

Kenya

Community, Rights and Gender Country Profile

WORKING DOCUMENT



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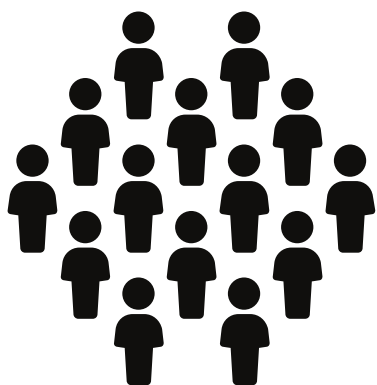


CRG Interventions



CFCS Round 10 Partners

Quick Facts



53.77 million people

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**High TB and TB/HIV
Burden Country**

UNHLM Targets

Resource Needs (2022)

182.52 million (USD)



Available TB Funding 2020 (USD)

Domestic: 13.7 million

International (Excluding Global Fund): 4.7 million

Global Fund: 15.8 million

Funding Needs: 75.3 million

Diagnosis and Treatment Targets (2020)

TB Target: 131,800

% Target Achieved: 55

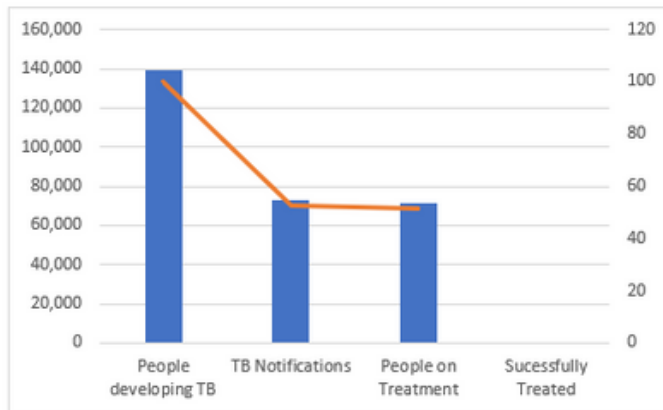


National Strategic Plans and Funding Opportunities

- Next National Strategic Plan Development: **2024**
- Next Global Fund Funding request (proposal development): **2023**

TB Situation

Epidemiological Data (2020) Community, Rights and Gender Data



Source: Stop TB Country Dashboard
https://www.stoptb.org/static_pages/MappingTool_Main.html

Major Gaps in TB Prevention and Care

- 67,354 Missing people with TB (11,394 were children)
- 21,000 people died because of TB
- 589 Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

Discrimination issues: no prohibition of TB discrimination in legislation or policy (though constitution prohibits discrimination on any ground). There is widespread TB stigma & discrimination at workplaces, educational and healthcare setting. Often, people with TB lose and fear losing employment or being excluded from school, public and social spaces.

Freedoms: health law protects right to privacy and confidentiality but the law does not recognize the rights of people with TB. Under the public health law people with TB who stop or interrupt treatment may be imprisoned. Prisons law allows for forced treatment and does not protect privacy, confidentiality or informed consent. There is lack of guidelines for safety, informed consent and confidentiality for vulnerable populations during TB data collection, analysis and reporting.

Gender: men are at high risk of TB due to poor health-seeking behaviours, long work hours, occupational risks including mining and truck driving. Women are more likely to seek healthcare early and more frequently than men, but women outside Nairobi are often poorer than men and experience socio-economic barriers to services. Women lack financial and decision-making power and independence limiting access to healthcare. There is limited evidence on impact and barriers of gender on accessing TB services. Lack of attention to TB/HIV trans persons, no TB data for trans persons and cultural norms contribute to gender-based barriers to services, but it is likely to vary throughout the country.

Key and Vulnerable Populations prioritized groups: PLHIV, Healthcare workers, prisoners, refugees, truck drivers, people living in urban slums and people with diabetes. There is lack of accurate comprehensive data and knowledge of key populations. There is lack of resources for data collection, planning, implementation, monitoring and evaluation of key population programs. Lack of population size estimates, indicators and disaggregation of TB data for key populations. TB rates in prisons are four times higher than surrounding populations. Overcrowding, poor ventilation, malnutrition, lack of infection control, poor health services makes people living in slums and informal settlements at high risk of TB. Migrants and refugees are often confronted with financial, geographical and social barriers which makes them more vulnerable to TB. Also, PWUDs have poor health-seeking behaviours and challenges with treatment adherence due to addiction, social stigma and economic factors. Children are at high TB risk due to diagnosis challenges, and congestion and overcrowding in public schools. PLHIV's lack of access to TB-LAM, but prevention efforts have had success.

Participation: there is a lack of engagement of key populations in the TB response which is partly a results of structural and legal factors that exacerbates discrimination against key populations.

Remedies and Accountability: people with TB do not report discrimination, even when they lose employment or are denied healthcare. However, legal aid law provides an opportunity to ensure access to justice for people with TB

The CRG assessment conducted in 2018 identified the following:

Accessibility Barriers: lack of information in the general public about TB services and prevention. Cost of diagnosis services, incidental expenses associated with treatment, lack of access to MDR-TB drugs: Bedaquiline & delamanid, and limited clinic hours especially for day laborers hinders access to services.

Availability Barriers: frequent drug stock-outs and shortage of rapid molecular tests.

Quality issues: There are inadequate medical facilities. Also, DOT is major inconvenience especially for laborers Similarly, side effects of medications affects treatment adherence.

Acceptability issues: Stopping or interrupting TB treatment can result in imprisonment. Also, prisons law allows for forced treatment and does not protect privacy, confidentiality or informed consent. DOT is major inconvenience especially for laborers. Side effects of medications often impacts treatment adherence.

COUNTRY PROFILE KENYA

Community Engagement and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- Network of TB Champions

TB Network represented on CCM

- Yes

National High-Level Engagement with Parliamentarians

- Yes

Celebrities Engagement in TB response

- Yes

Challenge Facility for Civil Society Round 10 Grantees

- Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN)
- Moi's Bridge Community Welfare Association
- Stop TB Partnership Kenya
- Women Education and Health for Development

CFCS Round 10 Grantees Regional Level

- African Coalition TB Africa
- Eastern Africa National Network of AIDS Service Organization (EANNASO)

Global Network :

- TB people
- TB Women



Community Rights and Gender



- CRG Assessment Complete ✓
- Costed CRG Action Plan Available ✗
 - No
- TB Stigma Assessment Conducted ✗
 - No
- TB Stigma Elimination Plan Available ✗
 - No
- Community-led Monitoring Mechanism ✓
In progress

CFCS Round 10 Grantees

Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN)

- **Global Fund Grant: No**
- Project Location: Nandi, Makueni, Kajiado , Busia
- Timeline: January 2022 - January 2023
- Objectives
 - To strengthen the TB response in Kenya by increasing capacities of affected communities in 4 counties (Nandi, Makueni, Kajiado, Busia) to advocate for rights of people with TB and strengthen networks of affected communities to participate in TB programming and decision making

COUNTRY PROFILE KENYA

CFCS Round 10 Grantees

Moi's Bridge Community Welfare Association

- **Global Fund Grant: No**
- Project Location: Western Kenya counties (Kakamega, Busia, Vihiga and Bungoma)
- Timeline: January 2022 - January 2023
- Objectives
 - To increase community participation in TB and human rights programming through establishment of TB Village Health Community Stakeholders Management Committees that represents the community at Sub-county and County level focused on CRG.
 - To increase and strengthen Community-led Rights and Gender Based Integrated TB and COVID-19 responses and post-test management collaboration at villages and county level
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 10 Grantees

Stop TB Partnership Kenya

- **Global Fund Grant: No**
- Project Location: National Level
- Timeline: January 2022 - January 2023
- Objectives
 - To strengthen the multi-sectorial approaches at the nation and sub-national levels for advocacy for domestic resource mobilization towards the achievement of the UNHLM 2022 targets
 - To create a community led participatory and inclusion interventions for sustainable financing for TB response in the wake of Covid-19
 - To strengthen transparency and accountability for governments in budgeting to ensure sustainable increase in TB allocation and expenditure towards achievements of the UNHLM target

COUNTRY PROFILE KENYA

CFCS Round 10 Grantees

Women Education and Health for Development

- **Global Fund Grant: No**
- Project Location: North Eastern Region of Kenya
- Timeline: January 2022 - January 2023
- Objectives
 - To improve community awareness on TB and human rights, particular women affected by TB.
 - To strengthening knowledge and capacity of TB and human rights among stakeholders.
 - To Improve Quality of Care for people with TB through human rights support networks.

Questions? Contact us.

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