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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACHPR</td>
<td>African Commission on Human and Peoples Rights</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ARASA</td>
<td>AIDS and Rights Alliance for Southern Africa</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral drugs</td>
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<tr>
<td>APNS</td>
<td>Assisted Partner Notification Services</td>
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<tr>
<td>ACCE</td>
<td>Advocacy Communication and Community Engagement Strategy</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organisations</td>
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<tr>
<td>COVAW</td>
<td>Coalition on Violence Against Women</td>
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<tr>
<td>CSOs</td>
<td>Civil Society Organisations</td>
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<tr>
<td>CHA</td>
<td>Community Health Advocate</td>
</tr>
<tr>
<td>CHV</td>
<td>Community Health Volunteer (attached to MoH health facilities)</td>
</tr>
<tr>
<td>DOI</td>
<td>Dullah Omar Institute</td>
</tr>
<tr>
<td>DREAMS</td>
<td>Determined, Resilient, Empowered, AIDS-free, Mentored and Safe lives</td>
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<tr>
<td>EAC</td>
<td>East Africa Community</td>
</tr>
<tr>
<td>EANNASO</td>
<td>East Africa National Networks of AIDS and Health Service Organisations</td>
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<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HTS</td>
<td>HIV Testing Services</td>
</tr>
<tr>
<td>ICPD+25</td>
<td>International Conference on Population and Development 25th Anniversary</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education &amp; Communication</td>
</tr>
<tr>
<td>ISLA</td>
<td>Initiative for Strategic Litigation in Africa</td>
</tr>
<tr>
<td>JMM</td>
<td>Initials for the minor who was the petitioner in Petition 266 of 2015</td>
</tr>
<tr>
<td>KELIN</td>
<td>Kenya Legal and Ethical Issues Network on HIV &amp; AIDS</td>
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<td>KMA</td>
<td>Kenya Medical Association</td>
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<td>KPs</td>
<td>Key Populations</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MNCH</td>
<td>Maternal, Newborn and Child Health</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<tr>
<td>SP</td>
<td>Strategic Plan</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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Why We Are...

A young woman is widowed at the age of 27. Whatever awaits her is only devastation and increased grief due to a culture that devalues women whose husbands die. Worse still, if the widow is left behind childless. This is the story of many women in Kisumu and Homabay counties in Kenya. KELIN seeks to amplify the voices and stories of these women.

Adolescent girls and young women’s sexual and reproductive health rights are commonly violated. In many instances the victims are not even aware of their rights and when these rights are being violated. KELIN works to educate these vulnerable groups on their rights, and continues advocating for their access to sexual and reproductive health.

Duty bearers have a constitutional obligation to provide the necessary services to rights holders. The gaps that are observed remain a rallying call for KELIN to inform policy that ensures the most vulnerable in our communities enjoy their constitutional rights through access to health care and justice, where violations may be experienced.

Accessibility, availability and affordability of quality healthcare remains a significant challenge in Africa today. Health-related injustices do not occur in isolation, neither do they occur involuntarily. KELIN’s work over the years as well as investigations, reports and research findings point to a rather alarming state of affairs as far as access to healthcare is concerned, despite many African country heads of states having signed the Universal Health Coverage (UHC) Agreement. UHC, according to WHO, means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

In 2019, we went a notch higher in engaging strategic partnerships which we believe are vital to any effort in enhancing the realization of health and human rights. Such partnerships include organizations and groups at the county and national level to identify the barriers to health and human rights. Some of the partnerships include working with the county governments of Nakuru, Nairobi, Kisumu, Mombasa and Homabay.

When you think of KELIN, think of why we exist – To reclaim rights and rebuild lives – and this we did, collaboratively and with undeniable commitment throughout 2019.
Who We Are...

The Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN) believes in a world where no one lives in fear or oppression; where all have access to a decent standard of health and life; a world where everyone is treated with dignity and respect. To achieve this, we engage in long-term human based approach work, build resilience, respond to health violation situations, and seek to address the root causes of health violations through our advocacy work.

We do this by:

KELIN was formed in 1994 and registered as a Non-Governmental Organisation (NGO) in 2001. It was established following a UNDP supported workshop in Accra, Ghana, which focused on creating country-based networks that intersect law, ethics, human rights, and HIV. While originally created to protect and promote HIV related human rights, our scope has expanded to include the following:

- **Strategic litigation**
- **Women, Land and Property Rights**
- **HIV & TB**
- **Key and affected populations**
- **Sexual Reproductive Health Rights**
Our Vision
The full enjoyment of health-related human rights for all.

Our Mission
To promote and protect health related human rights for all.

Our Core Values
Integrity, Equality & Non-Discrimination, Justice & Fairness, Excellence, Respect and Dignity.

Our Goal
Our goal is to advocate for a holistic and rights-based system of service delivery in health and for the full enjoyment of the right to health by all, including the vulnerable, marginalised, and excluded populations in these four thematic areas.

We are a dynamic team of legal, human rights and health experts with the determination needed to champion policy reform, human rights advocacy, non-discriminatory access to healthcare, access to justice and ultimately restore dignity to humanity.
How We Work...

**HIV & TB**

Human rights are never really secure, they must be fought for every day! We are convinced that the legal environment, law enforcement and justice systems have immense potential to better the lives of people living with and affected by HIV & TB. We have continued to work tirelessly in 2019 towards ensuring that health human rights on HIV, AIDS and TB are integrated into policies, laws, and regulations as well as increasing awareness to promote dialogue with the communities and stakeholders on their right to TB and HIV related services.

**Women, Land and Property Rights**

Transforming peer norms about women’s land rights is a priority! In leveraging alternative justice systems, we have continued to be deliberate in developing the legal capacity of traditional dispute resolution mechanisms to support women in their journey towards equality and access to their human rights in communities that discriminate women and deny them their land ownership rights due to prevailing patriarchal cultures.

**Sexual & Reproductive Health Rights**

Advocating for reproductive health rights of women is critical and constitutional! Strengthening reproductive health and rights research and documentation makes it possible to create an enabling environment for women to access justice for violations of this nature. To actualize this, we have continued to build the capacity of sexual and reproductive health rights advocates while creating awareness and promoting dialogue with key stakeholders at both grassroot and policy level.

**Key & Affected Populations**

People who are in same sex relationships, drug users and sex workers are still human! Achieving universal access to prevention, treatment, care and support, eradicating inequalities and ensuring dignity and human rights for key populations is the path towards realization of their right to health. We have continued to advocate against the stringent restrictions for access to health and legal services for these groups.

**Strategic Litigation**

Litigation is a tool for social change! We undertake litigation on health-related cases to ensure that individuals and communities whose fundamental rights and freedoms have been violated have access to justice. The cases we take on have an impact beyond an individual client as they focus on public interest. By using law as a tool for social change, we aim to address the longstanding problems in the health sector and develop world class jurisprudence that ensures communities continue benefiting while Institutions whose primary role is to deliver services related to health remain accountable.
Monitoring and Evaluation

To determine areas of progress we measure our efforts against our strategic goals! Community engagement and policy level interaction is dynamic and comes with its fair share of challenges. This is a motivator for measurement of our program inputs, outputs, outcomes, and impact. We do this regularly to ensure we stay the course.

Communication

It’s about sharing understanding with fellow humans in order to achieve our ultimate goal of access to justice. The manner in which each story is captured has an implication on the significance placed on a matter. We aim to give the full story and ensure each carries the plea for justice, or the shout of success.

Finance and Administration

Effective support is central to the achievement of goals. We offer this through structures and internal processes that create an enabling environment for efficient delivery of KELIN’s mandate to all our stakeholders.
KELIN came to the end of its five-year strategic plan in 2019 and this report is reflective of the tremendous growth the organization has experienced since adopting this strategic plan and coming to a decision informed by our shared and lived experiences to incorporate advocating the right to health as its vision. This growth is demonstrated by an experience that is very personal to me: a decade ago communities of persons living with HIV challenged the Industrial Property Act in PAO and two others v the Attorney General and its impact on access to HIV medicines; in 2019 KELIN was building the capacities of regional organizations on how to utilize knowledge on national, regional and international intellectual property regimes to secure and protect access to medicines for marginalized and vulnerable persons. I was privileged to guide the development and litigation of the access to medicines case and I am now privileged to see the organizations tackling this discourse regionally and utilizing different legal frameworks to protect the rights of persons living with HIV and those affected by TB.

In 2019, the organisation reached a number of considerable milestones including being awarded the Kochon Prize for TB; our Deputy Executive Director was recognised for her service to the law and humanity; we strengthened our partnership with the Judiciary through collaboratively launching our fact sheet on the Succession Steps; we jointly developed and published a Reproductive Health Model Law for Counties; and we came to the end of a four-year regional initiative across ten Sub-Saharan African countries to address barriers of access to health services for Key and Affected Populations in relation to HIV.

These above key highlights underscore our growth, we have come to the end of this decade with the organisation expanding both its scope and influence. Working in the counties, nationally, sub-regionally, regionally and globally. We have a tremendous team and a committed Board of Directors, whom I would like to thank for their continued dedication towards reclaiming rights and rebuilding lives.
Mr. Allan Maleche  
Executive Director

We are pleased to share our 2019 annual report, which provides a snapshot of the strides KELIN has taken in the past year and the past five years. As we come to the end of our five-year strategic plan I would like to thank: the team members that have shown commitment to the organisational vision and mission; the Board of Directors for their continued support; and our partners, especially the communities of those living with and affected by the diseases we fight, and persons we work with.

This past year proved evolutionary for KELIN and was the culmination of half a decade of work towards promoting and protecting health related human rights. We entered into new and more strategic spaces; changed our methodology towards more sustainable modes of engagement; continued our partnerships with persons living with HIV; women and girls; Key and Affected Populations, elders, chiefs, widows, towards more collaborative advocacy to promote access to the health and health related rights for Kenyans.

Our thematic areas continued to work towards our strategic objectives through: the development of laws and policies (Reproductive Health Model Law); engaging in strategic litigation through our participation in the HIV is Not a Crime Case; capacitating communities to engage with legal structures with the launch of our Succession Steps; entering into and maintaining strategic partnerships with the Judiciary, Law Enforcement Officers, County Governments, and regional civil society organisations among others. We introduced a nascent thematic area, Health and Governance which we shall curate and grow in the coming years as we seek to influence the discourse and roll out of Universal Health Coverage in Kenya and work towards a more transparent and accountable health sector.

KELIN’s work was also recognised in 2019 through the award of the Kochon Prize by Stop TB Partnership and the Kochon Foundation for our advocacy towards a rights based approach to TB.

The year provided many valuable lessons, some challenges and a number of successes and as we enter into a new decade we do so optimistically and with renewed energy to continue in our work that ensures that those who are most vulnerable are protected.

Mr. Allan Maleche
Team KELIN 2019

Back, from left: Alex Muthui, Carolene Kituku, Linda Kroeger, Tracy Nyenze, Catherine Kariuki, Ted Wandera, Lisa Owino, Allan Maleche, Neil Sircar,
Front, from left: Katherine Karambu, Flossy Wanja, Nelly Mwapoo, Margaret Wambui, Naomi Monda, Tabitha Saoyo, Lucy Ghati, & Nerima Were.
How KELIN made a difference in 2019

(ACTIVITIES AND ACCOMPLISHMENTS)

2019 was a great year for KELIN, in the continued advocacy efforts towards #Justice2Health. KELIN did not do this alone, and it is thus important to acknowledge every partner, every beneficiary, every team member and all those who contributed to our efforts, and the great success in the roll out of the programs!
1. HIV & TB
In December 2017, our President H.E. Uhuru Kenyatta pronounced the “Big Four Agenda”; among them affordable health care for all under the flagship of Universal Health Coverage (UHC). UHC means all people residing in Kenya have access to health services that are of good quality, whenever they need them, and without encountering financial hardship. UHC comprises a set of health system goals: equity in service use, quality and financial risk protection. There is no way that we are going to achieve UHC targets if we do not ensure access to medicines and health commodities.

Mr. Peter Owiti, Coordinator, Wote Youth Development Group after the training in Kenya.

1.1 Introduction

Empowered communities are the foundation of effective HIV and TB programming; and this is why we trained more than 60 community health advocates on HIV, TB, SRHR and human rights. These advocates continue to run with the vision, empowering communities on health and human rights.

1.2 Using TRIPS Flexibilities to promote access to medicines for PLHIV in Kenya and Uganda

In ensuring that People living with HIV (PLHIV) have better access to medicine, KELIN and CEHURD are implementing a grant with financial and technical support from Aidsfonds, to promote the use of TRIPS flexibilities in Kenya and Uganda.

Part of the implementation involves training communities and CSOs on TRIPS flexibilities and access to medicine. KELIN in collaboration with Kenya Industrial Property Institute, the institution mandated for intellectual property rights in Kenya, empowered Civil Society and communities of persons living with and affected by HIV and TB on 25th and 26th September 2019 in Kenya on using TRIPS flexibilities to promote access to medicines. A similar training was convened by CEHURD in Uganda on 3rd and 4th September 2019 training over 50 CSO representatives.

On the regional front, as a follow up to the 2018 regional consensus-building workshop KELIN and CEHURD collaborated with Third World Network, the AIDS and Rights Alliance for Southern Africa (ARASA) and Southern African Programme on Access to Medicine and Diagnostics (SAPAM) (with financial support from Aidsfonds) in convening stakeholders for discussions on the inter-sectionalism in the implementation of public health sensitive TRIPS flexibilities concerning access to medicines. The meeting which was held from 23rd – 24th October 2019 focused on developing a roadmap of engagement with the African Regional Intellectual Property Organization (ARIPO) Secretariat, the Member States, and all interested stakeholders. A consensus building workshop of 20 Intellectual Property Experts and Civil Society members from Kenya and Uganda was held to discuss Intellectual Property rights, and TRIPS flexibilities- how they affect access to affordable drugs. The meeting resulted in development of advocacy letters targeting ARIPO to demand more transparency and meaningful CSO participation at ARIPO level.

Through this meeting 90 civil society organisations were rallied to call for urgent reform of the Harare Protocol of the ARIPO in order to ensure people have access to more affordable medicines. We are also happy to report that through the partnerships, KELIN is now part of a global Patent Opposition Taskforce on TB drugs.
1.3 Training of TB champions in Nairobi’s informal settlements

Life in the city goes on, with many oblivious of the hardknock life in the informal settlements of Nairobi. The residents of Kibra, Kangemi, Mathare, Korogocho, Soweto and Mukuru Kwa Njenga are disadvantaged when in matters of knowledge of TB and Human Rights. But, with support from Challenge Facility Fund for Civil Society Organizations (CFCS) through the Stop TB Partnership, KELIN came to equip them. On 26th – 27th March, and 2nd – 5th April 2019 KELIN conducted TB Cafes to educate participants on TB and human rights, identify key advocacy issues with regards to TB and health rights violations and agree on strategies to hold the duty bearers accountable in delivering quality services.

Through support by Stop TB Partnership, KELIN trained 60 CHAs on TB and human rights, 30 TB champions have been carrying out advocacy to ensure access to TB services, in Nairobi informal settlements. Through advocacy by CHAs in Kibera the Gene-Expert machine was repaired leading to access of TB diagnosis that had halted for several years as a result of the breakdown of the diagnostic machine, these advocacy efforts that resulted to the repair of the machine are attributed to capacity building initiatives by KELIN on health rights and advocacy strategies.

1.4 Multi stakeholder, Unstructured, Review Dialogue

Some insights can be gathered in less formal discussions. In August 2019, KELIN partnered with Commonwealth Foundation to carry out unstructured review dialogues in Nairobi and Mombasa with participants previously trained on health and accountability, from communities of people living with and affected by HIV, Civil Society, community based organisations and the media. A key emerging issue from these meetings was the perpetual stock out of medicine, and people being given expired medicine in Nairobi County. The dialogues were also a good opportunity for participants to refresh their knowledge on human rights, and to strengthen their resolve in pushing for accountability.

“...The training has given me the knowledge and skills to advocate for better TB services. I will be sure to engage the duty bearers to ensure that members of my community enjoy their health rights. Health is no longer a privileged but our right,” said Monica Juma, a Community Health Champion from the Kibra informal settlement, after the training.

“This was an important meeting for me especially as a Community Health Advocate. It allowed me to refresh my knowledge on human rights and also seek counsel on the looming shortage of lubricants for sex workers and men who have sex with men. I am confident the strategies identified during this meeting will bear fruit and ensure that we get the commodities,” said Esther Nelima from Hapa Kenya (Mombasa).
1.5 Participation in a global stock-taking meeting on HIV and human rights

In 2019, KELIN Executive Director had the opportunity to share KELIN’s experience in different international forums.

Istanbul, May 20th to 21st, 2019: The UNDP HIV and Health team convened a global stocktaking meeting bringing together UNDP colleagues from the five regional offices, partners and communities of people living with and affected by HIV and TB. KELIN Executive Director Mr. Allan Maleche shared KELIN’s experience in carrying out the first ever TB legal environmental assessment (LEA) in Kenya.

During the meeting, it was revealed that UNDP had supported 25 countries to undertake LEAs which have been useful in strengthening rights-based HIV responses. It equally strengthened the work of partner agencies including The Global Fund to Fight AIDS, TB and Malaria, The Stop TB Partnership and PEPFAR. The methodology for undertaking HIV LEAs has since been used for TB and Tobacco control and are now being adapted for Hepatitis C and non-communicable diseases. KELIN remains committed to partner with all stakeholders to ensure the LEAs contribute to the reduction of inequalities and social exclusion that drive HIV and poor health.

Montreux, Switzerland, June 19th to 20th, 2019: KELIN was part of convening of high level experts from national programmes, civil society, communities affected by HIV and TB and academia from across the globe under the auspices of UNAIDS. KELIN’s ED Allan Maleche shared KELIN’s experience on litigating on decriminalization of HIV transmission and homosexuality in line with two cases that KELIN is involved in, that is, a case challenging the constitutionality of section 162 and 165 of the penal code; and a case challenging section 26 of the Sexual Offences Act. These sections of the law criminalise homosexuality and HIV exposure, non-disclosure and transmission. The experience sharing was aimed at ensuring those who model, plan and set global targets are informed with the reality on the ground. The convening which was part of a series of technical consultations to inform global targets for the future AIDS response, sought to discuss what HIV social enablers will look like over the next decade. This is part of the process to set the 2025 targets, estimate impact and resource needs for the 2021-2030 period for the HIV response.

Going forward, KELIN will work closely with UNAIDS and other partners to ensure that the outcomes of the meeting inform the 2025 targets for the HIV response which will be critical to achieving goal number three of the Sustainable Development Goals (SDGs)

1.6 IEC Materials

HIV and TB thematic area developed a number of IEC materials to provide information to communities on HIV, TB and human rights. The IEC materials were also translated into Swahili a language that is spoken and understood by many, for purposes of creating more awareness on health rights.

“The unstructured dialogues have allowed us to conduct refresher training and have elaborate discussions on emerging issues. This initiative has encouraged us to work hard and implement our work plans and push for accountability in the implementation of the right to health.” These were the reflections of Rita Gatonye from the Kenya Network of Persons who Use Drugs (KENPUD) (Nairobi)
2. Women Land and Property Rights (WLPR)
The Women Land and Property Rights (WLPR) Thematic Area focuses on creating links between traditional cultural para legal structures with the mainstream judicial system, in order to support widows and their children in their quest for justice.

2.1 Introduction

Mourning the death of a loved one is a right denied many women in rural Kenya. Widows and their children have been disinherited and left homeless, due to the denial of their lawful rights to inherit and own property. The plight of the widows is further aggravated by the inaccessibility of the judicial system to most people in these areas.

As a way of enhancing access to justice for vulnerable women especially widows, WLPR worked with great determination towards ensuring the access to justice for widows in issues of succession, by helping them to understand the process, their rights and providing guiding material to support them in pursuit of a dignified life.

Key among the beneficial activities that KELIN undertook in this area include education and information dissemination. In conjunction with the Family Division Court - Kenya, KELIN developed and published Information, Education and Communication (IEC) materials on simplified steps to succession process. The materials are meant to foster proper understanding of the laws on inheritance and property rights. They are currently being used within all courts in Kenya to provide direction in filing succession cases, and also being used as a guiding document at the Kenya School of Law for the Probate and Administration unit.

Including men in the succession discussion is an integral part of enhancing women’s property rights. KELIN piloted the Secure Your Family’s Future Curriculum together with other grantees back in 2017. This curriculum was piloted by 100 men participants in Kisumu and Homa Bay Counties. This sparked engagement where men openly sought advice on writing valid wills and spoke positively on registering their marriages. In 2019, the curriculum was disseminated countrywide, to the 116 courts in Kenya for purposes of facilitating the succession process, and is also being used at the Kenya School of Law for the Probate and Administration Unit.
2.2 Alternative Justice System Policy

In 2019 we were part of the team that participated in the development of the Alternative Justice System Policy that aims to operationalize article 159(2)(c) of the Constitution of Kenya. This has resulted in the team convening the western region and presenting on behalf of all CSOs on the “CSO perspectives in Alternative justice system. This article shall be published in the Strathmore Law Journal. This engagement has resulted in KELIN being the lead organization on Alternative justice systems. We shall continue to monitor the development of the policy in 2020.

2.3 Stand For Her Land Rights Global Campaign

Promoting Women Land and property Rights is a sure pathway to food security for communities. Women, being primary caregivers and nurturers in society would contribute to freedom from hunger and alleviation of poverty, if they were rightfully accorded the right to own and control the natural resource. KELIN have been engaging Landesa and Civil society organizations in the “stand for her land rights global campaign (S4HL)” which aims to bridge the gap between policy and practice in women land tenure rights”. KELIN attended the first country convening for developing the country priority areas for the campaign and subsequently the WLPR Programme officer was nominated to join the Kenyan Chapter committee that is tasked with developing the network of organizations, the priority focus areas for the campaign and the project work plan. The campaign runs for 4 years.

We have also developed a joint blog that will be published in the Thompson Reuters place as part of the campaign content series.

Together with Landesa, we are developing a video documentary that focuses on widow champions and their role in facilitating access to justice for women. The documentary was launched during the 2019 World Bank conference and shall be shared in the Sundance conferences on stories that influence social perspectives on women land tenure.

KELIN presented an abstract during the 2019 World Bank conference on land and poverty where we discussed the deconstruction of cultural issues affecting women land tenure. In addition, we documented the Widow Champions documentary that was launched during the 2019 World Bank Conference in Washington DC.

Moving forward, WLPR have taken strategic steps to build on the activities and achievements of 2019!

- Developed a referral partnership with the family division court to facilitate the referral of cases relating to succession to ensure vulnerable widows are not barred from obtaining requisite documentation due to the court fees which in most situations they cannot afford.
- As a result of the awareness created by the widow champion documentary, we have published an article in the Thomas Reuters titled “scaling alternative justice for the Kenya’s landless widows” This blog is part of the Stand for Her Land Campaign.
- We shall be holding an annual inter county dialogue to follow up on the achievements and commitments by stakeholders towards the development of the Alternative justice system policy and shall hold a dialogue with taskforce established to develop the policy to inform on the next steps in the operationalization process.

“When women have secure access to land, their family’s health, education and security improves therefore when everyone comes together to promote women land tenure, the community suture will be secured”

Caroline Oyumbo, SYFF Facilitator and Widow Champion

“Property rights are at the core of securing the future of women land tenure and therefore protecting these rights contributes to protecting the entire family. We should endeavour to document cultures of various communities to inform the functions of the existing cultural structures, this is informed by the third strategic objective of the alternative justice system which focuses on development of procedures and a legal system for interpreting customary laws”

Elder Apollo Bwana, At the end of our sensitization with the council of elders on the "securing your family’s future" project
Securing Your Family Future roll out in Homa Bay, June 2019

Entebbe, Partners from Kenya, Uganda, Tanzania & USA met to pre-test the Securing Your Family Future curriculum, Nov 2018
3. Sexual & Reproductive Health Rights (SRHR)
The Sexual and Reproductive Health and Rights (SRHR) Thematic Area focused on engaging partners and interacting closely with multiple program beneficiaries to ensure effective channels of communication and implementation that promote access to SRH rights are observed.

3.1 Introduction

Among the most commonly abused rights in the country are Sexual and Reproductive Health Rights. These rights encompass reproductive health care services, reproductive rights, sexual health and sexual rights. The victims of SRHR violations are either ignorant of their rights or unable to access justice in case of violation. The SRHR team at KELIN had a busy year in 2019 developing partnerships and nurturing relationships with County Governments to develop a Reproductive Health model law for County Governments, specifically, Nairobi, Mombasa, Kisumu, Homa Bay and Nakuru.

Through research and dissemination of the situational analysis on laws, policies and institutional frameworks to address Sexual and Gender Based Violence (SGBV) we leveraged our relationship with the Homa Bay county government and are now part of their Gender technical working group and the drafting team for the Homa Bay SGBV Policy. We conducted a situational analysis of the existing laws and policies addressing SGBV in the County as well as an analysis of health facilities, safe houses and police stations that can manage SGBV incidences, statistics on SGBV, teenage pregnancies and HIV incidences among adolescents and the youth. The findings of the study have guided KELIN and its partners in the development of evidence-based interventions towards a holistic understanding of access to justice for SGBV survivors as well as mapping out the duty bearers and CSOs to be engaged for collaborative implementation. Through this partnership, KELIN is providing technical assistance in the development of an SGBV policy for Homabay County.

KELIN disseminated packaged information in 69,000 packets of sanitary towels to 12,000 adolescent girls and young women in collaboration with Community Based Organizations (CBOs), and through this we were able to strengthen our relationship with CBOs in Kisumu and Homa Bay Counties.

The two-year DREAMS Innovation Challenge project, supported by ViIV Healthcare, through trainings, dialogues, advocacy, legal and medical support reached: 379 AGYW and 80 orphaned and vulnerable children; nurtured 60 AGYW champions as peer mentors; used football to reach over 1500 AGYW; disseminated key messages on SRHR and HIV using sanitary towels to over 13,000 AGYW.
We were also able to re-conceptualize our engagement with the CBOs and have worked collaboratively with the M&E team to develop an assessment tool that shall better guide our engagement with CBOs in 2020.

In Nakuru, we continued to work with Nakuru County Government, Civil Society and communities in the County. We provided technical guidance on the Nakuru Maternal, Newborn and Child Health (MNCH) Bill, 2019. Alongside other Civil Society partners, we contributed to the process of developing moving notes, revising the Bill after public participation and including community voices. In addition, we increased community awareness and participation through community dialogues that sensitised community members on County bill making processes and the right to public participation. Notably, we continued to engage with the Kilifi County government through letters of request for information on the status of gazettement of the Kilifi Maternal Newborn and Child Health Act, 2016 in a bid to create an enabling legal and policy environment for the realisation of Sexual and Reproductive Health and Rights at County level. This process aims at addressing the unconstitutionality that might be occasioned at the County level with due regard to the realisation of SRHR as provided for under the Constitution of Kenya - the supreme law of the land.

The story of JMM was a somber example of the plight of vulnerable women and girls when their Sexual and Reproductive Health Rights are not protected. The courts affirmed this necessity in the landmark judgement for Constitutional Petition 266 of 2015 that reinstated the Standards and Guidelines for reducing morbidity and mortality from unsafe abortions and reaffirming that the right to access safe abortion is to be protected for survivors of sexual violence. Unfortunately, JMM passed on before receiving reprieve for the violations she endured and the state’s failure to protect and promote her SRHR.

KELIN contributed to creating an enabling environment for the realization of reproductive health and rights, ad access to safe abortion in Kenya. The team has continued to periodically review legislation and through this process have provided input on: The Sexual Assault Forensic Evidence Bill, Kilifi County Maternal, Newborn and Child Amendment Health Bill and the Post Abortion Care Guidelines. Further we have assessed: Baringo County GBV Bill; The Kilifi County Healthcare Bill and the EAC SRH Bill. Comments have been provided for the Kilifi County MNCH Amendment Bill collaboratively with KMA to the County Government; provided comments to the Sexual Assault Evidence Bill to the sponsor of the Bill and have provided continuous assessments with the other Bills as they developed.

In November 2019, Kenya was on the international stage, as she hosted the International Conference of Population, ICPD +25. KELIN took the lead in convening the International Conference of Population Development (ICPD+25) pre-conference, with the support of the Reproductive Health Rights Alliance. KELIN, Kenya Medical Association and the Coalition on Violence Against women (COVAW) working jointly, convened this collaborative dialogue on advancing sexual and reproductive health rights. The platform provided an opportunity to amplify Kenyan specific issues to be highlighted and addressed during the ICPD + 25 in Nairobi in November 2019. As a result of this pre-conference, partners made commitments towards the realization of universal sexual and reproductive health and rights, and towards accelerating the promise to the commitments made in 1994.
Regionally, SRHR Worked with Initiative for Strategic Legislation in Africa (ISLA) and DOI to reach consensus on the foundational underpinnings for the Coalition for the advancement of SRHR in East and Southern Africa (hereinafter referred to as the ‘Coalition’), framing our interventions around sexual harassment and drafting the Coalition concept note. In addition, working within the Coalition we joined submissions with ISLA and DOI to the Draft Rules of Procedure for the African Commission on Human and Peoples’ Rights. We focused as a coalition on aspects of the draft rules likely to hinder the ability of civil society to engage the Commission through litigation and communications. We raised issues around the role of the Secretary, the rule confidentiality, and the proposed timelines among others. This was submitted to the ACHPR and we convened a side event at the 65th Ordinary Session of the ACHPR to discuss engagement with the rules of procedure; the submissions that had been made; and mechanisms available to strengthen engagement with the ACHPR.

We also worked to establish partnerships with organizations working on the East African Community Sexual and Reproductive Health Bill and were included as a member of Steering Committee of the East African Community Regional Taskforce. We have been working to guide the conversation on advocacy around the EAC Bill.

In addition, we completed an audit and review of laws and policies on SRHR across six East African countries (Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda) that was commissioned by EANASO but serves as a resource tool that can be utilized across the six countries.

We completed Phase 1 of our project on “Accelerating access to sexual and reproductive justice to orphaned and vulnerable adolescents and children” through the DREAMS Innovation Challenge. The project conducted an end-line survey, from which we developed an end-line survey report and a best practices and lessons learned manual. The manual will serve as a resource for governments and organizations in developing interventions for HIV programming for adolescent girls and young women. Working with communications we were able to creatively share some of our work: DREAMS Girl Videos; documentary on unsafe abortion day; and IEC unpacking the key commitments to KELIN’s work made by Kenya at the ICPD+25.

3.2 Challenges

- Because of a funding gap in Amplify Change we were unable to host a strategic consultation meeting on challenging the constitutionality of Section 8(5) of the Sexual Offences Act. Given KELIN is fairly new in the SGBV space it is necessary to convene actors already working within this sector to better understand if our insight around this law is correct.
- There was a significant gap in DREAMS funding with phase one ending in April and phase 2 only beginning at the end of October. As a result, there is a lapse in implementation that we shall have to address in rolling out phase 2 of DREAMS in 2020.
- Increasingly, 2019 saw pronounced Anti-SRHR and Anti-Rights engagement and interference with County and National legislative processes. Consequently, the team had to employ opposition mitigation strategies across SRHR related project implementation.
KELIN distributed 69,000 packets of sanitary towels to 12,000 adolescent girls and young women in collaboration with Community Based Organizations in Kisumu and Homa Bay counties under the DREAMS project in November 2019.

SRHR Launch of the Reproductive Health Model Law for County Governments in Nairobi in November 2019

Kenyan CSOs unite and dialogue to advance sexual and reproductive health and rights for girls and women ahead of the ICPD+25 in November 2019.

KELIN in partnership with DFPA, FHOK and GVRC disseminated the findings from a situational analysis on the existing legislative and policy frameworks, statistics on gender-based violence, teenage pregnancies and HIV incidences among adolescents and young women within Homa Bay County in September 2019. The report links gender-based violence to teenage pregnancies and high HIV prevalence among young women in Homa Bay County.
The Cover page of the situational analysis research that reviewed the existing laws and policies addressing gender-based violence in Homa Bay County.

The message cards contained in the sanitary towel boxes distributed during the DREAMS project reused to pass on vital information to AGYW regarding menstrual hygiene, how and where to report cases of sexual violence among other topics.
4. Key and Affected Populations
Key Populations thematic area places great emphasis on advocating for the right to health for the vulnerable groups in our target counties.

4.1 Introduction

Stigma, discrimination and criminalization are words that a number of our population are all too familiar with. They live in a world where they are denied access to healthcare services, yet they are particularly vulnerable to HIV. Among them are people who inject drugs (PWID), Men who have sex with Men (MSM), sex workers, transgender people and incarcerated people.

In 2019, KELIN was at the forefront of advocating for the rights of key populations and building the capacities of these communities on human rights, health and accountability through several initiatives with positive results. Here is a quick look at our gains in the year.

The thematic area was involved in challenging the constitutionality of section 162 and 165 of the Penal Code, and section 26 of the Sexual Offences Act. KELIN’s submissions on the right to health in the Repeal 162 case were significant. These cases challenge the constitutionality of section 162 and 165 of the penal code; and challenge section 26 of the Sexual Offences Act. These sections of the law criminalise homosexuality and HIV exposure, non-disclosure and transmission.

Empowering communities has been effective in achieving results. In 2019, the piloting of Universal Health Coverage (UHC) in Kenya provided an opportunity to advocate for accountability in the implementation of the right to health and for domestic funding of HIV and Harm reduction interventions for key populations. Integration of HIV into UHC poses various threats to our HIV interventions for example loss of provision of comprehensive health services and services for key and marginalised communities might not be funded, loss of funding for removal of legal barriers and the risk of the collapse of the community response to HIV. Throughout the year, we relentlessly advocated for the inclusion of the needs and integration of the human rights of Sex Workers, men who have sex with men (MSM) and people who use drugs (PWUDS) in the National HIV testing and HIV disclosure guidelines.

“...This was an important opportunity for us to partner with KELIN and other stakeholders as we carry forward the UHC discussions. As a County Government, we are optimistic that our continued partnership will generate results in the UHC discourse the same way it generated results as we fought new HIV infections amongst key populations in the county,” remarked Dr Shem O. Patta, the Mombasa County Director of Health during a multi-stakeholder dialogue on access to health and the Universal Health Coverage (UHC) for key populations, 26 November 2019.”
With support from PITCH we were able to participate in various forums as PITCH partners to develop recommendations for the government on HIV and AIDS. Some of the forums include the mapping workshop that was held on 1st March 2019, the stakeholder capacity building workshop held on 26th March 2019, the writing retreat held from 6th to 9th May 2019.

Our next engagement forum was the validation forum held on 30th May 2019 where we had a chance of reviewing our HIV report and fine tuning the same, we then developed fact sheets to be used to lobby foreign missions during the 35th UPR Pre Session in Geneva.

On 28th April to 1st May 2019 KELIN joined delegates from over 70 countries for the 26th Harm Reduction International Conference in Porto Portugal. This global forum was for all those who advocate for a comprehensive approach to the use of drugs, based on health and human rights.

From 2016 to 2019, the annual Regional Capacity Building Forum on HIV, TB, Human Rights and the Law has provided a platform for law enforcement officers and healthcare workers to share personal and professional experiences on removing legal barriers that prevent key populations from accessing services. On 27 – 28 August 2019 KELIN brought together 47 participants drawn from law enforcement officers, health care workers and development partners from Kenya, Uganda, Tanzania, Senegal, Seychelles, Zambia, Malawi, Botswana and Nigeria. The forum strengthened the capacity of the participants to engage with Global Fund processes which enabled them to develop work plans on how they will tap into their country grants to get funding to carry forward the work of the regional grant.
We were able to conduct a multi-stakeholder dialogue on HIV, Human Rights and UHC. The dialogue, which was held on 26th November 2019 in Mombasa County, deliberated on the health needs of key Populations under UHC and opportunities and risk of incorporating HIV into UHC.

On 2nd-3rd December 2019 KELIN conducted a capacity building workshop on HIV Human Rights the Law and UHC for Key Populations. The training brought together 6 representatives of the PWID community, 6 Sex Workers, 6 representatives of the LBQ community and 6 community health advocates.

On 4th to 5th December 2019 KELIN brought together 22 Health care workers drawn from CSOs providing health services and from the county health facilities. The participants benefited from knowledge on what is the ideal UHC, HIV and Human rights and punitive laws that hinder key populations from access health services.

Together with the HIV and TB thematic area we developed a video documentary highlighting the medical equipment scheme and how the national government forced counties to lease the equipment and pay for the same. The video documentary will benefit communities with information on the dangers of misappropriation of health funds and how that affects access to health care services.

The three-part medical equipment scheme documentary is available via the links below:

- Part 1: [https://www.youtube.com/watch?v=ccL8YmUQVOs](https://www.youtube.com/watch?v=ccL8YmUQVOs)
- Part 2: [https://www.youtube.com/watch?v=q2q0zc6iCyk](https://www.youtube.com/watch?v=q2q0zc6iCyk)
- Part 3: [https://www.youtube.com/watch?v=w9O-aUhpPVC](https://www.youtube.com/watch?v=w9O-aUhpPVC)

### 4.2 Challenges

- Working with county government to implement activities is extremely slow and affects program implementation
- Difficulty in following up with international participants on implementation of their work plans
5. Strategic Litigation
In 2019, KELIN and the Initiative for Strategic Litigation in Africa (ISLA) collaborated on the following cases:

<table>
<thead>
<tr>
<th>Parties and Case Number</th>
<th>Status as at end of 2019</th>
<th>Case Description</th>
<th>Area of Interest to KELIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAW &amp; Anor vs. Marura Maternity and Nursing Home &amp; Others Petition 606 of 2014 (KELIN is the 6th Petitioner)</td>
<td>Hearing of this petition continued in 2019 with the cross-examination of the respondent’s witness. Hearing is expected to resume in October 2020</td>
<td>The Petitioner is a woman living with HIV who unknowingly underwent a medical procedure known as tubal ligation, a surgical procedure for female sterilization, without her informed consent.</td>
<td>Sexual and reproductive rights, discrimination on health and social-economic status.</td>
</tr>
<tr>
<td>SWK &amp; Others vs. MSF France &amp; Others Petition 605 of 2014 (KELIN is the 2nd Petitioner)</td>
<td>The petitioners and 1st respondent witnesses have testified. The case was mentioned on 5 June 2019 when the court gave directions on the hearing of the 3rd respondent witness. The next hearing is scheduled for 12th October 2020.</td>
<td>The Petitioners are women living with HIV who unknowingly underwent a medical procedure, a surgical procedure for female sterilization, known as tubal ligation without their informed consent.</td>
<td>Sexual and reproductive rights, discrimination on health and social-economic status.</td>
</tr>
<tr>
<td>John Mathenge &amp; others v Attorney General Petition 234 of 2016 consolidated with PT 150 of 2016 (KELIN was joined as the 8th Interested Party)</td>
<td>Judgment was delivered on 24 May 2019. There is an appeal by the petitioners and we await directions from the Court of Appeal on how to proceed.</td>
<td>This was a challenge on section 162 (1) (c) and 165 (c) of the Penal Code that criminalizes same-sex consensual sex.</td>
<td>Right to access health care and services for men who have sex with men.</td>
</tr>
<tr>
<td>EM and 6 others vs Attorney General and Another Petition 447 of 2018 Year: 2018 (KELIN is the 7th Petitioner)</td>
<td>In 2019, the HIGH Court allowed the petitioners to use their initials in place of their real names due to the risk of stigma and further discrimination. The Petition is now scheduled to come up for hearing in 2020.</td>
<td>Section 26 of the Sexual Offences Act criminalizes deliberate transmission and or exposure of life-threatening sexually transmitted disease including HIV. In the Petition, the petitioners highlight how the provision of the law is unconstitutional by virtue of being vague and incapable of enforcement and for violating the right to protection from discrimination</td>
<td>Right to freedom from discrimination for people living with HIV and to highlight to the possible negative impact that the section has on public health efforts to promote regular testing of HIV and STI</td>
</tr>
<tr>
<td>Dr. Tatu Kamau v Attorney General &amp; 14 others [2018] eKLR Petition No petition 244 of 2019 (Formerly Machakos Petition No. 8 of 2017) (KELIN and ISLA are joint amici curiae)</td>
<td>Hearing of the petition continued in 2019, and now is awaiting the highlighting of submissions.</td>
<td>The Petitioner challenges the provisions of the Prohibition of Female Genital Mutilation (FGM) Act and seeks the court to recognize a right of willing adult women to consent to FGM in accordance with their right to practice culture.</td>
<td>FGM a form of violence against women and state obligations to enact laws to prevent violence against women.</td>
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<tr>
<td>Case</td>
<td>Description</td>
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<tr>
<td>FIDA-K vs Attorney General (Civil Appeal No. 238 of 2018)</td>
<td>ISLA has applied to join the proceedings as amicus curiae and as at the end of 2019, we are still awaiting directions from the Court of Appeal on the application for joinder. The appellant challenges the provisions of section 7 of the Matrimonial Property Act as being unconstitutional for being inconsistent with the provisions of Article 45 (3) of the constitution. Equality and fairness in the distribution of matrimonial property upon the dissolution of marriage.</td>
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<tr>
<td>Mitubel Welfare Society v Kenya Airport Authority and another Supreme Court Petition No. 3 of 2018 (ISLA is amicus curiae)</td>
<td>The Supreme Court mentioned the case on 25 March 2019 to confirm compliance with the earlier directions as to the filing of submissions. The Court mentioned ISLA’s application to be admitted as an Amicus Curiae and it was allowed. The appellant seeks to enforce the right to housing and challenges eviction of its members from a parcel of land they had been allocated by the Kenya Airport Authority. Right to remedy in human rights violation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network for Adolescents and Youth of Africa vs Jackline Mary Karanja The Network of Adolescent v Kenya Medical and Practitioners Board and others (Petition No. 428 of 2018) KELIN is the 6th Interested Party</td>
<td>The Court heard the application for joinder of the parties on 3rd July 2019. It allowed this application and KELIN was allowed to join the proceedings as the 6th Interested Party on 17th October 2019. The case challenges the Kenya Medical Practitioners Board (KMPDU) ban on Marie Stopes Kenya to provide all abortion services. Post-abortion care as a form of emergency medical treatment</td>
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</tbody>
</table>
6. Funding and Finance Statement
We received an unqualified opinion on the 2019 financial statements which were audited by KKCO East Africa. We received $2,185,863 for various interventions as shown in the graph below.

5.1. Project receipts and payments per thematic area

Total expenditure for the entire organization in the year was $1,836,459. 68% of the total expenditure supported programmatic interventions with 23% and 9% supporting salaries and administration respectively. The expenditure split is as shown in the pie chart below.

5.2. Expenditure Split
The Communications Department had a busy year in 2019, showing and telling KELIN stories.

2019 is the year that we began implementing the 2018-2022 communications strategy. This was made possible through the incorporation of the communications strategy goals into the 2019 work plan. As a result, the department made progress by establishing the value in the proposed strategy tactics and set a precedent for upcoming activities in future, having tested most of the tactics and establishing what was required to make them work and provide results. Some of these tactics include conducting social media campaigns, content advocacy plans, twitter chats, thought leadership articles, media engagement, campaigns to support policy advocacy, staff communications training, implementation of the communication and social media policy, and addressing the communication needs (branding and visibility) of the programme teams and the organization at large.

A major milestone in 2019 was putting together the organizations’ first-ever annual report that captured the quarter-century journey of the organization since its inception in 1994. It was a great accomplishment to have this publication in place to showcase KELIN’s legacy thus far as well as lay the foundation for future annual reports. The report will serve as a critical knowledge management and fundraising tool throughout KELIN’s engagements.
Through communications, the organization has been successful in publicizing the extensive work on TB and human rights, keeping our partners informed and involved in our work, thereby strengthening existing collaborations and providing a platform for the forging of new ones. KELIN’s work in advancing the rights of persons living with or affected by HIV and TB garnered national and international recognition in equal measure. This was evidenced by the receipt of the 2019 Kochon Prize Award by the Stop TB partnership and the Kochon Foundation on 30th October 2019, during the 50th Union World Conference on Lung Health in Hyderabad, India. The award is testament to KELIN’s work at the community, national and international level, evidenced by the individuals and organizations that nominated KELIN for the award earlier in the year.

Mr. Allan Maleche, the Executive Director at KELIN delivering a speech after KELIN was awarded the 2019 Kochon Prize by Stop TB Partnership and Kochon Foundation, in Hyderabad, India.

Mr. Allan Maleche, the Executive Director at KELIN delivering a speech after KELIN was awarded the 2019 Kochon Prize by Stop TB Partnership and Kochon Foundation, in Hyderabad, India.

The award lauds KELIN for being one of the few organizations calling for human rights to be an integral part of TB programming and fighting for the rights of people to access TB prevention, diagnosis, treatment, care and support, through a TB response that is equitable, rights-based and people-centered. The Stop TB Partnership recognized their work with KELIN on several initiatives, including the development of the Nairobi Strategy, the Legal Environment Assessments for TB and has supported KELIN through the Challenge Facility for Civil Society to support communities and advance human rights responses in Kenya. The Stop TB partnership Executive Director, Dr Lucia Ditiu, recognized KELIN’s outstanding achievement, especially our work in strengthening the capacity of other similar organizations across the world and our formidable work in 2016 when we used the courts to finally put a stop to the arrest and imprisonment of people with TB. Such awards continue to inspire KELIN and fellow partners to remain persistent in our quest to promote the right to health for all and in collaboration with other organizations for the ripple effects of our valuable work to be felt beyond our borders and across the globe for sustainable change.
At the community level, we published the Know Your Rights to Health, TB and Human Rights, HIV and Human Rights and the various Succession Steps IEC materials. Both these IEC materials were translated into multiple languages. The Succession Steps poster is the second most downloaded resource from the website while Claiming Inheritance Dues from the Office of the Public Trustee booklet coming in the fifth position from the analytics summary captured in the image below.

This demonstrates the value in developing IECs that meet the information needs of the target community, which are packaged in a portable and user-friendly manner. The department has been promoting the respective IEC materials in the course of rolling out the thematic social media content plans to create awareness on the value of these resource materials and generate demand for them and contributing to an informed citizenry, informed and exercising their rights.

KELIN provided a platform for women in the communities to speak up on the sexual and reproductive health challenges, including access to safe and legal abortion, through a documentary. The release date of the documentary was timed to coincide with the International Safe Abortion Day. So far, the video has garnered 72 views and had 590 impressions, with most viewers accessing the video from WhatsApp, followed by Facebook then Twitter and few from YouTube searches as demonstrated in the image below.

Viewership of the documentary on unsafe abortion released on 27th September 2019.
During the year, we increased coverage of KELIN’s work by developing our video and newsletter content.

This year, we reviewed existing footage and developed three success stories video clips which were disseminated on KELIN’s YouTube Channel. In collaboration with the film consultant, we developed documentaries to showcase the impact of KELIN’s work over the years, in addition to short video testimonials from beneficiaries of the DREAMS project. The documentaries include:

- **DREAMS** end of project documentary
- **Unsafe abortion**: advocates for the implementation of the standards and guidelines for reducing morbidity and mortality from unsafe abortion in Kenya. Has been transcribed into English to ensure all our target audiences understand the message of the documentary.
- **The impact of dowry on women land rights**: an advocacy tool to support ongoing efforts calling for the revision of the Law of Succession Act.
- **Rebuilding the lives of widows**: **Widow Lorna’s story**
8. Monitoring and Evaluation
In 2019, we made great improvement in our engagements on systems strengthening particularly with the Nairobi, Mombasa, Kisumu, Homabay, Kisii amongst other counties KELIN works with. The engagement with these counties drew several lessons from our past experience in rights-based programming in the health sector which resulted in an improvement in the quality of service as well as quality of information necessary for programming and improving service delivery. This was enabled through the programmes working on results-based management which focused on alignment of the interventions towards the key programme results. The thematic areas were guided by programme toolkits which are tracked routinely by Monitoring and Evaluation unit to ensure all the activities produced the relevant programme results hence change experienced in the government and community systems.

The Monitoring and Evaluation unit embarked on developing a digitized monitoring and evaluation system which includes digitized monitoring tools to enhance real time data collection and improve data quality. The department also developed programme toolkits for all thematic areas that included programme toolkit guidance, log frame, activity planning and tracking, M&E plan, output monitoring and outcome monitoring sheet which are linked) to enhance systematization of all thematic areas monitoring and evaluation needs and improve documentation and tracking of all the thematic areas. Monitoring and evaluation sector ensured there is a systematic progress review through the monthly, quarterly and annual reviews where all sectors were reporting on progress made as we tracked progress on implemented activities, output indicators and outcome indicators respectively against the targets set. The review meetings gave thematic areas an opportunity to reflect, learn and adapt to the new challenges programmes were presenting during implementation.

Working with the various counties, KELIN has supported the public engagement in the consultation for the drafting of the GBV policy, a policy that is crucial in the development and strengthening of systems addressing GBV in Homa Bay County. We also rolled out the Monitoring and Evaluation System with sensitization of all staff as well as review of existing accountability mechanisms and materials.

The last quarter of 2019 saw KELIN expanding its operations in a new thematic area, Health Governance which is currently managing two projects: Using a participatory multi-sectoral approach to promote healthy diets through health policy dialogues with the support of IDLO through the Global Regulatory & Fiscal Capacity Building Programme and pushing for a people-centered Universal Health Coverage in Kenya in collaboration with the People’s Health Movement - Kenya Chapter and funded by OSIEA.

Various studies have revealed that Kenya is not on track to eradicate poverty by 2030. According to World Bank, at least a quarter of the population (16.4 million people) are likely to remain poor in 2030 where the country’s population is projected to hit 65.4 million. Poverty declined from 43.6 per cent in 2005/06 to 35.6 per cent in 2015/16. To achieve a poverty rate of three per cent by 2030, an annual poverty reduction rate of 6.1 per cent would be necessary. A combination of inclusive growth and redistributive policies would be necessary such as favourable investment policies in labour intensive sectors such as health that has had the strongest impact on poverty reduction among poor communities. Health is a basic need and if the majority of the poor cannot access the services because of economic status and affordability of services then this is same as infringing the rights of the vulnerable and creating an environment of inequality which is one of the areas KELIN is working to address.
The findings show the trainings conducted by KELIN enhanced the linkages between violence prevention, HIV and human rights. The findings show the project the trainings conducted by KELIN were relevant to the needs of the key population since it is one the regions that Key population experiences stigmatization. Though there were numerous achievements from the trainings and networks established through KELIN’s work, the evaluation also established that there were still some areas that needed improvement as most of the health care workers who had not been trained still lacked the capacity to handle the key population hence the KP still experience stigmatization which hinders them from accessing HIV services.

Kisii

In Kisii, data was collected from 9 stakeholders (Key Informants: Key Population NGO Coordinator-1; Community Paralegal-1; Community Health Volunteer-1) Female Sex workers-3; Male Sex Workers-3. The findings show the project the trainings conducted by KELIN were relevant to the needs of the key population since it is one the regions that Key population experiences stigmatization. Though the trainings were well done, there was a challenge in conducting follow up to develop a violence prevention and response network. This was majorly due to vast distance between the steering committees’ members selected to steer the group, lack of resources from key stakeholders as well as lack of coordination amongst the steering group members. Part of this was addressed by the steering group members by creating a WhatsApp group to facilitate efficient communication and reporting of all the violence cases as well as discussing strategically on how to respond together with the security and other local stakeholders. One of the main issues that is still affecting the key population community in Kisii is police harassment as well as stigmatization from the community.
Monitoring and evaluation developed feedback forms for all community, county and national government engagements to understand the quality of the engagement/services provided by KELIN as well as understand the feedback on where we could improve on in our activities. The feedback was analysed and shared to various thematic areas to review and improve future engagements. This has resulted to better programming by factoring users’ feedback hence making our interventions more participatory and needs driven. Some of the feedback analysis that was done includes Inter county dialogue; Regional Capacity Building Forum On HIV, TB, Human Rights and Law for Law enforcement Officers and Health Care Workers workshop; DFPA GBV Policy stakeholders’ workshop; Prevention and Responding to Violence against Key Population to Promote Access to HIV Services workshop- Kisii

The M&E unit also introduced the pre and post-test training for all capacity building initiative conducted by the thematic areas. This was able to assess the change in knowledge before and after training. Some of the pre and post test conducted included the TRIPS Flexibilities workshop; Prevention and Responding to Violence against Key Population to Promote Access to HIV Services workshop- Kisii; Community Sensitization Sessions with Women Support Groups on Enhancing their Capacity to Claim their Property Rights. The results show there was increase in knowledge as follows:

<table>
<thead>
<tr>
<th>Training</th>
<th>Pre – test (%)</th>
<th>Post-test (%)</th>
<th>Change in Knowledge (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Sensitization Sessions with Women Support Groups on Enhancing their Capacity to Claim their Property Rights</td>
<td>46%</td>
<td>73%</td>
<td>+27%</td>
</tr>
<tr>
<td>Prevention and Responding to Violence against Key Population to Promote Access to HIV Services workshop- Kisii</td>
<td>57%</td>
<td>69%</td>
<td>+12%</td>
</tr>
<tr>
<td>TRIPS Flexibilities</td>
<td>28%</td>
<td>61%</td>
<td>+33%</td>
</tr>
</tbody>
</table>

Table 1: Pre and Post Test of Trainings conducted
9. Lessons Learnt
These are some lessons we have carried from our work in 2019

- Partnership with the State on matters access to justice is key.
- Evidence based messaging resonates with community experiences and aspirations.
- There is need to build a stronger movement through strategic collaboration with partners.
- Refine engagement with Community Based Organizations to create sustainable approaches that support skills transfer.
## 10 KELIN Resources 2019

<table>
<thead>
<tr>
<th>TITLE</th>
<th>LINK</th>
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</thead>
<tbody>
<tr>
<td>Title</td>
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<td>----------------------------------------------------------------------</td>
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<tr>
<td>ICPD Pre-Conference</td>
<td><a href="https://www.dropbox.com/sh/n75aiheayso6nf/AACpDuhRVba0f-eiZOqCeDPDa?dl=0">https://www.dropbox.com/sh/n75aiheayso6nf/AACpDuhRVba0f-eiZOqCeDPDa?dl=0</a></td>
</tr>
</tbody>
</table>

Thank you for making 2019 a great success.  
We remain committed to the cause of reclaiming rights and rebuilding lives.