

NRHS | Nyanza Reproductive Health Society

Committed to Improving Reproductive Health

ANNUAL REPORT 2025



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ABBREVIATIONS

AMCE:	Anza Mapema Centre of Excellence
CDC:	U.S. Centres for Diseases Control and Prevention
CIHEB:	Centre for International Health, Education and Biosecurity
CT:	<i>Chlamydia Trachomatis</i>
EIMC:	Early Infant Male Circumcision
GBMSM:	Gay and Bisexual Men who have Sex with Men
GBV:	Gender Based Violence
GCP:	Good Clinical Practice
GP:	General Population
HIV:	Human Immunodeficiency Virus
HSP:	Protection of Human Subjects Research
HTS:	HIV Testing Services
IAVI:	International AIDS Vaccines Initiative
IDAHOBIT:	International Day Against Homophobia, Biphobia, Intersexism and Transphobia
KWTRP:	KEMRI Wellcome Trust Research Programme
LGBTIQ:	Lesbians, Gay, Bisexual, Transgender, Intersex, and Queer
MSD:	Merck Sharpe and Dohme
NASCOP:	National AIDS and STI Control Program
NG:	<i>Neisseria Gonorrhoeae</i>
NIH:	U.S. National Institutes of Health
NRHS:	Nyanza Reproductive Health Society
PEP:	HIV Post Exposure Prophylaxis
PEPFAR:	President’s Emergency Program for AIDS Relief
PHDP:	Positive Health, Dignity, and Prevention
PIRH:	Partners in Reproductive Health
PNS:	Partner Notification Services
PrEP:	HIV Pre Exposure Prophylaxis
SNS:	Social Network Strategy
SOP:	Standard Operating Procedures
SSP:	Study Specific Procedures
TG:	Transgender
UIC:	University of Illinois at Chicago
UNIM:	Universities of Nairobi, Illinois, and Manitoba
URTC:	UNIM Research and Training Centre
USAID:	U.S. Agency for International Development
UW:	University of Washington
VMMC:	Voluntary Medical Male Circumcision
WHO:	World Health Organization

NRHS FAMILY



WHO WE ARE

The Nyanza Reproductive Health Society (NRHS) is a Kenyan non-profit organization established in 2002 and is registered as a Society under the Societies Act, Laws of Kenya. NRHS was initiated when the universities of Nairobi, Illinois, and Manitoba (UNIM) began the randomized controlled trial to ascertain if male circumcision reduces the incidence of HIV acquisition in heterosexual men. NRHS has a strong track record and experience in research and in translating research findings into policies and programs. NRHS has been a leading institution in conducting research on sexual and reproductive health and HIV prevention. It has been a leader in the implementation of Voluntary Medical Male Circumcision (VMMC) in Kenya, providing technical assistance to the Ministries of Health and the National AIDS and STI Control Program (NASCOP) and other Kenyan governmental agencies, as well as the World Health Organization (WHO) and other international agencies.

Over the past 20 years, NRHS has mainly implemented its programs and research in Kisumu, Homa Bay, Siaya, Kisii, Busia, and Kakamega with additional outreach in areas such as Nairobi, Kilifi, and Turkana counties. NRHS's main office is in Kisumu City. The organization is governed by a Board of 6 high-profile individuals with diversified skills. Currently, it has about 50 members of staff who operate primarily from its head office in Kisumu City. The organization receives funding from a variety of sources, including the U.S. National Institutes of Health, the U.S. Centers for Disease Control (CDC), the Bill and Melinda Gates Foundation, U.S. Agency for International Development (USAID), FHI 360, the Population Council, the UHAI Foundation, and John Snow International. NRHS is headed by a Director, Dr. Fredrick Otieno, who oversees the 3 main sections namely; Programmes, Research, and Administration. NRHS implements PEPFAR programmes mainly in HIV prevention, care, and treatment under the programmes arm and

carries out various research projects mainly in reproductive health, sexually transmitted infections, men's health, adolescent health and HIV prevention, care and treatment. The Administration section provides support to the programmes and research arms through finance, procurement, HR, Stores, Transport and IT.

NRHS runs the UNIM Research and Training Centre (URTC), a 782 square metre state of the art facility which was the site of the VMMC randomised controlled trial in Kisumu and is the site for many of its studies. URTC is located within the Lumumba Sub-County Hospital in Kisumu and has:



- 42m² fully equipped laboratory with safety hood, centrifuges, incubators, nitrogen tanks, Gene X-Pert, Elisa processor, freezers and all the necessary facilities to process and store specimen for its current studies
- 4 Clinical and 3 counselling rooms each together with a clinical trial pharmacy with temperature monitoring as well as stock control
- 2 VMMC operation theatres as well as a post-operative recovery room
- Records, Data and IT management rooms as well as a conference hall
- Administrative offices for the director, accounting, stores, HR and procurement
- Other support services including a central sterile supplies department, laundry, coordination and community
- A centralised sterile supplies department estimated at 8.75 square metres with the capacity to clean and sterilise surgical and medical instruments
- A Laundry 5 square metres for laundering medical linen and garments
- A community engagement office 14 square metres
- 2 coordination offices each measuring 15.75 square metres
- A reception area measuring 49.5 square metres with a wide airy open design allowing for ease of interaction as well as infotainment.

In addition, there are basic amenities including 3 toilets and 1 kitchen, and a standby auto generator power back up



NRHS also operates the Anza Mapema Centre of Excellence (AMCE) that sits on a beautiful half acre compound within Tom Mboya estate offering safety and tranquillity of residential house as well as a state of art facility for research and programming into Lesbians, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) issues. The facility includes:

- 3 Clinical and 2 counselling rooms each together with a clinical trial pharmacy with temperature monitoring as well as stock control
- Records and Data management rooms
- Administrative offices for coordination and community engagement
- Outdoor space for community activities
- Community shamba (farm) for support groups income generating activities

All research staff are trained in Good Clinical Practice (GCP) and Protection of Human Subjects Research (HSP) at minimum. Relevant staff undergo annual Standard Operating Procedures (SOP) training as well as Study Specific Procedures (SSP) training before the beginning of any research studies and as frequently as is required thereafter.

OUR VISION

NRHS envisions a world where individuals and communities are healthy and have the highest possible quality of life.

OUR MISSION

NRHS promotes health and quality of life of individuals and communities in Kenya through research, evidence-based programming, advocacy and capacity building.

OUR CORE VALUES

1. Community participation
 - NRHS builds trust and ownership by communities on its research and programs.
 - NRHS involves communities to identify and prioritize their needs, and to design, implement, evaluate, and improve research and programs.
2. Professionalism
 - NRHS is committed to undertaking its operations ethically and professionally.
 - NRHS is committed to professional development through mentorship, training, and continuous learning and improvement.
3. Commitment to Evidence

- NRHS conducts innovative and cutting-edge research that addresses the needs of communities.
 - NRHS translates research findings to inform policy development and implementation of innovative programs.
4. Integrity
- NRHS is committed to ethical principles, transparency, and accountability in all its operations.
5. Non-discrimination
- NRHS is an equal opportunity employer committed to providing and maintaining a respectful work environment free of discrimination.
 - NRHS values diversity promotes respect for all and operates without any form of discrimination.

FROM THE NRHS BOARD

On behalf of the Board of Directors of NRHS, I am honoured to present the 2025 Annual Report. This report highlights the dedication, partnerships, and collective efforts that continue to drive our mission of improving health outcomes for communities across Kenya over the past 23 years. Over the past year, Kenya's health sector has continued to evolve, presenting both opportunities and challenges in ensuring equitable access to quality healthcare research and programming. In this context, NRHS has remained committed to supporting the communities we work with, working alongside national and county governments, and anchored in our mission to promote health and quality of life through research, programming, advocacy, and capacity building—guided by our values of community participation, professionalism, evidence, integrity, and non-discrimination.

Through our research and intervention programs, we have continued to support community health initiatives, promote preventive care, and expand access to critical services for vulnerable and underserved populations. Our work with communities, health workers, local leaders, and development partners has helped answer important questions as well as make available important health outcomes and contributed to improved health awareness and service uptake in the communities we serve. The Board commends the management team and staff for their unwavering commitment, professionalism, and adaptability. Their work on the ground, often in challenging environments, reflects the values and vision of the organization. We are equally grateful to our partners, donors, and stakeholders whose support enables us to sustain and expand our impact.

The Board will continue to provide strategic oversight and governance to ensure that our programs remain impactful, accountable, and responsive to the needs of the communities we serve. The Board remains committed to strengthening NRHS's sustainability, expanding research and services, and deepening community engagement. We thank all partners and supporters for their contributions in 2025 and look forward to building on this progress to improve the quality of life for the communities we serve.

Prof. Collins Ouma, PhD, FKNAS, FAAS

Chair, Board of Directors

Nyanza Reproductive Health Society

FROM THE NRHS DIRECTOR

As NRHS marks 23 years of reproductive health programming and research, we have continued to grow and provide essential services to our beneficiaries. During the year, we remained committed to promoting the health and quality of life of individuals and communities in Kenya through research, evidence-based programming, advocacy, and capacity building.

This year saw us continue with a variety of research activities in addition to our traditional key population and VMMC programming. Our research portfolio varied from COVID vaccine, HPV, as well as STI studies. We had 7 research studies, which we successfully executed. We also started providing contract laboratory services, providing third party testing services, mainly for HSV-2, HPV and CT/NG. The year also saw us lose funding for our key HIV prevention, care and treatment programmes amongst key populations and the general population with PEPFAR funding cuts. We expect to expand over time to include other panels. Overall, we were able to offer services to almost 9,000 individuals in different segments ranging from circumcisions, HIV testing services, STI management, peer education, PrEP and PEP, condom and lubricants distribution, GBV service, and HIV care and treatment. We also continued with our policy and advocacy activities as well as our administrative support activities.

Our research agenda continued to expand, with eight active studies in 2025, spanning HPV, STI prevention strategies, menstrual health, and microbiome research. These projects, many conducted in collaboration with leading international institutions, are generating evidence that informs both national and global health strategies. NRHS's growing capacity in contract laboratory services further demonstrates our ability to diversify and sustain our technical expertise. Importantly, our policy and advocacy engagements ensured that the voices of key and vulnerable populations remain represented in technical working groups and health policy dialogues. Notably, NRHS continued the chairmanship of the MSM Health Research Consortium, strengthening our leadership role in advancing inclusive, rights-based health interventions.

Dr Fredrick O. Otieno

Director

NRHS Kenya

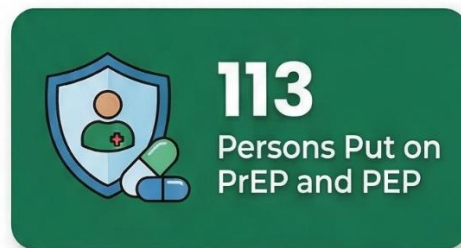
ACKNOWLEDGEMENTS

The NRHS family takes this opportunity to recognize the Board of Directors, Management, staff, volunteers, and students for their zealous commitment and dedication to ensure that they not only delivered on our expectations but on several occasions, went over and beyond their mandate to deliver on their tasks.

We also recognize our beneficiaries, participants in our studies, our community advisory boards, stakeholder groups, peer educators, service providers, and community service organisations that we have worked with this year to deliver on our mandate. Finally, without our donors and development partners below, we would have not realised our achievements this year and thus we say a big thank you to the listed below:

1. Centre for International Health Education and Biosecurity Kenya
2. County Government of Kisumu
3. Grand Challenges Canada
4. International AIDS Vaccines Initiative
5. Kenya Medical Research Institute
6. Kevin Kaine
7. Liverpool School of Tropical Medicine
8. Lumumba Sub County Hospital
9. Merck, Sharpe and Dohme
10. Northwestern University
11. PRISM the Gift Fund
12. Rush University
13. University of Illinois at Chicago
14. University of Washington
15. US Centers for Disease Control and Prevention
16. US Department of Defense
17. US National Institutes of Health

YEAR IN NUMBERS



NRHS divides its activities into those that are primarily programmatic (Programs) and those that are primarily research (Research). However, NRHS is committed to contributing to improving the health and quality of life of Kenyans by focusing on a continuum that begins with sound research to generate evidence that forms the basis for policy and advocacy that is translated to effective action in the form of programs. In this sense, it is not the intention of NRHS to compartmentalize its activities, but rather to emphasize the integration and synthetic nature of its activities. Nevertheless, below we present our activities and accomplishments achieved during the calendar year 2025.

HIV PREVENTION



In the year, we continued to offer HIV prevention services to both the general population as well as key populations through our minimum package of services, which include regular HIV testing, VMMC, health education, provision of condoms, PEP, PrEP, screening & treatment of Sexually Transmitted Infections (STI) and cervical cancer screening. HIV prevention was offered at URTC for the general population as well as AMCE and outreaches for Key populations. In the duration, we provided prevention services to reached out to 369 general population as well as 981 Gay and Bisexual Men who have Sex with Men (GBMSM) and 3 Transgender (TG) persons.



VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC) PROGRAMME

Continuing in its footsteps as one of the foremost providers of comprehensive VMMC services since the onset of the national scale-up of VMMC that started in 2008, provision of the VMMC services by NRHS continued through the year of 2025. In 2022 October, NRHS received a PEPFAR/CDC sub-grant through the Centre for International Health, Education and Biosecurity (CIHEB) to offer comprehensive VMMC services within the catchment of Lumumba Sub-County Hospital. Our numbers in 2025 continued to increase with the funding ending at the end of September 2025. We are however continuing to offer the services in the region.

A total of 1,233 males were circumcised during the calendar year. Of these, 1,019 were aged 10-49 years, 214 toddlers and infants (below 60 days) of whom 26 had various medical conditions including phimosis and paraphimosis. All the surgeries were successfully done with 7 Cases of mild infection post-surgery that were managed with resultant good healing. Many of the parents who continued to bring their babies to NRHS for EIMC were those who had a previous son circumcised in the facility or their friend's sons, or the father of the baby had been circumcised by NRHS. There was also a lot of referrals from most of the health facilities around for those with medical indications for circumcision, cementing our place as a centre for excellence in VMMC in the country. Comprehensive VMMC services were offered per the national VMMC guidelines.

HIV Testing Services (HTS) were offered to clients as one element of the packages of VMMC. We had 424 men who were eligible for HTS, were offered the service and accepted testing, with 3 of them testing HIV positive. All 3 were linked to care. Clients seeking VMMC services were screened for STIs and syndromic treatment administered as per the Kenyan guidelines for STI treatment, in addition to condom provision as part of the package of VMMC services.

HIV TESTING SERVICES (HTS)

Riding on the *Anza Mapema* programme for Key Population as well as the VMMC and the Partners in Reproductive Health (PIRH) programme for the general population, we used a mix of different modalities to offer HTS. These modalities included fixed site testing both at AMCE and URTC as well as outreaches which included targeted, Social Network Strategy (SNS) and Partner Notification Services (PNS). Using all these strategies, we were able to provide 2,249 tests excluding HIV self-test kits, as these were out of stock in the better part of the reporting period. Of the persons tested, 310 were first-time testers while 1,939 were repeat testers (Figure 2). We offered PNS to 6 indexes of whom all accepted the services. From the 6 indexes, 9 sexual contacts were contacted, and all were tested. For SNS, we had 22 indexes, of these we offered 36 coupons with a total of 36 persons being tested. Our HIV positivity was 0.38% with a total of 7 positives: 3 newly tested, 1 from PNS, and 3 from SNS. All those testing HIV positive were linked to HIV care treatment programmes.

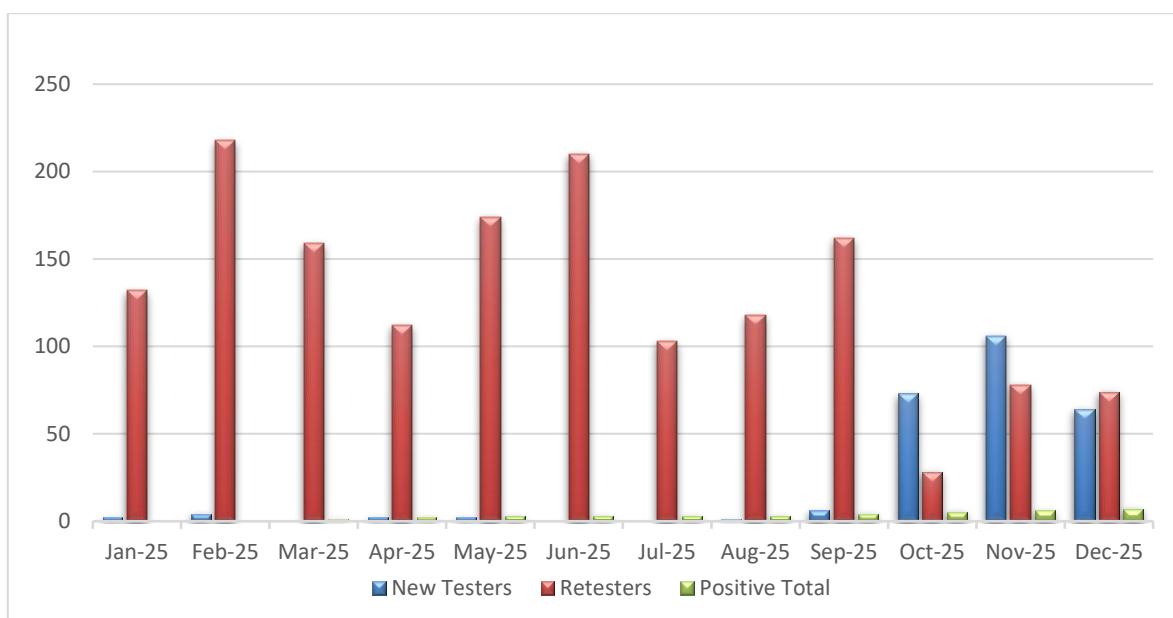


Figure 1: HIV Testing Services by Month 2025

SEXUALLY TRANSMITTED INFECTIONS (STI) DIAGNOSIS AND TREATMENT

As part of its Partners in Reproductive Health (PIRH) programme, NRHS continues offering screening, diagnosis, and treatment of STIs both as a syndromic approach and as an aetiological approach. These are offered on a walk-in basis to any client who cares to seek these services. These clients included general population clients seen at URTC and key population clients seen at AMCE. In 2025, NRHS did 2,300 screenings for STIs. Of these, 182 (7.9%) were provided with treatment following a positive diagnosis.

SOCIAL ACTIVITIES

As part of the *Anza Mapema* programme, we continued offering the time-tested social activities that were studied and validated in the *Anza Mapema* study. These included social events such as *Movie Mondays*, *Therapy Tuesdays*, *Coffee Wednesdays*, *Therapy Thursdays*, *Cultural Fridays*, and *St. Sebastian Sundays*. These social activities promoted topical discussions on issues affecting LGBTIQ communities with *Movie Mondays* providing edutainment, while serving as a

psychosocial intervention toll, using story telling as a medium for emotional processing, identity affirmation and peer led dialogue for all program clients. Coffee Wednesdays promoted reduction in alcohol and substance use, while Monthly support groups supported support sessions for those testing HIV positive, (Therapy Thursdays) and those testing HIV negative (Therapy Tuesdays). Cultural Fridays provided an avenue for LGBTIQ to express their artistic sides and St. Sebastian Sundays provided avenue for spiritual nourishment.

Additionally, we had one International Day Against Homophobia, Biphobia, Intersexism, and Transphobia (IDAHOBIT) which is an annual tradition and has initiatives organized throughout the world to draw attention to the rights and well-being of gay, lesbian, bisexual, transgender, non-binary, queer and intersex people. In the year, we had a total of 46 movie Monday activities with a total of 3,154 persons attending. The movies screened included themes ranging from drug and substance abuse, lived realities of LGBT persons, feminism, patriarchy, and equality amongst others. Our exit interviews for these activities emphasize the importance participants accord to the social activities with a significant number of participants reporting that Movie Monday sessions create opportunities for bonding, networking, learning, and wellness.



There was one Coffee Wednesday each week with a total of 39 Coffee Wednesday sessions. For the Alcoholic Anonymous (AA) components, we had 3,416 persons attending and 367 were in the individualised therapy

sessions with 6 being referred for drug and substance abuse treatment at JOOTRH. In the AA sessions we had peers leading the sessions while in the individualised therapy sessions we had professional providers attending to the clients.

For the year in review, we had a total of 37 Tuesdays with a total of 3,426 attending. The activities were peer led and the attendees had the opportunity to explore their daily life challenges as GBMSM, opportunities, and achievements, in their quest to live a more productive and healthy lives. Some sessions also had experts coming to give information and share experiences on living as an LGBT person, medical issues, income generating activities, expanding choices beyond sex work for those involved in sex work, career opportunities and growth amongst others. We had a total of 12 monthly PTSG therapy meetings attended by a total of 524 peers. Targeting HIV Positive post-test club members. In these sessions, together with their 'Washikaji' (treatment buddies), they concentrated mostly on ensuring all had undetected viral loads. And we were able to achieve this for 96% of our HIV-positive clients.

St Sebastian Sunday spiritual nourishing activity has been going strong with 2,881 persons attending 38 fellowships within the year. We had a myriad of pastoring from Anglican, Catholic, Adventist, Protestant, Muslim, and even amongst the peers themselves. The activity has grown to include music within the services and host and wine within some services. The sermons



have varied throughout the year with messages ranging from love, brotherhood, compassion, no judgment, and acceptability amongst other affirming messaging. The sessions have led to the development of a strong fellowship of LGBT persons of faith. The inclusive and affirming space has enabled the peers to be more grounded in their faith and spirituality.

We had a total of 4 cultural Friday sessions with a total of 1,019 attending. There had been a significant amount of growth in terms of content and ownership of the activity by the participants which has encouraged the development of queer curated content because of the wonderful platform offered by this activity. This is very vital in nurturing and utilizing the talents and skills of the LGBT community. During the last cultural Friday for the year, December 2025, we had participants coming from as far as Kericho and Eldoret to attend the activity.



Model during IDAHOBIT

There has also been improvement in terms of levels of bonding and unity among the peers because of the activity. In the same period, we had one IDAHOBIT in which we had 274 participants attending from the larger LGBT community. In attendance was NADHARIA Kenya, an organization from Nairobi that supports economic empowerment to the LGBT community through sports and fashion. This activity created a safe space for LGBT persons where they could openly express and comfortably identify in their orientation and gender identities. This event also built on the personal integration and bodily autonomy of LGBT persons.

Additionally, we supported several advocacy and connection meetings, led by our peer educators, with different stakeholders including the community advisory board, local politicians, police, judicial officers, religious leaders, and other stakeholders. These fora allowed us to create an opportunity for the stakeholders in the general population to understand and interact with the living and health situations of the LGBTIQ community and, thereby, advance understanding of LGBTIQ challenges and reduce homophobia in the general Kisumu population. Regular Outreaches were also undertaken at mapped hotspots that are hubs for male sex workers and other GBMSM. During outreaches, we set up mobile comprehensive service provision in different hotspots as selected by peers and their peer educators. Our peer educators mobilized their peers for service access with linkage to AMCE and URTC as needed to support client needs.



ARV-RELATED HIV PREVENTION

Within the Anza Mapema programme and UNIM, we are continuing to offer HIV Pre-Exposure Prophylaxis (PrEP) with 2,300 persons screened for PrEP eligibility. Of these, 2.2% (105) were eligible to start PrEP, and all consented and started PrEP. At month 3 post starting, only 45% (47) of those who started were still retained on PrEP. Generally, PrEP has continued to be seasonal with many clients getting on and off PrEP as per their need. Additionally, we offered HIV Post-Exposure Prophylaxis (PEP) to 8 clients including those referred because of sexual violence. We issued a total of 6 PEP doses in the year. For UNIM, a total of 302 female sex workers were eligible for PrEP and were referred to various health facilities. The female sex workers were also provided with condoms at various stages of their visits as per need.



PEER EDUCATION AND COMMODITIES

Anza Mapema programme is supported by a dedicated team of 16 peer educators, 5 washikaji (treatment buddies), and 2 outreach workers who play a key role in delivering community HIV prevention activities. Over the year, we successfully made 8,650 peer education contacts with our participants, providing essential peer education and distribution of commodities. A total of 69,670 condoms were distributed to 1284 individuals over the year. On average, we distributed 6,477 water-based lubricants to our participants monthly. In addition to condom distribution, our peer educators provided on-going risk-based peer counselling with appropriate linked referrals based on individual needs. They also provided comprehensive Gender-Based Violence (GBV) screenings for all our participants, focussing on sexual, physical, and emotional violence. A total of 2,579 individuals were screened for GBV, with 408 (16%) being screened positive. All the positives needed social support and were supported. Those who screened positive were immediately connected to necessary health services, violence prevention interventions, psychosocial support, and medico-legal services to ensure their well being and safety.



HIV CARE AND TREATMENT

NRHS continued offering HIV care and treatment services at AMCE with a client base of 62 GBMSM and TG as well as 3 GP females accessing services. In the year, there were 7 new patients enrolled and 7 exiting the programme either by transfer outs (1), and loss to follow-up (7). 4 of the 7 LTFU were successfully returned to care and are currently active. During the period, we were able to achieve an average viral suppression of 96% with the highest viral suppression seen amongst the general population at 96%. We provided management of opportunistic infections among HIV-positive clients as well as Positive Health, Dignity, and Prevention (PHDP) interventions to all our HIV-positive clients.

RESEARCH PROJECTS



In this year, NRHS was able to implement a total of 7 research studies with 4 observational and 3 clinical trials. Of these research studies, 3 were new studies while 4 were continuing projects. A further 2 studies ended in this year.

ORAL HPV STUDY

Prospective, longitudinal cohort study to evaluate the prevalence, incidence, persistence and risk-factors of Oral human papillomavirus in 199 HIV-positive and 199 at risk HIV- negative men in southwestern Kenya. The study was conducted at Anza Mapema amongst MSM. Follow ups were done up to month 18 with the sponsors content with not completing the final follow up visit month 24. Data cleaning, analysis and manuscript development are still on going.

RELCOVAX STUDY

This was a prospective, multi-centre, randomized, open label, active controlled, seamless phase 2/phase3 clinical study to evaluate immunogenicity, safety and tolerability of RelCoVax® (Protein Subunit Vaccine of Reliance Life Sciences Pvt Ltd. against SARS-CoV-2 Virus) and Comirnaty® (Bivalent mRNA Vaccine of Pfizer/BioNTech) administered as primary vaccination. Sponsored by Reliance Life Sciences Pvt. Ltd, India. Though the study was fully approved, it did not start due to futility of enrolling unvaccinated persons.

CUPS AND COMMUNITY HEALTH (CACHE)

This was a cluster randomized controlled trial of menstrual cups and cash transfer to reduce sexual and reproductive harm and school dropout among adolescent schoolgirls in western Kenya. The project is funded by NIH, in collaboration with the University of Illinois at Chicago. Among 440 schoolgirls aged 14-25 years, we evaluated the effects of menstrual cup use on HIV, STIs (*Chlamydia trachomatis*, *Neisseria gonorrhoeae* and *Trichomonas vaginalis*), Bacterial Vaginosis (BV), herpes simplex virus-2 (HSV-2), vaginal microbiome (VMB) and school dropout rates over time. This study was nested within a cluster randomized controlled trial involving over 4,000 schoolgirls in Siaya County, Kenya. The project began in December 2017 and is still ongoing. We conducted month 72 visits of the study, where male partners were also tested for STI between 2-May-24 and 17-Jul-24, and month 78 visits (females only) between 30-Oct-24 and 17-Dec-24 with the girls being followed in Rarieda and other places they migrated to after school.



As a follow up to this, a 2-arm cluster randomized controlled trial is expected to begin by May 2026 among junior secondary school adolescent girls in selected sub-counties in Siaya County, western Kenya. This 3-year study will examine the effectiveness of menstrual cups and life skills provided to girls attending schools allocated into the intervention arm, compared with those in 'usual practice' control schools. This will comprise the main study called Impact of Menstrual Cups on Adolescent Girls Reproductive Health and Education (IMARA) with a sample size of about 2100 and a nested sub study called AKIBA with a sample size of about 600 girls. In this study, samples for VMB will be collected at baseline and every three months with BV and STI (*C. trachomatis*, *N. gonorrhoeae*, *T. vaginalis*, syphilis and HSV-2) at baseline and annually.

POWVER



Periods: Optimizing Working Women's Reproductive Health (POWVer-Health) is an NIH funded Single arm trial of menstrual cups among economically vulnerable women to reduce Bacterial vaginosis and STIs through reduced harmful sexual and menstrual practices. The study recruited and enrolled 402 participants from 7th February to 25th September 2023. Participants had 6 study visits as at Dec 2025: at baseline, month 6, month 12, intervention, month 18 and month 24. At the 4th visit, participants were trained on the use of menstrual cups and given

menstrual cups to use, followed by monthly telephone calls to support them on their use. Study procedures included eligibility screening and consenting, a socio-behavioural survey, medical history and physical examination including a gynaecological examination, gonorrhoea,

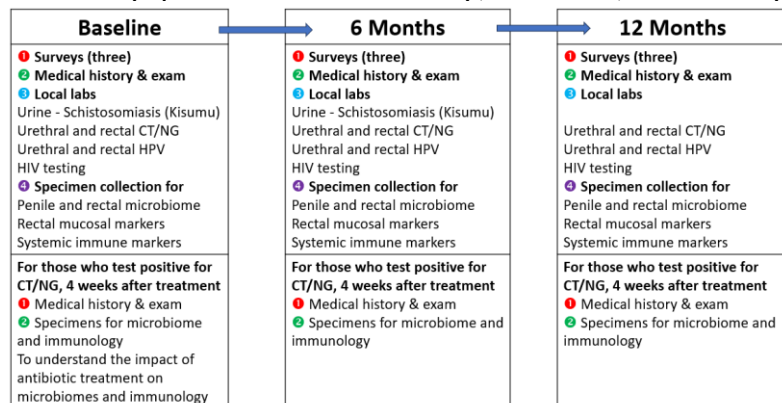
chlamydia, trichomonas and Bacterial Vaginosis testing and treatment, HIV testing with linkage to care, vaginal microbiome and at baseline, M12 and M24. HSV-2 testing was only done at baseline. At M6 and M18 only Bacterial Vaginosis and vaginal microbiome testing were done, with a cup microbiome done at 18th month visit.

The study also has a safety, pharmacovigilance and WASH component with safety assessments happening at all intervention visits, WASH assessments were done in 47 hotspots in phase one, and in 49 hotspots in phase 2. During the 5th visit, swabbing of menstrual cups was done. Additionally, the study had focus group discussions with sex workers which were done in phase 1 (6 FGDs), discussions with their clients Phase 1 (5 FGDs), and discussions with workplace establishment owners (4 FGDs). Phase 2 FGDs includes 9 FGDs with clients and 6 FGDs with sex workers. Participants were followed up at M6 (FU 80.4%), M12 (FU 80.9%) and M18 (FU 80.0%), M24 (FU 90.4%). Intervention was offered to 306 (88.4%). At enrolment, 8 participants were withdrawn, 11 at baseline, 6 at 6M, 1 at 12 M, 5 at intervention 11 at M18 FU visit. Those who were withdrawn from intervention by investigators were 22 with 6 participants having late intervention and were reported to IRB. A further 147 had wrong appointment dates and all the deviations logs were filled and reported to IRB. HIV known positives at Baseline were 100. So far, the study reported 5 SAEs comprised of 3 deaths and 2 GBV cases.

MBILI PAMOJA

Characterizing the penile and rectal microbiomes, bacterial community function, and host immune response to sexually transmitted infections (STIs) among men who have sex with men (MSM) has a foundational impact on biomedical therapeutic and vaccine development. Over a one-year period, in a prospective cohort study of 500 MSM in Kisumu (n=250) and Nairobi (n=250), we measure the penile and rectal microbiomes, mucosal immune profiles, socio-behavioural and structural factors, and the incidence of urethral and anorectal STIs (CT, NG). In Aim 1, we describe the clinical history of STIs from (1) time of detection, to (2) time of treatment, to (3) post-treatment. At baseline (prevalent infection) and one year (incident infection), we characterize the clinical history of CT and NG infection in terms of bacterial community composition and function, and host immunology from time of detection to time of treatment, to 4 weeks post-treatment. In Aim 2, we identify microbiome community composition and specific taxa associated with STI incidence and symptomatic infection. We also examine the host immune profile as an intermediate outcome, characterizing the associations between microbiome composition and inflammatory profile over time. Lastly, in Aim 3, we identify adaptive immune mechanisms that link the microbiome, STI infection, and host immunity.

We also examine the frequency, phenotype, and clonality of antigen-specific T cell subsets that may mediate vaccine efficacy, and how these are impacted by baseline gut microbiota and inflammation.

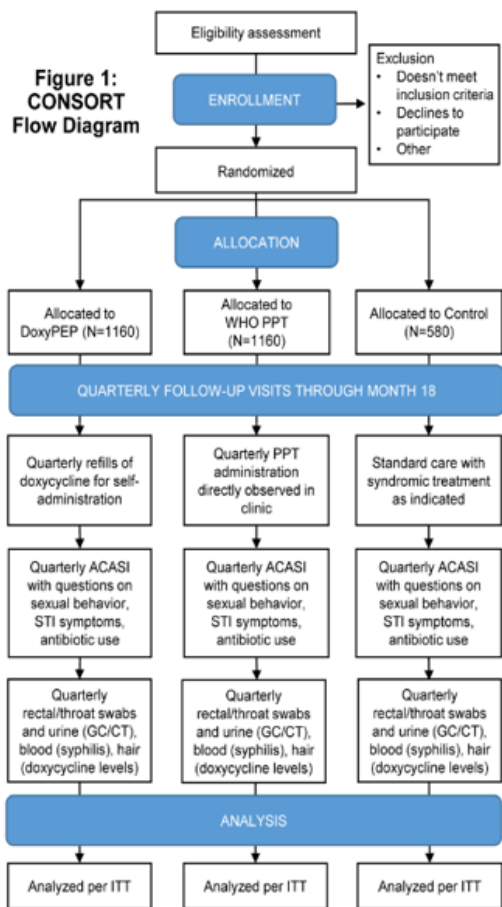


Between June and December 2024, 250 participants aged 18–39 were enrolled in the study. Initial screening identified cases of Schistosomiasis (14.4%), Chlamydia trachomatis (10.4%), and Neisseria gonorrhoeae (4.0%), with nearly all affected participants receiving treatment. At Month 6, 235 participants were followed up (94% retention), with a small number of new STI cases detected and one new HIV diagnosis, who was linked to care. By Month 12, 222 participants were seen (88.8% retention), with most testing negative for Schistosomiasis and a few additional STI cases identified. The study also conducted four dissemination activities with key stakeholders and developed three manuscripts on data collection methods, STI risk factors among MSM, and dietary patterns. One manuscript was presented at a national STI/HIV/SRH conference in Nairobi in January 2026.

MAMBO MATATU

The proposed study is an open-label randomized controlled trial with a hybrid type 1 implementation-effectiveness component comparing WHO-recommended Periodic Presumptive Treatment (WHO PPT) versus Doxycycline Post-Exposure Prophylaxis (DoxyPEP) for STI Control to a common control among Cisgender Men Who Have Sex with Men in Kenya in a 2:2:1 ratio. Participants will undergo 18 months of follow-up at three MSM-friendly research clinics in Kisumu (Anza Mapema), Nairobi (PHDA Transform) and Coast (Hapa Kenya) in Kenya. This study will open recruitment in January 2025 and has the following aims.

- **Aim 1:** Evaluate effectiveness and impact on AMR in NG of two interventions: WHO-recommended PPT given every 3 months and doxy-PEP taken 24-72 hours after condomless sex, compared to standard syndromic treatment
- **Aim 2:** Assess acceptability, feasibility, and safety of implementing WHO-recommended PPT and doxy-PEP compared to standard care among providers and patients
- **Aim 3:** Model health and economic impact of scaling up WHO-recommended STI PPT and doxyPEP compared to standard of care on STI control among MSM and their partners



* Rectal/throat swabs and urine for GC/CT will be collected at unscheduled interim visits for any reason. In addition, swabs of urethral discharge will be collected from participants in each arm who present with symptomatic urethritis at scheduled or interim visits.

Mambo Matatu started enrolments on 3 November 2025. By end of December, we had screened a total of 296 and enrolled a total of 270 of the expected 985. 108 had been randomized into DOXY PEP, 108 into STIPPT, and 54 into Standard of Care. We had 13 positive RPR results, 8 were treated by December.

EXPRESSIVE:MK8527 Oral Once-Monthly as HIV- 1 PREP Study (MSD Protocol 11 Study)

MK 8527-011 study is a Phase 3, Randomized, Active-Controlled, Double-Blind Clinical Study to Evaluate the Efficacy and Safety of MK-8527 Oral Once-Monthly as HIV-1 Preexposure Prophylaxis. MK-8527 is the investigational medicinal product pill that is taken once per month as PrEP. The study is testing new medication call MK8527, taken as a pill once per month, to see if it is safe and effective to prevent one from getting HIV infection among people who are at higher risk of getting HIV. The study will compare MK- 8527 to the standard daily HIV prevention pill called FTC/TDF. In addition, will have participant randomly place in 2 groups. One group will take the MK-8527 once a month and a placebo pill while the other group will take FTC/TDF every day and a monthly placebo. NRHS as a site is targeting to enrolled at least 160 participants. The participant will be in the study for about 3years(36months)

CONTRACT LABORATORY SERVICES



In the year 2025, several laboratory equipment were already procured at NRHS. The laboratory was therefore subcontracted by the following research organizations during the period:

- a) IRDO AKIBA Study (M24): HSV-2 Kalon ELISA test (1 Jun 2024 – Jun 2025)
- b) CCG 2 Study: HSV-2 Kalon ELISA test (Jun 2024 – 31 Jul 2025)
- c) Artesunate Study:
 - Phase II cervico vaginal lavage (LCCC 2330) Study: HPV, CT/NG, TV testing (6 Jan 2025 – Dec 2025)
- d) Samples storage:
 - Storage for oral microbiome analysis samples - Dr. Immaculate Opondo (Feb 2024 – Jan 2025)
 - Storage for Soil Gut Microbiome Association (SGMA) samples – Dr. Mariah Coley (1 April 2025 – 30 Jun 2025)
 - Storage for Phase II cervico vaginal lavage (LCCC 2330) Study samples (6 Jan 2025 – Dec 2025)



POLICY AND ADVOCACY



NRHS, as has been the trend in the past, participated in several scientific meetings and conferences, as well as technical working group meetings to review various program implementation aspects and participate in the development of policy and program guidelines. NRHS participated in the following National and Kisumu County Ministry of Health Technical Working Groups:

1. NASCOP Technical Working Group for Key and Vulnerable Populations
2. NASCOP Technical Working Group on Viral Hepatitis and Sexually Transmitted Infections
3. NASCOP Technical Working Group on Harm Reductions
4. NASCOP Key Population Size Estimates
5. NASCOP VMMC Centre of Excellence Working Group

Additionally, NRHS assumed the Chairmanship of the MSM Health Research Consortium which encompasses groups doing MSM research within Kenya (<http://mhrcons.org/about-us/>). The MHRC designs and implements studies that identify and address HIV, health and other challenges faced by GBMSM in East Africa

The specific objectives of the consortium are:

- To strive to standardise data collection tools to enable the collection of data that is comparable across study sites
- To share and pool data following mutually agreed-upon protocols for analysing, writing and publishing results

- To develop new, innovative biomedical and behavioural research together, or in collaboration with agreed upon partners, with main goal of informing and assisting Kenya Ministry of Health to improve HIV prevention, care and treatment of MSM

ADMINISTRATIVE ACTIVITIES

The number of full-time salaried staff at NRHS ranged between 40 and 50 during the year, with an average of 56% female employees. In addition, locums and temporary staff were engaged on various projects for short-term assignments depending on project needs. Staff fluctuations were primarily attributed to project cycles and funding variations. During the year, the organization recorded three staff exits, largely due to funding constraints, and onboarded two new employees.

NRHS remains committed to staff welfare and retention. All salaried staff continued to receive a 10% employer-paid pension contribution and comprehensive health insurance covering themselves and up to three dependents. The organization also implemented staff training and capacity-building initiatives, conducted performance appraisals, and supported staff welfare activities. A two-day team-building retreat was held in Homa Bay County in December, providing an opportunity for staff to strengthen collaboration, reflect on organizational progress, and align future priorities.

There were no notable changes in the organization's leadership during the reporting period. The management team undertook a review of the NRHS Strategic Plan 2020–2025, which came to an end during the year, and initiated the development of a new strategic plan for the 2026–2030 period to guide the organization's next phase. In strengthening governance and compliance, NRHS introduced a Whistleblower Policy and Conflict of Interest Policy to enhance transparency and accountability. The organization maintained strong financial oversight and accountability systems, including sustaining an unqualified audit opinion for the 2024 institutional audit conducted within the financial year.

Operationally, NRHS made significant improvements in its systems and processes. This included the acquisition and implementation of an Employee Self-Service (ESS) portal and the transition from manual record-keeping to a digital HR management system. The new system enables employees to apply for leave, access pay slips, and manage personal records more efficiently, thereby improving administrative effectiveness and service delivery. In the financial year ended 31st December 2025, NRHS recorded a total expenditure of KES 108,062,502 against an income of KES 128,059,915.

OTHER ACTIVITIES

NRHS continued its membership with HENNET, the National Health Organizations Network, stimulating linkages between the Ministry of Health, Private Sector and Health organizations. NRHS is also a member of the Federation of Kenya Employers. As indicated above, it also continued its active participation in the MSM Health Research Consortium, as well as all its involvements with NASCOP, the MOH and County and regional entities.

PUBLICATIONS

1. Supriya D. Mehta, Souvik Paul, Enid Awiti, Sophie Young, Garazi Zulaika, Fredrick O. Otieno, Penelope A. Phillips-Howard, Linda Mason and Runa Bhaumik. Evaluation of large language models within GenAI in qualitative research. *Sci Rep* 15, 34993 (2025). <https://doi.org/10.1038/s41598-025-18969-w>

2. Supriya D. Mehta Robyn Thorington, Walter Agingu, Fredrick Otieno, Anastasia Unitt, Laura K. Rusie, Adriana Le Van, Irene Martin, Ann E. Jerse and Odile Harrison (2025). Genomic trends and emerging antimicrobial resistance in *Neisseria gonorrhoeae* over two decades in Kenya. *Microbiol Spectr*: e01586-25. <https://doi.org/10.1128/spectrum.01586-25>
3. James Stannah, Jesse Knight, Theo Sandfort, Christian Laurent, Fredrick O. Otieno, Joseph Larmarange, Pierre-Julien Coulaud, Victor Mudhune, erica hamilton, Vanessa Cummings, Bruno Spire, Doeriyah Reynolds, Sufia Dadabhai, Duncan Okall. Bintou Dembélé Keita, Luis Sagaon-Teyssier, Ravindre Panchia, Marie-Claude Boily and Mathieu Maheu-Giroux (2025). *The Effect of Sexual and Gender Minority Violence on Depression, Hazardous Drinking, Condom Use, and HIV Acquisition: An Individual Participant Data Meta-Analysis of the CohMSM, HPTN 075, and Anza Mapema Cohort Studies in Africa*. *AIDS and Behavior*. DOI: <https://doi.org/10.1007/s10461-025-04799-4>
4. Laura Jadwin-Cakmak, Gary W. Harper, Elijah Ochieng, K. Rivet Amico, Teddy Aloo, Felix Okutah, Edwin Gumbe, Kennedy Olango, Duncan O. Okall, Fredrick O. Otieno, Wilson Odero, and Susan M. Graham (2025). *Participatory development and initial pilot run of the Shauriana program to integrate sexual health and mental health support for young gay and bisexual men and other men who have sex with men in Kenya*. *Adv Glob Health*, 4: 1. DOI: <https://doi.org/10.1525/agh.2025.2442813>

COLLABORATING AND FUNDING INSTITUTIONS

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|-------------|--|
| 1. CDC: | U.S. Centres for Diseases Control and Prevention |
| 2. CIHEB: | Centre for International Health, Education and Biosecurity |
| 3. IAVI: | International AIDS Vaccines Initiative |
| 4. IRDO: | Impact Research and Development Organisation |
| 5. KCG: | Kisumu County Government |
| 6. KEMRI: | Kenya Medical Research Institute |
| 7. KWTRP: | KEMRI Wellcome Trust Research Programme |
| 8. MSD: | Merck Sharpe and Dohme |
| 9. NASCOP: | National AIDS and STI Control Program |
| 10. NIH: | U.S. National Institutes of Health |
| 11. NWU: | Northwestern University |
| 12. PEPFAR: | President's Emergency Program for AIDS Relief |
| 13. PHDA: | Partners for Health and Development in Africa |
| 14. RLS: | Reliance Life Sciences |
| 15. RUSH: | Rush University |
| 16. UIC: | University of Illinois at Chicago |
| 17. UM: | University of Manitoba |
| 18. UoC: | University of Chicago |
| 19. USAID: | U.S. Agency for International Development |
| 20. UW: | University of Washington |
| 21. WHO: | World Health Organization |