other partners were responsible for above-site activities. Pact, a strategic partner for the LINKAGES global program, provided support for organizational capacity building to ensure local KP partners had structures and systems for efficient program management, monitoring and evaluation, financial management, and reporting and governance. The University of Manitoba was the technical support unit for the National AIDS and STI Control Program's (NAS COP) KP program, providing



Peer educators enjoy down time in safe space at Kikuyu Sasa Center, Nairobi.

Photo: Nancy Coste/FHI 360

Highlights

- FSWs reached increased from about 47,000 in FY16 to more than 58,000 in FY19
- MSM reached increased from about 9,000 in FY16 to more than 16,000 in FY19
- Newly diagnosed 4,048 KP individuals with HIV and linked 3,454 of them to ART over the life of project
- Engaged county health management teams in ensuring DICs met criteria for accreditation to be community ART sites
- Developed KP program monitoring tools—such as the UIC code and PLHIV tracker—which were adopted by the Ministry of Health
- Established effective crisis response teams and systems for reporting and responding to incidents of violence perpetrated against KP individuals
- Pioneer in preparing CSO implementing partners to receive direct funding and building their capacity in programming and financial management—several have been funded by other donors

Table 1. LINKAGES Kenya implementing partners

Partner		County of Coverage	Targeted Population	Leadership
1.	Men Against AIDS Youth Group (MAAYGO)	Kisumu	MSM/MSW	MSM Led
2.	Mamboleo Peer Empowerment Group (MPEG)	Kiambu	MSM/MSW	MSM Led
3.	Nakuru Youth Development, Education Support Organization (NYDESO)	Nakuru	MSM/MSW	MSM Led
4.	Health Options for Young Men on HIV AIDS and STI (HOYMAS)	Nairobi	MSM/MSW	MSM Led
5.	Tamba Pwani	Kilifi	MSM/MSW	MSM Led
6.	Busia Survivors (SSG)	Busia	FSW/MSM/MSW	FSW Led
7.	Keeping Alive Societies Hope (KASH)	Kisumu; Nyamira	FSW/MSM/MSW	
8.	CANA	Trans Nzoia	FSW/MSM/MSW	
9.	Kenya AIDS NGO Consortium (KANCO)	Kakamega	FSW/MSM/MSW	
10.	Ace Africa	Bungoma	FSW/MSM/MSW	
11.	Family AIDS Initiative Response (FAIR)	Nakuru; Narok	FSW/MSM/MSW	
12.	International Center for Reproductive Health, Kenya (ICRHK)	Mombasa; Kwale; Taita Taveta	FSW/MSM/MSW	
13.	National Organization for Peer Educators (NOPE)	Kiambu; Machakos; Kitui	FSW/MSM/MSW	
14.	Bar Hostess Empowerment and Support Program (BHESP)	Nairobi	FSW	FSW Led
15.	Kenya National Outreach, Counseling and Training Program (KNOTE)	Nakuru	FSW	
16.	Goldstar Kenya (GSK)	Kilifi	FSW	
17.	Turkana Pastoralist Development Organization (TUPADO)	Turkana	FSW	
18.	Akukuranut Development Trust (ADT)	Busia	FSW	
19.	Reach Out Center Trust	Mombasa; Kwale	PWID	
20.	Muslim Education and Welfare Association (MEWA)	Mombasa	PWID	
21.	Teens Watch Center (TWC)	Kwale	PWID	
22.	The Omari Project	Kilifi	PWID	
23.	Pact	All	Capacity and system strengthening	
24.	KESWA	All	Structural interventions	
25.	NASCOP TSU	All	National support for KPs	

support to the government and local partners. The Kenya Sex Workers Alliance (KESWA) coordinated the human rights response, which included addressing sexual and gender-based violence (GBV) among KPs.

KEY PROGRAMMATIC ELEMENTS

The LINKAGES project in Kenya delivered a comprehensive package of services across the entire HIV cascade of services including prevention interventions, HIV testing, linkages to and retention in care, initiation and adherence to ART, and viral load monitoring (Table 2). These services were delivered primarily

“ Through LINKAGES we got genuine partnerships where we could sit round the table, discuss issues, and agree on what is best for the community. ”

John Mathenge, HOYMAS director

Figure 1. LINKAGES Kenya coverage area

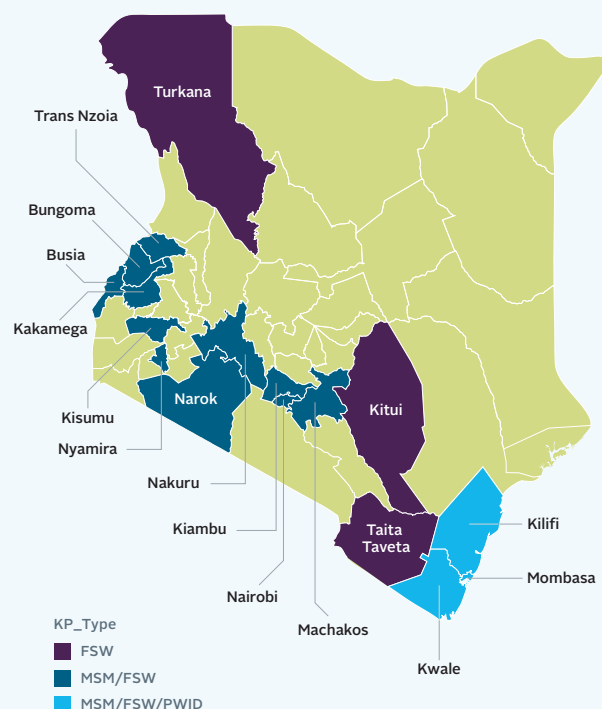


Table 2. LINKAGES Kenya HIV interventions

Core Services	Expanded Services
<ul style="list-style-type: none"> • Peer education, risk assessment, risk reduction and planning • HIV testing services (HTS) • GBV screening, post-exposure prophylaxis (PEP) services, and referral for post-GBV clinical care and legal aid • 100% condom use promotion, distribution of condoms and lubricants • STI syndromic screening, referral, and treatment • Family planning services for FSWs • Referral for HIV treatment and follow-up • Pre-exposure prophylaxis (PrEP) enrollment and follow-up • HIV self-testing kits distribution 	<ul style="list-style-type: none"> • Quarterly HTS and sexually transmitted infection (STI) screening • Repeat risk reduction counseling and referral • Cervical cancer screening for FSWs <p>Seropositive</p> <ul style="list-style-type: none"> • Tuberculosis (TB) screening and referrals • Linkage to HIV care and treatment • Referral for prevention of mother-to-child transmission (PMTCT) for pregnant FSWs • Adherence support group for people living with HIV (PLHIV) • Treatment literacy • Screening for STIs and other opportunistic infections (OIs) and referral and treatment • Viral load monitoring

through civil society organization (CSO)-led drop-in centers (DICs) catering to KPs. Over the life of project, LINKAGES supported the CSO partners to establish 35 DICs. The DICs provided a platform for differentiated service delivery (DSD) to KPs and, over time, as many as 16 of them expanded their service offerings to include antiretroviral therapy (ART) dispensing (Figure 2).

Under LINKAGES, the DICs became safe spaces where KP members could relax, be entertained, and also access a comprehensive package of clinical services. The community's involvement in establishing the DICs included identification of the space, design, and management such as setting rules and guidelines for clients to ensure efficiency in service delivery and a welcoming environment. The DICs were branded for visibility, which helped increase KPs' awareness of them.

Due to the migratory nature and unconventional hours kept by KP clients, particularly FSWs, some sites offered flexible hours, including being open on weekends and late at night. All DICs conducted both day and night outreach to be available for KPs at hot spots.

One rural-based DIC in Nakuru, which had FSWs registered at a county Ministry of Health (MOH) facility situated some distance away, partnered with the facility and served as a community ARV dispensing site. This offering mitigated missed appointments at the county health facility. The county clinician set up a regular clinic at the DIC on predetermined days of the week and offered all services, including blood draws for viral load tests.

To enhance ownership in management of safe spaces, LINKAGES engaged peer educators in operating DICs. They took turns cleaning and were assigned tasks such as reception and client education. Peers and peer educators served on community advisory boards and quality assurance improvement committees.

SERVICE DELIVERY IMPACT

Over the life of project, LINKAGES Kenya reached over 128,000 KP members with HIV prevention interventions, conducted 251,103 HIV tests, newly diagnosed 4,084 KP individuals with HIV, and linked 3,454 of them to ART. As illustrated in Figure 3, the number of people diagnosed and linked to treatment grew steadily over time. In addition, LINKAGES Kenya collaborated with the Gates Foundation-supported Jilinde project and the MOH to initiate over 9,688 KP individuals on pre-exposure prophylaxis (PrEP).

Figure 2. ART uptake at LINKAGES-supported DICs

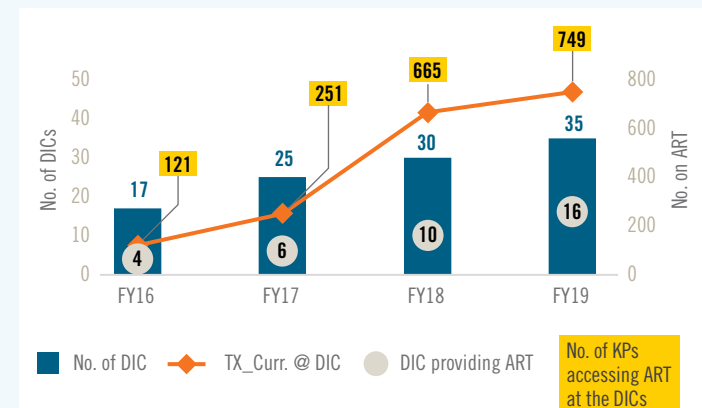
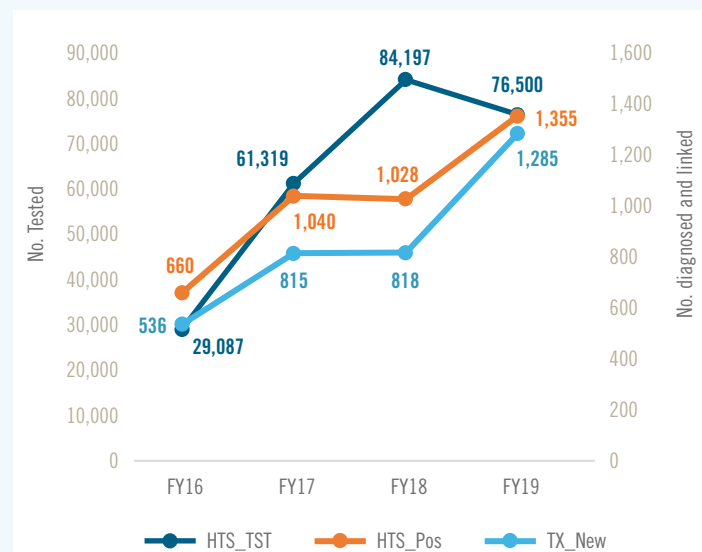


Figure 3. Growth in testing uptake, new diagnoses, and linkage to ART among all KPs, FY16–FY19



In the final year of the project (October 2018–September 2019), 77,699 KP members were enrolled in services by the 22 implementing partners (Figure 4). LINKAGES tracked KP members enrolled and retained in the project as a cohort, enabling the accounting of those who received HIV prevention interventions from year to year. On average, the program transitioned 60% of KPs reached in a year to subsequent reporting periods. The project achieved the highest transition rate for FSWs in FY19 (81%). For MSM, the highest transition (87%) occurred in FY17 (Figure 5).

PEER EDUCATION AND PEER OUTREACH

From the beginning, LINKAGES Kenya engaged peer educators who reached their peers at hot spots and referred them for clinical services. They were selected as per national KP implementation guidelines and trained over five days using the national peer education

curriculum. LINKAGES' success in meeting KP_PREV targets was associated with the engagement of peer educators, for whom capacity was developed, support provided during monthly meetings, and supervision provided at hot spots. LINKAGES Kenya achieved more than 90% of total targets for KP_PREV over the life of project (Figure 6).

Figure 4. FY19 performance by KP subgroup

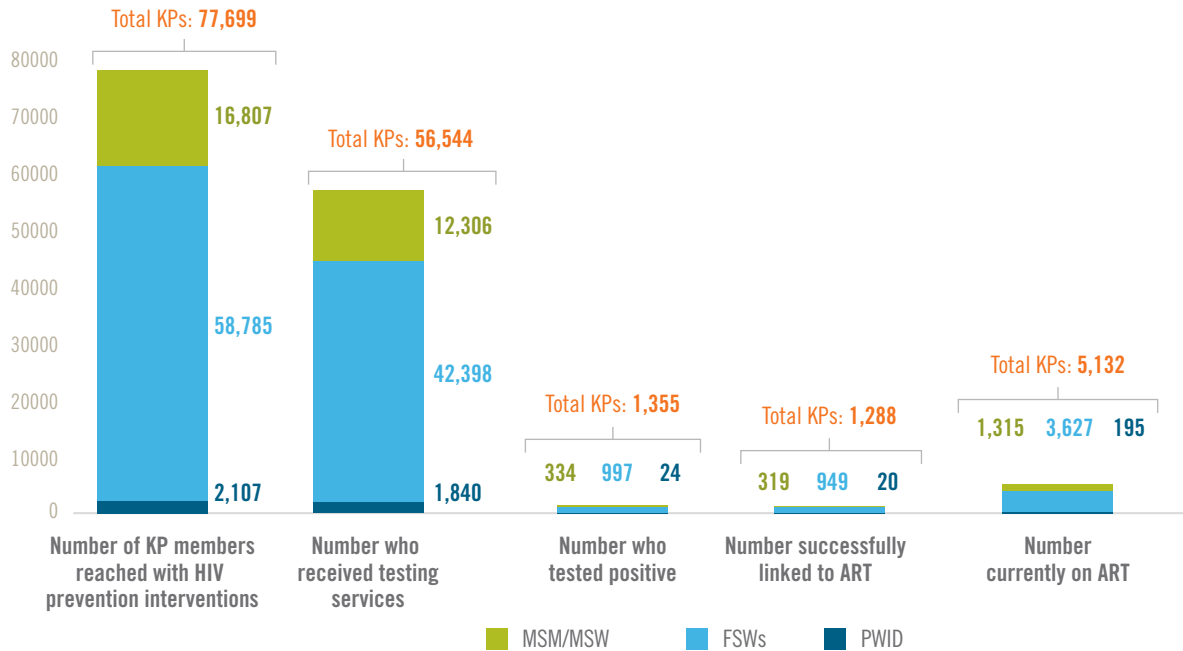


Figure 5. MSM and FSWs annual cohort transition

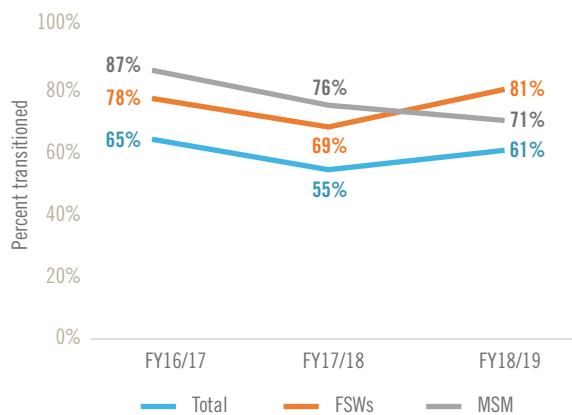
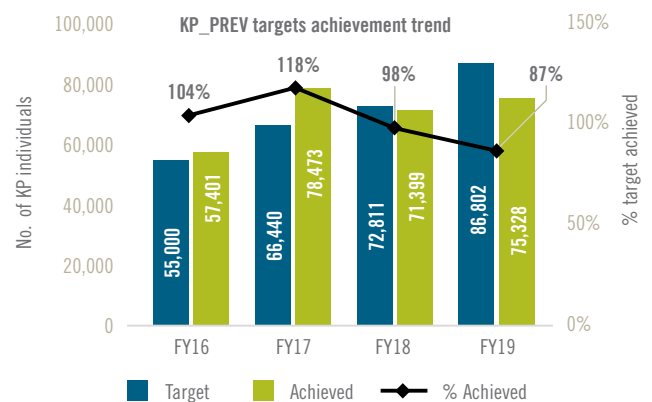


Figure 6. Number of KP individuals reached against target by FY



“ The level of support LINKAGES provided helped us to grow into a stronger program, with attention to details and focus on data quality and data integrity, compliance, and systems; we give credit to LINKAGES for this. ”

Ochieng', KNOTE director

The success is also attributed to stronger links between the program and peer educators as a result of the supporting role of outreach workers (OWs)—outstanding peer educators whose capacity was strengthened to coordinate activities as well as mentor and supervise other peer educators.

Among FSWs, coverage improved from about 47,000 in FY16 to more than 58,000 in FY19. In addition, the engagement of FSWs in program implementation increased ownership of interventions and influenced more to access treatment at the DICs. Two implementing partners were led by FSWs.

In other organizations not led by FSWs, LINKAGES endeavored to ensure priority in implementation roles

was given to the FSWs with capacity to effectively conduct activities.

LINKAGES engaged five MSM-led organizations to ensure activities addressed their needs and to enhance their ownership of the program. Coverage of MSM increased from 9,787 in FY16 to 15,823 in FY17, and that level of coverage was maintained in subsequent years. Engagement of MSM-led organizations not only enhanced ownership but also allowed for adaptation in response to emerging client needs. Better performance was observed among organizations that were led by or engaged with MSM.

HIV TESTING SERVICES AND CASE FINDING

Lay counselors, nurses, and clinical officers offered HTS as per national guidelines as a LINKAGES key intervention. From April to September 2019, LINKAGES introduced new strategies in an attempt to increase HIV case detection among KPs. Strategies included implementation of risk assessments to determine eligibility for testing as well as index testing, risk network referral (RNR), and the enhanced peer outreach approach (EPOA).⁴ The result was increased case identification and greater efficiency. During Q4 FY19, the number of tests reduced by over 50% compared with the previous quarter with case finding improving from 1.9% in Q3 to 3.6% in Q4 (Figure 7). Figures 8 and 9 show the trends in uptake of testing

Figure 7. Trends in HTS uptake and new case identification for all KPs, FY16–FY19

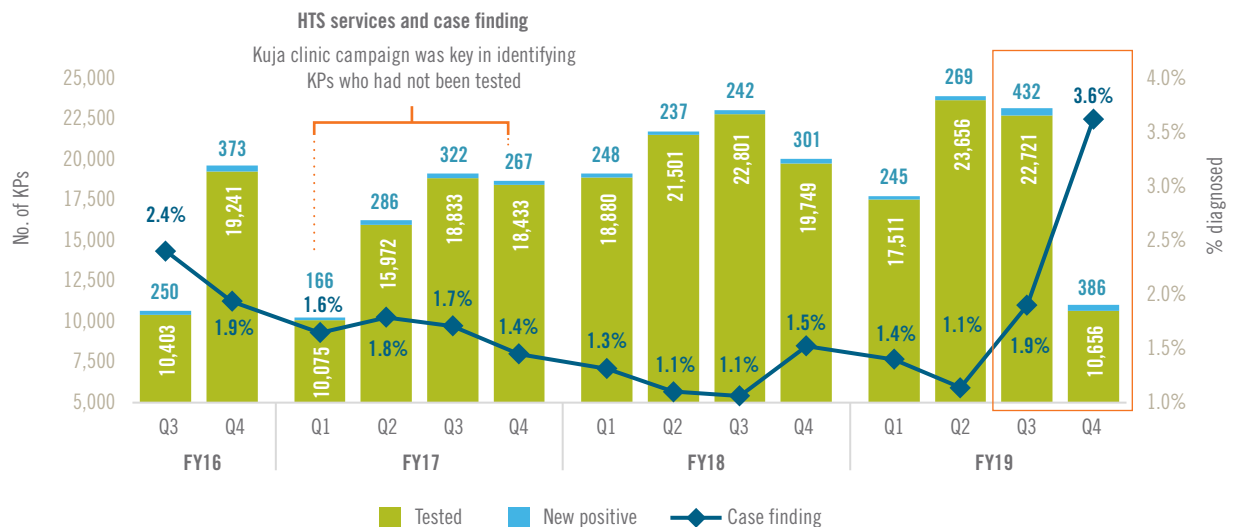
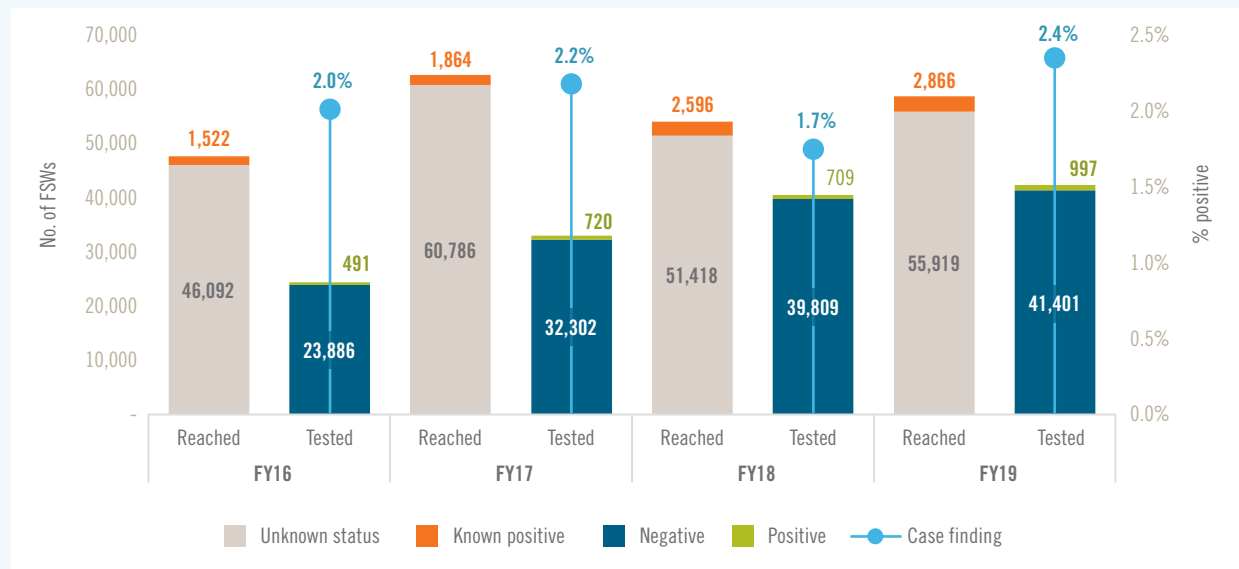
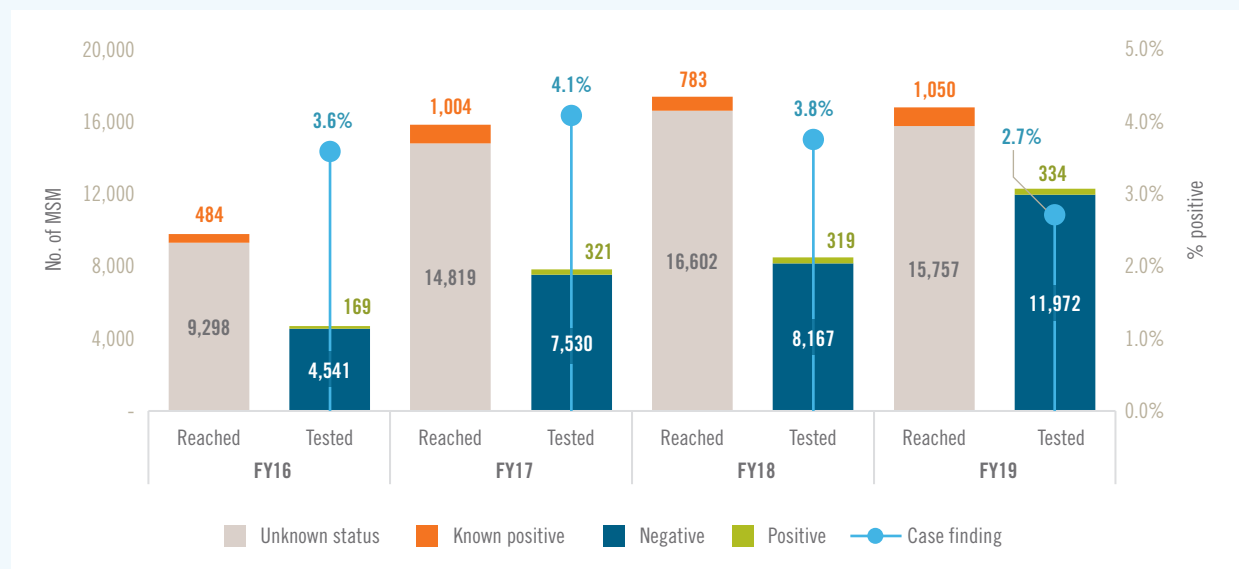


Figure 8. Uptake of prevention and testing among FSWs, FY16–FY19**Figure 9. Uptake of prevention and testing among MSM, FY16–FY19**

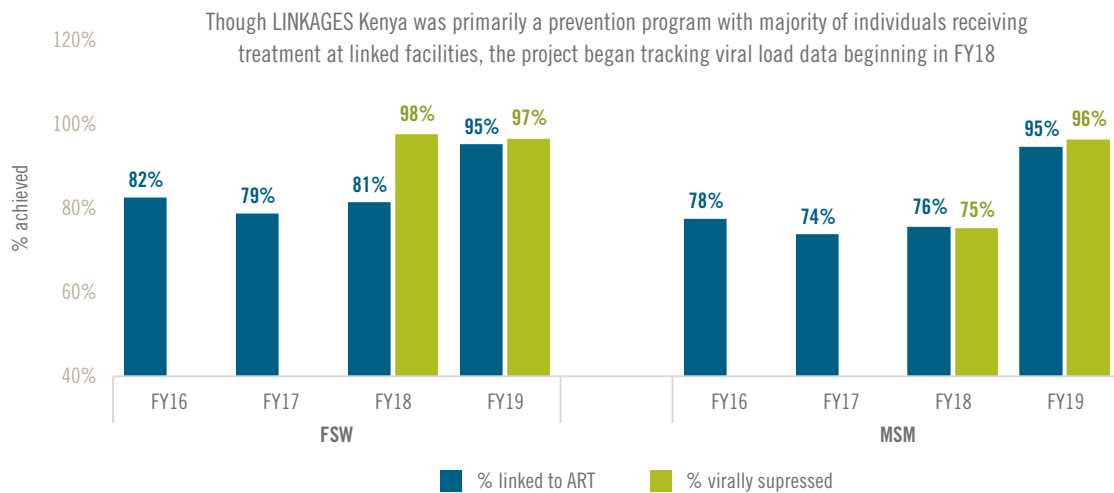
and case finding over the life of project for FSWs and MSM, respectively.

ART LINKAGE AND RETENTION

LINKAGES tracked clients across the prevention and treatment cascade, and strong efforts were made to ensure newly diagnosed KP members were linked to ART and achieved viral suppression. The project developed a PLHIV client tracking tool to help capture

client details on services received at ART clinics and ensure PLHIV accessing ART from linked facilities were followed up and services received were documented. LINKAGES also supported a gradual increase in the number of DICs that provided ART directly. This resulted in a steady growth of the ART linkage rate for both FSWs and MSM and an increase in the percentage of MSM on treatment who achieved viral suppression (Figure 10).

Figure 10. Linkage to treatment and viral load suppression rates among FSWs and MSM, FY16–FY19



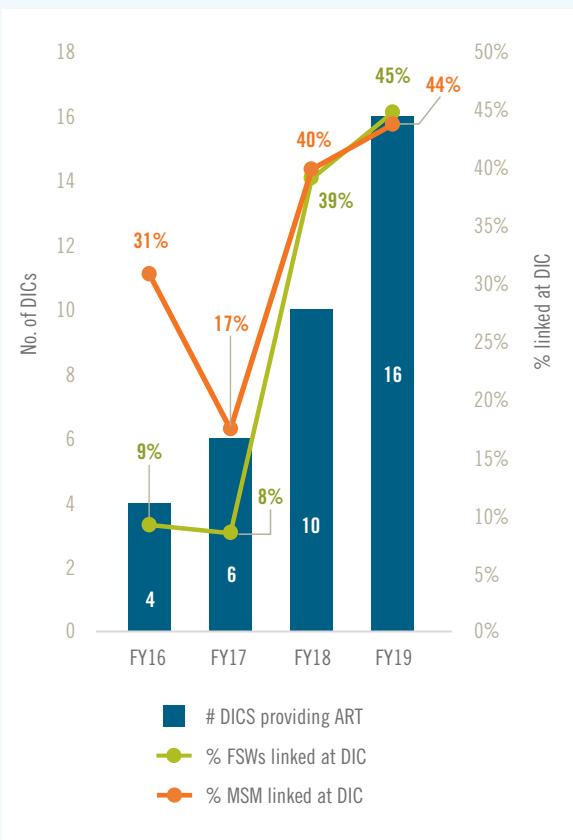
LINKAGES engaged county health management teams in ensuring the DICs met criteria for accreditation to be community ART sites. As the number of DICs offering ART increased so did the proportion of KPs accessing treatment services from the DICs. By the end of project, 44% of MSM and 45% of FSWs preferred to be linked at the DICs and were accessing ART there (Figure 11).

ADDRESSING STRUCTURAL BARRIERS

LINKAGES Kenya supported each implementing partner to develop and implement activities that would help address structural barriers to access to services by KPs, particularly GBV. This included sensitization of program staff and beneficiaries on how to identify GBV as well as how to report incidents of violence. Partners were supported to develop crisis response teams, which were multidisciplinary and led by MSM and FSWs who helped to develop a reporting system for GBV in line with the national KP program. Each partner also instituted a hotline which was used to report incidences of violence in the community.

In collaboration with the Key Affected Population Health and Legal Rights Alliance (KESWA) and Pact Kenya, LINKAGES Kenya also implemented activities in select counties advocating for human rights protections, including violence

Figure 11. Proportion of KPs linked to treatment at LINKAGES-supported DICs



prevention, among KPs. The activities centered on providing technical assistance and capacity building support to KP community networks and organizations to conduct human rights advocacy. KESWA worked with 13 LINKAGES implementing partners across seven counties. Together, they established county advocacy subcommittees; conducted media sensitization for 35 individuals (KPs and media persons); established crisis response teams in counties of implementation; and engaged religious leaders, police, judiciary and other law enforcers on the rights and needs of KPs.

Pact's human rights activities were implemented in two counties and focused on adapting and integrating an economic empowerment model, called WORTH, with human rights advocacy by uniquely combining community banking, enterprise development, and human rights training. By the end of the initiative, six WORTH groups with 96 members had been established and had grown their savings to a total of \$2,300.

MONITORING AND EVALUATION SYSTEMS STRENGTHENING

LINKAGES Kenya supported the development of an efficient and sustainable monitoring and evaluation (M&E) system at the country project level and for the CSOs supporting project implementation. The process included a review of reporting tools and KP data captured to ensure the data necessary for tracking project performance was obtained. For sustainability, LINKAGES adopted national MOH tools in tracking activities, but added new tools — such as unique

identifier codes (UIC) and the PLHIV tracker — to collect other data necessary to effectively monitor KP programming. The national program adopted some of these tools for use by all KP implementing partners. The project also introduced an individualized tracking system, called e-cascade, which the partners implemented to capture individual KP data across HIV prevention and treatment services.

LINKAGES engaged the program implementation team and the MOH in revising the tools to capture additional data required by USAID and to improve documentation of KPs accessing services across different program areas. LINKAGES also involved CSOs in the creation and implementation of the M&E system, resulting in enhanced competencies in monitoring, data analysis, and use of data for decision-making to improve coverage and quality of services.

The LINKAGES Kenya team conducted refresher trainings and online capacity building activities each year for M&E, clinical, and program staff members on data analysis and use. CSOs improved their understanding of program indicators and how to conduct internal data quality assessments and verification, leading to improved data quality.

FORMATION OF INNOVATIVE PARTNERSHIPS

Innovative partnerships were key to LINKAGES' success in Kenya. LINKAGES expanded ARV provision from four to 16 DICs in partnership with county departments of



Peers relaxing at the safe space in Mamboleo Peer Empowerment Group (MPEG) drop-in center, Thika.

Photo: Nancy Coste/FHI 360

health that made it possible for the DICs to serve as ART satellite sites for county facilities. Drugs and other commodities were sourced from the counties and distributed through the DICs; reporting and monitoring were done by the counties. LINKAGES also partnered with a USAID bilateral project in Kenya to link KP individuals who preferred to access services such as HIV testing or ART at facilities other than DICs.

LINKAGES Kenya partnered with Jilinde, a Bill & Melinda Gates Foundation-funded project led by Jhpiego, to provide PrEP within LINKAGES sites. Jilinde's objective was to learn the best method for PrEP distribution among adolescent girls and KPs within three regions in Kenya. LINKAGES provided the infrastructure for provision, while Jilinde provided medications and additional support where needed; for instance, by providing human resources for service provision, funding outreach, and reporting. Through this partnership, six LINKAGES-supported local implementing partners were involved in PrEP provision. As a result, 6,579 FSWs and 3,143 MSM were initiated on PrEP by September 2019.

STRENGTHENING OF LOCAL PARTNER CAPACITY

LINKAGES implemented different strategies to enhance sustainability of interventions in line with USAID's journey to self-reliance. These included:

- Integration of services within the public health system; DICs providing ART have been linked to county facilities, and county health care workers sensitized on provision of KP-friendly services
- Provision of financial and technical assistance to county and national technical working groups to develop their capacity for coordination of KP programming stakeholders and review of various guidelines and tools to ensure more efficient implementation
- Engagement of KP-led organizations in program design and implementation, financial management, and resource mobilization
- Engagement of MSM-led and FSW-led organizations and building their capacities to implement HIV programming
- Provision of intensive capacity building support by partner Pact to nine implementing partners that included undertaking an Integrated Technical and Organizational Capacity Assessment, development

“ LINKAGES has helped us grow from a registration certificate in a pocket to a well-established organization with structures, office, and staff. ”

John Odada, NYDESO director

and implementation of institutional strengthening plans, and annual assessments of progress using the Organizational Performance Index

- Support of local implementing partners to apply for funding from other donors; NYDESO, MPEG, Tamba Pwani, MPEG, MAAYGO, BHESP, and MAAYGO were all funded

POLICY IMPACT

In addition to expanding access to high-quality services among KPs, building local partner capacity, and strengthening national and local monitoring of KP programming in Kenya, the LINKAGES team worked closely with the MOH to develop evidence-based policies and guidelines inclusive of KPs and to create space for KP community members' voices in government-led technical working groups. National policy documents that LINKAGES Kenya was involved in developing or updating included:

- National Implementation Guidelines for HIV and STI Programming Among Young Key Populations
- Framework for the Implementation of Pre-Exposure Prophylaxis of HIV In Kenya
- Kenya National Guidelines for Prevention, Management, and Control of Sexually Transmitted Infections
- Violence Prevention and Response Programming for Key Populations in Kenya: Standard Operating Procedure



FUTURE DIRECTIONS

On October 1, 2019, LINKAGES Kenya transitioned to Meeting Targets and Maintaining Epidemic Control (EpiC), a five-year, global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID). Building upon the successful investments in KP programming under LINKAGES, EpiC is designed to break through remaining, persistent barriers to the 95-95-95 goals and promote self-reliant management of national HIV programs. In Kenya, EpiC will work directly with two implementing partners in Nairobi county and provide technical support to nine other county implementing partners and their subgrantees. Together, this EpiC team will focus on filling existing HIV prevention, case finding, and treatment gaps, and on building capacity for a locally led, sustainable response to the epidemic in Kenya.

Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

is a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES has worked in more than 30 countries since 2014 to reduce HIV transmission among key populations — sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

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¹ Joint United Nations Programme on HIV/AIDS (UNAIDS). UNAIDS data 2019. Geneva: UNAIDS; 2019. Available from: https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf.

² National AIDS and STI Control Programme (NASCO). 2010–2011 Integrated biological and behavioural surveillance survey among key populations in Nairobi and Kisumu, Kenya. Nairobi: Ministry of Health, Kenya; 2014.

³ Kenya National AIDS Control Council (KNACC). Kenya HIV prevention response and modes of transmission analysis. Nairobi: KNACC; 2009.

⁴ For more information about EPOA, please see [LINKAGES Enhanced Peer Outreach Approach Implementation Guide](#).