

# Kenya

## Community, Rights and Gender Country Profile

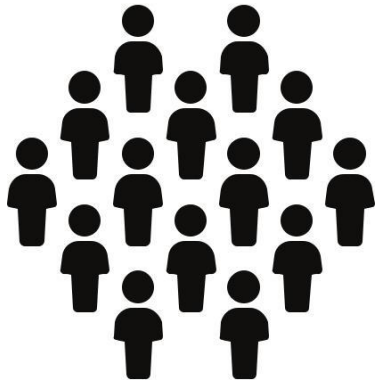
*Working Document*



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# Quick Facts



**53 million people  
(2021)**

*Working Document*



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

# UNHLM Targets



**Resource Needs (2022)**  
186.52 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



**Prevention Therapy (2022)**

Total PT Targets: 188,120

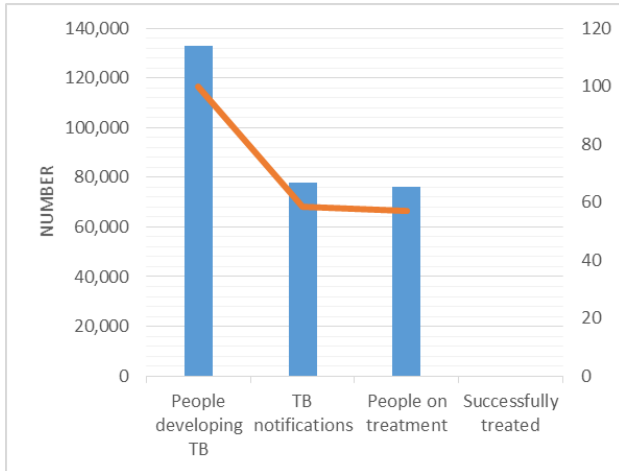
\*Please note that this will be updated in October after 2023 UNHLM on TB  
Source: [Stop TB Partnership Dashboard](#)

# National Strategic Plans and Funding Opportunities

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

# TB Situation

## Epidemiological Data (2021)<sup>1</sup>



### Major Gaps in TB Prevention and Care

56,990 Missing people with TB (8574 were children)

32,000 people died because of TB

465 Laboratory confirmed people with MDR/RR-TB (WHO data, 2021)

## Community, Rights and Gender Data

The various assessments conducted in identified the following CRG barriers:

**Accessibility Barriers:** include a lack of public awareness about TB services and prevention measures. The cost of diagnosis services and incidental expenses related to treatment posed financial challenges for individuals. Additionally, limited access to MDR-TB drugs, specifically Bedaquiline and Delamanid, and restricted clinic hours, particularly for day laborers, hindered people from accessing the necessary services.

**Availability Barriers:** observed included 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.

**Discrimination issues:** there is no prohibition of TB discrimination in legislation or policy (though constitution prohibits discrimination on any ground). There is widespread stigma and discrimination surrounding TB in workplaces, educational institutions, and healthcare settings. People with TB often faced employment loss or exclusion from public and social spaces, causing fear and further discrimination.

**Freedoms:** while health laws protected the right to privacy and confidentiality, they did not recognize the rights of people with TB. Those who stopped or interrupted treatment could be imprisoned under public health law. The prison law allowed for forced treatment without adequate protection of privacy, confidentiality, or informed consent. Guidelines for safety, informed consent, and confidentiality were lacking for vulnerable populations during the collection, analysis, and reporting of TB data.

**Gender:** Men were at higher risk of TB due to poor health-seeking behaviors, long work hours, and occupational hazards such as mining and truck driving. Women tended to seek healthcare earlier and more frequently than men, but those outside Nairobi often faced socioeconomic barriers. Limited financial power, decision-making autonomy, and independence constrained women's access to healthcare. The impact and barriers of gender on accessing TB services varied across the country. Trans persons, particularly TB/HIV positive individuals, faced additional barriers due to cultural norms and the lack of data on TB for this population.

**Key and Vulnerable Populations** prioritized groups include people living with HIV (PLHIV), healthcare workers, prisoners, refugees, truck drivers, individuals living in urban slums, and people with diabetes. However, there was a lack of accurate comprehensive data and knowledge regarding these key populations. Insufficient resources hampered data collection, planning, implementation, monitoring, and evaluation of programs targeting these groups. The absence of population size estimates, indicators, and disaggregated TB data further compounded the issue. TB rates in prisons were found to be four times higher than in surrounding populations. Overcrowding, poor ventilation, malnutrition, lack of infection control, and inadequate health services increased the risk of TB among people living in slums and informal settlements. Migrants, refugees, and people who use drugs (PWUDs) faced various financial, geographical, and social barriers, making them more vulnerable to TB. PWUDs also struggled with health-seeking behaviors and adherence to treatment due to addiction, social stigma, and economic factors. Children were at high risk of TB due to challenges in diagnosis and the congestion and overcrowding in public schools. PLHIV faced difficulties in accessing TB-LAM, but prevention efforts had shown some success.

**Participation:** was found to be lacking, with limited engagement of key populations in the TB response. This lack of engagement was partially a result of structural and legal factors that exacerbated discrimination against these populations.

**Remedies and Accountability:** people with TB often did not report discrimination, even in cases where they experienced employment loss or were denied healthcare. However, the legal aid law provided an opportunity to ensure access to justice for people with TB.

<sup>1</sup> Source: [Stop TB Partnership Interactive Map Dashboard](#)



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/Community represented on CCM

- Yes

National High-Level Engagement with Parliamentarians

- Yes

Celebrities Engagement in TB response

- Yes

Challenge Facility for Civil Society Round 10 Regional Partners

African Coalition on TB (ACT)

EANNASO

CFCS Round 11 Regional Partners

African Coalition on TB (ACT)

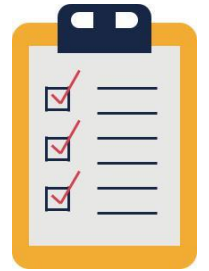
Lawyers Alert Association Makurdi

Global Network:

- Lean on Me Foundation



# Community, Rights and Gender



- **CRG Assessment Complete** ✓
- **Costed CRG Action Plan Available** ✓
  - **In progress**
- **TB Stigma Assessment Conducted** ✗
  - **No**
- **TB Stigma Elimination Plan Available** ✗
  - **No**
- **Community-led Monitoring Mechanism** ✓
  - **In progress**
- **Legal and Human Rights Scorecard Assessment** ✓
  - **In progress**



# CFCS Round

## 10 Grantees

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

**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

**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 the establishment of TB Village Health Community Stakeholders Management Committees representants 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 the villages and county level
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

COUNTRY PROFILE KENYA

# CFCS Round10 Grantees

## Stop TB Partnership Kenya

**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 11

## Grantees

### Kenya Conference of Catholic Bishops

**Project Location:** Western Kenya of Homabay, Kisumu, Siaya and Kakamega Counties

**Timeline:**

**Overall Aim:**

- To increase Participation, Accountability, Non-discrimination, Empowerment, Linkage and Sustainability among vulnerable and marginalized populations affected by TB in Kenya

**Proposal Objectives**

- To capacity-build vulnerable and marginalized TB communities on CRG issues
- To increase meaningful engagement of vulnerable and marginalized population structures affected by the community
- To strengthen the advocacy of vulnerable and marginalized TB communities on CRG for improved TB response

# CFCS Round 11 Grantees

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

**Project Location:** Mombasa, Kisumu, Homa Bay, Nairobi, Nandi Kajiado, Busia and Makueni Counties

**Timeline:** May 2023 – April 2024

**Aim:**

- To strengthen the TB response in Kenya through a participatory community led monitoring for accountability in TB and human rights process

**Objectives:**

- To introduce community led monitoring for accountability tools to national level stakeholders.
- To increase knowledge of TB champions from eight counties on community led monitoring (CLM) for accountability and support them in undertaking CLM initiatives at the community level.
- To advocate for prioritisation of human rights in the TB response in policies and programming both at the county and national level.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels

# CFCS Round 11

## Grantees

### Moi's Bridge Community Welfare Association

**Project Location:** Western Kenya counties (Kakamega, Busia, Vihiga and Bungoma)

**Timeline:** April 2023 – April 2024

**Aim:**

- To increase community stakeholders' engagement in advocacy, communications campaigns and TB case detection focused on CRGs through TB Community's led Integrated Responses and Post-Test Management (TBCLIR & PTM) supporting treatment and adherence journey to achieve improved retention to TB care and reduction of TB-related deaths by 90% in the targeted 4 counties of western Kenya.

**Objectives**

- To increase community participation in TB programming from 60% to 90% through the establishment of 150 additional TB Village Health Community Stakeholders Management Committees (VHCSMC) by 2024
- To increase community knowledge and strengthen VHCSMC institutional framework focused on CRG– human rights and other barriers to accessing TB care and related advocacy from 60% to 90% in the villages by 2024.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.



# CFCS Round 11 Grantees

## Stop TB Partnership Kenya

**Project Location:** National level with focus on Siaya, Bungoma, Kirinyaga and Meru Counties

**Timeline:** May 2023 – April 2024

**Aim:**

- To promote and advocate for CRG, accountability and commitments among the decision-makers, service providers and TB-affected communities towards quality patient-centered delivery of TB services.

**Objectives**

- To strengthen the capacity of 120 affected communities, 30 CSOs and 47 TB coordinators in CRG for enhanced participation in Community TB response by 2024.
- To strengthen capacities of 3 new sectors from the MAF listing (MOE, MOI MOT) on CRG for integration in their TB programming by 2024.
- To strengthen the capacities of 20 CSOs and 100 TB Champions in TB-related rights and gender, community-led monitoring, and accountability by 2024.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

# CFCS Round 11

## Grantees

### The Fantasy Soccer Academy (FSA)

**Project Location:** Nairobi City, Kitengela Town, Marsabit, Limuru Town, Rongai Town, Matasia Town, Ngongo Town in Kajiado, Nairobi and Kiambu Counties

**Timeline:**

**Overall Aim:**

- To promote TB Prevention, Care, Mitigation and Health Literacy Targeting Communities in Kajiado, Kiambu and Nairobi Counties including Refugee-Led Organizations

**Proposal Objectives**

- To equip refugees with the knowledge and skills to engage in TB prevention and healthy living promoting practices
- To provide organization development and participatory planning to address stigma, discrimination and establish first-line care services that promote early detection, treatment and good living for refugees and members of the local host communities
- To link the organizations to the Stop TB Partnership in Kenya and other mechanism such as the Global Fund Civil Society Coordination Mechanism and Civil Society Engagement Mechanisms (CSEM). This will ensure effective representation and sustainability of prevention infrastructure targeting both refugees and local host communities.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

COUNTRY PROFILE KENYA

# Country-level Platform Partnership

## STOP TB PARTNERSHIP, KENYA

**Project Location:** Kenya**Timeline:** November 2022-May 2024**Overall Aim:**

- To accelerate engagement of communities for political advocacy towards UNHLM and End TB targets and raise the profile of TB for increased budgetary allocations at the national and county levels

**Objectives**

- To enhance domestic resource mobilization and increase funding for TB
- To generate high-level advocacy activities targeting country key stakeholders and decision-makers to ensure alignment of national and global advocacy efforts
- To position Stop TB Partnership to support advocacy for UNHLM.

# Questions? Contact us.

[cfcs@stoptb.org](mailto:cfcs@stoptb.org)

