

National HIV, TB and Human Rights Training Programme – Kenya Ethical and Legal Issues Network (KELIN)

Case Studies in Health and Human Rights



The Health and Human Rights Issue

The National HIV, TB and Human Rights Training Programme addressed the protection and promotion of the right to health for persons living with HIV and affected by TB. Persons living with HIV and affected by TB face a myriad of health related violations such as inadequate access to information, stigma and discrimination in provision of health services, forced and coerced HIV testing, verbal and physical abuse, harmful and cultural practices, discrimination in the ownership and inheritance of family property, discrimination in employment and limited access to justice.

The project was active in creating demand for HIV, TB and sexual and reproductive health (SRH) services in five Kenyan counties by March 2019 and focused on:

- Advocating for an enabling legal environment through review of laws, policies and practices that act as barriers to access to HIV, TB and SRH services in Kenya;
- Facilitating access to justice in respect of human rights violations affecting persons living with and those affected by HIV and TB in Kenya; and
- Strengthening networks of CSOs, CBOs and communities that will hold duty bearers accountable in provision of HIV, TB and SRH services in Kenya.

The project aimed to enhance the capacity of community health advocates to empower communities living and affected by HIV and TB to advocate for their rights and through that, ensure fulfillment of their right to health. Through this, community health advocates were equipped with information on the nature of health as a right, the Kenyan legal framework that protects and promotes right to health and avenues to ensure accountability of duty bearers mandated to protect all persons right to health.

How did the project happen?

KELIN was chosen as the Coordinator for the National HIV, TB and Human Rights Training and Advocacy Program in 2017 by AIDS Rights Alliance for Southern Africa (ARASA). In the Expression of Interest, KELIN

included its interest to use the National Training program to use an intersectional lens in implementation of the program by ensuring that it promoted for the rights of persons living with HIV and also incorporating key and affected populations as well as minorities such as the LGBTQI community.

In that regard, KELIN worked together with some of its partners Kenya Sex Workers Alliance (KESWA) and Lwala Community Alliance- who were the co-implementers in the project, to coordinate the facilitation of community-based and national workshops on HIV, TB and sexual and reproductive health and rights. This involved engaging in a series of planning meetings with the partners, developing supporting materials such as the Concept Notes, reading materials, IEC Materials that speak to rights violations of people living with HIV and affected by TB, identifying qualified and acceptable facilitators for respective sessions and finally identifying the community health advocates that would be best suited to take part in the program.

The trainings would be held for periods between one day to one week to provide ample time for the participants to learn and engage with the facilitators on health-related matters, especially in relation to the human rights violations that are prevalent within their counties and communities. They would take different formats such as: multi-sectoral consultative meetings, national residential trainings, county dialogues and refresher trainings.

The trainings would also provide cross-learning opportunities where the community health advocates would also share challenges and opportunities with respect to advocacy on health rights in Kenya. This would be done through group work or caucus sessions where the participants would be given questions to guide their discussions and would thereafter share their deliberations with the rest of the participants.

The IEC materials developed were on:

- Know your rights – The right to health ([English](#) & [Kiswahili](#));
- [Separating facts from myths – HIV and human rights](#);
- [About TB and human rights](#);
- Safari jackets and t-shirts.

Following the trainings, the Community Health Advocates (CHAs) were expected to create and strengthen linkages between communities and health services such as HIV & TB testing, care and treatment among key populations and the general public while advocating for accessible, available and acceptable health services.

Who made it happen?

KELIN collaborated with the AIDS Rights Alliance for Southern Africa (ARASA) as well as the Kenya Sex Workers Alliance (KESWA) and the Lwala Community Alliance- and further sought support in different capacities from other partners including various civil society, community based and faith-based organizations. Some of them included National Empowerment Network of People living with HIV/AIDS in Kenya, (NEPHAK), Women Fighting AIDS in Kenya (WOFAK), Kenya Sex Workers Alliance (KESWA), Gay and Lesbian Coalition of Kenya (GALCK), Health NGOs Network (HENNET), ISHTAR-MSM, International Treatment Preparedness Coalition – Kenya (ITPC-K), International Community of Women Living With HIV – Kenya Chapter (ICW-K), Bar Hostess Empowerment & Support Programme (BHESP) and numerous community based organizations, and faith based organizations across the country.

Moreover, KELIN implemented the project by use of teamwork and identifying synergies within its various thematic areas. The HIV, TB and Key Populations Thematic Area ensured inclusion of the Sexual and Reproductive Health and Rights Thematic area, given that the areas discussed during the trainings involved some of the violations that also need to be addressed in SRHR. Further, KELIN made use of the Monitoring and Evaluation team in order to ensure information would be collected and analyzed to assess whether the project is meeting its objectives as specified in the workplan. This was crucial given that the purpose of the project was to equip community health advocates with capacity, which would thereby be used to equip communities on how to advocate for their right to health. The involvement of the communication team to help break down complex legal terms in a manner that the community would understand them was a critical element of the project.

Some of the challenges experienced included community participation in TB management is still very low and KELIN handled this by use of value messaging to share the challenges experienced by persons affected by TB and subsequently appealed to the communities to offer support. Another key challenge was difficulties in getting audience with key population (KPs) groups, especially sex workers and men who have sex with other men in some of the counties. This is due to the KP's fear of harassment from police officers and from other community members who have not embraced them. This is also coupled by the fact that most KPs do not have good knowledge of their rights hence suffer in silence. KELIN used its network of partners to assist in developing relationships with some of the KPs and used features such as anonymization to ensure the participants remain unidentifiable.

What were the key takeaways?

From the planning phase to the implementation phase, KELIN leveraged on its partnerships and collaborations with other civil society organizations as well as community based and faith-based organizations, to ensure that the program had reach in the various regions. Moreover, the program also targeted involvement of religious leaders as well as community leaders and administrative leaders. Involvement of the local administration, including chiefs, provided platforms for the CHAs to carry out their sensitisation forums. This made the CHAs gain more mileage about their community outreach work and enhanced sustainability as the CHAs will continue to create awareness through such forums. With respect to the religious leaders, they were not always rigid to information concerning sexual and reproductive health and rights. If well sensitized and given correct information, they understand and can agree although with some little reservations.

The training program was further successful given it included CHAs with personal and professional experience to the problems being tackled. This ensured smooth inception and success of the programme in community level advocacy. Some of the CHAs were persons living with and affected by HIV, while others were sex workers or belonged to other key population groups.

Social media engagement in the programme activities using specific hashtags, especially through Facebook, Twitter to highlight the various activities/events of the programme was very instrumental. This helped in social forums networking, knowledge sharing, linkages and referrals on issues of health rights violations.

It is fundamental that programs are built in a manner that can ensure sustainability beyond the period of the grant. The program created avenues for regular interaction, communication, supportive supervision and mentorship to the CHAs by the country programme coordinator and the KELIN HIV, TB

and Key populations Programme team proved useful in strengthening the capacity of CHAs in advocacy for health-related human rights in relation to HIV, TB and sexual reproductive health. The CHAs also had their monthly feedback & planning meetings and for reports sharing. This helped in keeping track of the individual activity targets and ensuring dedication to the assigned tasks. Due to this, the dissemination forums on human rights, TB and HIV, through behavioural change messaging and treatment literacy for the prevention, treatment, care and support of HIV/AIDS, TB and Human Rights held within the communities reached a total of 29,066 people.

For more information, please see the work of KELIN at <https://www.kelinkenya.org/>