KENYA
Mid-term Assessment
Global Fund Breaking Down Barriers Initiative

March 2022

Geneva, Switzerland

DISCLAIMER

Towards the operationalization of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Kenya is a rapid assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

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Summary

Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels, programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends in 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Kenya. It seeks to: (a) assess Kenya's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers 'Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services[*] increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.[†] This will in turn accelerate country progress towards national, regional, and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Kenya to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and remote interviews with key informants from principal and sub-recipients of Global Fund grants and other government and civil society representatives. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Kenya was a rapid assessment. It was conducted primarily between June 2021 and October 2021.

Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Progress towards Creating a Supportive Environment to address Human Rights-related Barriers

At mid-term, all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV, TB and malaria services have been achieved (see Table 1). This included applying for matching funds of US $3.8 million in NFM 2 and fully matching from within allocation, and further increasing the investment in NFM 3, significantly increasing the funding for programs to remove human rights-related barriers to services; conducting a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; holding a multi-stakeholder meeting to review the findings of the baseline assessment; developing a multi-year plan to remove human rights-related barriers; and establishing a human rights and gender technical working group across HIV, TB, and malaria to monitor human rights-related initiatives and implementation of the national multi-year plan. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment, and care for key and vulnerable populations.

Table 1: Key milestones

Milestone	Results	Date
Matching funds	As part of the NFM 2 allocation, USD 3.8 million catalytic funding was granted through matching funds addressing human rights barriers to HIV and TB services. This was matched 1:1 from within allocation	January 2018
Baseline assessment	Literature review, country visit, key informant interviews and focus group discussions conducted.	Inception meeting held in April 2019, followed by in-country research
	Report finalized	July 2020
Multi-stakeholder meeting	To review and validate the findings of the baseline assessment and develop a shared understanding of actions to be taken to address human rights barriers to HIV, TB and malaria services, a multi-stakeholder meeting was held and attended by government officials, law enforcement, representatives of key populations and other community organizations, HIV, TB and malaria program implementers, UN agencies and donors. This was an online meeting and allowed for broad participation and representation.	December 2020
Human rights and gender technical working group for HIV, TB, and malaria	A technical group working on HIV and human rights under NACC was reconstituted as the human rights and gender technical working group for HIV, TB, and malaria	March 2021
National plan to reduce human rights-related barriers to HIV, TB, and malaria services	The national plan, titled, *Comprehensive response to human rights and gender-related barriers to HIV, TB and malaria services in Kenya* was finalized in December 2021.	December 2021

Scale-up of Programs: Achievements and Gaps

By mid-term, Kenya showed progress in scaling up programs in all seven program areas to remove human rights-related barriers to HIV services, with the overall scorecard scores increasing from 2.1 to 3.1 (on a scale of 0 to 5). With support from the Global Fund, other donors and technical partners, efforts to address stigma and discrimination, including via county-level Key and Vulnerable Population technical working groups and advocacy sub-committees, have resulted in a marked decrease among respondents' experiences of HIV-related stigma and discrimination, as reported in the second 2020 HIV Stigma Index survey. National level advocacy among a robust network of civil society and key population-led organizations remains a strength at mid-term, and the formation of county-level advocacy sub-committees will support efforts towards local law and policy reform. Scaled-up training and formal government recognition of peer paralegals and the HIV and AIDS Tribunal's launch of teleconferencing facilities in three additional counties are also promising initiatives that will facilitate access to justice.

There is significantly less programming specific to removing human rights-related barriers to TB services than there is for HIV services, though this gap has narrowed through increased human rights programming, including the integration of TB and HIV human rights programs. There is also increasing information related to TB and human rights because of recent legal, key population, and gender assessments. As key informants noted, the COVID-19 pandemic delayed implementation of many TB interventions and affected access to facilities for people affected by TB. As a result, there was more modest progress at mid-term in TB programming, with an overall scorecard change from 1.4 to 1.8.

With respect to malaria, there have been some recent, promising developments which provide a foundation from which to develop and implement human rights programs. The *Kenya Malaria Strategy (KMS) 2019-2023* considers adherence to the principles of human rights, gender and equity as one of its guiding principles, the new national technical working group on human rights and gender includes for the first-time malaria stakeholders, and KeNAAM carried out a rapid mapping of malaria civil society organizations in 2021 to inform the new Malaria Matchbox Assessment. Consistent with the findings at baseline, however, scant programs were identified to address human rights-related barriers to malaria services, and commodities and service delivery remains the focus of most malaria programming, which informants attributed to limited resources and human rights expertise. The scorecard for malaria increased from 0.8 to 1.3.

Overall, key informants observed strong engagement on the part of civil society, including increasingly more key population-led organizations, to address human rights barriers to HIV and TB services and enthusiasm to expand human rights-related malaria programming and programming at county level. Sustaining human rights programming will require ongoing investments to preserve the gains made, and gaps in programming also need to be addressed, particularly concerning transgender people, people in prison, gender-based violence, and the need for privacy and confidentiality in health care settings. As noted in the methods section, the scorecard is based on geographic and population coverage at national level. The Global Fund supports programs and interventions in a limited number of counties, while PEPFAR, as the other major donor, funds other areas. The results of the scorecard reflect this reality.

Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness for HIV and TB

Program areas	HIV		TB	
	Base line	Mid-Term	Base line	Mid-Term
Stigma and discrimination reduction	2.0	3.5	3.0	3.0
Training for health care providers on human rights and medical ethics	2.0	2.5	1.0	2.0
Sensitization law-makers and law enforcement agents	2.0	3.0	1.0	1.5
Legal literacy ("know your rights")	1.0	2.5	*	1.5
Legal services	2.5	3.5	*	1.5
Monitoring and reforming laws, regulations and policies	3.0	4.0	1.5	2.0
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.0	2.5	0.5	1.0
Ensuring confidentiality and privacy		*N/A*	*	1.0
Mobilizing and empowering patient and community groups			2.0	3.0
Programs in prisons and other closed settings			1.0	1.5
Average score	**2.1**	**3.1**	**1.4**	**1.8**

Table 3: Baseline vs. Mid-Term Scores of Program Comprehensiveness for Malaria

Program areas	Malaria	
	Base line	Mid-Term
Reducing gender-related discrimination and harmful gender norms	*	0.5
Promoting meaningful participation of affected populations	0.5	1.5
Strengthening community systems for participation	*	2.0
Malaria programs in prisons and pre-trial detention	*	*
Improving access to services for underserved populations, including for refugees and others affected by emergencies	1.0	1.0
Average score	**0.8**	**1.3**

Key

0 – no programs present

1 – one-off activities

2 – small scale

3 – operating at subnational level

4 – operating at national level (>50% of geographic coverage)

5 – at scale at national level (>90% geographic coverage + >90% population coverage)

N/A – Not applicable

For detailed scorecard key, see Annex II

Cross-cutting Issues related to Quality Programming and Sustainability

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming‡ and sustainability. The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening human rights capacity towards sustainability; addressing the contexts of beneficiaries; and ensuring robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights- related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers and community organizations, as well as reviews of program data for certain programs and activities, several key components of quality are discussed below.

The mid-term assessment found growing integration of human rights programs — particularly those targeting key populations — with health service delivery programs, including at county level. There has also been greater integration of HIV and TB programs, and with a new National Plan to address human rights and gender-related barriers to HIV, TB and malaria services and a NFM 3 funding request that includes integrated interventions across the three diseases, the opportunity to assess how the same can be done for malaria. As key informants underscored, integration of HIV, TB and malaria programming would facilitate more effective and efficient service delivery.

At the same time, there is a need for greater coordination of such programming – a key role of the newly reconvened HIV and gender working group on HIV, TB and malaria. With many programs being rolled out across Kenya and some organizations working in silos, key informants indicated it was difficult to know where there are gaps and ways to avoid duplication. A national mapping of human rights-related HIV, TB and malaria programming and more systematic, routine exchange of information and dialogue between the Kenyan government, county stakeholders, donors and program implementers would support coordination efforts. Key informants also observed a need for improved coordination between programming at the national, county and grassroots levels.

While there are designated focal points for monitoring and evaluation across a range of HIV, TB and malaria programs, program implementers primarily collect and record quantitative program data and few implementers track human rights-related indicators such as changing attitudes or the impact of programs on the uptake of health services. According to key informants, some program implementers lack an adequate understanding of human rights-related barriers to health services and human rights violations, thus impeding the monitoring and evaluation of the human rights outcomes of programs, especially among TB and malaria programs.

Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV, TB and malaria services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities.

At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers. These programs have contributed to a shift in the national conversation about HIV and human rights, including among a key arbiter of those rights: the courts.

Setting precedents on HIV and human rights: the HIV and AIDS Tribunal

The HIV and AIDS Tribunal is the only judicial body in the world with a mandate to adjudicate violations of HIV-related human rights. Established under the *HIV & AIDS Prevention and Control Act (2006),* the Tribunal began hearing cases in 2011, adopting several noteworthy practices to minimize barriers to access. There is no cost to filing a complaint, complainants do not require legal counsel, the Tribunal holds its hearings *in camera*, and complainants have the option to withhold their identity in decisions to protect privacy and confidentiality. Compared to disputes in other judicial settings in Kenya which can take years, complaints brought before the Tribunal can be resolved within weeks (but can take months). As a result, human rights organizations and people living with HIV in Kenya have praised the Tribunal for its "smooth, flexible, and sensitive approach to justice in the context of HIV."[§]

In its early years, however, awareness of the Tribunal remained low, and the baseline assessment noted it was underutilized in part due to limited understanding of its existence and mandate. To address this, the Global Fund supported legal literacy campaigns sensitizing the public about the body, resulting in an increase in the number of cases taken up by the Tribunal and more broadly, fostering stronger public awareness of accountability for HIV-related discrimination. The Tribunal's decisions have also had an impact beyond its jurisdiction. In July 2020, the High Court of Kenya awarded damages to a woman living with HIV whose right to privacy was violated by a hospital and her insurer. In a landmark judgment, the Court declared that the hospital and insurance company's disclosure of the petitioner's HIV status to her employer without her knowledge and consent was a violation of her constitutional right to privacy and awarded the petitioner costs and damages for suffering arising from the tremendous stigma and discrimination that she suffered at her workplace following this disclosure. In making its decision, the High Court adopted a persuasive decision of the HIV and AIDS Tribunal[**] that established the criteria for when medical facilities and medical practitioners can disclose their patients' HIV status to insurers.

In its ten years of operation, the Tribunal has delivered milestone judgments that have upheld the human rights of people living with HIV. When a judgment is publicized, this promotes awareness of rights violations and important normative guidance for other courts as they consider complex human rights concerns that affect the fundamental rights of people living with HIV.

Conclusion

Since baseline, Kenya has taken key steps toward creating a supportive environment for addressing human rights-related barriers to HIV, TB and malaria services, providing the foundation for a rights-oriented response that facilitates the removal of barriers to access to prevention, treatment and care for key and vulnerable populations. Notably, Kenya has scaled up all key programs to remove human rights-related barriers to HIV services as well as some of the key programs to remove human rights-related barriers to TB services.

However, much work remains to be done before the country reaches comprehensive programs. Stronger multi-sectoral government engagement at the national and county levels, increased coordination among programs, and improved monitoring and evaluation systems will increase the effectiveness of these interventions. The establishment of a human rights and gender technical working group for HIV, TB and malaria can help to facilitate coordination and intersectoral support for human rights programming by mapping human rights and gender equality programs related to HIV, TB and malaria against those identified in the National Plan to address human rights and gender-related barriers, identifying duplication or gaps, and coordinating their implementation.

Key Recommendations (see Report Annex for a full set of recommendations)

Creating a Supportive Environment
• Maintain, through technical and operational support, the human rights and gender technical working group on HIV, TB and malaria to lead, coordinate and continuously monitor the implementation of the National Plan and ensure quality of activities and interventions.
• Task the human rights and gender technical working group on HIV, TB and malaria with promoting greater knowledge of and engagement with the National Plan among government ministries, county level stakeholders, donors, civil society, and technical partners by publishing and disseminating the National Plan to these target audiences.

Programmatic Scale-up
• Based on the findings of the 2020 HIV Stigma Index, develop a 3-year action plan that includes an advocacy and communications strategy to inform programs targeting workplaces, educational and health institutions and a media campaign on human rights messages related to HIV, co-designed and led by people living with HIV and key and vulnerable populations.
• Develop and implement HIV, TB, key populations, gender equality and human rights training modules in the pre-service trainings for all health care workers, police, prison staff and lawyers.
• Review training curricula for HIV, TB and malaria community health volunteers to ensure inclusion of content on gender and human rights barriers to services and support training of community health volunteers on this content.
• Develop legal literacy resources on human rights, access to justice and legal services for people living with HIV, people with TB or malaria, and key and vulnerable populations for use by peer educators.
• Expand options to facilitate access to the HIV and AIDS Tribunal, including via additional teleconferencing facilities, satellite sites and mobile courts, and identify and equip organizations to facilitate local teleconferencing with community members requiring access to the Tribunal.

- Provide resources, capacity building and technical assistance for transgender leadership and advocacy, including to support the implementation of the national HIV/STI guidelines for transgender people.
- Conduct TB stigma assessment in line with Stop TB Partnership tool, disseminate findings to relevant Ministries including the Ministries of Health, Labour, and Interior and the National Prison Service, and develop a TB Stigma reduction plan that includes an advocacy, communications, and mass media plan.
- Conduct Malaria Matchbox Assessment to identify equity barriers to access to malaria prevention and treatment services and disseminate findings to key stakeholders, including the Ministry of Health, the human rights and gender technical working group on HIV, TB and malaria, and malaria program implementers and civil society organizations.
- Strengthen health management information system by routinely collecting sex- and age-disaggregated data on malaria and analyzing results to enhance gender responsiveness of malaria programming and mainstream gender issues at all levels of malaria program design, implementation, and evaluation.
- Support civil society and key population-led organizations to continue and scale up community-led monitoring of human rights violations towards people living with HIV, TB or malaria, and incorporate findings of such monitoring into training for health care workers and law enforcement, legal literacy efforts and for advocacy purposes.

Programmatic Quality and Sustainability

- Task the human rights and gender technical working group on HIV, TB and malaria with: mapping human rights and gender equality programs related to HIV, TB and malaria against those identified in the National Plan and identifying duplication or gaps, including gaps in sources of funding; publishing findings and disseminating to the Ministry of Health and other government stakeholders, HIV, TB and malaria program implementers, key donors and technical partners; and coordinating the implementation of the National Plan (including donor and technical partners coordination meetings).
- Continue to identify opportunities to integrate human rights and key population programs into HIV, TB and malaria health service delivery programs.
- Develop and fund a monitoring and evaluation plan under the National Plan that defines indicators to assess progress toward expected outcomes, identifies data sources that will be used, and demonstrates how data will be collected to measure indicators, how often it will be reviewed and how such data will be used to adjust program activities.
- Use the National Plan to proactively seek funding from the donor community to scale up and strengthen programs to remove human rights-related barriers.

Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Kenya, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Kenya from June 2021 to October 2021 to: (a) assess Kenya's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

The theory of change for the Breaking Down Barriers initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to "introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services", [††] and Global Fund Key Performance Indicator 9a that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

"Comprehensive" programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).[‡‡]

Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to Services[§§]

For HIV and TB:
- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy ("know your rights");
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases; and
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

Additional programs for TB:
- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings; and
- Reducing gender-related barriers to TB services (TB).

For Malaria:
- Reducing gender-related barriers and harmful gender norms;
- Promoting meaningful participation of affected populations in decision-making about health policies and programs that affect them;
- Strengthening community systems for participation in malaria programs;
- Malaria programs in prisons and pre-trial detention; and
- Improving access to services for underserved populations, including for refugees and others affected by emergencies.

According to the *Breaking Down Barriers* initiative's theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called "matching funds"); (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources); and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

From June to November 2021, the Global Fund supported a rapid mid-term assessment examining Kenya's progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV, TB and malaria services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Kenya as a rapid assessment included a desk review of relevant resources, including documents from the Global Fund, and remote interviews with key informants. Information from key informant interviews was analyzed using qualitative and quantitative methods centered around the question of the comprehensiveness of programs.

The Kenya mid-term rapid assessment was conducted between June 2021 and November 2021 (Table 1). More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

Limitations

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants who were identified by the Kenya CCM Secretariat. Kenya features a great number of actors operating in the field of HIV, TB and malaria, posing challenges to mapping programs to remove human rights-related barriers to HIV, TB and malaria services, especially in the context of a rapid assessment. Nonetheless, by carefully selecting and interviewing a diverse set of key stakeholders the team has tried to overcome these limitations as much as possible and hopes that the information contained in this report provides an accurate snapshot and basis for further development of programs seeking to remove human rights-related barriers to HIV, TB and malaria services.

At the time of the mid-term assessment, the COVID-19 epidemic had seriously affected the implementation of programs to remove human rights-related barriers to services. To the extent possible, the mid-term assessment adapted to the new country realities and documented programmatic impact.

Table 1: Kenya Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Sandra Ka Hon Chu and Julie Mabilat	December 2020 – November 2021
Key informant interviews conducted remotely with 17 people (see Annex III for list of key informants)	Sandra Ka Hon Chu and Sheilla Masasabi	June 2021 – October 2021
Follow-up with relevant key informants	Sandra Ka Hon Chu and Sheilla Masasabi	September – November 2021

Part I. Background and Country Context

Epidemiologic Context

According to the latest estimates from UNAIDS (2020), HIV prevalence among people in Kenya aged 15 to 49 is 4.2%, with higher prevalence among women at 5.5% compared to 2.9% for men. 96% of people living with HIV know their status, 86% are receiving antiretroviral therapy, and 81% of those on treatment have suppressed viral loads.[***] Key populations that face a higher HIV burden include men who have sex with men (18.2%),[†††] people who inject drugs (18.3%),[‡‡‡] female sex workers (29.3%),[§§§] male sex workers (26.3)[****], transgender people, and prisoners (although there is no national HIV prevalence data for the latter two groups).

Kenya has among the world's highest estimated numbers of incident TB cases, incident TB cases among people living with HIV, and incident MDR-TB cases.[††††] In 2020, the estimated total TB incidence rate (per 100,000 population) in Kenya was 267, the HIV-positive TB incidence rate (per 100,000 population) was 70, and the MDR/RR-TB incidence rate (per 100,000 population) was 4.1.[‡‡‡‡] In 2019, TB treatment coverage (notified/estimated incidence) was 60%[§§§§] In addition to key populations (e.g. prisoners and people living with HIV), populations that are highly vulnerable to TB include people living in crowded or poorly ventilated housing, uniformed personnel, contacts of TB patients, health care workers, refugees, people who are poor and malnourished, men aged 24-34 years, and the elderly aged 65 years and older.[*****] As one TB assessment concluded, different counties will have unique TB key populations based on the dominant occupation and geographic location.[†††††]

There are an estimated 3.5 million new clinical cases of malaria and 10,700 malaria-related deaths each year, and those living in western Kenya have an especially high risk of malaria.[‡‡‡‡‡] According to the *Kenya Malaria Strategy 2019-2023*, those living in malaria endemic areas (i.e. lake and coastal regions in western Kenya near Lake Victoria, including Kisumu, and coastal areas including Mombasa) are a key /vulnerable population.[§§§§§] Moreover, as noted in the baseline assessment, people living in poverty such as people living in rural communities and informal settlements, women, mobile populations (e.g. refugees and migrant labourers), and prisoners are also disproportionately impacted by malaria. Other populations identified as vulnerable to malaria include pregnant women and adolescents, children, adolescents and young adults, people living with HIV, and people with disabilities.[******]

Legal and Policy Context

Kenya has a strong Constitution and laws, policies and human rights bodies that are intended to uphold the rights of people living with HIV and key and vulnerable populations. The *Kenya National Patients' Rights Charter*, for example, enumerates patients' rights to the highest attainable standard of health, privacy and confidentiality, preventative care and treatment, and reproductive health and well-being,[††††††] while the *Health Act* similarly guarantees the right to the highest attainable standard of health including for "vulnerable groups" such as women, the elderly, persons with disabilities, children and youth, "members of minority or marginalized communities, and members of particular ethnic, religious, or cultural communities," as well as rights to information, informed consent, confidentiality and reproductive health care.[‡‡‡‡‡‡]

Specific to HIV, the *HIV and AIDS Prevention and Control Act* further enshrines protections for people living with and affected by HIV, including prohibitions on compulsory HIV testing as a precondition for employment, marriage, travel, access to health services and insurance and on HIV-related discrimination, as well as rights to voluntary, informed consent to HIV testing and to confidentiality of test results, HIV status and medical records.§§§§§§ One of the thematic areas of the *Kenya AIDS Strategic Framework (II) (2020/2021 – 2024/2025)* is human rights, with commitments to "protect the rights of people to live a life free of violence, stigma and discrimination" and to promote access to justice through public awareness of legal frameworks and redress institutions, among other objectives.*******

The national TB response in Kenya is guided by the *National Strategic Plan for Tuberculosis, Leprosy and Lung Health 2019-2023*. The Plan identifies strategic interventions to ensure a rights-based approach to TB management and care, including programs to sensitize lawmakers, law enforcement and health care workers on legal, health and human rights aspects of TB, reduce stigma and discrimination, promote legal literacy, provide legal services for those who have experienced human rights violations, promote laws and policies that prohibit TB-related discrimination and support TB prevention, treatment, care and support, develop tools to monitor rights violations, and integrate TB services into reproductive maternal and child health services.†††††††† While the *Public Health Act* (1921) permits medical providers to remove and confine a person with TB by an order of a magistrate until the medical provider is convinced that the confined person is free of TB,‡‡‡‡‡‡‡ Kenya's National Tuberculosis, Leprosy and Lung Disease Program (NTLD) developed a policy in 2018 prohibiting the confinement of patients suffering from "infectious diseases" in prison facilities and requiring isolation to be a measure of last resort. In instances when isolation is necessary, isolation should respect human rights, be non-discriminatory, and never be imposed as a form of punishment.§§§§§§§

The *Kenya Malaria Strategy 2019-2023* describes "Guiding Principles" that affirm health as a basic right and confirms a commitment to "ensuring universal access to malaria interventions among all members of the community, including the vulnerable, marginalised, and special groups" and implementation of malaria interventions "to ensure gender equity and responsiveness."********

Several bodies have also been created to address human rights violations, including the Kenya National Commission on Human Rights and the National Gender and Equality Commission, which were established under the Kenyan Constitution to investigate and provide redress for human rights violations. Specific to HIV, the *HIV and AIDS Prevention and Control Act* (HAPCA) established the HIV and AIDS Tribunal to improve access to justice for people living with HIV. The Tribunal has the authority to receive evidence, hear witness accounts, conduct hearings, and pass judgment on all matters arising out of any breach of the provisions of the HAPCA. Correspondingly, the 2016 *Legal Aid Act* established the National Legal Aid Service, which seeks to provide access to legal representation and counsel for civil, criminal, constitutional or public interest matters to those who cannot afford legal services.

However, implementation and enforcement of the legal framework remain weak or inconsistent and is impeded by barriers to accessing justice. Punitive laws that discriminate against key populations and criminalize HIV exposure and transmission,[††††††††] non-reporting of a person infected with TB and TB exposure,[‡‡‡‡‡‡‡‡] living on the earnings of and soliciting sex work, the sale of sterile injection equipment,[§§§§§§§§] and same sex intimacy[*********] fuel stigma, discrimination and violence against key populations, undermine trust in health services, and create barriers to accessing health services. Police have been reported to engage in abusive practices against key populations, including harassment, extortion, arbitrary arrest, and physical and sexual violence, and have also failed to adequately provide protection in times of need.

Other Key Considerations for the HIV and TB Responses

In Kenya, the national government develops national health policies and manages national referral health facilities while county governments are responsible for the provision of county health services and health service delivery. Within this devolved system of governance, the implementation of health care activities is undertaken in close coordination with health management teams in 47 counties and other local stakeholders.

The current Global Fund grant focuses its human rights programmes in ten counties, five of which were selected based on high numbers of key population residents (Nairobi, Mombasa, Kwale, Kilifi and Kisumu counties) and the other five based on low rates of HIV testing and high ranking on the HIV Stigma Index (Kitui, Mandera, Wajir, West Pokot and Garissa counties).[††††††††††] As noted at baseline, the decentralized nature of the health response in Kenya means that there are numerous organizations implementing interventions to address HIV, TB or malaria — many of which include some aspects of human rights-based programming to address HIV.[‡‡‡‡‡‡‡‡‡] Notably, key informants indicated increased incorporation of services for key and vulnerable populations in county health facilities. However, uneven distribution of health facilities and health care personnel, lack of referral mechanisms, and poor infrastructure and information management systems all impede the availability and accessibility of HIV (and other health) services. These barriers are particularly pronounced in rural areas.

As at baseline, underlying poverty is a major barrier to accessing health services. According to the second HIV Stigma Index Survey, of 2125 people living with HIV surveyed, only 10% were working in full-time employment, and 36% were unemployed; about 65% of respondents were only able to meet their basic needs sometimes, and 19% were unable to meet their basic needs most of the time.[§§§§§§§§§] Gender-based violence also remains a significant area of concern, with an estimated 28% of women aged 15-49 reporting having experienced physical violence, 14% having experienced sexual violence, and 41% having experienced physical or sexual violence from their partners in their lifetime.[**********] Data about and guidance and programming for transgender people is also lacking.

Additionally, there is significantly less programming specific to removing human rights-related barriers to TB and malaria services than there is for HIV services, although many programs concurrently address HIV and TB.[††††††††††] Human rights organizations have reported harsh conditions of detention that include overcrowding (due in part to a large pre-trial detainee

population), inadequate sanitary conditions and medical care. This has led authorities to undertake decarceration measures that include releasing individuals convicted of petty offences and encouraging the judiciary to increase use of the Community Service Orders program during sentencing.‡‡‡‡‡‡‡‡‡‡

Most key informants observed greater government support for human rights programming, as evidenced by the expansion of a technical working group on HIV, human rights and the law to incorporate TB and malaria led by the Ministry of Health, and more broadly, increased engagement of policymakers from other Ministries such as the Ministries of Interior and Coordination, Education, Youth Affairs, Public Service and Gender, Labour, and the Department of Justice. County governments have also increased engagement with HIV- and TB-related human rights interventions, as well as with local community-based organizations serving people living with HIV and key populations. However, key informants noted that human rights programming is ultimately hamstrung by the punitive legal environment, and some observed that this increased engagement is driven by the availability of external funding and voiced concerns about whether this can be sustained.

COVID-19

In Kenya, the first case of COVID-19 was detected on March 13, 2020, and resulted in the immediate closure of schools and non-essential businesses and the prohibition of large gatherings, followed by a ban on international flights.§§§§§§§§§§ Among other measures that the Kenyan government imposed to curb COVID-19 transmission were nightly curfews, mandatory quarantines, mandatory face masks in public spaces, shift work among government employees and recommendations to work from home for private sector and other employees, and hygiene campaigns.*********** Some health care facilities that were used to deliver essential services were designated as COVID-19 isolation facilities, including treatment sites and storage facilities, and pandemic control measures also led to disruptions in service delivery, including for sexual and reproductive health services and activities for mass long-lasting insecticidal nets and TB case identification and notifications.††††††††††††† As a result of COVID-19 measures, people living with or vulnerable to HIV, TB and malaria faced disruptions to services and supports and the stigma associated with COVID-19 was reported to have impeded uptake of health services, as people feared a COVID-19 diagnosis.

The enforcement of lockdown measures in Kenya also led to a documented increase in cases of sexual and gender-based violence against women and girls and triggered arbitrary arrests, beatings, torture, and extrajudicial killings by government forces, as Kenyan authorities were reported to have used violence to enforce curfews and lockdowns.‡‡‡‡‡‡‡‡‡‡‡ Kenyan authorities forcibly quarantined thousands of people in facilities that further compromised their safety and health.§§§§§§§§§§§ In addition to increased risks of household and gender-based violence coupled with severe limitations in access to shelters for survivors due to the lockdown, studies highlighted the disproportionate impacts shouldered by women in Kenya during the pandemic, such as greater food insecurity and forgoing necessary health care, including for malaria treatment and family planning.***********

Breaking Down Barriers **Mid-term Assessment**

The Ministry of Health and counties adapted by using virtual platforms, extending drug collection schedules, implementing measures to allow patients already on treatment to continue collecting their drugs, and arranging for health care workers to deliver medicines to people's homes (and exempting some workers from movement restrictions to deliver essential services to households in need).††††††††††††† The National AIDS and STI Control Programme (NASCOP), in partnership with county governments, implementing partners and donors, also worked to ensure the continuity of key population service delivery during the pandemic, and issued technical guidance on issues ranging from setting up virtual coordination platforms to capacity building of service providers on HIV in the context of COVID-19. Program implementers also described pivoting to communication with clients via social messaging groups and to virtual trainings and meetings, with some also providing recipients with technology to engage in this way. (For more information on the impact of the COVID-19 pandemic, see "Impact of COVID-19" in "Cross-cutting Issues" section below).

Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers within Kenya through foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a technical working group on human rights, gender, HIV, TB and malaria; and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

Table 2 – Key milestones

Milestone	Results	Date
Matching funds	As part of the NFM 2 allocation, USD 3.8 million catalytic funding was granted through matching funds addressing human rights barriers to HIV and TB services. This was matched 1:1 from within allocation	January 2018
Baseline assessment	Literature review, country visit, key informant interviews and focus group discussions conducted.	Inception meeting held in April 2019, followed by in-country research
	Report finalized	July 2020
Multi-stakeholder meeting	To review and validate the findings of the baseline assessment and develop a shared understanding of actions to be taken to address human rights barriers to HIV, TB and malaria services, a multi-stakeholder meeting was held and attended by government officials, law enforcement, representatives of key populations and other community organizations, HIV, TB and malaria program implementers, UN agencies and donors. This was an online multistakeholder meeting and allowed for broad participation and representation.	December 2020

Human rights and gender technical working group for HIV, TB, and malaria	A technical group working on HIV and human rights under NACC was reconstituted as the human rights and gender technical working group for HIV, TB, and malaria	March 2021
National plan to reduce human rights-related barriers to HIV, TB, and malaria services	The national plan, titled, *Comprehensive response to human rights and gender-related barriers to HIV, TB and malaria services in Kenya* was finalized in December 2021.	December 2021

Baseline Assessment (2019-2020)

The baseline assessment involved a desk review and key stakeholder interviews with local civil society organizations (CSOs) and implementing agencies. In April 2019, an inception meeting was held with approximately 45 national stakeholders and community members in Nairobi. In addition to discussing the baseline assessment and data collection procedures and presenting the findings of the desk review, the meeting provided an opportunity to solicit feedback and additional suggestions for further exploration during in-country work. During this meeting, participants expressed the need for inclusion of rural communities in field work given that a large proportion of the Kenyan population resides in rural areas where there are distinct barriers to accessing services (and the programs to overcome them), and the scope of in-country data collection was expanded to include Kitui county.

In-country key informant interviews and focus group discussions were subsequently conducted with national and county level government officials; staff from CSOs supporting services targeting key populations and/or implementing programs to remove human rights-related barriers to HIV, TB and malaria services; and officials from multilateral technical agencies spanning HIV, TB and malaria (although the majority represented HIV only). Eighteen focus group discussions, with a total of 110 focus group discussion participants, were carried out with key and vulnerable populations including people living with HIV, sex workers, men who have sex with men, transgender people, people who use drugs, people with physical disabilities, young women, and mothers of young children, spanning HIV, TB and malaria. The interviews and focus group discussions were carried out in Nairobi, Mombasa, Kisumu and Kitui counties, the latter rural county selected in order to assess services and barriers in this context.

The research was carried out with a focus on programs to remove human rights-related barriers to services as they existed in 2017, because the report set out to describe a baseline prior to the scaled-up Global Fund investment, including human rights matching funds. With Global Fund support, NEPHAK convened community consultations to engage with and support the finalization of the baseline assessment. A final draft of the report was produced in July 2020. To further engage malaria stakeholders, the Kenya NGOs Alliance Against Malaria (KeNAAM) was retained to disseminate the key findings of the baseline assessment related to malaria to civil society representatives during five regional virtual meetings in 2021.

Matching Funds *(2018)*

Kenya applied for, and received, human rights matching funds of USD $3.8 million for programs to remove human rights-related barriers to HIV services for the grant period 2018 to 2021.‡‡‡‡‡‡‡‡‡‡‡‡ Demonstrating a strong commitment to these programs, Kenya matched 1:1 from the general allocation. Building upon interventions in the allocation funding, the matching fund application sought resources to revise anti-stigma media materials to raise awareness of justice institutions in place to address HIV-related stigma and discrimination; support key population-led organizations to screen and report on human rights violations to relevant institutions; train prison personnel on public health, human rights and HIV and HIV/TB responses; support advocacy forums for key populations at county and community levels; establish "proactive primary violence prevention mechanisms"; convene and train paralegals to support men who have sex in men and female sex workers; carry out communication and advocacy on TB/HIV co-infection at community level; and develop and disseminate a course on "PMTCT with Dignity" to PMTCT service providers in public and private sectors.

Multi-Stakeholder Meeting *(2020)*

A virtual multi-stakeholder meeting took place in Kenya in December 2020, when findings from the baseline assessment were presented and validated involving a broad range of relevant stakeholders, including government officials, law enforcement, representatives of key populations and other community organizations, HIV, TB and malaria program implementers, UN agencies and donors. Most key informants indicated that the assessment accurately reflected the state of human rights programming in country, although there were some concerns expressed that key populations identified for malaria and interventions for adolescents and young people living with HIV could have been further explored.

Most participants indicated that the validation process was constructive for stakeholders, particularly those that work on malaria programming, to better familiarize themselves with human rights issues and with Global Fund programs, and that this enabled malaria stakeholders to actively contribute to the development of the multi-year plan.

Human rights and gender technical working group on HIV, TB and malaria *(2021)*

The National AIDS Control Council (NACC) had previously convened a technical working group on HIV, human rights and the law that contributed to the development of Kenya's national HIV strategic plan. Members of this group were reconvened in March 2021 to incorporate all three diseases into a joint human rights and gender technical working group for HIV, TB and malaria to develop a multi-year plan for a comprehensive response to human rights-related barriers to HIV, TB and malaria. The technical working group includes representatives from government stakeholders responsible for the three diseases including the NACC, NASCOP, NTLD, National Malaria Control Program, civil society and key population-led organizations representing HIV, TB and malaria, religious leaders, UN agencies, funders, National Commission on Human Rights, National Gender and Equality Commission, HIV and AIDS Tribunal, county governments, as well as representatives from the Kenya police, prison authority and judiciary.

Comprehensive response to human rights and gender-related barriers to HIV, TB and malaria services in Kenya *(2021)*

With the assistance of a national and international consultant, the human rights and gender technical working group convened in 2021 to develop a National Plan to address human rights- and gender- related barriers to HIV, TB and malaria services in Kenya. The National Plan reinforces and complements commitments under *Kenya's AIDS Strategic Framework 2020-2024, National Strategic Plan for Tuberculosis, Leprosy and Lung Health 2019-2023* and *Kenya's National Malaria Strategy 2019-2023* and seeks to address human rights barriers to HIV, TB and malaria services through a coordinated joint multi-stakeholder response, resourced at the appropriate level, with capacitated implementers.

The greater and meaningful involvement of people living with HIV, affected by TB and malaria and key and vulnerable populations in the design, implementation, monitoring and evaluation of policies and interventions that impact them is a guiding principle of the National Plan, which aims to scale up key program to remove human rights barriers and gender inequality in the context of HIV, TB and malaria for key and vulnerable populations in line with UNAIDS- and Global Fund- recommended human rights programs. These programs are attached to the National Plan's eight key objectives, corresponding strategies and expected outcomes to reduce human rights-related barriers, along with coverage, program indicators, expected results, timeline, and the responsible entity.

The development of the plan is expected to be complete by December 2021[1].

Recommendations

While progress has been made to increase ownership of human rights and key population programming within the Kenyan government and county stakeholders, there is a need to better coordinate this programming. The new National Plan is a step in that direction, and the newly formed human rights and gender technical working group on HIV, TB and malaria will facilitate its oversight, as well as enhanced coordination between government ministries, HIV, TB and malaria program implementers, and other key stakeholders. To achieve better coordination and maximize the impact of the National Plan and technical working work, it is recommended to:

- Maintain, through technical and operational support, the human rights and gender technical working group on HIV, TB and malaria to lead, coordinate and continuously monitor the implementation of the National Plan and ensure quality of activities and interventions.
- Monitor and evaluate the National Plan using routine reporting and program evaluation, ensuring key indicators are collected and periodically assessed, and adjustments to programming made based on findings from data analysis.
- Establish an online repository of resources on programs to address human rights and gender-related barriers to HIV, TB and malaria services.
- Promote greater knowledge of and engagement with the National Plan among government ministries, county level stakeholders, donors, civil society, and technical partners by publishing and disseminating the National Plan to these target audiences.
- Identify resource gaps for the implementation of the National Plan and engage in resource mobilization to raise funds to address identified gaps, including by using the National Plan as a resource mobilization tool to seek funding from additional donors other than the Global Fund.

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[1] **Global Fund Secretariat Footnote**: Validation and adoption of the plan took place in February 2022

Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment regarding the scale up towards "comprehensiveness" of programs to remove human rights-related barriers to HIV, TB and malaria services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations). As noted in the methods section, the scorecard is based on geographic and population coverage at national level. The Global Fund supports programs and interventions in a limited number of counties, while PEPFAR, as the other major donor, funds other areas. The results of the scorecard reflect this reality.

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other overarching elements of quality of programming on HIV, TB and malaria overall are discussed in the section below on "Ensuring Quality Programming".

Programs to Remove Human Rights-related Barriers to HIV Services

Since 2018, Kenya has modestly scaled up programs in all seven program areas to remove human rights-related barriers to HIV services — hampered in part by COVID-19 related disruptions to the roll-out of programming. With support from the Global Fund, other donors and technical partners, efforts to address stigma and discrimination, including via county-level Key and Vulnerable Population technical working groups and advocacy sub-committees, have resulted in a marked decrease among respondents' experiences of HIV-related stigma and discrimination, as reported in the second HIV Stigma Index survey. National level advocacy among a robust network of civil society and key population-led organizations remains a strength at mid-term, and the formation of county-level advocacy sub-committees will support efforts towards local law and policy reform. Scaled-up training and formal government recognition of peer paralegals and the HIV and AIDS Tribunal's launch of teleconferencing facilities in three additional counties are also promising initiatives that will facilitate access to justice.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	2.0	3.5

Six years after Kenya's first *National HIV and AIDS Stigma and Discrimination Study* was published revealing deep-rooted HIV-related stigma and discrimination, a second HIV Stigma Index survey was conducted in 2020. This second survey revealed a significant decrease among respondents of experiences of HIV-related stigma and discrimination from 45% in 2014 to 23% in 2020, though frequent experiences of stigma and discrimination persist in the workplace, educational institutions, and health institutions.§§§§§§§§§§§§§ The most reported form of human rights abuse was compulsory HIV testing or disclosure of status as a condition of employment or a pension plan. Among key populations living with HIV surveyed, men who have sex with men (38%) reported the highest levels of stigma, followed by people who use drugs

(36%), women who have sex with women (32%) and sex workers (29%) — all of whom reported emotional and physical violence. 20% of transgender people also reported experiencing physical violence and HIV-related stigma.

In particular, the second HIV Stigma Index survey revealed people living with HIV who had been denied employment or a promotion due to their HIV status, reflecting a significant portion of the complaints that the HIV and AIDS Tribunal receives.************ To address this, NACC has mandated that every Ministry develop and implement a workplace policy on HIV prohibiting stigma and discrimination and employ a program officer to coordinate a workplace program to sensitize employers and employees on the effects of such stigma and discrimination — targeting specific counties and private and public sector workplaces. Since the baseline, efforts to address stigma and discrimination in the workplace have also included capacity building forums for union officials and associations in the public and private sector on HIV, human rights and gender, which have reached at least 86 union officials, and sensitization activities undertaken by the Kenya Red Cross Society (KRCS) targeting the informal sector. Additionally, three forums for 54 management and staff of selected insurance companies were convened to sensitize insurance personnel on HIV-related stigma and discrimination in the sector. This is promising progress, but work remains to ensure there are clear reporting mechanisms within workplaces when discrimination occurs.

As noted in the baseline assessment, stigma and discrimination were reported to be higher in rural areas than urban areas, suggesting the need for continuous engagement and sensitization of county leadership on key populations, HIV, TB, human rights and gender.†††††††††††††† To date, this has involved monthly meetings between national, county and local partners with the county health management team to discuss health programming and challenges such as incidences of stigma and discrimination and ways to improve access to services for key populations. Each county also has a Key and Vulnerable Population (KVP) technical working group and an advocacy sub-committee comprised of representatives of the county government, national government, individuals identifying as members of a key population, local partners implementing human rights and gender programming, and other relevant stakeholders. These groups meet quarterly to discuss stigma and discrimination and legal, policy and other structural barriers to health services and to provide relevant information to government officials to inform programming. Through its sub-recipients, the KRCS has further convened county forums with county health management teams for key populations and adolescent and young people in Mombasa, Kwale, Kilifi, Nairobi, Kisumu and Turkana counties. In Turkana and Mombasa, those forums have involved members of the county assembly, and there is an expressed need to further engage the political wing in such fora.

A facet of the strategy of each county advocacy sub-committee is to coordinate support groups for people living with HIV and key populations that address, among other things, mental health and stigma and discrimination. At the time of the mid-term assessment, an estimated 60% of counties have active support groups. NEPHAK (the national network of people living with HIV) runs some of these support groups, but there has been a significant reduction in funding from donors resulting in the suspension of some groups and a concern about the sustainability of existing ones, particularly those in rural areas.

A national advocacy strategy to promote a rights-based approach towards HIV and TB has included media advocacy to educate the media about key populations, enhance their positive reporting of key population issues, and foster a positive working relationship between key populations and the media. While media guidelines were developed to include awareness of institutions that address HIV stigma and discrimination and increase access to justice,†††††††††††† these have yet to be broadly disseminated. NASCOP has engaged media in 38 counties, twice annually, on HIV, key and vulnerable populations, stigma and discrimination, human rights violations, and the interpretation of HIV-related policies and laws and is rolling out plans to determine engagement in other counties. NACC has also run national media campaigns via TV and radio to discuss issues related to access to justice, human rights, issues affecting key populations, and HIV treatment and adherence, while the biennial Maisha conferences provide a national platform to raise awareness on stigma and discrimination.

In 2019, with support from partners, inter-faith religious leaders amended a faith sector HIV booklet to include human rights content, with next steps to identify additional human rights content tailored to different religions and to publish and disseminate this resource.§§§§§§§§§§§§§ The national and county advocacy sub-committees have also engaged religious and community leaders to enhance the role that they can play in responding to and preventing violence and reducing stigma and discrimination against key populations, and have reached religious and community leaders in 38 counties. Notably, since 2016, NACC has employed a program officer for faith-based engagement, bringing together 20 religious leaders from different faiths across Kenya in a national faith sector technical working group and sensitizing them on stigma, discrimination, and the rights of people living with HIV. The group meets on a quarterly basis and is expected to disseminate information to their congregants; to date, the feedback has been positive. With the support of partners, NACC has also established local faith sector technical working groups in 10-15 counties, to address similar issues related to stigma and discrimination.

Table 3 - Examples of current interventions aimed at reducing stigma and discrimination

Description of Activities	Organizations	Location/Reach
Support groups for people living with HIV and key populations to address self-stigma	Networks of people living with HIV (e.g. NEPHAK) and community-based organizations (e.g. Operation Hope)	Estimated 60% of 47 counties
Quarterly meetings of county Key and Vulnerable Population (KVP) technical working groups and advocacy sub-committees to discuss stigma and discrimination and structural barriers to health services and provide relevant information to government officials to inform programming	NACC	47 counties
Routine media engagement on HIV, key and vulnerable populations, stigma and discrimination, human rights violations,	NASCOP	38 counties

and the interpretation of HIV-related policies and laws		
TV and radio campaigns to raise awareness of HIV-related issues related to human rights, key populations, and access to justice	NACC	National
Local faith sector technical working groups to address issues related to stigma and discrimination	NACC	10-15 counties

Recommendations

- Broadly disseminate results of the HIV Stigma Index, targeting relevant government ministries including the Ministries of Health, Interior and Coordination, Education, Youth Affairs, Public Service and Gender, Labour, and the Department of Justice.
- Based on the findings of the 2020 HIV Stigma Index, develop a 3-year action plan that includes an advocacy and communications strategy to inform programming targeting workplaces, educational institutions, and health institutions and a broader national and county-level multi-sectoral media campaign on human rights messages related to HIV, co-designed and led by people living with HIV and key and vulnerable populations.
- Task NACC with supporting workplaces to develop and implement reporting mechanisms when discrimination occurs.
- Publish media guidelines and scale up engagement with and sensitization of journalists on human rights and gender-related barriers related to HIV, TB and malaria.
- Scale up county-level sensitization of county leaders on stigma and discrimination, including via multi-sectoral sensitization and engagement forums between key national, county and community leaders and people living with HIV and key populations to address human rights and gender-related barriers to access HIV, TB and malaria services.
- Establish an informal economy steering committee within the human rights and gender technical working group on HIV, TB and malaria to advise associations within the informal economy about stigma and discrimination in the workplace.
- Scale up sensitization of public and private sector employers and employees on workplace policies prohibiting stigma and discrimination and develop and implement available recourse for violations.
- Sensitize education authorities, including those at county level, teachers at primary and secondary schools, and educators at tertiary institutions on HIV, TB, and gender-related discrimination in learning institutions to ensure non-discrimination in the education sector. Review and disseminate national faith sector action plan to include HIV- and TB- related stigma and discrimination messaging and continue sensitization of faith and community leaders, in partnership with people living with HIV and key population organizations.

HIV Program Area	Score	
	Baseline	**Mid-term**
Training of health care workers in human rights and medical ethics	2.0	2.5

While most health care providers report an understanding of and respect for patients' rights (including rights in the *Kenya National Patients' Rights Charter**************) and many report having received training on HIV and human rights, stigma and discrimination against people living with HIV and key populations persist in health care institutions, as documented in the second HIV Stigma Index survey, the baseline assessment, and other research. These manifest as verbal abuse and non-consensual disclosure of HIV status by health care workers, lack of accessible and appropriate health services, and denial of health services. Delayed HIV testing and disruptions to HIV treatment were consequently attributed to concerns about confidentiality and stigma within health care settings. Key populations including sex workers, people who use drugs and transgender people reported avoiding seeking health care due to fear of being identified as a sex worker or a person who uses drugs — or for transgender people, to avoid disclosing their gender identity,††††††††††††††† while key informants reported health care providers lack capacity to effectively respond to gender-based violence. Research has also shown young women being disrespected by health care workers on account of their age or sex.‡‡‡‡‡‡‡‡‡‡‡‡‡‡ A desk-based assessment that NASCOP undertook in 2020 of health care worker knowledge of human rights, medical ethics, HIV, TB, privacy, and confidentiality revealed their minimal knowledge of human rights and the law and what actions constitute human rights violations, confirming previous research exposing underdeveloped awareness of patients' human rights among Kenyan health care workers, even where clinics or hospitals have written policies or standards of practice outlining these rights.§§§§§§§§§§§§§§

To address this, a range of organizations and entities have carried out in-service training of health care workers on topics including key populations and human rights, the provision of stigma-free services, sexual and reproductive health, the right to privacy and confidentiality, screening for gender-based violence, effective referrals between health facilities, and health care workers' duty to report human rights violations. In September 2018, NASCOP published *Addressing HIV and Key Population Stigma and Discrimination: Health Workers' Training Guide for the provision of quality, stigma-free, HIV services for key populations in Kenya*, a manual for trainers of health care providers to "help them provide stigma-free, clinically sound, high-quality, and comprehensive services" for sex workers, men who have sex with men, transgender people and people who inject drugs. With this manual, NASCOP trained more than 300 health care workers across 47 counties in a "training of trainers," with plans to cascade this training. Additionally, NASCOP sought to address health care workers' knowledge gap of HIV, the law and human rights violations via resources that were disseminated to workers in 10 "high stigma" counties. Key population-led organizations have also conducted training of health care workers; for example, Health Options for Young Men on HIV/AIDS & STI (HOYMAS, a male sex worker organization) trained 110 health center staff on sex workers' rights in Nairobi, Kiambu, Machakos, Nyeri and Narok counties. Several county-level initiatives to train community health volunteers are also underway. In Turkana County and Meru County, for example, KRCS has

trained 1000 community health volunteers on human rights and HIV. With support from UNDP, KELIN trained 42 community health volunteers in 2020 to document human rights violations, including among key populations.

Efforts have also been made to standardize pre-service training of health care workers. In 2021, NASCOP developed a draft manual *Healthcare providers training manual on Human rights, HAPCA and Medical Ethics*, supported by the Global Fund, targeting medical practitioners, medical students, health care staff, medical training institutions and Ministries that deliver educational programs to medical and health system students, to increase health care providers' knowledge of HIV- and TB- related human rights and medical ethics and build their capacity to adhere to medical ethics and identify and address human rights violations in relation to HIV and TB. In 2021, NASCOP also developed a course manual targeting medical practitioners, medical students and health care staff on *PMTCT with Dignity for Public, Private, and Community Health Service Providers* guided by key principles, including health equity (and the need to address the needs of "vulnerable and most-at-risk women and their sexual partners") to enable health care workers to identify and mitigate human rights violations in relation to PMTCT. Ultimately, NASCOP intends to integrate all human rights-related HIV and TB content into one module and integrate this into the training institutions of all health care workers, and there are efforts currently underway to identify institutions to implement this.

Yet, training has been *ad hoc* and inconsistent, implemented by different organizations, with no overall coordination of this work. Previous assessments and research suggest a need for continuous engagement and repeat exposure to these trainings, given the high turnover of health care workers. Key informants also highlighted the need to train more community health volunteers, who are ideally situated to provide information about HIV and human rights and to provide support services.

Recommendations

- Once finalized, integrate HIV and human rights training modules in the pre-service medical trainings for all health care workers and build capacity of health care training institution personnel to deliver the pre-service human rights curriculum, including via collaboration with people living with HIV and key population organizations.
- Institutionalize regular, in-service refresher training for all health facility staff on HIV, TB, human rights, gender equality (including training related to gender-based violence and sexual and reproductive health) and medical ethics, including on the Kenya National Patients' Rights Charter.
- Produce and implement standardized training curriculum for community health volunteers on HIV, TB, human rights, gender equality (including training related to gender-based violence and sexual and reproductive health) and medical ethics and support ongoing training for community health volunteers.
- Support implementation of a monitoring and evaluation system to document impact of human rights-related training on health outcomes, disaggregated based on sex, gender identity and sexual orientation.
- Support civil society and key population-led organizations to continue and scale up community-led monitoring of human rights violations, including violations perpetrated by health care workers towards people living with HIV, TB or malaria, and incorporate findings of such monitoring into training for health care workers and for advocacy purposes.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	2.0	3.0

Various human rights abuses inflicted against key populations in Kenya by law enforcement officers and county government workers have been documented by numerous actors.*************** This includes reports of police harassment, extortion, arrests and verbal and physical abuse (sometimes targeting patients of health care clinics), raids of organizations offering key population services, and inhumane and degrading treatment, including denial of or limited access to treatment while in police custody and in prison. When key populations do approach police for assistance, police have been reported to refuse to respond or to provide inadequate responses — denying key populations equal protection before the law.†††††††††††††††

There are a number of organizations such as Reachout Centre Trust (working in the coastal region in support of people who use drugs), Keeping Alive Societies' Hope (KASH, Kisumu county), Kenya Network of People Using Drugs (KENPUD), KELIN, HOYMAS, Kenya Sex Worker Alliance (KESWA) and the Bar Hostess Empowerment and Support Program (BHESP) engaged in sensitizing law enforcement officers on HIV, key populations, and human rights, but efforts need to be scaled up.

NACC and NASCOP published a manual in 2016 entitled Responsive Law Enforcement for HIV Prevention: A Manual for Training Trainers to Sensitize Police on their Role in a Rights-Based Approach to HIV Prevention among Key Populations to train trainers to teach law enforcement officers to exercise discretion when responding to incidents involving key populations and to practice rights-responsive policing, and in collaboration with the AIDS Control Unit of the Interior Coordination Ministry and other partners, trained 300 trainers on the manual, across 47 counties, following which more than 4200 officers were subsequently sensitized. Working with the Interior Coordination Ministry, NASCOP also trained more than 400 law enforcement officers (over a five-day course of training) and sensitized more than 4000 law enforcement officers and 200 recruits (over a 1-2 day workshop) on HIV, stigma and discrimination, gender-based violence, and human rights violations. In-service training is also provided to officers on violence prevention and response in counties where research has shown this to be particularly prevalent. For example, since baseline NASCOP has convened advocacy forums for police leadership and law enforcement officers at county level on sexual and gender-based violence response, human rights and gender inequalities, to sensitize them on their role in the HIV response and the linkages between HIV and sexual and gender-based violence. 279 participants were reached from eight selected counties.

Current pre-service training for police includes a module on "human rights, police ethics and accountability" as well as training on stigma and discrimination, but neither is specific to HIV, TB or malaria. Accordingly, NASCOP is in the process of developing a common pre-service training manual for the Kenya Police on key and vulnerable populations to be incorporated into the existing National Police Service Training Curricula, planned for the end of 2021. The training aims to enhance police recruits' understanding of key populations and their rights and to increase law enforcement officers' responsiveness to violence, stigma and discrimination

against key populations. To facilitate the institutionalization of this training, NASCOP will brief police leadership on the need for the inclusion of a module on key populations in the National Police Service's training program, pilot the module in two training colleges to assess its practicability and applicability, train trainers from the training colleges on the module, and co-launch the model with the Kenya Police Service and the Ministry of Health.

There has also been some in-service training of prison officers on HIV, TB, key populations, human rights and the law. Since baseline, NACC in conjunction with HIV and TB partners, trained 382 prison personnel on the linkages between public health, human rights and HIV and TB responses, including 40 central leadership command officers and 70 regional and main prison command officers.‡‡‡‡‡‡‡‡‡‡‡‡‡‡ NASCOP has also worked with prison AIDS Control Units to develop HIV prevention guidelines for prisons and engaged 60 correctional facilities and 120 health facilities in those correctional departments to promote continuum of care.

On a quarterly basis, NASCOP has engaged members of county assemblies, bringing them on board the county technical working groups, and sensitized parliamentarians and government stakeholders in various ministries on HIV and human rights, including the Ministries of Interior and National Government Coordination, Labour and Social Protection. According to the baseline assessment, the training of judges, magistrates and, more recently, prosecutors has been particularly successful, with reports of trickle-down training of other judges. Civil society organizations such as KASH have convened "Judicial Consultative Forums" in Kisumu county bringing together members of the judiciary, lawyers, key populations and other civil society organizations to discuss access to legal aid for key populations. As noted by KASH, the forums offered conceptual clarity among judiciary staff and lawyers on key populations' issues and provided members of key populations a platform to share their personal experiences of discrimination and ostracism in the justice sector. NASCOP has also developed Standard Operating Procedures for engaging the Kenyan Judicial Service Commission (comprised primarily of judges and magistrates) and undertaken dialogues with more than 169 judicial officers across 38 counties, sensitizing them twice annually on access to justice for people living with HIV and key and vulnerable populations. Court User Committees are another important platform to promote access to justice, as they bring together stakeholders from the justice sector to enhance public participation and stakeholder engagement. In engaging the Judicial Service Commission, NASCOP has promoted the membership of implementing partners in Court User Committees; as a result, key population representatives are now members of the local Court User Committee in 16 counties.

Table 4 - Examples of Activities to Sensitize Law Enforcement

Description of Activities	Organizations	Location/Reach
Training of trainers of 300 law enforcement officers on need to exercise discretion when responding to incidents involving key populations and to practice rights-responsive policing	NACC, NASCOP and Interior Coordination Ministry	47 counties

Training 400 law enforcement officers and sensitizing 4000 law enforcement officers and 200 recruits on HIV, stigma and discrimination, gender-based violence, and human rights violations	NASCOP and Interior Coordination Ministry	Nine law enforcement training institutions across Kenya
Sensitization workshops for police officers, journalists, healthcare providers and religious and community leaders	KESWA and HOYMAS	Nairobi, Kiambu, Machakos, Nyeri, and Narok counties
Webinar on policing strategies adopted in the COVID-19 response, and the role that police can play in protecting the right to health during a pandemic attended by more than 60 stakeholders from civil society, health care sector and law enforcement	KELIN	National virtual webinar
Advocacy forums for 279 law enforcement officers on sexual and gender-based violence response, human rights and gender inequalities	NASCOP	Eight counties
Training 382 prison personnel, including 40 leadership central command officers and 70 regional and main prison command officers on the linkages between public health, human rights, and HIV and TB responses	NACC	National
Twice-yearly dialogues with judicial officers, reaching 169 officers, and sensitizing them on access to justice for people living with HIV and key and vulnerable populations	NASCOP	38 counties

Recommendations

- Support civil society and key population-led organizations to continue and scale up community-led monitoring of human rights violations, including violations perpetrated by law enforcement, and incorporate findings into efforts to sensitize law enforcement and for advocacy purposes.
- Finalize curriculum for pre-service training of police on HIV, TB, key populations, gender equality and human rights in collaboration with people living with HIV, TB, gender equality and key population organizations and incorporate training into National Police Service Training Curricula.
- Build capacity of police and prison service training facilitators to deliver the HIV, TB, key populations, gender equality and human rights training, including in consultation with people living with HIV, TB, gender equality and key population organizations.
- Conduct knowledge and attitude assessments of police and prison services on rights of people living with HIV, TB and malaria and key and vulnerable populations to help determine priorities for ongoing in-service training.
- Support civil society and key population-led organizations to continue and scale up engagement and sensitization of lawmakers at county and national level on HIV, TB, malaria, key populations, gender equality and human rights.
- Develop monitoring and evaluation tools to routinely assess effectiveness of and impact of law enforcement and lawmaker sensitization efforts, disaggregated based on sex, gender identity and sexual orientation, and adjust these efforts as necessary.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy ("know your rights")	1.0	2.5

At baseline, several legal literacy programs were identified that were limited in scale and reach. Some larger peer education efforts were noted, but these did not include human rights or legal literacy content. At mid-term, there is a wider array of legal literacy efforts, carried out across the country by organizations and entities such as KELIN, UNDP, networks of people living with HIV and key population-led organizations, often via peer educators,. though limited legal literacy programming was identified for people who use drugs.

NASCOP oversees a unit that assess knowledge gaps in peer education programming and produces training manuals and guidelines. Over the past five years, NASCOP has published manuals for the leadership of community-based organizations to train their staff on human rights and support for survivors of violence, guidelines for specific key population peer educators, and a protocol for entities working with key populations to prevent and respond to violence against key populations. Training begins with peer education, after which peers are trained on advocacy skills and on violence prevention and response. To date, NASCOP has trained 195 key population paralegals representing sex workers, men who have sex with men, and members of the LGBT community in Training of Trainers workshops. KRCS-supported paralegals have also been trained on gender-based violence and participate in various platforms to educate community members on violations against people living with HIV and gender-based violence, in some instances targeting community leaders to address harmful cultural practices.

A program run by the KRCS and NACC trains people living with HIV on human rights and recourse for rights violations — information that these peer educators are meant to further cascade to peers through support groups and community meetings. These trainings are often done in partnership with NEPHAK, the Kenya Key Population Consortium, and with youth networks such as Maisha Youth. Building on existing peer education work, in 2021, with support from the Global Fund, the KRCS produced two "Know Your Rights" manuals for peer educators targeting people living with HIV and adolescents and young people. Using these manuals, KRCS trained 240 Training of Trainers representing people living with HIV and adolescents and young people in 18 counties.

Targeting young men Boda Boda riders and fisher folk, NACC partnered with the Ministry of Transport, Department of Fisheries, Ministry of Interior and Coordination, the Boda Boda Association and Beach Management units in 2019 to train 210 Boda Boda riders in Homabay, Kwale and Kisumu counties and 140 fisherfolk in Kilifi and Migori counties as peer educators — facilitating their engagement with more than 8900 peers to discuss HIV prevention and address HIV misinformation, stigma and discrimination.

Embedded within a package of HIV services and delivered primarily through civil society organization-led drop-in centers (DICs) for key populations, LINKAGES Kenya supports peer education programs targeting key populations beginning with15 implementing partners in 11

counties in 2016, and later expanded to 25 partners in 17 counties.§§§§§§§§§§§§§§§§ Each implementing partner develops and implements activities that would help address structural barriers to access services by key populations, particularly gender-based violence, including sensitization of program staff and peers on how to identify and report incidents of gender-based violence.*****************

Beyond peer education, the KRCS has conducted 'Know your Rights' campaigns through networks of people living with HIV and key population organizations (in Mandera, Garissa, Wajir, Kitui, West Pokot, Tana River, Kiambu, Samburu, Elgeyo Marakwet, Turkana, Kwale and Taita Taveta counties) and organizations of adolescents and young people (in Kisii, Siaya, Machakos, Turkana and Kilifi counties). According to the KRCS, these campaigns had reached 34,000 people as of December 2020. Key population organizations such as the Gay and Lesbian Coalition of Kenya (GALCK) have also produced and disseminated 'Know Your Rights' materials specific to the LGBQ community in Kenya.

Recommendations
- Map legal literacy efforts related to HIV, TB, malaria, and key and vulnerable populations undertaken by organizations across Kenya to better coordinate and plan legal literacy activities and to identify opportunities to integrate efforts into HIV, TB and malaria services or programs.
- Support capacity building of HIV, TB and malaria stakeholders and key and vulnerable population-led networks to carry out legal literacy training (including in existing HIV, TB and malaria programs), and provide resources for them to sustain and scale up training of peer educators.
- Develop user-friendly legal literacy resources on human rights, access to justice and legal services for people living with HIV, TB, malaria and key and vulnerable populations for use by peer educators.
- Support nationwide and county-specific legal literacy campaigns designed to increase public awareness of HIV, TB, malaria, key populations, gender equality and human rights.
- Develop monitoring and evaluation tools to routinely assess effectiveness of and impact of legal literacy efforts, disaggregated by sex, gender identity and sexual orientation, and adjust these efforts as necessary.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	2.5	3.5

Paralegal training is a major component of legal service provision for people living with HIV and key populations in Kenya, and there are a range of organizations across Kenya that have trained paralegals on various human rights issues, though fewer with a specific focus on HIV or TB. Addressing a concern expressed at baseline regarding the lack of standardization, scale-up and support for paralegal training, the KRCS has worked with the paralegal support network (PASUNE) to integrate issues of health, human rights and key populations into its community paralegal workers' training manual — itself intended to standardize the content and methods of paralegal training in Kenya.

NASCOP has scaled up paralegal training as part of its broader advocacy strategy and has trained more than 395 key population paralegals on HIV and human rights since 2017. These paralegals form part of crisis management teams also comprised of an advocacy officer and an outreach worker situated with 32 implementing partners such as KELIN and Kituo cha Sheria in

47 counties to respond to human rights violations against key populations; their work is supervised by a legal practitioner of Kenya's High Court.

NASCOP's 32 implementing partners also coordinate key population-run hotlines for members to report incidences of violence and call for legal advice. A protocol for the hotlines was implemented in 2017, using platforms such as WhatsApp. To date, there are more than 20 active groups that report and respond to cases. BHESP, for example, operates an SMS emergency service, which provides information and access to a local peer paralegal. The LINKAGES program has also supported its implementing partners to establish crisis response teams. These teams are multidisciplinary and led by men who have sex with men and female sex workers, who have helped to develop a reporting system that includes a hotline for gender-based violence.[†††††††††††††††††]

With Global Fund support, subrecipients of the KRCS including networks of people living with HIV and key populations have also trained 310 community paralegals in 18 counties[‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡] who respond to cases of human rights violations against key populations and people living with HIV through legal counselling, alternative dispute resolutions, arbitration and referral to *pro bono* lawyers and relevant institutions. The paralegals are linked to *pro bono* lawyers and senior paralegals for mentorship and support. Additionally, a total of 35 paralegals (12 people living with HIV and 23 who identify as members of key populations) have been linked to the Court Users' Committees in their counties, enhancing paralegals' understanding of the committees' mandate.[§§§§§§§§§§§§§§§§] KRCS also maintains a database of active *pro bono* lawyers to readily provide HIV-related legal services.

As noted at baseline, the Kenya School of Law runs a two-year diploma-based paralegal training program. To promote formal recognition of the training undertaken by peer paralegals (outside of this diploma program), the HIV paralegal training curricula is now certified by NASCOP. Like the diploma-certified paralegals, peer paralegals are permitted to support clients in various ways, including during police investigations and before the HIV and AIDS Tribunal. NASCOP and other organizations also continue to liaise with institutions such as the Law Society of Kenya, the Kenya School of Law, the National Legal Aid Service, and the Court Users' Committees to ensure peer paralegals are recognized by other legal bodies.

Key informants noted that training has enabled paralegals to understand and screen different rights violations and report them to the appropriate authorities such as the police, community leaders, gender offices or human rights offices, as well as to support mediation, provide relevant legal information, and provide basic counseling and psychosocial support. One key informant observed that the expansion of paralegal programs has engendered growing confidence in the legal system and consequently increasing reports by key populations of human rights violations, mostly related to experiences of violence. According to NASCOP, in 2017, 3600 cases of violence were reported by female sex workers, of which 68% were reported to a Violence Response Team and action was taken in response; in 2020, 7000 cases were reported, of which 99% were addressed, because of increased access to paralegals and increased capacity of law enforcement to respond to such cases. While an increasing number of paralegals across

Kenya have been trained, key informants emphasized the need for ongoing training as frequent turnover of paralegals persists.

As noted above, KRCS maintains a database of *pro bono* lawyers willing to provide HIV-related legal services. KELIN also has a network of *pro bono* lawyers who are willing to work on HIV- and TB-related cases and offers legal aid clinics in different settings targeting key populations, including legal aid clinics at some methadone clinics, providing an opportunity to integrate legal aid and health services. As with paralegals, there is frequent turnover of lawyers who have been sensitized on HIV and human rights, and there is a need to offer continued support and training.

Key informants noted that the Law Society of Kenya (the body that manages all practicing lawyers) mandates every legal practitioner to take at least two cases annually *pro bono*, and NASCOP has been working with the Law Society of Kenya to coordinate potential lawyers to take up various cases on behalf of people living with HIV and key populations. NASCOP has also engaged the Kenya School of Law to increase the understanding of law students and future lawyers on HIV and human rights and approached the Council of Legal Education to incorporate this information in its curriculum, though at mid-term, this had yet to be formalized.

During the 2020 baseline assessment, some concerns expressed about the Nairobi-based HIV and AIDS Tribunal were lack of public awareness of the Tribunal, the need for decentralized access, the need to establish a toll-free number for easier referrals, and the need to increase access to psychosocial support.*************** Since then, NACC sought to increase awareness of the Tribunal by targeting networks of people living with HIV and key populations in 10 counties (selected based on the number of cases reported on human rights related violations),†††††††††††††††††† reaching 1728 participants. While the number of cases reported to the Tribunal had been increasing since 2015 (with the highest number reported in 2019), the Tribunal only received 50 cases in 2020, reflecting a decline during the COVID-19 pandemic. Of the 50 reported cases in 2020, 10-15 fell within the Tribunal's jurisdiction, primarily concerning non-consensual testing in health care settings; the remainder were referred to other courts or institutions with the mandate to handle them. To promote access, the Tribunal established teleconferencing facilities in June 2021 in three counties (Mombasa, Kisumu and Nyeri) and sensitized people living with HIV and key populations in those counties, so they were aware of the Tribunal and its presence.

To reduce barriers to access, the Tribunal does not charge complainants fees and processes cases far more quickly than in other judicial settings. If necessary, prospective claimants are referred by Tribunal staff to *pro bono* lawyers with whom they have a Memorandum of Understanding and are specialized in human rights violations against key populations. While this facilitates access to legal counsel, these lawyers are often newly admitted, which can be affect the resolution of a case, particularly against institutional defendants with experienced counsel. NACC has previously conducted training for these *pro bono* lawyers, but there is significant turnover. If claimants are successful and a judgment includes payment of damages, these cannot be enforced at the Tribunal, and must be done before the civil division of the High Court, which does not link claimants with *pro bono* lawyers.

Table 5: Example of Legal Service Activities

Description of Activities	Organizations	Location/Reach
Training 395 key population paralegals on HIV and human rights, who form part of crisis management teams also comprised of an advocacy and outreach officer.	NASCOP and 32 implementing partners	47 counties
Operation of key population-run hotlines and virtual platforms for members to report incidences of violence and call for legal advice.	NASCOP and 32 implementing partners	20 active hotlines/virtual platforms
Training 310 community paralegals to respond to cases of human rights violations against key populations and people living with HIV through legal counselling, alternative dispute resolutions, arbitration and referral to *pro bono* lawyers and relevant institutions.	KRCS subrecipients including networks of people living with HIV and key populations	18 counties (Kisumu, Nairobi, Mombasa, Kwale, Kilifi, Nakuru, Kisii, Mandera, Garissa, Wajir, Kitui, West Pokot, Tana River, Kiambu, Samburu, Elgeyo Marakwet, Turkana and Taita Taveta)
Expansion of the HIV and AIDS Tribunal's teleconferencing facilities in three counties outside of Nairobi.	HIV and AIDS Tribunal	Mombasa, Kisumu and Nyeri counties

Recommendations

- Support the scale-up of peer paralegal training and develop a curriculum on HIV, TB, malaria, key populations, gender equality and human rights to incorporate in the diploma-based paralegal training program, in collaboration with people living with HIV, TB and malaria and key population organizations.
- Develop a curriculum for law students and lawyers on HIV, TB, malaria, key populations, gender equality and human rights in collaboration with people living with HIV, TB and malaria and key population organizations, incorporate this in the curriculum of the Kenya School of Law, and employ this curriculum for training of new pro bono lawyers.
- Establish and support virtual networks of paralegals and pro bono lawyers representing people living with HIV, TB, malaria and key and vulnerable populations to promote knowledge exchange and mutual support, ensuring there are peer paralegals representing people who use drugs and transgender people.
- Provide support to pro bono lawyers to cover ancillary costs of representing claimants before the HIV and AIDS Tribunal and representing people living with HIV, TB, malaria and key populations challenging human rights violations in other judicial settings (including in pursuit of damages before the High Court).
- Continue to promote awareness of the HIV and AIDS Tribunal among county-level community leaders and peer paralegals, including on the option of making referrals from local alternative dispute resolution mechanisms (e.g. chiefs, police, village elders, county council askaris).

- Expand options to facilitate access to the HIV and AIDS Tribunal, including via additional teleconferencing facilities, satellite sites and mobile courts, and identify and equip organizations to facilitate local teleconferencing with community members requiring access to the Tribunal.
- Ensure accessibility of psychosocial support and effective, permanent pro bono legal counsel at the HIV and AIDS Tribunal.
- Amend the HIV and AIDS Control Protection Act to empower the HIV and AIDS Tribunal to order execution of payment upon judgment.

HIV Program Area	Score	
	Baseline	*Mid-term*
Monitoring and reforming policies, regulations and laws	*3.0*	*4.0*

At baseline, civil society organizations were reported to be equipped to engage in national-level advocacy through existing structures such as technical working groups, but a challenge remained with ensuring community engagement in policymaking processes at the county level. NASCOP's *Advocacy Framework* — which was developed to help establish an enabling environment for the effective implementation of HIV prevention among key populations through advocacy to address stigma, discrimination and punitive laws and policies — supports the work of a national technical working group as well as county working groups, which meet regularly.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ 32 counties have an advocacy sub-committee, which has facilitated the inclusion of key populations and other stakeholders involved in HIV and TB programming at county level. According to NASCOP, the advocacy sub-committees have facilitated dialogue between different local stakeholders, including the police.

In collaboration with KESWA and Pact Kenya, LINKAGES Kenya has implemented county-level activities advocating for human rights protections, including violence prevention, among key populations. The activities are centered on providing technical assistance and capacity-building support to key population organizations to conduct human rights advocacy. KESWA worked with 13 LINKAGES implementing partners across seven counties to establish county advocacy sub-committees, conduct media sensitization for 35 individuals (among them people who identified as members of key populations and media), establish crisis response teams, and engage religious leaders, police, the judiciary and other law enforcers on the rights and needs of key populations. 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 combining community banking, enterprise development, and human rights training.§§§§§§§§§§§§§§§§§

Civil society organizations have also continued to engage in strong national-level advocacy efforts. For example, NEPHAK supported and mentored adolescents, young people and key populations living with HIV to successfully engage in developing the second *Kenya AIDS Strategic Framework* as well as to participate in deliberations on differentiated service delivery, a national dialogue on universal health coverage, and reprogramming negotiations for Global Fund grants. VOCAL Kenya has advocated with members of the Kenya National Assembly and the parliamentary Health Committee on harm reduction and the effect of discriminatory drug laws, while KENPUD has successfully advocated with NASCOP to scale up harm reduction services and successfully engaged the National Agency for the Campaign against Drug Abuse

to develop guidelines on sheltering homeless people who use drugs. As part of its advocacy strategy, NASCOP has also engaged national policymakers in reviewing relevant laws and policies such as the HACPA and the *Narcotic Drugs and Psychotropic Substances (Control) Act*. These policymakers include members of Parliament, policymakers in the Ministry of Interior and National Government Coordination and the Ministry of Labour and Social Protection, and the Parliamentary Health Committee to keep issues relating to HIV, TB, human rights and the law on the agenda.

National advocacy related to the needs of women and girls is also strong. In 2019, AYARHEP mobilized 500 young women of reproductive age to march in solidarity demanding access to equitable HIV treatment, after which the government invited AYARHEP and other stakeholders to jointly work towards improving universal access to HIV treatment and health care. AYARHEP was also invited to contribute evidence on the needs of adolescent girls and young women, including sex workers, to a reproductive health bill. In 2019, LVCT Health trained 100 young people on policy advocacy, convened a roundtable with parliamentarians on domestic financing for universal health coverage in relation to key populations and adolescent girls and young women, and participated in a working group of the National Gender and Equality Commission on the prevention of gender-based violence against key populations and adolescent girls and young women during the COVID-19 pandemic. The Gender Violence Recovery Centre (GVRC) is a member of national committees on gender-based violence and has advocated for national policy direction in the establishment of additional gender-based violence recovery centres in health facilities, and for the introduction of gender-based violence studies in the nursing degree curriculum.

The Kenya Key Population Consortium has facilitated the participation of key population organizations in global advocacy processes, such as Kenya's Universal Periodic Review process (2018/2019) and shadow reporting to treaty monitoring bodies. As noted at baseline, Kenya's LGBT community has been particularly active in raising concerns under the Universal Periodic Review mechanism, which has led to repeated recommendations from the UN Human Rights Committee that Kenya decriminalize same-sex intimacy between consenting adults. Kenyan civil society and key population organizations such as KELIN, KESWA and KANCO also belong to international advocacy networks, such as HIV Justice Worldwide, the Global Network of Sex Work Projects and the International Drug Policy Consortium.

Although seen by many as a last resort, some civil society organizations have employed strategic litigation to challenge laws that are perceived to be barriers to accessing HIV, TB or other health services. KELIN, for example, successfully petitioned the High Court of Kenya in 2016 against the isolation of persons suffering from infectious diseases in prisons, and LGBT activists, the Gay and Lesbian Coalition of Kenya (GALCK) and the Nyanza, Rift Valley and Western Kenya Network (NYARWEK) challenged provisions of the Kenyan *Penal Code* criminalizing same-sex conduct – which was dismissed by the Kenyan High Court in 2019. Other pending cases include a lawsuit in High Court initiated by five women living with HIV (and supported by KELIN and African Gender and Media Initiative Trust) who were sterilized without their knowledge or consent, and a petition in High Court initiated by five people living with HIV

(supported by KELIN) seeking a declaration that provisions of the *Sexual Offences Act*, which criminalize intentional transmission of HIV, are unconstitutional.

Recommendations

- Support the national and county advocacy sub-committees to expand membership to ensure more key population representation and representation from organizations working to address gender inequality, and to meet regularly, engage in advocacy and host national and county dialogues described below.
- Hold yearly community-led county monitoring and advocacy sessions for people living with HIV, TB and malaria and key and vulnerable populations to share findings from community monitoring with health care providers, policymakers and police to address and remove legal and policy barriers to accessing HIV, TB and malaria services at county level.
- Hold yearly national multi-sectorial human rights dialogues with national policymakers, including members of the Parliamentary Health Committee, health care providers and police to increase their knowledge of human rights issues concerning HIV, TB and malaria and help remove national legal and policy barriers to accessing HIV, TB and malaria services.
- Support the Key Population Consortium to engage, sensitize and strengthen the capacity of county and national stakeholders on their response to key populations, human rights and the law.
- Provide periodic training to judiciary on HIV, TB, malaria and human rights, in collaboration with people living with HIV, TB and key and vulnerable populations.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.0	2.5

Gender-based violence remains pervasive in Kenya, particularly among women living with HIV, hampering their access to comprehensive care and support.[*****************] There were staggering increases in reports of gender-based violence during the COVID-19 pandemic,[†††††††††††††††††] though a recent study indicated that victims primarily report these cases to health facilities, as many feel uncomfortable reporting to the police.[‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡] The need for programming to address gender-based violence is especially pronounced at county level. As noted by one key informant, access to the formal justice system is especially challenging for women and girls in remote communities, with victims of gender-based violence turning instead to traditional justice systems,[§§§§§§§§§§§§§§§§§§] despite the fact that sexual offences cannot be addressed via alternative dispute resolution.

Several rapid response initiatives exist in response. Healthcare Assistance Kenya (HAK) operates a 24-hour helpline that supports survivors of gender-based violence access services through a rapid response system, including a specific toll-free hotline for children. During the COVID-19 pandemic, the National Police Service, the Office of the Director of Public Prosecutions and several non-governmental organizations also established gender-based violence reporting hotlines. In 2020, Flone Initiative launched a mobile app for survivors and witnesses of gender-based violence to document incidents of violence on public transport on an interactive map.

KRCS has supported training of paralegal trainers by the Centre for Rights Education and Awareness (CREAW) and "Stop Gender-Based Violence" champions, who in turn conduct county training of community paralegals who provide psychosocial support, mediation support and legal referrals to survivors of gender-based violence and to women concerning issues of property disinheritance, eviction and child custody. "Stop Gender-Based Violence" champions organize in community spaces (e.g. schools, tertiary institutions, boda boda and matatu spaces), which facilitates sensitization on gender-based violence and identification of cases in the community. BHESP has trained sex workers, women who have sex with women, women who use drugs and bar hostesses as paralegals and peer educators, acting as local resources and the first point of contact for legal information or assistance in relation to harassment and arbitrary arrest.

Supported by Aidsfonds, WOFAK has also trained women living with HIV in three counties to become 'Human Rights Champions,' tasked with educating others on issues including property and inheritance, stigma and discrimination and harmful cultural practices, leading discussions at chiefs' *barazas* and support group meetings of people living with HIV, and making emergency home visits to and referrals for women living with HIV who experience human rights violations. Additionally, a range of organizations, including KRCS, AYARHEP, KELIN, GVRC, NEPHAK and government entities have conducted legal literacy campaigns for women, adolescents and young people on sexual and reproductive health and rights, inheritance and property rights, and on gender-based violence. In 2019, for example, NASCOP, UN agencies and partners hosted a "National Youth and Adolescent Consultative Forum" bringing together 50 youth from across Kenya to discuss HIV, sexual and reproductive health and gender-based violence and to develop a toolkit for youth to reach their peers with this information.

Despite the creation of gender desks at police stations, research has documented how officers have stigmatized survivors of gender-based violence and lack adequate training to deal with cases. To enhance the capacity of police to respond to cases of gender-based violence, AGYW matching funds have supported advocacy forums for police leadership on their response to gender-based violence, human rights and gender inequalities. These fora are meant to sensitize law enforcement officers on their role in the HIV response and the linkages between HIV and sexual and gender-based violence. Advocacy forums on gender-based violence have also been carried out at county level with law enforcement, county health management teams, judiciary officers, law enforcement training colleges, health care workers, media, religious leaders, and others, reaching 279 participants from eight counties.[*******************] Sensitization of law enforcement and lawmakers is also undertaken by GVRC, KELIN and key population-led organizations such as BHESP and HOYMAS.

Still, key informants noted that the police remain profoundly unequipped to respond to cases of gender-based violence, and frequent transfers of police also affect the effectiveness of training. To strengthen the capacity of the National Police Service to prevent and respond to cases of sexual and gender-based violence, the Kenyan government announced the launch of POLICARE in August 2020, a multi-agency victim centred service for survivors of gender-based violence in one location at the county level. This initiative is still being operationalized. In June

2021, the Government of Kenya also expressed its commitment to end gender-based violence by 2026 by taking a series of steps, including fully implementing legislation and policies to address gender-based violence and tracking their implementation, integrating services for gender-based violence into the essential minimum package of Universal Health Coverage, scaling up POLICARE, and establishing recovery centres and shelters in all 47 counties.†††††††††††††††††††

Beyond police, some organizations engage in training of health care workers. Afya Pwani, for example, has sensitized county health officials on HIV and reproductive health and supports female sex workers and men who have sex with men who face stigma in seeking health care services in five coastal counties (Lamu, Kilifi, Mombasa, Kwale, and Taita Taveta). While key informants noted an improvement among health care worker focal points with respect to their response to gender-based violence and the provision of youth-friendly care, training has yet to cascade to the health facility level. Sensitization of community, religious and county leaders on gender equality is undertaken by NACC, which incorporates discussions of gender equality and collaborates with women-led organizations in its training of faith and county leaders. UN Women and the State Department of Gender Affairs have also sensitized community, religious and county leaders via broader gender-based violence forums.

There remains little programming for trans women. In 2019, the PITCH program supported a national Stakeholders' Forum on the National Transgender Discrimination Survey, bringing together nine transgender networks in Kenya and providing a forum to discuss priorities in transgender health and rights. Through sustained campaigning by the National Transgender Advocacy Network, transgender populations are now included in the *Kenya AIDS Strategic Framework*, and national guidelines for the implementation of HIV/STI programs for transgender people were finalized in May 2020. At the time of writing, the rollout of the guidelines was still before a review committee of the National Assembly.

Recommendations

- Enhance strategic linkages between HIV, TB and malaria organizations and organizations and institutions that work on gender-based violence and women's rights to promote a coordinated response to gender-based violence and sexual and reproductive health and to enhance gender responsiveness of human rights programming.
- Review pre-service and in-service curriculum for police regarding response to gender-based violence in collaboration with women's rights, gender-based violence and key population organizations, and revise as necessary.
- Improve monitoring of cases of gender-based violence and their resolution by police and the courts, publish the results of this review, and disseminate to key Ministries, including the Ministry of Health, the Ministry of Interior and National Coordination, the Department of Justice and the Kenyan Police Service.
- Develop tools to assess the effectiveness of POLICARE, in collaboration with women living with HIV, women's rights, gender-based violence and key population organizations.
- Scale up sensitization of community, religious and county leaders on HIV, TB, malaria and gender equality, in collaboration with women's rights, gender-based violence, and key population organizations.
- Provide resources, capacity building and technical assistance for transgender leadership and advocacy, including to support the implementation of the national HIV/STI guidelines for transgender people.

Programs to Remove Human Rights-related Barriers to TB Services

There is significantly less programming specific to removing human rights-related barriers to TB services than there is for HIV services, though this gap has narrowed through increased human rights programming, including the integration of TB and HIV human rights programs. There is also increasing information related to TB and human rights as a result of recent assessments conducted by KELIN (i.e. the *TB Legal Environment Assessment*, the *TB Data Assessment in Key, Vulnerable and Underserved Populations*, and the *TB Gender Assessment*). As key informants noted, the COVID-19 pandemic delayed implementation of many TB interventions and affected access to facilities for people affected by TB.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	3.0	3.0

TB stigma remains high in Kenya, driven in part by an association of TB with HIV, and manifests in patient isolation, fear of disclosing TB diagnosis, and lack of social support.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ According to key informants, stigma related to COVID-19 exacerbated TB stigma during the pandemic and affected TB programming. While the *National Strategic Plan for Tuberculosis, Leprosy and Lung Health 2019-2023* identified the implementation of programs to reduce stigma and discrimination related to TB as a strategic intervention to remove legal, gender, and human rights barriers to TB services, the implementation of programming recommended at baseline to address TB stigma has been delayed, including a study of TB-related stigma and discrimination experienced by specific populations, programs targeting men working in the informal economy, and mass media campaigns.

During the mid-term assessment, several organizations were reported to be implementing programs to address TB-related stigma and discrimination, though these are limited in geographic scope. In 2021, KELIN trained "TB champions" in Nairobi, who shared their personal experiences with TB in the media (Switch TV and NTV) to sensitize the public. The NGO Talaku works in Kajiado county promoting public awareness of TB through community health volunteers and outreach activities during market days and community awareness activities.§§§§§§§§§§§§§§§§§§ As noted at baseline, in Busia and Mombasa counties, WOFAK has developed and distributed educational resources and conducted quarterly community sensitization dialogues and TB advocacy sessions, with a focus on people living with HIV, health care workers, mobile populations, prisoners and contacts of TB patients. The Stop TB Partnership Kenya is also active on social media, tackling myths related to TB transmission and sharing health promotion messages via various TB ambassadors. And as detailed in the HIV section above, a national advocacy strategy to promote a rights-based approach towards HIV and TB has included media advocacy to educate the media about key and vulnerable populations. As one key informant noted, given the disproportionate burden of TB on young men, there is a need to further engage men and boys and to target male-dominated workplaces with TB messaging.

Recommendations

In addition to the TB-relevant recommendations detailed in the corresponding HIV section above:

- Conduct TB stigma assessment in line with Stop TB Partnership tool, disseminate findings to relevant Ministries including the Ministries of Health, Labour, and Interior and the National Prison Service, and develop a TB Stigma reduction plan that includes an advocacy, communications, and mass media plan.
- In consultation with people living with TB, develop and disseminate a TB workplace policy to address issues of TB screening and non-discrimination of employees with TB and target dissemination of the policy to the formal and informal sector, including employers and workers in the mining sector, fishing industry, transportation sector and industrial/factory sector.
- Sensitize stakeholders including justice, labour, housing, social protection, health care workers on TB-related human rights concerns, including via the dissemination of the TB Legal Environment Assessment and the TB Gender Assessment.
- Strengthen the capacity of the national network of people affected by TB to establish regional chapters of the network to address TB-related stigma and other rights violations faced by people living with TB.

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	1.0	2.0

TB stigma in health care settings is reportedly high; a study of TB patients in rural West Pokot county revealed poor treatment by health care workers, with higher rates of experienced and perceived stigma among women.******************** The baseline assessment identified very little programming related to training of health care workers on human rights and medical ethics related to TB. As a 2020 desk-based assessment of health care worker knowledge of human rights, medical ethics, HIV, TB, privacy and confidentiality revealed, workers have minimal knowledge of human rights and the law and what actions constitute human rights violations.††††††††††††††††††††

Notably, training of health care workers on human rights and medical ethics relating to HIV has increasingly included concerns related to TB. Specific to TB, KELIN has trained 30 community health advocates from Mombasa, Nairobi, Kisumu, Homa Bay and Migori counties on TB, HIV, and sexual and reproductive health rights — work which has been sustained by the community health advocates who have carried out community sensitization forums highlighting issues concerning TB-related rights violations within their communities. With support from the Global Fund and in collaboration with AMREF, NTLD, KELIN, Stop TB Partnership, NASCOP, Pamoja TB group and TB coordinators in Meru, Kisumu and Mombasa counties, 31 health care workers, 45 community health volunteers and 10 TB champions were trained on TB-related human rights and the law, TB identification, documentation and reporting. Between May 2018 and May 2019, with funding from Stop TB Partnership, KELIN worked in six informal settlements in Nairobi to increase knowledge of rights-based approaches to TB, which included activities to raise awareness of TB and human rights among health care workers and county health management teams. TALAKU has also trained 40 community health volunteers and staff on Engage-TB in

Kajiado county. In Busia and Mombasa counties, WOFAK has worked to strengthen community health support systems and TB stakeholders' engagement. Support from the National Treasury also facilitated the dissemination to public health officers across Kenya of the 2018 *Tuberculosis Isolation Policy.* There is no indication, however, of evaluation of these efforts' impacts.

As one key informant noted, community health advocates who are tasked with raising awareness on human rights and TB, increasing treatment literacy, and demanding quality health care services could play a central role in community-based human rights monitoring, documentation and reporting of rights violations. These advocates could work with paralegals situated within health facilities and help report human rights violations to the county-level ombudspersons, facilitating avenue to redress.

Recommendations

In addition to the TB-relevant recommendations detailed in the corresponding HIV section above:

- Develop TB and human rights training modules for pre-service medical training of all health care workers and build capacity of health care training institution personnel to deliver the pre-service human rights curriculum, including via collaboration with people living with TB and key and vulnerable population organizations.
- Standardize and scale up training of TB community health advocates on human rights, TB and recourse for rights violations, and link community health advocates with local paralegals to facilitate access to justice.

TB Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	1.0	1.5

As noted at baseline, KELIN has conducted training with judges, prison officers, and other senior law enforcement officers on topics related to TB and human rights, with testimonials reporting a positive change in police attitudes and behaviours towards key populations, particularly in the Mombasa area. The *National Strategic Plan for Tuberculosis, Leprosy and Lung Health 2019-2023* also identified the sensitization of lawmakers, law enforcement officers and health care workers as strategic interventions to remove legal, gender, and human rights barriers to TB services and some of the sensitization work detailed in the HIV section above with lawmakers and law enforcement agents also includes information on TB.

From 2016 to 2019, KELIN hosted an annual Regional Capacity Building Forum on "HIV, TB, Human Rights and the Law" for law enforcement officers and health care workers to share personal and professional experiences on removing legal barriers that prevent key populations from accessing services.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ NACC, in conjunction with HIV and TB partners, also carried out activities to train 382 prison personnel on the linkages between public health, human rights and HIV and TB responses. However, little additional programming has been reported on this front and there is insufficient integration of TB in efforts to sensitize lawmakers and law enforcement officials regarding HIV.

Recommendation

See the TB-relevant recommendations detailed in the corresponding HIV section above.

TB Program Area	Score	
	Baseline	**Mid-term**
Legal Literacy	*	1.5

Small-scale work has been carried out to improve legal literacy in relation to TB, including country dialogues with county health officials and affected populations, awareness raising on human rights in the context of TB in informal settlements, and human rights training for key and vulnerable populations that has included content on TB.

At mid-term, KELIN has worked with local partners to conduct county dialogues on HIV, TB sexual and reproductive health and human rights, which have provided fora in which people with TB could articulate their human rights-related grievances and raise awareness about potential recourse, with relevant stakeholders present at the dialogues. In 2019, KELIN also published "Know Your Rights" materials on health, TB and human rights in multiple languages and promoted these via the organization's social media channels. As detailed above, from 2018 to 2019, KELIN also worked in six informal settlements in Nairobi to increase knowledge on rights-based approaches to TB, which included work to facilitate access to justice for communities affected by TB whose rights had been violated.

Additionally, with support from Stop TB partnership, KELIN identified 40 TB champions from four counties (Mombasa, Kisumu, Homa Bay and Nairobi) to act as advocates on TB issues within their respective counties. The TB champions were trained to monitor the provision of TB services in their communities and advocate for the rights of people with TB by engaging members of their communities and equipping them with knowledge to demand better delivery of TB services. Since their training, the TB champions sensitized over 993 people from their communities on TB and human rights, through 26 "health talks" targeting people with TB in health facilities, and 17 community sensitization forums targeting key and vulnerable populations and community gatekeepers. In 2021, KELIN also conducted refresher training with the champions on TB and human rights and distributed 700 copies of resources outlining the rights of people with TB, the right to health, and ways to report human rights violations, which the champions will disseminate in their communities.§§§§§§§§§§§§§§§§§§§§

Recommendations

In addition to the TB-relevant recommendations detailed in the corresponding HIV section above:
- Ensure all TB legal literacy efforts include information about the 2018 Tuberculosis Isolation Policy and potential legal recourse for non-compliance, and target county health management stakeholders with training that includes information about the Policy.
- Once mapping of TB legal literacy efforts has been undertaken, coordinate different interventions for TB legal literacy activities to address gaps in programming.

TB Program Area	Score	
	Baseline	**Mid-term**
Legal Services	*	1.5

As at baseline, there continues to be *ad hoc* training of lawyers and paralegals on TB and human rights and limited legal services for people living with TB. Additionally, a key informant noted that there continues to be low uptake of the 2018 *Tuberculosis Isolation Policy* at county level.

To promote the participation of legal practitioners in cases concerning TB-related rights violations and explore the role lawyers could play in creating an enabling environment for persons suffering from and affected by TB, AMREF, KELIN and NTLD, with support from the Global Fund, conducted sensitization workshops in 2018 in three regions Nairobi / Central / Eastern, Rift Valley/Western and Coastal regions) for 98 lawyers on TB, the law and human rights. An additional 41 lawyers from six counties were also sensitized on various TB-related legal and ethical issues, with the objective of creating a pool of *pro bono* lawyers interested and equipped to participate in legal aid clinics, accept cases and undertake strategic litigation to ensure the protection of the right to health in the context of TB.******************** While a challenge persists with respect to how to sustainably support the ancillary costs that lawyers incur taking *pro bono* cases (e.g. transportation, photocopies, court fees), lawyers are now eligible to receive a stipend for such costs. Still, as key informants observed, often lawyers who participate in training subsequently focus their practice on other legal issues and there is a need to sustain their interest in this area of work.

In 2019, during Legal Aid Awareness Week, AMREF supported temporary legal aid clinics in Kangemi and Kayole districts in Nairobi, in collaboration with the Law Society of Kenya, targeting residents in informal settlements. KELIN has also established legal aid clinics which provide direct legal assistance to individuals living with TB and/or HIV, with many cases relate to civil disputes, including land and property matters, custody and maintenance, succession, and discrimination. AMREF and KELIN have also collaborated to train paralegals.

On the specific issue of TB (and HIV) criminalization, KELIN lawyers co-organized and participated in a 2018 training workshop in South Africa with the Southern Africa Litigation Centre, AIDS and Rights Alliance for Southern Africa, HIV Justice Worldwide, Stop TB Partnership and UNAIDS to equip lawyers and activists with skills and knowledge on HIV and TB criminalization. Participants were trained on how to effectively respond to the use of sanctions, detention and other coercive state action against people living with TB for acts such as not completing TB treatment.

Recommendations

In addition to the TB-relevant recommendations detailed in the corresponding HIV section above:
- Identify and train peer paralegals to respond to human rights and legal issues most frequently encountered by people living with TB and significantly scale up peer paralegal programming, including in delivery of legal literacy programming.

- Maintain and expand pool of pro bono lawyers willing and able to represent people living with TB and provide ongoing training and support for these lawyers.
- Consider establishment of key and vulnerable population-run hotlines to provide legal information and referrals in response to TB-related rights violations.

TB Program Area	Score	
	Baseline	**Mid-term**
Monitoring and reforming policies, regulations and laws related to TB	1.5	2.0

There are several notable developments in relation to TB-related law and policy monitoring and reform. In 2016, for example, KELIN won a case before Kenya's High Court, which held that the practice of isolating people living with TB in prisons for the purpose of treatment is unlawful,†††††††††††††††††††† resulting in a *Tuberculosis Isolation Policy* that requires court authorization prior to such isolation, among other considerations. In 2018, KELIN published an assessment of the TB-related legal environment, providing a critical foundation to inform advocacy to address human rights barriers to TB services. And Additionally, AMREF supported the roll-out of the iMonitor app, deployed in collaboration with national and county governments, TAC Health Africa and NEPHAK in Kwale, Vihiga and Homa Bay counties to facilitate feedback on health services and promote local authorities' response. As detailed at baseline, national and county health management teams in the three counties were sensitized on the use of iMonitor, and 30 civil society organizations and 60 community health volunteers were trained as users and provided with smart phones installed with the app, allowing for timely reporting and identification of rights violations within health facilities and the alert of appropriate authorities. A cross-sectional survey will be created and disseminated at the end of the 2018-2021 grant to assess experiences related to the identification, reporting and handling of issues.

The Stop TB Partnership in Kenya is the secretariat to the National and African TB Caucus, a movement of African parliamentarians who came together to increase political commitment in Africa towards ending TB in the region. This has involved hosting events that provide opportunities to seek increased commitment from other political leaders. In relation to national advocacy, Stop TB Partnership and other partners have advocated before the NTLD to develop a social protection framework for TB patients, ensuring more effective and sustainable policies and programs in the realms of medical insurance, cash transfer and nutrition that will cushion TB patients from the catastrophic socio-economic costs which they incur during and after treatment. Stop TB Partnership also supports a project in Kisumu and Meru counties to build the advocacy capacities of local communities to address the low allocation of funds to TB services and to strengthen community-based monitoring and reporting of rights violations in relation to TB services.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡

As noted above, with Stop TB Partnership support, KELIN conducted a series of trainings on rights-based approaches to TB care in informal settlements in Nairobi county targeting 180 community health champions to equip them to monitor and respond to TB-related rights violations. In 2020, KELIN also trained 40 TB champions from four counties (Mombasa, Kisumu, Homa Bay and Nairobi) to act as advocates on TB issues within their respective counties. As part of their work, champions will monitor the provision of TB services in local facilities, report

violations and use local radio stations for sensitization and advocacy to reach a wider audience. Additionally, KELIN will host multi-stakeholder dialogues to provide a platform for the champions to reach policymakers in their respective counties.

At mid-term, there remains a need to support and enhance the capacity of other civil society organizations and TB stakeholders, particularly those representing key and affected populations, to engage in law and policy monitoring and reform related to TB, particularly at county level.

Recommendations
In addition to the TB-relevant recommendations detailed in the corresponding HIV section above:

- Sensitize county government, health stakeholders, and key and vulnerable population stakeholders on TB, human rights and the law, including the 2018 Tuberculosis Isolation Policy.
- Develop a standard plan for counties to monitor, document and respond to TB-related rights violations and compliance with the Policy, including via use of iMonitor.
- Adapt iMonitor as necessary, based on the results of the survey of user experiences, and scale up access across all counties by training and equipping civil society organizations and community health volunteers to use the app.
- Use findings from iMonitor to inform advocacy around TB-related law and policy reform.

TB Program Area	Score	
	Baseline	Mid-term
Reducing TB-related discrimination against women	0.5	1.0

In 2018, KELIN produced *Tuberculosis: A Gender Assessment in Kenya* which identified that, among other things, women are more likely to seek health care earlier and more frequently than men but face financial barriers to accessing health services, the largely informal labour force in Kenya faces challenges taking time off work to attend health facilities for TB treatment, and there is no data regarding TB and transgender people, despite transgender people being identified as an underserved population in the Gender Assessment. Overall, the Gender Assessment concluded that there was limited evidence regarding the impacts of gender on accessing TB services in Kenya, that the impact of culture and gender on accessing TB services needs to be investigated in all 47 counties, given cultural differences across counties, and recommended a national study in this area to inform effective, gender-responsive TB policies and management.§§§§§§§§§§§§§§§§§§§§§§

To date, most gender-sensitive TB programming has focused on ensuring male engagement. The curriculum for community health volunteer training has been revised to include a package that targets male community health volunteers, and various initiatives to conduct TB screening have focused on male-dominated workplaces in the informal sector, such as truck drivers and quarry workers. For example, the NLTD and Stop TB Partnership engaged the National Transport and Safety Authority to sensitize matatu drivers and conductors in Nairobi.

While limited, some gender responsive programs were identified in the Gender Assessment. In Kisumu county, the county government has sensitized health care workers to treat a person irrespective of their gender and a community-based health facility (MAAYGO) offers TB and HIV services to transgender people and men who have sex with men. In Homa Bay county, 24-hour public drop in centers which provide services to sex workers, men who have sex with men and fishermen offer TB screening and links to TB treatment sites. In Busia county, sex workers and men who have sex with men are trained by county community health volunteers on TB and coordinate a support group for TB patients. While key informants acknowledged the need for more gender responsive programming, they indicated that the *National Strategic Plan for Tuberculosis, Leprosy and Lung Health 2019 – 2023* recognizes the need to mitigate harmful gender norms that are barriers to accessing health services and serves as a promising foundation from which to develop future interventions.

Recommendations

In addition to the TB-relevant recommendations detailed in the corresponding HIV section above:

- Conduct a national study on gender and TB (including TB and transgender people) that also maps and identifies TB key populations across the counties to inform effective, gender-responsive TB policies and management, and based on this study, adapt TB programming to enhance their gender responsiveness.
- In collaboration with civil society organizations working with transgender people, explore development of training curriculum on transgender health care needs for health care workers and revise the patient hospital triage form so there is an option of 'other' in the gender section (in addition to male and female).

TB Program Area	Score	
	Baseline	Mid-term
Ensuring confidentiality and privacy	*	1.0

At baseline, no standalone programs were identified that focused on ensuring confidentiality and privacy in the context of TB, and the same remains true at mid-term. However, the *Kenya National Patients' Rights Charter* enumerates patients' right to privacy and confidentiality and the *Health Act* guarantees the right to confidentiality, including for "vulnerable groups". Training of health care workers has been conducted on the right to privacy and confidentiality for people living with HIV by organizations such as KELIN — principles that ostensibly apply to people with TB. Still, as detailed above, a desk-based assessment that NASCOP undertook in 2020 of health care worker knowledge of human rights, medical ethics, HIV, TB, privacy, and confidentiality revealed their minimal knowledge of human rights and the law and a need to prioritize ongoing training on these issues.

Recommendations

- Ensure training of all health care workers incorporates the right to privacy and confidentiality and incorporate this principle in all pre-service and in-service health care worker training.
- Review the iMonitor app to consider prompts that inquire into patients' experience of privacy and confidentiality in health care settings and use findings from iMonitor to inform training for health care workers on the need for confidentiality and privacy.

TB Program Area	Score	
	Baseline	**Mid-term**
Mobilizing and empowering patient and community groups	2.0	3.0

Several TB patient and community groups are active in Kenya, including the various networks of TB champions described above who work in Meru, Kisumu, Mombasa, Homa Bay and Nairobi counties and have sensitized hundreds of people from their communities on TB and human rights through "health talks" and community sensitization forums targeting key and vulnerable populations and community gatekeepers and also helped mobilize resources at the county level. Additionally, in Homa Bay, Kisumu, Busia, Siaya, Migori, Kisii, Vihiga, Bungoma, and Kakamega counties, Komesha TB supports the Kenya Conference of Catholic Bishops (KCCB) to engage in outreach to communities to ensure access to quality TB services, including via the engagement of 40 TB champions.********************* A national Network of TB Champions – Kenya, hosted by Stop TB Partnership-Kenya, is also active on several social media platforms, providing another forum for knowledge exchange and community mobilization among members.

In Kajiado county, the community-based organization TALAKU runs a project offering —among other activities such as TB awareness raising, screening and referrals — ten TB support groups for TB patients that also assist members with income-generating activities and support sick members on treatment with food and counseling.††††††††††††††††††††† In Nairobi, Pamoja TB Group facilitates a network of former and current TB patients and community health volunteers who meet monthly and engage in grassroots advocacy to sensitize communities to work with elected leaders and address stigma among TB patients. And as noted above, Stop TB Partnership Kenya supports a project in Kisumu and Meru counties to build the advocacy capacities of TB communities, including TB champions, to advocate for increased resources for TB in those counties.

The mid-term assessment did not identify TB support groups specific to TB key and vulnerable populations, and this warrants further study. Key informants also emphasized the need to more routinely build the capacity of patient and community groups on human rights and TB, including the *2018 Tuberculosis Isolation policy.*

Recommendations

- Map TB patient and community groups across Kenya to assess geographic, key population, and other gaps in programming, and provide financial support to sustain groups, as necessary.
- Continue support for and increase membership of national network of TB champions and people affected by TB and support opportunities to routinely convene network.

TB Program Area	Score	
	Baseline	**Mid-term**
Rights and access to TB services in prisons	1.0	1.5

As noted at baseline, significant prison overcrowding and inadequate infrastructure for infection prevention or control are issues for TB prevention and control. Some prisons do not have onsite health facilities or have understaffed health facilities that lack adequate supplies and face

delays in getting TB tests results, while some prison staff are not appropriately trained to recognize the symptoms of TB, maintain patient confidentiality, prioritize TB screening, or facilitate linkages for prisoners to health care after release. Notably, in 2017, the NTLD reported that they implemented TB screening for all new prisoners across the country. In 2017, CDC Kenya, in partnership with HealthStrat and the National Kenya Prison System, also launched a pilot program in ten high-volume prisons to actively identify TB cases via the appointment of peer TB champions, trained to identify TB symptoms. The TB champion is tasked with supporting TB symptomatic prisoners to attend the prison health clinic for evaluation, diagnosis and treatment, and the TB champion also leads contact tracing efforts to help identify other prisoners who may have been exposed. Based on the success of the pilot, plans are underway to implement active case finding in all of Kenya's prisons.

There was very little additional programming identified at mid-term to address these deficiencies. NACC, in conjunction with HIV and TB partners, carried out activities to train 382 prison personnel on the linkages between public health and human rights and HIV and TB responses, including 40 leadership command officers at central level, and 70 regional and main prisons command officers.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ In the coast region, the AIDS Control Unit of the Kenya Prison Service has carried out some sensitization of prison staff on HIV and TB, including the training of non-clinical officers to recognize the symptoms of TB to meet high demand for early referral, and information. Reachout has also provided paralegal support to prisoners in Mombasa, and offered HIV testing and counseling, health education and psychosocial support to women in Shimo la Tewa prison.

Recommendations

- Develop training materials on HIV, TB and human rights in prisons for all prison staff, disseminate the training materials to prison authorities, and coordinate training with Kenya Prison Service.
- Facilitate the establishment of psychosocial support groups to address self-stigma among prisoners with HIV or TB.
- Develop and deliver human rights training for civil society organizations advocating for prisoners' rights and health, including topics such as the need to maintain privacy and confidentiality, the right to access HIV and TB testing and treatment, safer sex supplies and opioid agonist therapy in prison, and the need for prison infrastructure improvements.
- Develop and implement a protocol to link prisoners and individuals recently released from prison living with HIV, TB or malaria with health facilities equipped to address HIV, TB or malaria and community psychosocial supports.
- Develop materials and deliver legal literacy training for prisoners to act as peer human rights educators in prison.
- Establish and roll out mobile legal services in prisons in preparation for various court proceedings.

Programs to Remove Human Rights-related Barriers to Malaria Services

The *Kenya Malaria Strategy (KMS) 2019-2023* considers adherence to human rights, gender and equity as one of its guiding principles and strives to ensure universal access to malaria interventions, including among "vulnerable, marginalised, and special groups."§§§§§§§§§§§§§§§§§§§§§§§§ Still, the concept of removing human rights-related barriers to malaria services is new to stakeholders in the malaria response in Kenya. Many of the barriers to malaria services overlap with those affecting access to primary health care, such as distance to health facilities, cost of transportation, and drug and commodity stockouts — barriers which are amplified in rural areas. As noted in the baseline assessment, these barriers are also particularly pronounced among people living in poverty, women, mobile populations, and prisoners . Other populations that are vulnerable to malaria include pregnant women and adolescents, children, adolescents and young adults, people living with HIV, rural populations, and people with disabilities.***********************

Consistent with the findings at baseline, scant programs were identified to address human rights-related barriers to malaria services, and commodities and service delivery remains the focus of most malaria programming, which key informants attributed to limited resources and human rights expertise. While key informants observed promising engagement of communities across malaria decision-making platforms, there needs to be additional research concerning human rights and gender barriers to malaria programming, dissemination of this information to community-based organizations to develop programming to address the identified barriers, and resources to support such programming.

Malaria Program Area	Score	
	Baseline	Mid-term
Reducing gender-related barriers and harmful gender norms	*	0.5

The baseline assessment identified malaria prevention strategies focused on pregnant women, women and children under five, but did not identify specific programming to reduce gender-related barriers and harmful gender norms, and this remains true at mid-term, although the *Kenya Malaria Strategy 2019-2023* affirms that "malaria interventions will be implemented to ensure gender equity and responsiveness." Malaria assessments have been carried out, including a community, rights and gender assessment and sex-disaggregated data are available in some non-routine data sources, but there remains a notable dearth of research investigating the role of gender inequality in relation to malaria. As such, the community, rights, and gender assessment calls for advocacy to incorporate routine sex aggregation in data tools.

The most recent 2020 *Kenya Malaria Indicator Survey* focused surveillance on women and interviewed 6,771 women in 7,952 households in five malaria endemicity zones, allowing for some inferences about the gender dimensions of malaria in Kenya.†††††††††††††††††††††††† Notably, 85% of the women surveyed knew ways to avoid getting malaria, and 86% of those women reported confidence in their ability to hang a mosquito net in their household. According to one key informant, routine data collection will be the biggest opportunity to include disaggregation by

sex and age and will be prioritized in future reviews of data collection tools, allowing for the development of more gender responsive programming.

Recommendations

In addition to the malaria-relevant recommendations detailed in the HIV and TB sections above:

- Strengthen health management information system by routinely collecting sex- and age-disaggregated data on malaria and analyzing results to enhance gender responsiveness of malaria programming.
- Mainstream gender issues, including an understanding of how gender dynamics surrounding malaria can influence malaria and health through access, treatment, decision-making, and exposure, at all levels of malaria program design, implementation, and evaluation.
- Strengthen the capacity of key malaria stakeholders, managers, and data analysts to understand, analyze, prioritize, and use gender-related information, including in future Kenya Malaria Strategy.
- Support community education on gender equality and patients' rights to be delivered alongside malaria social and behavioural change campaigns, with messages targeted at different groups including mothers, pregnant women, men, fathers, adolescents, community leaders, religious leaders, refugees and schoolchildren. In addition to focusing on identification of malaria symptoms, prevention and timely health-seeking behaviours, campaigns could integrate information on more equitable household decision-making, the sharing of caregiving activities, the need for men to support their partners to seek care in a timely manner without permission, and challenging harmful gender norms.

Malaria Program Area	Score	
	Baseline	Mid-term
Promoting meaningful participation of affected populations	0.5	1.5

The baseline assessment noted that KeNAAM facilitated the participation of civil society organizations in the national Malaria Program Review in 2018, which was designed to feed into the *Kenya Malaria Strategy (KMS) 2019-2023*. This resulted in the adoption of human rights and gender as guiding principles in the strategic plan, providing a foundation from which to develop and implement human rights programs, in addition to the reconvened human rights and gender technical working group on HIV, TB and malaria which includes for the first time malaria stakeholders.

In 2021, KeNAAM carried out a rapid mapping of malaria civil society organizations to inform the Malaria Matchbox Assessment scheduled to be undertaken in 2021. This rapid mapping of malaria civil society organizations identified 308 partners that will form 15 clusters (grouped according to the malaria epidemiology zone and population with which each works, such as refugees, pregnant women, migrant workers, pregnant adolescents, women and children, children under 5, school-aged children, "hard to reach" populations, rural populations, people living with HIV, informal settlement residents, prisoners, Indigenous and marginalized populations, and residents of hotspot and irrigation areas) required for the Malaria Matchbox Assessment.

KeNAAM also consulted with and conducted training to build the capacity of those organizations to meaningfully engage in the assessment. An introductory training curriculum for civil society

organizations was developed that included content on human rights, vulnerable populations, non-discriminatory health care, gender as a determinant of health and gender roles in the context of malaria, and KeNAAM conducted four virtual training sessions for 36 representatives from civil society organizations. According to KeNAAM, this training provided an unprecedented opportunity for community engagement, including pretesting of the data collection tools which provided valuable feedback that was incorporated into the final online forms.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ As one key informant noted, civil society organizations working on malaria are "way ahead of [government] actors on human rights and gender" and have helped "demystify and share what human rights might look like in malaria."

Recommendations

In addition to the malaria-relevant recommendations detailed in the HIV and TB sections above:

- Scale up and deliver training for all malaria civil society organizations identified via the mapping to inform the Malaria Matchbox Assessment, to enhance their capacity to participate in policy design and monitoring of implementation.
- Support community-centered elements of the malaria response, such as county and regional networks of malaria civil society organizations, to engage in advocacy efforts at the county and national level.
- Sensitize malaria duty-bearers, including authorities within the Ministry of Health and the National Malaria Control Program, of the importance of community engagement.
- Identify civil society malaria stakeholders to join reconvened human rights and gender technical working group on HIV, TB and malaria.
- Disseminate the key findings of the Malaria Matchbox Assessment to the broader public via a social media campaign, developed in collaboration with KeNAAM and malaria civil society organizations, and collaboratively develop plan to respond to and address key findings.

Malaria Program Area	Score	
	Baseline	Mid-term
Strengthening community systems for participation in malaria programs	*	2.0

In Kenya, community health volunteers are frequently deployed to deliver malaria-related services including community case management and the provision of malaria information. For example, with Global Fund support, AMREF supports a network of community health volunteers in ten high-burden counties who regularly visit households to conduct malaria testing, treatment and referral of severe cases to health facilities. The U.S. President's Malaria Initiative (PMI) has supported county health management teams to train community health volunteers and community health assistants to identify and address signs of malaria, especially among children and pregnant women.§§§§§§§§§§§§§§§§§§§§§§§§§ The Ministry of Health has also spearheaded a "Mass Net Distribution Campaign" every three years in 27 high-burden counties, involving community sensitization, training of health care workers and community health volunteers, registration of households, and distribution of nets at fixed posts. According to key informants, because malaria is not subject to stigma in the way that HIV and TB are, community health volunteers can engage in a broad range of activities including information and support around reproductive health and sanitation; they also present an opportunity to sensitize target audiences on human

rights and gender barriers to malaria services. However, the mid-term assessment was unable to assess the extent to which community health volunteers incorporate human rights or legal literacy in their work.

However, in a disappointing 2019 court ruling brought forward by the regulatory body that licenses lab technologies and technicians, community health volunteers are not permitted to administer malaria (and other) testing. ***********************The National Malaria Control Program has tried to comply with this court ruling by updating testing guidelines in November 2020 for community health volunteers requiring, among other things, only trained and certified community health volunteers to implement testing as well as regular supervision of such testing by registered laboratory personnel. This is an issue that has broader implications beyond malaria and affects the involvement of community health volunteers in the management of HIV and TB. Key informants also noted lack of adequate remuneration for community health volunteers as a barrier to scale-up, though there have been some recent developments at county level to implement payment of monthly stipends for this important work.†††††††††††††††††††††††††

Recommendations

In addition to the malaria-relevant recommendations detailed in the HIV and TB sections above:

- Review existing training curricula for community health volunteers to ensure inclusion of malaria-related gender and human rights concerns and support training of community health volunteers to understand human rights and gender barriers to malaria services.
- Continue advocacy to ensure a supportive policy environment for community health volunteers to administer rapid diagnostic tests, to treat uncomplicated malaria and to receive standardized payment.
- Expand iMonitor to enable community monitoring of malaria service delivery and train community health volunteers and malaria civil society organizations in use of this tool.

Malaria Program Area	Score	
	Baseline	Mid-term
Malaria programs in prisons and pre-trial detention	*	*

While the *Kenya Malaria Strategy 2019-2023* indicates that prisons are to be included in indoor residual spray campaigns and to participate in malaria performance monitoring, diagnosis, and treatment efforts, the baseline assessment noted that people in prison and other places of detention face limited access to health services, including for malaria. According to one key informant, the National Malaria Control Program does not directly implement programs in prisons and only supports prison departments based on expressed needs, including for the provision of malaria treatment and indoor residual spraying campaigns. The extent to which indoor residual spraying campaigns or other malaria-related programming have been implemented in prisons remains unclear at mid-term.

Recommendations

In addition to the malaria-relevant recommendations detailed in the HIV and TB sections above:

- Support inter-ministerial collaboration between the Ministry of Health and Ministry of the Interior to ensure the full implementation of malaria programs in prisons and places of pre-trial detention, including the installation of malaria nets in windows and the deployment of indoor residual spraying campaigns, prioritizing counties with endemic or seasonal malaria.
- Task body with documenting, monitoring and evaluating roll-out of implementation of malaria prevention, diagnosis and treatment programs in all prisons and other places of detention.

Malaria Program Area	Score	
	Baseline	Mid-term
Improving access to services for underserved populations, including for refugees and others affected by emergencies	1.0	1.0

Malaria continues to be a key health issue for refugee populations in Kenya. At mid-term, the UNHCR continues to distribute bed nets and insecticides to refugees and asylum-seekers in Kakuma camp and Kalobeyei Integrated Settlement, and works with partners to provide free health services, including rapid malaria tests and malaria treatment, to residents of the camp and settlement. The Kenyan government also provides people living with HIV free access to long-lasting insecticide-treated nets as part of the HIV Basic Care Package. At mid-term, no other programs were identified to enhance access to malaria services for refugees and others affected by emergencies or for people living with HIV.

Critically, neither the baseline nor mid-term assessments were able to engage directly with underserved populations in the malaria response, as well as the service implementers who operate in these settings. This is a significant gap in understanding how underserved populations experience rights-related barriers to access services.

Recommendations

In addition to the malaria-relevant recommendations detailed in the HIV and TB sections above:

- Disseminate key findings of the Malaria Matchbox Assessment related to underserved populations to key stakeholders, including the Ministry of Health, the National Malaria Control Program, the human rights and gender technical working group on HIV, TB and malaria, and malaria program implementers in refugee settlements to better understand key areas for improvement to remove existing human rights-related barriers to access services.
- Increase legal literacy for underserved communities to know their rights and support them to mobilize and hold duty bearers accountable. This includes engaging humanitarian stakeholders to ensure the refugee populations (and other affected by emergencies) are provided with tools and information to understand their health-related rights, including in the context for malaria.

Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV, TB and malaria program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV, TB and malaria services. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening human rights capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights- related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers and community organizations, as well as reviews of program data for certain programs and activities, some key components of quality are discussed below.

Achieving Quality

Integration of programming

The mid-term assessment found growing integration of human rights programs — particularly those targeting key populations — with health service delivery programs, including at county level. These include programs for sex workers (run by HOYMAS, BHESP, KESWA and others), people who use drugs (run by KELIN, Reachout and others), men who have sex with men (run by HOYMAS and others) and women and girls (run by WOFAK and others) that link, for example, HIV testing, TB screening, the dissemination of prevention commodities for sexually transmitted and blood-borne infections (STBBI), access to opioid agonist therapy or screening for gender-based violence with legal literacy and legal service programs. There has also been greater integration of HIV and TB programs, and with a new National Plan to address human rights- and gender- related barriers to HIV, TB and malaria services in Kenya, the opportunity to assess how the same can be done for malaria. As key informants underscored, integration of HIV, TB and malaria programming would facilitate more effective and efficient service delivery. Increasingly, key informants observed that key population organizations are also meaningfully involved in the planning and implementation of these programs.

Promising developments were also identified that institutionalized human rights content across different sectors, such as the development of standardized pre-service training of health care workers on HIV- and TB- related human rights and medical ethics and workplace policies prohibiting HIV-related stigma and discrimination. Efforts are also underway to develop common

pre-service training for the Kenya Police on key and vulnerable populations as well as to integrate topics related to HIV and human rights into the standard law school curriculum, facilitating their sustainability over time.

Coordination and avoidance of duplication and gaps

At the same time, there is a need for greater coordination of such programming. With many programs being rolled out across Kenya and some organizations working in silos, key informants indicated it was difficult to know where there are gaps and ways to avoid duplication. A national mapping of human rights-related HIV, TB and malaria programming being undertaken and more systematic, routine exchange of information and dialogue between the Kenyan government, county stakeholders, donors and program implementers would support coordination efforts. Key informants also observed a need for improved coordination between programming at the national, county and grassroots levels. Acknowledging this, the new National Plan to reduce human rights-related barriers to HIV, TB, and malaria services seeks to "strengthen the coordination of human rights and gender sensitive responses to HIV, TB and malaria" by expanding the HIV and human rights technical working group to include TB and malaria representatives to "support and coordinate the health, HIV, TB, malaria and human rights response."

Monitoring and evaluation

While there are designated focal points for monitoring and evaluation across a range of HIV, TB and malaria programs, program implementers primarily collect and record quantitative program data and few implementers track human rights-related indicators such as changing attitudes or the impact of programs on the uptake of health services. According to key informants, some program implementers lack an adequate understanding of human rights-related barriers to health services and human rights violations, thus impeding the monitoring and evaluation of the human rights outcomes of programs, especially among TB and malaria programs. Notably, in addition to program indicators (e.g. coverage and output indicators), the National Plan includes expected outcomes for program activities.

Impact of COVID-19

In Kenya, the first case of COVID-19 was detected on March 13, 2020, and resulted in the immediate closure of schools and non-essential businesses and the prohibition of large gatherings, followed by a ban on international flights. Among other measures that the Kenyan government imposed to curb COVID-19 transmission were nightly curfews, mandatory quarantines, mandatory face masks in public spaces, shift work among government employees and recommendations to work from home for private sector and other employees, and hygiene campaigns. Some health care facilities that were used to deliver essential services were designated as COVID-19 isolation facilities, including treatment sites and storage facilities, and pandemic control measures also led to disruptions in service delivery, including for sexual and reproductive health services and activities for mass long-lasting insecticidal nets and TB case identification and notifications. As a result of COVID-19 measures, people living with or

vulnerable to HIV, TB and malaria faced disruptions to services and supports, and key informants reported some people sharing their HIV medication as a result. The stigma associated with COVID-19 was reported to have impeded uptake of health services, as people feared a COVID-19 diagnosis.

The enforcement of lockdown measures in Kenya also led to a documented increase in cases of sexual and gender-based violence against women and girls and triggered arbitrary arrests, beatings, torture, and extrajudicial killings by government forces, as Kenyan authorities were reported to have used violence to enforce curfews and lockdowns. Kenyan authorities forcibly quarantined thousands of people in facilities that further compromised their safety and health. In addition to increased risks of household and gender-based violence coupled with severe limitations in access to shelters for survivors due to the lockdown, studies highlighted the disproportionate impacts shouldered by women in Kenya during the pandemic, such as greater food insecurity and forgoing necessary health care, including for malaria treatment and family planning.

The Ministry of Health and counties adapted by using virtual platforms, extending drug collection schedules, implementing measures to allow patients already on treatment to continue collecting their drugs, and arranging for health care workers to deliver medicines to people's homes (and exempting some workers from movement restrictions to deliver essential services to households in need). The National AIDS and STI Control Programme (NASCOP), in partnership with county governments, implementing partners and donors, also worked to ensure the continuity of key population service delivery during the pandemic, and issued technical guidance on issues ranging from setting up virtual coordination platforms to capacity building of service providers on HIV in the context of COVID-19. Mobile dispensing services for people who use drugs were also established to enhance service delivery along with the formation of virtual psychosocial support groups and hotlines to respond to incidences of violence and facilitate distribution of food baskets. While necessary, online engagement with people living with HIV and key populations meant limited participation among some rural and marginalized communities lacking internet access, logistical support and familiarity with such platforms.

A number of civil society organizations also provided support to people to access HIV treatment, harm reduction supplies and treatment including via mobile clinic deliveries to abide by physical distancing requirements. UNAIDS partnered with the National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) and Women Fighting AIDS in Kenya (WOFAK) to distribute food and hygiene packs to people living with HIV in informal settlements and provided grants to community organizations to purchase food vouchers, support communities to engage in the Global Fund application process, and assess the impact of COVID-19, including human rights violations during the pandemic. Donors including the Global Fund supported Kenya's response to COVID-19 through the provision of PPE and training to community health workers to integrate COVID-19 health messaging in outreach.

Program implementers also described pivoting to communication with clients via social messaging groups and to virtual trainings and meetings, with some also providing recipients with technology to engage in this way. Moreover, some program implementers trained

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community health workers and peer educators to address misconceptions about COVID-19 in their communities, and hosted online discussions about COVID-19.

Donor Landscape

PEPFAR remains the largest funder of the HIV response in Kenya, focusing on HIV prevention (e.g. targeting adolescent girls in high burden counties via the DREAMS Partnership, promoting male circumcision, HIV testing and PrEP, and supporting key populations including the Kenya Key Population Consortium) and HIV treatment, care and support. PEPFAR's DREAMS Partnership also includes interventions providing care and support for survivors of gender-based violence. The LINKAGES Kenya project also focused on HIV prevention, care, and treatment services for sex workers, men who have sex with men and people who inject drugs, delivered through CSO-led drop-in centers tailored to key population needs.

The Global Fund is the main funder of HIV-related human rights programs. Beyond the Global Fund, Bridging the Gaps supported human rights programming for sex workers, LGBT communities and people who use drugs, including those living with HIV. Bridging the Gaps member Aidsfonds spearheaded work with implementing partners representing sex workers, LGBT communities and people who use drugs on an array of programming that included legal literacy, monitoring and documentation of human rights violations, and paralegal training. The PITCH program supported community advocacy in Kenya, via which Frontline AIDS worked through LVCT Health and implementing partners from LGBT organizations, people who use drugs, and across key populations such as the Kenya Key Population Consortium and KELIN, and Aidsfonds supported sex worker programming. Both Bridging the Gaps and PITCH funding concluded in December 2020. Other HIV funding sources include UN agencies led by UNAIDS (which coordinates the provision of UN technical assistance in Kenya for the HIV response), the Clinton Foundation, and the Government of Kenya.

The main funder for TB-related human rights programming is the Global Fund.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ The Stop TB Partnership (supported by USAID and the Global Fund Strategic Initiative to Find the Missing People with TB) also funds grassroots and civil society organizations in Kenya supporting TB-affected communities to promote human rights and gender equality via its granting mechanism Challenge Facility for Civil Society (CFCS).§§§§§§§§§§§§§§§§§§§§§§§§ More broadly, the main funding sources for TB programs are the Kenyan government and international donors such as USAID.************************ Malaria programming is heavily dependent on Global Fund and the U.S. President's Malaria Initiative (PMI).

Recommendations

Kenya has made progress on cross-cutting indicators such as integration of human rights programs into service delivery, combining HIV and TB programs, and development of human rights competences for HIV programs. Weaknesses persist in many of these areas in TB- and malaria- related programs, and across HIV, TB and malaria programs in the areas of

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coordination and monitoring and evaluation. To address these, the following steps are recommended:

- Task the human rights and gender technical working group on HIV, TB and malaria with mapping human rights and gender equality programs related to HIV, TB and malaria (and the organizations delivering these programs) against those identified in the National Plan, publish findings, and disseminate to the Ministry of Health and other government stakeholders, HIV, TB and malaria program implementers, key donors and technical partners.
- Task the human rights and gender technical working group on HIV, TB and malaria with coordinating the implementation of the National Plan and identifying and addressing duplication or gaps, including gaps in sources of funding (including via donor and technical partners meetings).
- Continue to identify opportunities to integrate human rights and key population programs into HIV, TB and malaria health service delivery programs.
- Strengthen the capacity of community-based organizations to implement TB- and malaria- related human rights programs.
- Develop and fund a monitoring and evaluation plan under the National Plan that defines specific indicators that will be used to assess progress toward expected outcomes, identifies existing data sources that will be used, and demonstrates how data will be collected to measure indicators, how often it will be reviewed and how such data will be used to adjust program activities.
- Provide resources and technical assistance to program implementers to increase monitoring and evaluation capacity, particularly for documenting impact of human rights interventions on health outcomes.
- Use the National Plan to proactively seek funding from the donor community to scale up and strengthen programs to remove human rights-related barriers.

Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV, TB and malaria services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers. These programs have contributed to a shift in the national conversation about HIV and human rights, including among a key arbiter of those rights: the courts.

Setting precedents on HIV and human rights: the HIV and AIDS Tribunal

The HIV and AIDS Tribunal is the only judicial body in the world with a mandate to adjudicate violations of HIV-related human rights. Established under the *HIV & AIDS Prevention and Control Act (2006),* the Tribunal began hearing cases in 2011, adopting several noteworthy practices to minimize barriers to access. There is no cost to filing a complaint and complainants do not require legal counsel (but are provided a referral by Tribunal staff to a pool of *pro bono* lawyers if necessary). The Tribunal holds its hearings *in camera* and complainants have the option to withhold their identity in decisions to protect privacy and confidentiality. Compared to disputes in other judicial settings in Kenya which can take years, complaints brought before the Tribunal can be resolved within weeks (but can take months). As a result, human rights organizations and people living with HIV in Kenya have praised the Tribunal for its "smooth, flexible, and sensitive approach to justice in the context of HIV."††††††††††††††††††††††††††

In its early years, however, awareness of the Tribunal remained low, and the baseline assessment noted it was underutilized in part due to limited understanding of its existence and mandate. To address this, the Global Fund supported legal literacy campaigns sensitizing the public about the Tribunal's functions and on how to make complaints, resulting in an increase in the number of cases taken up by the Tribunal, and more broadly, fostering stronger public awareness of accountability for HIV-related discrimination. Cases more than doubled from 11 in 2017 (prior to the campaign) to 27 in 2018 and 29 in 2019 (the highest number of cases taken up by the body); this number declined in 2020 during the COVID-19 pandemic.

The Tribunal's decisions have also had an impact beyond its jurisdiction. In July 2020, the High Court of Kenya awarded damages to a woman living with HIV whose right to privacy was violated by a hospital and her insurer. In a landmark judgment, the Court declared that the hospital and insurance company's disclosure of the petitioner's HIV status to her employer without her knowledge and consent was a violation of her constitutional right to privacy and awarded the petitioner costs and damages for suffering arising from the tremendous stigma and discrimination that she suffered at her workplace following this disclosure.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ In making its decision, the High Court adopted a persuasive decision of the HIV and AIDS Tribunal§§§§§§§§§§§§§§§§§§§§§§§§§ that established the criteria for when medical facilities and medical practitioners can disclose their patients' HIV status to insurers.

While its decisions can be compelling, the Tribunal remains geographically inaccessible for complainants who reside outside of Nairobi. To promote access, the Tribunal also established teleconferencing facilities in June 2021 in Mombasa, Kisumu and Nyeri counties and sensitized people living with HIV and key populations in those counties, so they were aware of the Tribunal's presence. With the increasing use of virtual courts during the pandemic, COVID-19 has also presented an opportunity to expand virtually.

Despite its shortcomings, key informants noted that the Tribunal has delivered milestone judgments over the years that have upheld the human rights of people living with HIV. When a judgment is publicized, this promotes awareness of rights violations and important normative guidance for other courts as they consider complex human rights concerns that affect the fundamental rights of people living with HIV.

Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness, and achieve impact, the mid-term assessment makes recommendations in the following areas. Priority key recommendations are synthesized from the longer list of recommendations that follow in the tables below.

Key Recommendations

Creating a Supportive Environment
• Maintain, through technical and operational support, the human rights and gender technical working group on HIV, TB and malaria to lead, coordinate and continuously monitor the implementation of the National Plan and ensure quality of activities and interventions. • Task the with the human rights and gender technical working group on HIV, TB and malaria with promoting greater knowledge of and engagement with the National Plan among government ministries, county level stakeholders, donors, civil society, and technical partners by publishing and disseminating the National Plan to these target audiences.

Programmatic Scale-up
• Based on the findings of the 2020 HIV Stigma Index, develop a 3-year action plan that includes an advocacy and communications strategy to inform programs targeting workplaces, educational and health institutions and a media campaign on human rights messages related to HIV, co-designed and led by people living with HIV and key and vulnerable populations. • Develop and implement HIV, TB, key populations, gender equality and human rights training modules in the pre-service trainings for all health care workers, police, prison staff and lawyers. • Review training curricula for HIV, TB and malaria community health volunteers to ensure inclusion of content on gender and human rights barriers to services and support training of community health volunteers on this content. • Develop legal literacy resources on human rights, access to justice and legal services for people living with HIV, TB, malaria and key and vulnerable populations for use by peer educators. • Expand options to facilitate access to the HIV and AIDS Tribunal, including via additional teleconferencing facilities, satellite sites and mobile courts, and identify and equip organizations to facilitate local teleconferencing with community members requiring access to the Tribunal. • Provide resources, capacity building and technical assistance for transgender leadership and advocacy, including to support the implementation of the national HIV/STI guidelines for transgender people. • Conduct TB stigma assessment in line with Stop TB Partnership tool, disseminate findings to relevant Ministries including the Ministries of Health, Labour, and Interior and the National Prison Service, and develop a TB Stigma reduction plan that includes an advocacy, communications, and mass media plan. • Conduct Malaria Matchbox Assessment to identify equity barriers to access to malaria prevention and treatment services and disseminate findings to key stakeholders, including

the Ministry of Health, the human rights and gender technical working group on HIV, TB and malaria, and malaria program implementers and civil society organizations.

- Strengthen health management information system by routinely collecting sex- and age-disaggregated data on malaria and analyzing results to enhance gender responsiveness of malaria programming and mainstream gender issues at all levels of malaria program design, implementation, and evaluation.
- Support civil society and key population-led organizations to continue and scale up community-led monitoring of human rights violations towards people living with HIV, TB or malaria, and incorporate findings of such monitoring into training for health care workers and law enforcement, legal literacy efforts and for advocacy purposes.

Programmatic Quality and Sustainability

- Task the human rights and gender technical working group on HIV, TB and malaria with: mapping human rights and gender equality programs related to HIV, TB and malaria against those identified in the National Plan and identifying duplication or gaps, including gaps in sources of funding; publishing findings and disseminating to the Ministry of Health and other government stakeholders, HIV, TB and malaria program implementers, key donors and technical partners; and coordinating the implementation of the National Plan (including donor and technical partners coordination meetings).
- Continue to identify opportunities to integrate human rights and key population programs into HIV, TB and malaria health service delivery programs.
- Develop and fund a monitoring and evaluation plan under the National Plan that defines indicators to assess progress toward expected outcomes, identifies data sources that will be used, and demonstrates how data will be collected to measure indicators, how often it will be reviewed and how such data will be used to adjust program activities.
- Use the National Plan to proactively seek funding from the donor community to scale up and strengthen programs to remove human rights-related barriers.

Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	• Maintain, through technical and operational support, the human rights and gender technical working group on HIV, TB and malaria to lead, coordinate and continuously monitor the implementation of the National Plan and ensure quality of activities and interventions. • Monitor and evaluate the National Plan using routine reporting and program evaluation, ensuring key indicators are collected and periodically assessed, and adjustments to programming made based on findings from data analysis. • Establish an online repository of resources on programs to address human rights and gender-related barriers to HIV, TB and malaria services. • Promote greater knowledge of and engagement with the National Plan among government ministries, county level stakeholders, donors, civil society, and technical partners by publishing and disseminating the National Plan to these target audiences. • Identify resource gaps for the implementation of the National Plan and engage in resource mobilization to raise funds to address identified gaps, including by using the National Plan as a resource mobilization tool to seek funding from additional donors other than the Global Fund.
Programmatic quality and sustainability	• Task the human rights and gender technical working group on HIV, TB and malaria with mapping human rights and gender equality programs related to HIV, TB and malaria (and the organizations delivering these programs) against those identified in the National Plan, publish findings, and disseminate to the Ministry of Health and other government stakeholders, HIV, TB and malaria program implementers, key donors and technical partners. • Task the human rights and gender technical working group on HIV, TB and malaria with coordinating the implementation of the National Plan and identifying and addressing duplication or gaps, including gaps in sources of funding (including via donor and technical partners meetings). • Continue to identify opportunities to integrate human rights and key population programs into HIV, TB and malaria health service delivery programs. • Strengthen the capacity of community-based organizations to implement TB- and malaria- related human rights programs. • Develop and fund a monitoring and evaluation plan under the National Plan that defines specific indicators that will be used to assess progress toward expected outcomes, identifies existing data sources that will be used, and demonstrates how data will be collected to measure indicators, how often it will be reviewed and how such data will be used to adjust program activities. • Provide resources and technical assistance to program implementers to increase monitoring and evaluation capacity, particularly for documenting impact of human rights interventions on health outcomes. • Use the National Plan to proactively seek funding from the donor community to scale up and strengthen programs to remove human rights-related barriers.

HIV-related recommendations by program area	
Stigma and discrimination reduction	- Broadly disseminate results of the HIV Stigma Index, targeting relevant government ministries including the Ministries of Health, Interior and Coordination, Education, Youth Affairs, Public Service and Gender, Labour, and the Department of Justice. - Based on the findings of the 2020 HIV Stigma Index, develop a 3-year action plan that includes an advocacy and communications strategy to inform programming targeting workplaces, educational institutions, and health institutions and a broader national and county-level multi-sectoral media campaign on human rights messages related to HIV, co-designed and led by people living with HIV and key and vulnerable populations. - Task NACC with supporting workplaces to develop and implement reporting mechanisms when discrimination occurs. - Publish media guidelines and scale up engagement with and sensitization of journalists on human rights and gender-related barriers related to HIV, TB and malaria. - Scale up county-level sensitization of county leaders on stigma and discrimination, including via multi-sectoral sensitization and engagement forums between key national, county and community leaders and people living with HIV and key populations to address human rights and gender-related barriers to access HIV, TB and malaria services. - Establish an informal economy steering committee within the human rights and gender technical working group on HIV, TB and malaria to advise associations within the informal economy about stigma and discrimination in the workplace. - Scale up sensitization of public and private sector employers and employees on workplace policies prohibiting stigma and discrimination and develop and implement available recourse for violations. - Sensitize education authorities, including those at county level, teachers at primary and secondary schools, and educators at tertiary institutions on HIV, TB, and gender-related discrimination in learning institutions to ensure non-discrimination in the education sector. - Review and disseminate national faith sector action plan to include HIV- and TB- related stigma and discrimination messaging and continue sensitization of faith and community leaders, in partnership with people living with HIV and key population organizations.

Training of health care workers on human rights and ethics	• Once finalized, integrate HIV and human rights training modules in the pre-service medical trainings for all health care workers and build capacity of health care training institution personnel to deliver the pre-service human rights curriculum, including via collaboration with people living with HIV and key population organizations. • Institutionalize regular, in-service refresher training for all health facility staff on HIV, TB, human rights, gender equality (including training related to gender-based violence and sexual and reproductive health) and medical ethics, including on the Kenya National Patients' Rights Charter. • Produce and implement standardized training curriculum for community health volunteers on HIV, TB, human rights, gender equality (including training related to gender-based violence and sexual and reproductive health) and medical ethics and support ongoing training for community health volunteers. • Support implementation of a monitoring and evaluation system to document impact of human rights-related training on health outcomes, disaggregated based on sex, gender identity and sexual orientation. • Support civil society and key population-led organizations to continue and scale up community-led monitoring of human rights violations, including violations perpetrated by health care workers towards people living with HIV, TB or malaria, and incorporate findings of such monitoring into training for health care workers and for advocacy purposes.
Sensitization of lawmakers and law enforcement agents	• Support civil society and key population-led organizations to continue and scale up community-led monitoring of human rights violations, including violations perpetrated by law enforcement, and incorporate findings of such monitoring into efforts to sensitize law enforcement and for advocacy purposes. • Finalize curriculum for pre-service training of police on HIV, TB, key populations, gender equality and human rights in collaboration with people living with HIV, TB, gender equality and key population organizations and incorporate training into National Police Service Training Curricula. • Build capacity of police and prison service training facilitators to deliver the HIV, TB, key populations, gender equality and human rights training, including in consultation with people living with HIV, TB, gender equality and key population organizations. • Conduct knowledge and attitude assessments of police and prison services on rights of people living with HIV, TB and malaria and key and vulnerable populations to help determine priorities for ongoing in-service training. • Support civil society and key population-led organizations to continue and scale up engagement and sensitization of lawmakers at county and national level on HIV, TB, malaria, key populations, gender equality and human rights. • Develop monitoring and evaluation tools to routinely assess effectiveness of and impact of law enforcement and lawmaker sensitization efforts, disaggregated based on sex, gender identity and sexual orientation, and adjust these efforts as necessary.

Legal literacy	• Map legal literacy efforts related to HIV, TB, malaria, and key and vulnerable populations undertaken by organizations across Kenya to better coordinate and plan legal literacy activities and to identify opportunities to integrate efforts into HIV, TB and malaria services or programs. • Support capacity building of HIV, TB and malaria stakeholders and key and vulnerable population-led networks to carry out legal literacy training (including in existing HIV, TB and malaria programs), and provide resources for them to sustain and scale up training of peer educators. • Develop user-friendly legal literacy resources on human rights, access to justice and legal services for people living with HIV, TB, malaria and key and vulnerable populations for use by peer educators. • Support nationwide and county-specific legal literacy campaigns designed to increase public awareness of HIV, TB, malaria, key populations, gender equality and human rights. • Develop monitoring and evaluation tools to routinely assess effectiveness of and impact of legal literacy efforts, disaggregated based on sex, gender identity and sexual orientation, and adjust these efforts as necessary.
Legal services	• Support the scale-up of peer paralegal training and develop a curriculum on HIV, TB, malaria, key populations, gender equality and human rights to incorporate in the diploma-based paralegal training program, in collaboration with people living with HIV, TB and malaria and key population organizations. • Develop a curriculum for law students and lawyers on HIV, TB, malaria, key populations, gender equality and human rights in collaboration with people living with HIV, TB and malaria and key population organizations, incorporate this in the curriculum of the Kenya School of Law, and employ this curriculum for training of new pro bono lawyers. • Establish and support virtual networks of paralegals and pro bono lawyers representing people living with HIV, TB, malaria and key and vulnerable populations to promote knowledge exchange and mutual support, ensuring there are peer paralegals representing people who use drugs and transgender people. • Provide support to pro bono lawyers to cover ancillary costs of representing claimants before the HIV and AIDS Tribunal and representing people living with HIV, TB, malaria and key populations challenging human rights violations in other judicial settings (including in pursuit of damages before the High Court). • Continue to promote awareness of the HIV and AIDS Tribunal among county-level community leaders and peer paralegals, including on the option of making referrals from local alternative dispute resolution mechanisms (e.g. chiefs, police, village elders, county council askaris). • Expand options to facilitate access to the HIV and AIDS Tribunal, including via additional teleconferencing facilities, satellite sites and mobile courts, and identify and equip organizations to facilitate local teleconferencing with community members requiring access to the Tribunal. • Ensure accessibility of psychosocial support and effective, permanent pro bono legal counsel at the HIV and AIDS Tribunal. • Amend the HIV and AIDS Control Protection Act to empower the HIV and AIDS Tribunal to order execution of payment upon judgment.

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Monitoring and reforming laws, regulations and policies related to HIV	● Support the national and county advocacy sub-committees to expand membership to ensure more key population representation and representation from organizations working to address gender inequality, and to meet regularly, engage in advocacy and host national and county dialogues described below. ● Hold yearly community-led county monitoring and advocacy sessions for people living with HIV, TB and malaria and key and vulnerable populations to share findings from community monitoring with health care providers, policymakers and police to address and remove legal and policy barriers to accessing HIV, TB and malaria services at county level. ● Hold yearly national multi-sectorial human rights dialogues with national policymakers, including members of the Parliamentary Health Committee, health care providers and police to increase their knowledge of human rights issues concerning HIV, TB and malaria and help remove national legal and policy barriers to accessing HIV, TB and malaria services. ● Support the Key Population Consortium to engage, sensitize and strengthen the capacity of county and national stakeholders on their response to key populations, human rights and the law. ● Provide periodic training to judiciary on HIV, TB, malaria and human rights, in collaboration with people living with HIV, TB and key and vulnerable populations.
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	● Enhance strategic linkages between HIV, TB and malaria organizations and organizations and institutions that work on gender-based violence and women's rights to promote a coordinated response to gender-based violence and sexual and reproductive health and to enhance gender responsiveness of human rights programming. ● Review pre-service and in-service curriculum for police regarding response to gender-based violence in collaboration with women's rights, gender-based violence and key population organizations, and revise as necessary. ● Improve monitoring of cases of gender-based violence and their resolution by police and the courts, publish the results of this review, and disseminate to key Ministries, including the Ministry of Health, the Ministry of Interior and National Coordination, the Department of Justice and the Kenyan Police Service. ● Develop tools to assess the effectiveness of POLICARE, in collaboration with women living with HIV, women's rights, gender-based violence and key population organizations. ● Scale up sensitization of community, religious and county leaders on HIV, TB, malaria and gender equality, in collaboration with women's rights, gender-based violence, and key population organizations. ● Provide resources, capacity building and technical assistance for transgender leadership and advocacy, including to support the implementation of the national HIV/STI guidelines for transgender people.

TB-related recommendations by program area	
In addition to the TB-related recommendations detailed in the corresponding HIV section above	
Reducing stigma and discrimination	• Conduct TB stigma assessment in line with Stop TB Partnership tool, disseminate findings to relevant Ministries including the Ministries of Health, Labour, and Interior and the National Prison Service, and develop a TB Stigma reduction plan that includes an advocacy, communications, and mass media plan. • In consultation with people living with TB, develop and disseminate a TB workplace policy to address issues of TB screening and non-discrimination of employees with TB and target dissemination of the policy to the formal and informal sector, including employers and workers in the mining sector, fishing industry, transportation sector and industrial/factory sector. • Sensitize stakeholders including justice, labour, housing, social protection, health care workers on TB-related human rights concerns, including via the dissemination of the *TB Legal Environment Assessment* and the *TB Gender Assessment*. • Strengthen the capacity of the national network of people affected by TB to establish regional chapters of the network to address TB-related stigma and other rights violations faced by people living with TB.
Training of health care workers on human rights and ethics	• Develop TB and human rights training modules for pre-service medical training of all health care workers and build capacity of health care training institution personnel to deliver the pre-service human rights curriculum, including via collaboration with people living with TB and key and vulnerable population organizations. • Standardize and scale up training of TB community health advocates on human rights, TB and recourse for rights violations, and link community health advocates with local paralegals to facilitate access to justice.
Sensitization of lawmakers and law enforcement agents;	• See the TB-relevant recommendations detailed in the corresponding HIV section above.
Legal Literacy	• Ensure all TB legal literacy efforts include information about the 2018 *Tuberculosis Isolation Policy* and potential legal recourse for non-compliance, and target county health management stakeholders with training that includes information about the Policy. • Once mapping of TB legal literacy efforts has been undertaken, coordinate different interventions for TB legal literacy activities to address gaps in programming.
Legal services	• Identify and train peer paralegals to respond to human rights and legal issues most frequently encountered by people living with TB and significantly scale up peer paralegal programming including in delivery of legal literacy programming. • Maintain and expand pool of *pro bono* lawyers willing and able to represent people living with TB and provide ongoing training and support for these lawyers. • Consider establishment of key and vulnerable population-run hotlines to provide legal information and referrals in response to TB-related rights violations.

Monitoring and reforming policies, regulations and laws that impede TB services	• Sensitize county government, health stakeholders and key and vulnerable population stakeholders on TB, human rights and the law, including the 2018 Tuberculosis Isolation Policy, and develop a standard plan for counties to monitor, document and respond to TB-related rights violations and compliance with the Policy, , including via use of iMonitor. • Adapt iMonitor as necessary, based on the results of the survey of user experiences, and scale up access across all counties by training and equipping civil society organizations and community health volunteers to use the app. • Use findings from iMonitor to inform advocacy around TB-related law and policy reform.
Reducing gender-related barriers to TB	• Conduct a national study on gender and TB (including TB and transgender people) that also maps and identifies TB key populations across the counties to inform effective, gender-responsive TB policies and management, and based on this study, adapt TB programming to enhance their gender responsiveness. • In collaboration with civil society organizations working with transgender people, explore development of training curriculum on transgender health care needs for health care workers and revise the patient hospital triage form so there is an option of 'other' in the gender section (in addition to male and female).
Ensuring privacy and confidentiality	• Ensure training of all health care workers incorporates the right to privacy and confidentiality and incorporate this principle in all pre-service and in-service health care worker training. • Review the iMonitor app to consider prompts that inquire into patients' experience of privacy and confidentiality in health care settings and use findings from iMonitor to inform training for health care workers on the need for confidentiality and privacy.
Mobilizing and empowering patient groups	• Map TB patient and community groups across Kenya to assess geographic, key population, and other gaps in programming, and provide financial support to sustain groups, as necessary. • Continue support for and increase membership of national network of TB champions and people affected by TB and support opportunities to routinely convene network.
Programs in prisons and other closed settings	• Develop training materials on HIV, TB and human rights in prisons for all prison staff, disseminate the training materials to prison authorities, and coordinate training with Kenya Prison Service. • Facilitate the establishment of psychosocial support groups to address self-stigma among prisoners with HIV or TB. • Develop and deliver human rights training for civil society organizations advocating for prisoners' rights and health, including topics such as the need to maintain privacy and confidentiality, the right to access HIV and TB testing and treatment, safer sex supplies and opioid agonist therapy in prison, and the need for prison infrastructure improvements. • Develop and implement a protocol to link prisoners and individuals recently released from prison living with HIV, TB or malaria with health facilities equipped to address HIV, TB or malaria and community psychosocial supports.

Malaria-related recommendations by program area	
In addition to the malaria-relevant recommendations detailed in the HIV and TB sections above	
Reducing gender-related barriers and harmful gender norms	• Strengthen health management information system by routinely collecting sex- and age- disaggregated data on malaria and analyzing results to enhance gender responsiveness of malaria programming. • Mainstream gender issues, including an understanding of how gender dynamics surrounding malaria can influence malaria and health through access, treatment, decision-making, and exposure, at all levels of malaria program design, implementation, and evaluation. • Strengthen the capacity of key malaria stakeholders, managers, and data analysts to understand, analyze, prioritize, and use gender-related information, including in future *Kenya Malaria Strategy*. • Support community education on gender equality and patients' rights to be delivered alongside malaria social and behavioural change campaigns, with messages targeted at different groups including mothers, pregnant women, men, fathers, adolescents, community leaders, religious leaders, refugees and schoolchildren. In addition to focusing on identification of malaria symptoms, prevention and timely health-seeking behaviours, campaigns could integrate information on more equitable household decision-making, the sharing of caregiving activities, the need for men to support their partners to seek care in a timely manner without permission, and challenging harmful gender norms.
Promoting meaningful participation of affected populations	• Scale up and deliver training for all malaria civil society organizations identified via the mapping to inform the Malaria Matchbox Assessment, to enhance their capacity to participate in policy design and monitoring of implementation. • Support community-centered elements of the malaria response, such as county and regional networks of malaria civil society organizations, to engage in advocacy efforts at the county and national level. • Sensitize malaria duty-bearers, including authorities within the Ministry of Health and the National Malaria Control Program, of the importance of community engagement. • Identify civil society malaria stakeholders to join reconvened human rights and gender technical working group on HIV, TB and malaria. • Disseminate the key findings of the Malaria Matchbox Assessment to the broader public via a social media campaign, developed in collaboration with KeNAAM and malaria civil society organizations, and collaboratively develop plan to respond to and address key findings.
Strengthening community systems for participation in malaria programs	● Review existing training curricula for community health volunteers to ensure inclusion of malaria-related gender and human rights concerns and support training of community health volunteers to understand human rights and gender barriers to malaria services. ● Continue advocacy to ensure a supportive policy environment for community health volunteers to administer rapid diagnostic tests, to treat uncomplicated malaria and to receive standardized payment. ● Expand iMonitor to enable community monitoring of malaria service delivery and train community health volunteers and malaria civil society organizations in use of this tool.
Malaria programs in prisons and	● Support inter-ministerial collaboration between the Ministry of Health and Ministry of the Interior to ensure the full implementation of malaria programs in prisons and places of pre-trial detention, including the

pre-trial detention	installation of malaria nets in windows and the deployment of indoor residual spraying campaigns, prioritizing counties with endemic or seasonal malaria.
	● Task body with documenting, monitoring and evaluating roll-out of implementation of malaria prevention, diagnosis and treatment programs in all prisons and other places of detention.
Improving access to services for underserved populations, including for refugees and others affected by emergencies	● Disseminate key findings of the Malaria Matchbox Assessment related to underserved populations to key stakeholders, including the Ministry of Health, the National Malaria Control Program, the human rights and gender technical working group on HIV, TB and malaria, and malaria program implementers in refugee settlements to better understand key areas for improvement to remove existing human rights-related barriers to access services.
	● Increase legal literacy for underserved communities to know their rights and support them to mobilize and hold duty bearers accountable. This includes engaging humanitarian stakeholders to ensure the refugee populations (and other affected by emergencies) are provided with tools and information to understand their health-related rights, including in the context for malaria.

Annex II. Methods

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

1. To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
2. To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
3. To help inform the new Global Fund strategy.

The assessment was expected "to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs."***************************

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Kenya is a rapid assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

Breaking Down Barriers **Mid-term Assessment**

To assess progress towards comprehensiveness and quality of programming, as well as the impact the Breaking Down Barriers initiative has had in Kenya to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and remote interviews with key informants. It was conducted primarily between June 2021 and October 2021.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

| Assessing specific BDB programs | |
Dimension	Questions
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV, TB and malaria. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in June 2021 and completed in November 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Kenya Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Sandra Ka Hon Chu and Julie Mabilat	December 2020 – November 2021
Key informant interviews conducted remotely with 17 people	Sandra Ka Hon Chu and Sheilla Masasabi	June 2021 – October 2021
Follow-up with relevant key informants	Sandra Ka Hon Chu and Sheilla Masasabi	September – November 2021

Breaking Down Barriers **Mid-term Assessment**

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
* / Unk	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

Annex III. List of Key Informants

1. Timothy Kilonzo, Coordinator of Advocacy and Policy and Key Population Program, National HIV/AIDS and STD Control Program (NASCOP)
2. Jane Mukami, Program Officer, National AIDS Control Council (NACC)
3. Sophie Njuguna, Program Quality Manager, Kenya Red Cross Society (KRCS)
4. Dr. Peter Kimuu, Senior Programme Officer, National Treasury
5. Kerina Owouchah, Advocate, HIV and AIDS Tribunal
6. Fidel Salach, Advocate, HIV and AIDS Tribunal
7. Cynthia Oliech, Gender Officer, UNDP Kenya
8. Ruth Limo, Ambassador for Youth and Adolescent Reproductive Health Program (AYARHEP)
9. Flory Atieno, Program Coordinator, Operation Hope
10. Timothy Wafula, Program Manager for the Health and Governance, KELIN
11. Dr. Bernard Langat, Programme Director, AMREF Health Africa Kenya
12. Philip Nyakwana, Program Manager, Movement of Men against AIDS in Kenya
13. Dr. Carol Asin, Section Head, Policy, Planning & Global Fund Coordinator, National Tuberculosis, Leprosy and Lung Disease Program
14. Eva Muthuuri, Director,   African Family Health
15. Deborah Ikonge, National Malaria Control Program
16. Edward Mwangi, CEO, Kenya NGOs Alliance Against Malaria (KeNAAM)
17. Michaela Clayton, Global Fund consultant

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Baseline Assessment: Kenya*.
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Kenya Case Study – Orientation of providers of technical assistance to countries scaling-up programs to remove human rights-related barriers to HIV, TB and malaria services.*
3. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Kenya's investments and comprehensive programme costs in TB, HIV and malaria (Year 2017).*

Global Fund Internal Documents (all documents on file with the Global Fund and the MTA research team)

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5. *Budget of the Kenya Red Cross Society (KEN-H-KRCS)* – Grant cycle 01 January 2018 – 30 June 2021 (September 22, 2017).
6. *Budget of the National Treasury of the Republic of Kenya (KEN-H-TNT)* – Grant cycle 01 January 2018 – 30 June 2021 (n.d.).
7. *Budget of the African Medical and Research Foundation Kenya (KEN-M-AMREF)* – Grant cycle 01 January 2018 – 30 June 2021 (n.d.).
8. *Budget of the National Treasury of the Republic of Kenya (KEN-M-TNT)* – Grant cycle 01 January 2018 – 30 June 2021 (July 11, 2019).
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10. *Budget of the National Treasury of the Republic of Kenya (KEN-T-TNT)* – Grant cycle 01 January 2018 – 30 June 2021 (October 16, 2017).
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Relevant Third-Party Resources

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26. Stop TB Partnership and KELIN. (2018). *Tuberculosis: An Assessment of the Legal Environment – Kenya.*
27. NEPHAK. (2021). *Kenya people living with HIV Stigma Index Survey 2021 Survey Results and Key Findings.* [PowerPoint slides].
28. KRCS. (2021). *Know your Rights Training Manual for Adolescents and Young People Health and HIV-related Rights Facilitator's Guide.*
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* The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

† For HIV and TB: Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy ("know your rights"); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. Additional programs for TB: Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

‡ Linking programs to barriers; Making programs follow and support national plan and strategy; Integrating programs in prevention, treatment, key population programs; Combining programs; Avoiding duplication and gaps; Avoiding one-off activities; Building capacity and sustainability; Using local capacity and build on good existing programs; Making programs gender-responsive; Addressing safety and security; and robust M&E systems. See https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/

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