



*25 years*

*of reclaiming rights  
and rebuilding lives*

**KELIN**  
Annual Report

# KELIN

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## NAIROBI OFFICE

4th Floor Somak House, Mombasa Road  
P.O. Box 112 - 00200 KNH Nairobi  
Tel: 020 2515790  
Mobile: 0710 261 408 | 0788 220 300  
Fax: 020 386 1390

## KISUMU OFFICE MILIMANI AREA

Agha Khan Road, Opposite Jalaram Academy  
Tel: +254 57 253 2664  
Cell- [Office]: +254 708 342 197

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Impact Africa Ltd.

P O Box 13776 - 00800, Nairobi  
Tel: +254 708 484 878 | +254 714 214 303  
Nairobi, Kenya







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## FOREWORD



The publication of this inaugural report is testament to the illustrious journey KELIN has traveled in a quarter century. Nothing signifies that our organisation has truly come of age in reclaiming rights and rebuilding lives than this report. This development is particularly significant to us as it breaks new ground, given the predominant oral culture in Africa. It marks a new frontier of documenting our journey for posterity and that our story will be available to bigger audiences beyond our borders.

This will be complemented by multimedia formats for even wider reach of partners and stakeholders. This report traces the humble origins of KELIN and its remarkable growth over the years; from a tiny organisation that was hosted by a law firm, to one that now stands on its own, and can even host other organisations. From one employee managing one grant, to many who are working in different thematic areas, managing multiple grants and projects, to an outstanding one having its Executive Director representing Africa as a board member in the Developing Country NGO Constituency at the Global Fund Board.

This publication captures the strategic direction KELIN has taken in line with the Constitution of Kenya 2010, which holds that every person in Kenya has the right to the highest attainable standard of health care services, including reproductive health care. By aligning our core mandate with the devolved system of governance and expanded Bill of Rights, we are well positioned to not only ensure the right to health for persons living with HIV, but will also ensure the right to health for all of Kenya's most disenfranchised communities.

The report highlights milestone's in KELIN's contributions to the development of HIV/AIDS law, HIV/AIDS Tribunal, and the National TB Isolation Policy by the Ministry of Health. KELIN's accomplishments in five thematic areas: HIV/AIDS and tuberculosis, women, land and property rights, sexual reproductive health and rights, key and affected populations and strategic litigation are also documented. Through strategic litigation, cases such as Alex Madaga's, TB is Not a Crime and the Uhuru HIV List, are outstanding for showing how KELIN has successfully leveraged the law as a tool for advocacy and social change.

As a board of directors, we derive immense pride in the notable successes we have achieved from the innovative and groundbreaking work with cultural structures through the Luo Council of Elders and alternative dispute resolution mechanisms.

The report's inspiring testimonies from beneficiaries of various programmes as well as profiles of KELIN staff show that KELIN is on the right track and must seek ways to sustain and redouble the efforts.

On behalf of the board of directors, I commit to upholding the best of governance practices as we adapt to changing times while retaining fidelity to the spirit of our founders.

A handwritten signature in black ink, appearing to read 'Ambrose Rachier'.

**Ambrose Rachier**  
Chair of the Board of Directors

## Who we are

The Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN) was formed in 1994 and registered as a Non-Governmental Organisation (NGO) in 2001. It was established following a 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:

- Sexual Reproductive Health Rights
- Key and affected populations
- HIV & TB
- Women, Land and Property Rights
- Strategic litigation

## Overview

### Vision, Mission, Core Values and Goal

#### Vision

The full enjoyment of health related human rights for all. We believe 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.

#### Mission

To promote and protect health related human rights for all.

To achieve this mission, 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.

#### Core Values

Integrity, Equality & Non-Discrimination, Justice & Fairness, Excellence, Respect and Dignity

#### 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 do this by:

- Advocating for the integration of constitutional and other human rights in policies, laws and operational frameworks/regulations relating to the right to health and the application of the constitutional values and principles and the rights based approaches in the implementation of health services.

- Developing the capacities of public benefit organisations (PBOs) and community based organisations (CBOs) working on health and human rights issues.
- Facilitating access to justice in respect of violations of health related human rights.
- Initiating and participating in strategic partnerships at the national, sub-regional and regional and global levels for the strengthening of the rights-based approach in the delivery of health services.
- Building an organisation that operates in an effective, efficient, professional and accountable manner.





## Our approach

In the implementation of our programmes and related activities, we utilise a rights-based approach; prioritising the key principles of people-centredness, accountability, equality, and non-discrimination. By taking this approach, we ensure the involvement of both the rights holders, who are not experiencing full rights, and the duty bearers who are duty bound to protect the holders' rights.



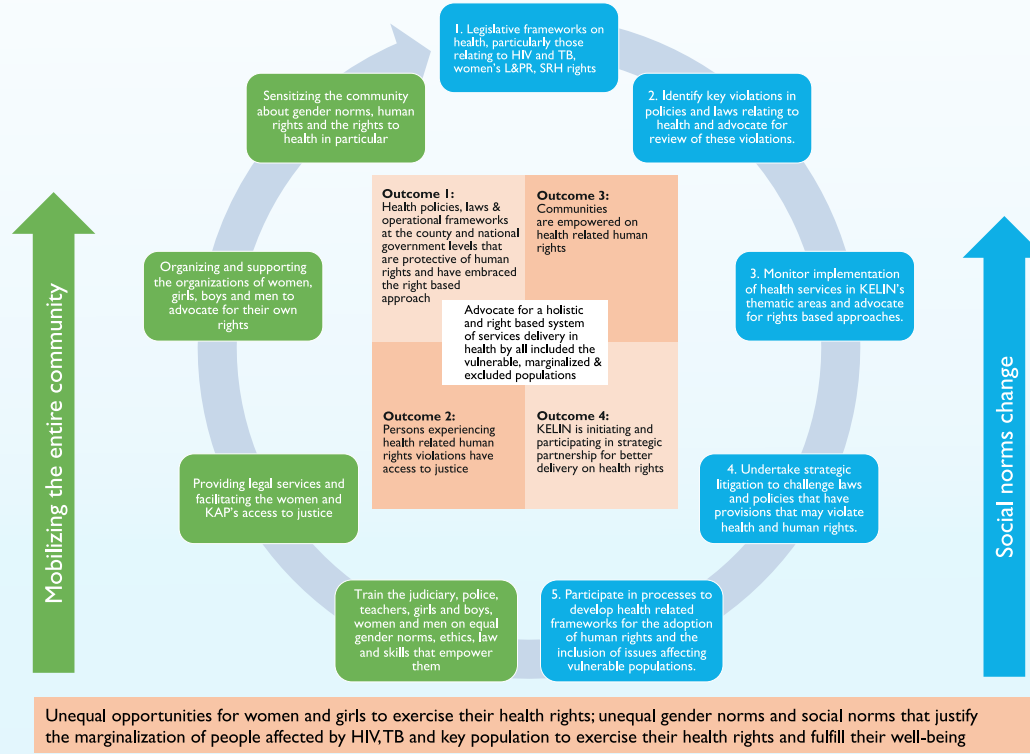
## Organisation Strategic Plan (2015-19)

Since 2001, the Kenya Legal and Ethical Issues Network (KELIN) has advocated for a rights-based approach to HIV-related strategies and programmes at the national and county level.

KELIN has done this through a variety of training programmes, advocacy campaigns, and litigation on matters relating to HIV law and the rights of people living with and affected by HIV.

*Widow Champions Consolata Otieno (left) and Rodah Nafula (right) share a light moment during a visit to a fellow widow, Dorothy, in Ombeyi, Kisumu County.*

KELIN has a Strategic Plan (2015-19), which expands its focus on HIV-related human rights to include the right to health in the following four thematic areas: HIV & TB, Sexual & Reproductive Health; Women, Land, & Property; and Key & Affected Populations. Expanding KELIN’s scope of work was a strategic decision informed by the promulgation of the Constitution of Kenya 2010, which holds that every person in Kenya has the right to the highest attainable standard of health care services, including reproductive health care. By aligning the core mandate with this newly devolved system of governance and scope of human rights, KELIN will not only ensure the right to health for persons living with HIV, but will also ensure the right to health for all of Kenya’s most disenfranchised communities.



*KELIN Theory of Change*

## KELIN's strategic plan objectives

1. Compliant national and county policy and legislative frameworks;
2. Access to justice for violated health rights;
3. Community empowerment and capacity building on health and human rights;
4. Strategic partnerships at county, national, regional and global levels for better delivery of KELIN's mandate; and Institutional strengthening to ensure that the vision is achieved.

## Where we work

- Nakuru
- Kisumu
- Homa Bay
- Migori
- Mombasa
- Kilifi
- Kwale
- Nairobi
- Kakamega
- Kisii
- Nairobi
- Uasin Gishu

## Who we work with

Thematic area	Beneficiaries	2018 Reach
HIV & TB	• Community Health Advocates	30
	• Members from affected communities (persons affected by TB & HIV, and CSO and CBO leaders of)	3,000
	• Healthcare workers	50
	• Pro bono lawyers	30
	• Media	20
	<b>Total</b>	<b>3,130</b>
SRHR	• Trained AGYW	379
	• Elder champions	68
	• Widow champions	60
	• Leaders from CBOs	45
	• Court Users Committees members	54
	• Legislators	75
	• Pro bono lawyers	26
	• Orphaned and vulnerable children	56
	• AGYWs from Kisumu and Homabay	13,000
• Members for the community	15,000	
	<b>Total</b>	<b>28,763</b>

Thematic area	Beneficiaries	2018 Reach
WLPR	• Widows	88
	• Elders	60
	• Orphaned and vulnerable Children	60
	<b>Total</b>	<b>208</b>
KAP	• Members from affected communities (MSM, PWUD, sex workers)	
	• Law enforcement officers	
	• Health care workers	
	• Religious leaders	
	• Probation officers	
	<b>Total</b>	<b>194</b>
Strategic Litigation	The department is currently working on 10 strategic litigation cases. The cases have the potential to lead to policy changes that safeguard the rights to health for the Kenyan public and of the affected communities KELIN works with, such as persons affected by HIV and TB	KELIN is currently litigating 10 PIL cases.
	<b>Total</b>	



Roselyne Mukabana, Hon. Esther Passaris and Ruth Mueni from the Nairobi County Government working with KELIN and the Community Health Advocates (CHAs) under the ARASA funded National Advocacy and Training Programme



## Our History: where we started and why we exist

Connecting the dots: Why HIV and human rights? The first case of HIV in Kenya was reported in 1984. In 1987, Ambrose Rachier wrote an article in the Daily Nation supporting the imprisonment of those with the virus. The following day, a cartoon was published in the newspaper in response to his opinion.

This attracted attention and engagement. The Medical Association of Kenya reached out to him and invited him to reconsider his position. In 1987, Mr Rachier was invited by the Ministry of Health to work on medium term plans to manage the virus. In 1988, the Attorney General sent him as a representative of the Kenyan government, to the World Health Organization (WHO) conference in Brazzaville, Congo.

In the 1980's and 1990's, stigmatisation against people suspected to have any link with HIV & AIDS was high. Anyone who died on suspicion of having HIV-related complications was put in a polythene bag and buried within a day.

The bereaved were not allowed to view the bodies of their deceased relatives, as is the custom. There were also instances where the bodies were buried by force. Further, the extent of stigma was so high that people did not want to be seen to be participating or attending any public forum discussing HIV & AIDS. These sorts of meetings were regarded with suspicion by many, including local authorities. Parliamentary discussions in the years preceding the formation of a taskforce and an AIDS policy (1992 – 1997) reveal that there was a lot of ignorance. Since then, there has been a shift in attitudes.

UN bodies like UNDP were also concerned about its ravages to the economies of developing countries. HIV was not only a health issue but also an economic one.

It had economic overtones as it affected production and created multi-sectoral issues. This realisation that HIV created multi-sectoral issues led to the 1<sup>st</sup> Intra-African meeting in Ghana in October 1992. The meeting was organised by UNDP.

The aim of the meeting was to bring all African countries together to address HIV from a human rights and economic point of view. Those who attended the meeting were Kivutha Kibwana (human rights lawyer), Dorothy Odhiambo (University of Nairobi), Joe Muriuki and Jane Ngima (Muriuki's spouse), and Ambrose Rachier (lawyer).

It was resolved that each participating African country forms a legal and ethical network to address legal and ethical issues surrounding HIV & AIDS. They took acronyms of their countries.

The founders of KELIN were driven by the need to understand the HIV & AIDS epidemic. This was at a time when knowledge about HIV and AIDS was not widespread and there were many misconceptions that perpetuated stigma.

KELIN set out to create awareness, especially on legal rights and how to handle HIV/AIDS matters from a human rights perspective. The most pertinent question was one of confidentiality. It was believed and argued that the public was at a greater risk if the statuses of people living with HIV (PLHIV) were not made public, leaving PLHIV with hardly any rights.





*Campaign against forced and coerced sterilisation of HIV+ women*

The tension was therefore between the rights of PLHIV as far as confidentiality was concerned vis-à-vis keeping the public safe. However, revealing the status of PLHIV (exposing them to stigma) only exacerbated the problem leading to higher rates of infection. The first task of the KELIN team was therefore to create an environment that would mitigate the spread of HIV. KELIN therefore began its operations in April 1993 under the auspices of UNDP.

At this time, support from UNDP was not direct; KELIN would organise workshops and UNDP would come along and pay for workshop related expenses that included travel reimbursements for the attendants.

At this time, KELIN's founders also held workshops to develop the constitution of the organisation. In 1995, more critical work was done with Provincial Commissioner's

offices, with academics, church (PCEA) Sony Sugar and other institutions. Another meeting held in 1997 led to the Dakar Declaration, which was based on experiences of participating countries. UNDP cut its funding to the country specific networks. This was a major contributing factor to the closure of most of the networks. Others lost interest, while in some cases, those who had been at the forefront, and living with HIV, died.

The surviving networks are found in Uganda, Zambia and Kenya. In Kenya, even with all the challenges, KELIN continued creating awareness with those living with the virus. They were given humane treatment and grew support networks as they talked together. These people were brought together by their passion to stop the spread of the virus, and it strengthened their commitment for capacity building. KELIN's growth was fuelled by an extremely committed network of people.



Everyone played their part in talking about the AIDS epidemic to different people including, college students, medical practitioners, lawyers and parliamentarians. One of the activities the team undertook was inviting organisations involved in human rights work to share on topics such as; what HIV means for an infected person? Access to information, and access to treatment.

In 1999 – 2000, the team gave regular talks to students at universities. This was focused on demystifying the epidemic and encouraging students to get tested and to choose more responsible sexual behaviour. These outreach efforts were not funded, the volunteers fuelled their own cars, sacrificed their time and travelled at their own cost in order to reach different groups. Along with this was the drive to grow a base of lawyers who could volunteer their time to grow the initiative.

Among the lawyers who gave their time include Jotham Arwa, PLO Lumumba, Otiende Amollo, Catherine Mumma, and Winnie Lichuma, the then East Africa Law Society Chair.

The Canadian Legal Network also offered support. These lawyers also volunteered their skills in drafting of relevant HIV policy documents.

The period between 1997 – 2002 was one of limited activity for KELIN but there was commitment to build the capacity of any organised body interested in understanding the disease. KELIN's pool of volunteers were called upon to give lectures in HIV and AIDS related issues. The team travelled around the country giving *pro-bono* lectures. They relied on in kind support from various organisations and individuals.

It was also the time that new blood joined the cause like Catherine Mumma, Otiende Amollo and Jotham Arwa (former chair of the HIV Tribunal) then law students joined in. Others who joined later were Allan Maleche in 2002, Winnie Lichuma and Elizabeth Aroka

KELIN was a membership organisation, largely comprising of lawyers. Mr Rachier put together legal clinics and invited young lawyers to the clinics. This was in order to give legal aid to communities in matters concerning HIV and human rights.

Mr Rachier incorporated those who were interning at the firm, into the legal clinics as well. Since the incorporation of young people means sustainability for any organisation, this went a long way in involving them in the HIV-human rights arena.

## *From a network to an institution*

KELIN was formally registered as an NGO in 2002. With the formal registration in place, Catherine Mumma took the lead in setting formal structures for the organisation, preparing the first strategic plan and fundraising.

From 2001 – 2005, KELIN was housed at Kenya AIDS NGOs Consortium (KANCO). At that time, KANCO had a project on HIV related legal and ethical issues that led to the development of the HIV/AIDS Prevention and Control Act.

The organisation became a partner and it helped to strengthen the board through technical (knowledge) and administrative support.

KELIN received financial support through KANCO as the organisation had well-established structures.

The organisation also worked closely with the Canadian Aids Network. In 2006, KELIN moved and was housed at the law firm of Rachier and Amollo Advocates. During that time, the organisation largely responded to requests for legal services, advice and trained communities of PLHIV (sometimes on paid basis, other times on pro-bono basis).

In 2007, Open Society which was setting up in Kenya gave KELIN a seed grant for institutional support to the tune of USD 50,000. This allowed KELIN to do an assessment of where the organisation was and where it intended to go. The assessment led to a larger grant in 2008 that provided for office space and three personnel.



*Caption: Nancy Ondeng (left) and Rodah Nafula (right) together with Rodah's children, outside her home in Ahero, Kisumu County. Rodah was one of the first widows to receive support from KELIN and the Luo Council of Elders under the Women Land and Property Rights programme.*

They were: a finance and administration officer, programmes coordinator and a project coordinator for the project working with elders to resolve the challenges on widow disinheritance in Kisumu and Homa Bay counties.

### *Working with cultural structures*

Once the law got clearer, once the provision of ARVs was made possible, the effects of HIV & AIDS became manageable. KELIN's work then moved into looking at those affected and infected by HIV, who were widows.

To resolve issues of women losing their property once their husbands died, KELIN started working with elders using the Alternative Dispute Resolution (ADR) mechanisms to resolve these disputes in Kisumu and Homa Bay counties.



The decision to work in these counties was guided by the high HIV prevalence levels. We sought to understand the cause of the practice of widow disinheritance, engaged with the custodians of culture in that community in order to advocate for the change of that practice.

We explored how communities resolved their problems; the individuals would go to the family for resolution, if the matter was not resolved, they would then take it to the elders of the community. With this cultural approach to justice in mind, KELIN envisioned a time when women would only cover a short walking distance in order to find justice.

We started working towards this. KELIN began the move into Kisumu County in 2005/2007. We engaged several leaders to discuss the Luo culture as far as widow inheritance was concerned.

They include: the late Mr Ken Riaga Amolo, Mr Raila Odinga (then Minister for Public Works), Prof. Bethuel Ogot (Luo historian), the late Prof. Okoth Ogendo, Ms. Phoebe Asiyo, Ms. Grace Onyango and the Luo Elders.

The gathering confirmed that women should not be sent away from their homes. As a result, localised groups were formed to intervene in these issues on behalf of the widows. This informed the development and the documentation of the cultural structures project (CSP) which was spearheaded by Catherine Mumma. The CSP has since had great impact and gained favour and recognition in the nation.

Other communities, such as the Kuria, have requested KELIN to do the same for the women of their community, as well as with the Nandi Council of Elders.

In Garissa County, they have a similar approach to the CSP to restore their environment. With the advent of the new Constitution in Kenya in 2010, KELIN introduced the traditional justice systems as a mechanism of accessing justice. As a result, the Judiciary set aside a taskforce, headed by Justice Joy Nguthi, to work on our account. The adoption of this contributed to better access to justice in a convenient and less costly manner, for the clients, such as the disinherited widows.

## Significant milestones:

1. Development of the law; Kenya is one of the few countries to have a HIV/AIDS law.
2. Development of institutions – the HIV and AIDS tribunal. Initially the Tribunal dealt majorly in labour cases. The first two chairs of the Tribunal were from KELIN, Mr Ambrose

Rachier and Mr Jotham Arwa. The Tribunal then moved to addressing legal issues on health, once HIV was brought under control.

3. The adoption of the traditional justice systems/ Alternative Dispute Resolution as a mechanism for accessing justice, conveniently and affordably by the Judiciary.
4. Development of the first ever Legal Environment Assessment (LEA) on Tuberculosis in Kenya and globally. It is an important tool that examines laws, policies and practices affecting TB response with recommendations on how states can utilise their LEA to ensure human rights issues in TB prevention, management, care and support are addressed.
5. The formulation of the National TB Isolation Policy by the Ministry of Health to guide health institutions nationally on the rights-based approach to the isolation of persons affected with TB with the aim of promoting adherence to treatment.

## KELIN now

One can say, the organisation is following the epidemic. KELIN has grown from an organisation providing legal services to PLHIV and working with widows to a well-established institution with funded programmes within its thematic areas. The uniqueness of KELIN is the focus we have adopted.

A few organisations focus on HIV, and health in general, from a human rights perspective. In some cases, human rights are addressed as incidental. KELIN has made this its focus, making it stand out from other organisations. The biggest game changer has been the promulgation of the Constitution of Kenya, 2010. The Constitution recognises the right to health in the Bill of Rights.

With this change, KELIN felt that many issues they addressed in HIV also apply to health in general. KELIN therefore seized the opportunity and now works to make the right to health, and access to justice a reality. To tackle the broader issues involved in providing an enabling environment for the achievement of the right to health, KELIN structured its work in five thematic areas.

These are: HIV & TB, sexual reproductive health and rights, women land and property rights, key and affected populations, and strategic litigation. KELIN continues to work with *pro-bono* lawyers, a practice that began with one of its founders Ambrose Rachier. Mr Rachier mentored young lawyers and cultivated their interest in HIV and the law.



*The launch of the HIV Compendium of Cases deliberated on by the HIV and AIDS Tribunal*



*AGYW Champions and KELIN staff after the first ever Women's Run in Nairobi, in commemoration of the 16 days of activism against gender based violence.*



The organisation appreciates the difficulty the public, especially the vulnerable like PLHIV, face in terms of access to justice. KELIN therefore feels that lawyers have a role to play in linking the vulnerable people to justice when they face human rights violations or need advice. KELIN works with lawyers both in school and practicing, ensuring that there is a pool


of lawyers who understand HIV issues, health and human rights at any given time. The organisation builds its capacity and works with them on cases. The challenge often comes the competing interests of the lawyers from their private law practices. Further, KELIN has in the past hired and continues to work with interns from both local universities (Moi, Nairobi, Strathmore etc.) and

international universities (Yale and Harvard) from various disciplines like communication, anthropology, sociology among others as long as they have interest in health issues. Internships last between a period of a few weeks to a year and can be self-funded, paid or not paid. Currently, KELIN is establishing a system to adequately deal with interns.

In the last few years, KELIN has also worked closely with academic institutions to give credibility to its work. This is through writing and publishing journal articles. This raises the profile and credibility of the organisation in the eyes of those who take the academic approach towards addressing health issues.



*The KELIN team remains committed in the fight to #EndTB through local and global advocacy initiatives*



The strength of KELIN is that it has great practical experience in health-related matters; this connects well with academia who write about their work, thus furthering global discourse.

## Our work: Look at what we accomplished together

Since 2001, the Kenya Legal and Ethical Issues Network (KELIN) has advocated for a rights-based approach to HIV-related strategies and programmes at the national and county level.

KELIN has done this through a variety of training programmes, advocacy campaigns, and litigation on matters relating to HIV law and the rights of people living with and affected by HIV.

KELIN is currently implementing the 2015-19 Strategic Plan, which expands its focus on

HIV-related human rights to also include the right to health in the following four thematic areas: *HIV & TB, Sexual and Reproductive Health; Women, Land, and Property; and Key and Affected Populations.*

Expanding KELIN's scope of work was a strategic decision informed by the promulgation of the Constitution of Kenya 2010, which holds that every person in Kenya has the right to the highest attainable standard of health care services, including reproductive health care.

By aligning her core mandate with this newly devolved system of governance, KELIN will not only ensure the right to health for persons living with HIV, but will also ensure the right to health for all of Kenya's most disenfranchised communities. Over the years, KELIN has witnessed the encouraging growth of the organisation; from an organisation that

was hosted by another law firm, to one that stands on its own, and can even host other organisations.

From one employee, to many who are working in different thematic areas, to having an Executive Director representing Africa as a board member in the Developing Country NGO Constituency to the Global Fund Board.

KELIN has grown tremendously, gaining international recognition. Let us now take a look at our accomplishments in each thematic area.

### 1. HIV & TB Thematic Area

KELIN's advocacy initiatives revolve around human rights guaranteed in the Constitution and laws that affect persons living with HIV (PLHIV). These initiatives were

undertaken with partners from local, national and regional levels through community forums, consultative meetings, peaceful mass action, media engagement and issuance of advisory notes.

Since 2010, KELIN has been engaged in advocacy efforts in Kenya and the East Africa region. Advocacy efforts in this thematic area are centred around calling to the attention of authorities on the plight of patients with Extensively Drug Resistance TB (XDRTB), the human rights violations against PLHIV in Kenya as well as health, TB and the other key issues in the health sector. In 2011, over 700 members of various civil society organisations (CSOs), TB patients, PLHIV and community health workers held a peaceful demonstration to demand for an increase in health funding.



This resulted in a consultative meeting with the government and development partners, where the way forward was mapped out to meet the demands found in the memorandum filed by KELIN.

The government budget allocation for health care in 2012-2013 budget increased by 16.9 percent totalling to Ksh 85 billion. In 2012, KELIN's issuance of advisory note over the handling of XDRTB patients' case caused the government to provide immediate intervention, allowing short term relief for some of the patients' medical needs.

It also generated interest from key government institutions such as the Commission on Administrative Justice and the media, ensuring the issue was discussed in the public arena. Most recently, following the successful litigation of a case filed in 2014, where three men were arrested and two jailed



*Steve Anguva of Pamoja TB Group during the #TBisnotaCrime campaign. The campaign raised awareness on the poor isolation conditions of persons affected by TB in prisons, who interrupted their treatment. The Ministry of Health developed a National TB Isolation Policy following the successful petition by KELIN in 2018.*

and eventually prosecuted for failing to adhere to their TB treatment, the government was compelled by the court to develop a TB Isolation Policy. This policy was completed and will be rolled out to the counties in 2018.

KELIN continues to empower communities through community health advocates trained to conduct sensitisation seminars within the established community structures such as churches and *barazas*. With the devolution of health to the counties, CSOs are being empowered to not only understand health as a devolved fund and function but also in the budget making process with the aim of identifying areas they can hold duty bearers accountable.

## Regional and national trends that have shaped the work

The work in the thematic area aligned to the international and national policies. For example, KELIN has aligned its work to the UNAIDS global targets of 90/90/90, whose interventions are towards ensuring that by 2030, 90% of the population are aware of their status, 90% are able to access treatment, 90% are virally suppressed.

Work in the thematic area therefore is to ensure that any barriers to the right to health are addressed. In preparation of the World Health Assembly where leaders meet to commit to support HIV and TB related work, CSOs made advocacy statements that urge world leaders to do more in the global fight against HIV and TB.



Esther Nelima, Community Health Advocate (CHA)

## Lesson learnt

Community mobilisation and awareness are important in addressing community issues. Communities knowing their rights is important in community action, which is driven by community mobilisation and awareness.

### *Our voices: Impact of HIV&TB interventions*

*Community Health Advocate finds her purpose through empowering communities on their health rights*

Esther Nelima is a trained Community Health Advocate (CHA) from Likoni, Mombasa County. She is one of the 30 CHAs recruited through a partnership between the Kenya Legal and Ethical Issues Network on HIV & AIDS (KELIN), Kenya Sex Workers Alliance (KESWA) and Lwala Community Alliance.

Nelima is passionate about her role as a CHA due to her past experiences in life. Pregnant at the age of 17, Nelima was rejected by her church, family and friends but somehow found strength to face life, remain optimistic and provide for her son. The community health advocates were trained in 2017 under the HIV, TB and Human Rights Training and Advocacy Country Programme in Kenya, with support from AIDS and Rights Alliance for Southern Africa (ARASA).

The programme was aimed at promoting access to HIV, TB, and SRH services and justice among communities of persons living with and those affected by HIV, TB, including key populations in Kenya. As a beneficiary of the programme, Nelima was empowered:

*“I now had information on the appropriate channels to follow in pursuing justice for survivors of sexual and gender-based violence. Before, I could not go to report*

*cases confidently at the police stations. After the training, I now follow up on cases to the letter," says Nelima.*

With these skills, Nelima was able to complement the existing knowledge gaps in her community such as how to report cases, ensuring one gets an occurrence book (OB) number from the police station, following up to know the police officer assigned to the case, and following up the case to secure justice for the survivors, with support from other CHAs and organisations like KELIN.

In December 2017, Nelima received a report that three adolescent girls aged 15 and 16 and two young women had been detained for three weeks after delivering for failure to pay their maternity bills at the Coast Provincial General Hospital. With the support of KELIN, Nelima consulted and intervened in the matter.

KELIN wrote a protest letter pursuant to the government directive that all deliveries in public health facilities were free of charge. After two days of hawk-eyed advocacy, the hospital administration accepted to release the five women immediately and waived their bills.

The training opened up more opportunities for Nelima as she is now a trained community health advocate for Likoni Sub County. She has been privileged to collaborate and network with a faith-based organisation, Care for AIDs, in a programme that dealt with psychological support and sensitisation among people living with HIV (PLHIV). Nelima advocated and trained the members of the support twice, on stigma and discrimination; respect for human rights as a whole; and the importance of inclusion through public participation.

Nelima has been able to follow up cases received from the beneficiaries of the support group with much success. For instance, a certain member of the community living with HIV was stigmatised by an employee of BOMU health facility in Likoni. Because of her intervention, the perpetrator faced disciplinary action.

Also, a clinician who discriminated a person with TB in a Mtongwe health facility faced disciplinary action by the committee in the facility. Nelima, who also works with the Coast Sex Workers Association (COSWA), has been able to clarify the myths and misconceptions on HIV and TB.

This is by participating and leveraging opportunities to speak in community meetings and in the county technical working groups for key populations and adolescents.

She has also trained 200 hotel employees in Kwale County on HIV, TB and sexual reproductive health. She also conducts door-to-door visits and trains community members living with HIV on TB, HIV, and human rights during support group sessions.

The information, education and communication (IEC) materials provided by KELIN after the first training have been instrumental in Nelima's advocacy work as they provide a basis for engagement with member of the community.

*"I am finally living the life I wanted, making a difference in the lives of the most vulnerable in society," says Nelima.*



## *KELIN's Shujaa Takes More Than 15 Rights Violation Cases to Court*

Meet Zulfikar Bhuttoh, a Community Health Advocate (CHA), from Kisumu County. He is one of the 30 CHAs from five counties, trained to monitor the implementation of the right to health.

The programme was funded by ARASA with an aim of promoting awareness and protection of human rights for the vulnerable and marginalised members of the community. Under the programme, CHA's roles include: empowering communities on human rights and their right to health; identifying, reporting and ensuring access to justice for cases of human rights violations.

In the wake of rampant cases of sexual and gender-based violence (SGBV) within communities, paralegals with support of other civil society organisations, including KELIN, have sensitised members of the community on the importance of reporting such cases for justice to be realised. Zulfikar has greatly contributed to the achievement of this objective. He ensured that more than 15 cases were taken to court.

So far, seven cases have been concluded and perpetrators convicted with the least among them sentenced to 10 years imprisonment. In one of the cases, after 31 months of relentless follow up in court, a chief was sentenced to 20 years imprisonment for defiling a 14-year-old orphaned school girl in Seme Sub county. Currently, there is an ongoing hearing in which an Assistant Chief is facing related charges at the Maseno court.



*Zulfikar Bhuttoh a dedicated paralegal and community health advocate in Kisumu County*

*"I have widened my technical know-how and gained confidence in handling cases of rights violations. This has enhanced my work in advocating for the protection of human rights and specifically for the welfare of persons living with HIV and TB in my community," says Bhuttoh.*

Bhuttoh is using the knowledge acquired through the programme to pursue his passion of sensitising and advocating for the rights of his community members.

*"I desire to see my community members more assertive in demanding for their rights by ensuring that justice prevails at all times," says Bhuttoh*

## **2. Women, Land and Property Rights (WLPR)**

This is the second thematic area to be implemented by KELIN. Once KELIN worked with stakeholders to put in place rights-based approaches to legal frameworks in HIV/AIDS response, we moved to working with those that were affected or inflicted by HIV. The national HIV prevalence rates provided guidance on regions that required interventions. This informed our decision to work in Kisumu and Homa Bay counties. Specifically, KELIN's first intervention in the two counties were aimed at supporting vulnerable widows and girls to access justice in cases where they were denied their right to property inheritance.

In most cases, their in-laws took away their matrimonial homes and land and sent them away with their children, leaving them homeless and with no source of livelihood to sustain their needs. The justice structures were far from the villages and the widows spent a lot of money to travel to the nearest court.

The long judicial processes discouraged most of them and ended their quest for justice. When KELIN came on board, we looked at alternative platforms of delivering justice for the disinherited widows and girls. Upon engaging the cultural structures of the Luo community and various leaders on widow inheritance, we understood that widows were not to be sent away from their homes and appreciated the traditional mechanisms of resolving disputes that we could work with to intervene on behalf of the widows. We started to build the capacity of the members of the Luo Council of Elders on human rights and the law to enhance their skills in helping

members of the community interpret the requirements of the law, even as they clarified cultural matters.

### **WLPR now**

Today, the women's property rights programme is known to protect and promote the rights of vulnerable women. This has been done through strategic activities that empower them to know their rights, equip them with information to claim these rights and hold the duty bearers accountable for failing to secure these rights.

The WLPR team is currently running four projects which all aim at engaging the community in discussions on the social and peer norms that affect women land tenure. As a result, they shall develop key messages to inform changes in perspectives on women's property rights and implement a developed regional curriculum for men, women, and leaders to ensure everyone in the community is working towards securing the property rights of women.



*Elder Judith Ouko and her husband. She is one of the few women elders serving in the Luo Council of Elders, in Homa Bay County.*



The major regional or national trends that have shaped the team's work include the digitisation of land processes. This has seen the development of e-conveyancing systems, use of drone technology and digital data entry to ensure the documentation accurate, easily accessible and protected. Another trend is leveraging ongoing global advocacy campaigns to support local interventions that call for the protection of women's property rights.

An example includes the #StandForHerLand campaign, which is aimed at closing the gap between policy and implementation in women land tenure.

### Partnerships and opportunities

The WLPR thematic area collaborates with a strong network of stakeholders to advance KELIN's work at county, national and regional level.

Currently, the following partnerships are ongoing:

- **The Family Division Court of the Judiciary of Kenya:** We have jointly developed key tools that facilitate the inheritance processes within the courts. The 'Succession Steps' booklets and posters break down the simple procedures to be taken while filing for succession at the courts. The tools were developed, launched and rolled out in February 2019 with the aim of simplifying the court process to help members of the public exercise their rights, especially their inheritance rights with ease. We continue to partner in offering legal aid, sensitising the public and referral of cases, especially on inheritance related matters.

- **The Office of the Public Trustee and the Office of the Attorney General:** These offices provided support to members of the public, especially on succession cases affecting orphans who are not in a position to follow up on their inheritance rights. We have jointly developed a simple tool to create awareness of the existence of the offices at the county level and outline the simple processes within the public trustee's registry.
- **Pastoral Women's Council (PWC, Tanzania) and Uganda Community Based Association for Women and Children's Welfare (UCOBAC, Uganda):** We partner with the two organisations to develop and implement the Securing Your Family's Future (SYFF)" regional curriculum aimed at promoting women land tenure in the region.

### The future

KELIN is moving towards community oriented activities which aim at engaging the rights holders in their environments where they can freely discuss issues affecting them within the specified region. This not only creates a safe space but also a sense of belonging since the conceptualised action points can be easily implemented in the identified safe spaces.

This has been the call from the World Bank Conference on Land and Poverty held in 2019 which recognised that in order to engage the communities, there has to be deliberate effort to understand their environment and focus on their priorities within the locality.



## Lessons learnt

Engaging the national government, including the Office of the Public Trustee, the National Land Commission and the Attorney General, is pertinent to the women's land rights programme as the offices have a legal mandate to facilitate access to justice and property rights for the vulnerable.

We, however, have to be strategic in our engagement as there are a lot of protocols and bureaucratic processes involved in securing their participation or involvement in our work.

Involvement of various stakeholders in trainings on land and property rights is pertinent in securing access to justice for property rights violations.

Through our interactions with the Public Trustee's office, we have engaged new partners including county coordinators, land registrars and assistant chiefs who are a new catchment area and provide insight into the institutional processes that limit access to inheritance dues.

The chiefs' beneficiary letter is an important document in the succession process. However, most chiefs are not fully aware of the basic contents of the letter yet they are charged with the responsibility of writing this letter to the beneficiaries. There is therefore a need to continually train chiefs on their roles under the Chiefs' Act. This will facilitate access to justice for the vulnerable in the community.

## Challenges

Our major challenge for the reporting period has been in assisting the widow beneficiaries to file succession matters in court through the *pro bono* lawyers.



*KELIN staff help in construction a house for widow Lorna Ajwang in December 2018, in Rachuonyo, Homa Bay County.*



*Widow Lillian Ochieng walks to her house in Kabondo. Following a successful mediation, members of the community and fellow widows contributed and built her house.*



*Consolata Otieno, a widow champion from Kisumu County.*

Most of the women have not secured the requisite documentations they require to facilitate the process. This is further impaired by the fact that most of these women are incapable of paying the fees for obtaining a title deed, search certificate, birth certificates, among other relevant documents.

To mitigate this, we have developed a widow documentation survey tool to enable us to identify the documentation needs of the widow and therefore be able to assist them in obtaining the requisite documents. We have for a long time developed a great partnership with the Court Users Committees in the regions we implement our projects. However, the constant transfer of judges to different stations affect our work since we have to initiate new relationships with the incoming judges who might not necessarily be keen on the projects we implement.

## *Our voices: Impact of WLPR interventions*

*Hope for widow 22 years after being disinherited. Mediation reconciles widow to family and secures her inheritance*

The ever smiling and joyful Consolata Otieno portrays anything but the hardship she has faced in her life. The 48-year-old mother of two beautiful daughters, Ida and Stacey, met the love of her life in the early 1990s. He asked for her hand in marriage and they began their life together. Little did she know that their marital bliss would be short lived. After a short illness, her husband died in 1993. It was a life of sadness which became more frustrating with his demise. Shortly afterwards, Consolata's in laws accused her of killing their son and taunted her continuously. Her co-wife took away all her household belongings from their house in Miwani.



*“Whoever killed your husband will kill you,”* she told Consolata. The co-wife did not think she would live to see the next three months.

Neglected and full of despair, Consolata pondered on her next move. Her health condition was deteriorating very fast; as fast as despair threatened to rob her off her will to live and do right by her daughters. This prompted her to move back to her mother’s house. Her mother encouraged her that God would open a way.

She gave her bedsheets, a blanket, spoons, and a ladle to start a new chapter in life and urged her not to pursue the items taken away from her. Consolata worked in Nyamrerwa selling Panadol painkiller tablets and helping women who had sick children like Dorothy, a fellow widow. This kept her going for 22 years. Life at the market centre was hard. Men would come

and try to talk her into relationships or call them names. Stacey, her youngest daughter, would tell them off. In 2005, Consolata was constantly ill. She did not understand what caused the frequent ailments. A friend of hers advised her to go for a HIV test. She went for the test in February 2005 and the results were positive. She was taken aback and as a result of self-stigma and being in a state of denial, she was not put on care at that time. As a result, her health deteriorated fast.

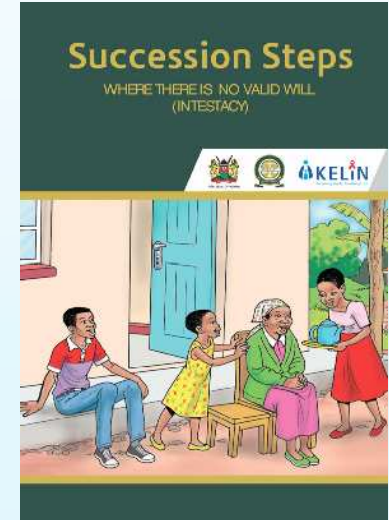
She was constantly in and out of the hospital until when she was put on anti-retroviral therapy (ART), four months after several other tests were conducted at the Kisumu County Referral Hospital. With the support of her friend and counselling at the hospital, she has adhered to her treatment regimen to date and has enjoyed a healthy life, raising her daughters.

In 2009, Consolata learned about KELIN during a community outreach in Masogo, Muhoroni Constituency. At the time, a KELIN volunteer, the late Ruth Odhiambo, was addressing the meeting.

She mentioned that KELIN and the elders work to protect widows and orphans from property disinheritance. Ruth then recorded Consolata’s case which was later referred to elder Felix Okal and Elder John Odingo through KELIN.

The two elders initiated the mediation process in 2012. Mediation is an alternative dispute resolution mechanism recognised by the Constitution of Kenya. This is aimed at facilitating access to justice by helping to resolve family disputes and bringing amicable reconciliation. The elders called her in-laws and their grandfather to a meeting to discuss what had transpired.

The mediation took place successfully, despite various attempts by the co-wife to prevent the meeting from taking place. She recalls how Elder Odingo spoke very well and the family appreciated. Later on, the Assistant Chief from her home location called her. He had been compromised and said they did not want anything to do with the organisation and her; that she should get out of site.



*Succession steps booklet*



He claimed the organisation was snatching land from people.

*"I cried and later called Elder Odingo. It turns out he had gone to the District Officer (D.O) to report what happened. The D.O summoned the Assistant Chief and questioned him for not helping me, for all those 22 years and for not involving the D.O in the discussions,"* Consolata narrated.

After Elder Odingo intervened, the D.O assumed responsibility over my case. He came and witnessed the construction of Consolata's house with support from KELIN.

*"From the time KELIN brought me home I have been very happy. I had no more frustrations. Six months later, OGRA Foundation called me about a nursing job. I went and observed for two weeks how the work was done, from managing delivery records, to handling children and drips. They saw I could manage all the tasks and they gave me a permanent job. This has been sustaining our needs ever since,"* Consolata recalls.

The responsibility of a widow champion is very big, she says. As a member and secretary of the KELIN Muhoroni Widow Support Group Muhoroni, she is constantly looking out to help other widows at the market centre. Her home is far from Ombeyi, where she works as a nurse but she remains determined to make a difference in that location. The community is fond of her and they call her *NyarGem*, as she hails from Gem, in Siaya County. *"If NyarGem is at the hospital, I will be helped,"* is a common observation in the community.

Challenges still abound in the quest to secure property right for widows. The processes at the local land management structures are disheartening with long queues, costly services at KES 500 to conduct a land search, distant lands offices that cause villagers to bear a high cost of transportation. The approach and language used is also difficult for most people to understand.

Consolata reckons it is a high price to pay to secure one's land title deed. In her opinion, the government should subsidise the costs incurred in the processes of securing land rights and scale down the land structures offices to be closer to the communities to increase accessibility.

This will help widows secure their constitutionally guaranteed land rights easily, empower them economically and thus secure their livelihoods and that of their children.

*"I use my life experiences to advise my daughters. My eldest decided to get married. I urged her to have a good relationship with her husband and ensure they have a marriage certificate and both their names appear in the title deed or any property deed, to avoid going through an experience like mine. My daughters appreciate me for educating them,"* says Consolata.

Her multi-talented youngest daughter wants to be a clinical officer. She tells Consolata that she is no hurry to get married as she wants to study and work hard in order to lift her mother up to live free of poverty.

### *Alternative dispute resolution secures widow's inheritance*

Losing her husband was the most difficult experience for 37-year-old Dorothy Oito. At first, it was the grief that accompanies loss, and then it rapidly developed into something different and wild, and from the most unexpected quarters. Family! Her family, the people she expected to draw comfort from in her difficult moments instead drew daggers ready to rip apart her future and the future of her little children.

Dorothy who hails from Kisumu County, Muhoroni sub-county, Ombeyi centre, Ramula location was just beginning to come to terms with her loss when the rug was pulled from under her feet.

She had failed to spot the warning signs. Immediately after the burial, endlessly she found herself at the centre of baseless conflicts with her in-laws. She woke up to humiliating insults every morning, sometimes even in the presence of her children. There was a psychological war being played and while she was fighting to retain the dignity of her family, her aggressors saw in her the perfect pawn.

She had hints however; hints fetched from a long ingrained cultural history. Dorothy suspected that her in-laws wanted to surrender her to her brother-in-law for wife inheritance.

This was something that she was not ready for, for other reasons but primarily because her three children were very young and she desired the best environment for their upbringing. One morning at the height of conflict, Dorothy was ordered to vacate her matrimonial home. The home, which was at the time in a dilapidated state, was the last place she expected to be kicked out of.

Hers was a simple house, one suffering from cracked walls, a leaking roof and a near-collapse state. It wasn't much, but it was everything for her. Often when it rained, she would cover the leaks with polythene bags to prevent the house from flooding. Yet even with this level of deprivation, here she was still being evicted. The only source of peace at the home was her father-in-law who opted to stay out of the wrangles; but this wasn't enough.



*Widow Dorothy Oito with her children at their home in Muhoroni, Kisumu County.*

He was outnumbered. When pressure imploded, she finally made the decision to leave and rent a small house at the nearby Ombeyi shopping centre where she began a new life with her children. The children continued their schooling at Ombeyi Primary School, a public school which was reasonably affordable. Even as this move solved her immediate hurdles, it introduced a new set of problems.

The new house was next to a noisy maize milling premise. This made it difficult for her children to study. They had to wait late into the night for the business to close so that they do their homework. Additionally, the smoke from the miller also affected the children.

The alternative was for them to study from their friends' homes which was a more intricate option as it exposed them to security risks whenever they came back home at night. It is while here that she made her first contact with KELIN.

KELIN was running the Women Land and Property Rights programme and one of the early beneficiaries of the programme was Consolata Otieno. She was serving as a widow champion and the secretary of KELIN Muhoroni Widow Support Group. As she fraternised in her new community, Dorothy met Consolata who had through the widow support group been tipped about the case involving the former.

They took her details and channeled the case to KELIN for intervention. The Luo Council of Elders, an intermediary endorsed by KELIN, from Kisumu County mediated the case successfully. A resolution was arrived at with elders Eunice and Jacob

Oliech as the chief mediators. They opted for diplomacy to bring the relatives close together to discuss the matter.

The in-laws agreed with the goal of the elders which to everyone's understanding was to establish peace and protect the welfare of the children. For posterity, reference was added to the legal position of the matter. They were consequently made to understand that the law protects the rights of widows to inherit from their deceased spouses, to be able to educate and take care of the children.

The parties reconciled and Dorothy was given back the half acre land that belonged to her husband. She, however, had to go back and live at the market centre since she did not have money to build a house. Her new friend Consolata continued to pay her numerous visits to encourage her.

*"I do not know where I would be without her wise counsel," Dorothy remarks.*

Two years later KELIN with support from well-wishers was fundraising for the construction of houses for the most vulnerable widows, through the GoFundMe platform. As a matter of follow-up, the organisation retraced to Ombeyi Market and paid Dorothy a visit to assess her living conditions.

The family of five lived in a small shack. Their bedding was a pile of boards which spoke to how dire their situation was. There was no dignity around her, not in her home or at her community. In fact, people often called her a prostitute and men would poke her to see if they could engage her in sexual transactions.

It was not a good place to raise her children. Consolata would encourage her to stand her ground and do casual jobs to provide for the children.



*Dorothy's children outside their home. Their home and source of livelihood are now secured, giving their mother a piece of mind to care for them.*



With the help of KELIN and the new initiative, she was built a house in August 2017. The house was built on the piece of land that the in-laws gave her. She is now living peacefully while still running her small business at the market.

Her four children are happy and making good progress in their studies. She appreciates that at the end of every day, she has a home to go back to. On her 0.5-acre piece of land, she has grown vegetables like collard greens, garlic, pumpkins, and planted fruit trees like mangoes, grevillea trees, and passion fruit.

She still works as a casual labourer but it is not as tedious as before, as she now supplements the families' food needs with farm produce. She takes on the odd job three days a week besides selling tomatoes and onions at the shopping centre.

The odd jobs entail collecting remains of rice, drying and grinding them at rice mills and selling them or bringing home for food. Proceeds from sales supplement the money she gets from the odd jobs, to pay for school fees.


*"We are happy at our new home. God has blessed everything I plant and I get good yield. Thanks to KELIN, I have no quarrels with anyone since the mediation. The house protects us from cold. I love KELIN for what you have done for me. I am so happy to be in my home, even when we miss a meal; at least we have a roof over our heads," she says.*

Through KELIN, Dorothy learnt a lot, especially on the empowerment of widows. A lot of widows now look up to her for counsel.

She now understands and talks about the need to speak and stand for oneself, and to advocate for one's rights.



*KELIN trained 379 AGYW from Kisumu and Homa Bay counties to fill the knowledge gap on their sexual and reproductive health rights and how to report cases of sexual violations.*



The DREAMS Project, another project implemented by KELIN in the county, has also taught her how to take care of her children, how to be there for them and guide them in their day to day lives. Through that, her children are growing up with proper discipline. In retrospect, Dorothy thinks it is not fair that men and women do not traditionally have equal rights to land.

When the husband dies, the widow is left very vulnerable as she has no say over the land. She strongly feels towards and advocates for the importance of helping widows acquire title deeds to secure their land rights and the future of their children

### 3. Sexual Reproductive Health and Rights (SRHR)

KELIN's, sexual reproductive health and rights thematic area deals with issues involving women, their rights and reproductive health and their disadvantages. Most of our work is in Nairobi, Kilifi, Mombasa, Kisumu and Nakuru counties.

The thematic area projects include:

#### Projects Dreams

The DREAMS innovation challenge project addresses the problem of sexual violence among young women and adolescent girls aged 15 – 24 years. This was in 15 constituents in Kisumu and Homa Bay counties. It also sought to provide information to the target group on their reproductive health and rights and provide avenues of access

to youth friendly services and contraceptives. The project uses trainings to identify champions and empower adolescent girls and young women (AGYW). It also works closely with elders as part of the un-socialising process, since having boys and girls in the same room does not create a safe space for the girls to openly talk about their issues.

With the elders (mostly men) they also discuss the cultural barriers for young women and adolescent girls. The project aims at getting them from the mindset of being overly paternalistic to becoming realistic to the needs of the young girls. The elders are open to discuss rape and violence but are not open to discussions on contraceptives. To balance this, the project works with widows and 'aunties' who are culturally recognised as mentors to young girls. The purpose of these structures is to create dialogue.

In terms of access to justice, reporting on sexual violations is done in three ways. KELIN has three referral mechanisms which are AGYW champions, Elder champions, Widow champions and a *pro-bono* lawyer network.

These mechanisms are briefly explained below:

1. AGYW champions who are from all the sub-counties are trained on the appropriate channels of communication to report sexual violations and violations of land and property rights. They report violations through the free SMS platform (40210) or contact KELIN staff or our offices directly.
2. The Elder champions are situated in the elders' committees that meet quarterly. These committees consist of representatives from sub-counties in both Kisumu and Homa Bay counties.

- With the provided reporting tool, they note all cases that come to them particularly of abuse or violence within their county that affect AGYW. Widows are also part of these committees.
3. Quarterly meetings are held with lawyers and they bring all the cases received from the other mechanisms. The lawyers watch brief which means making sure that if there is a court case all the complainants rights are protected. In the provision of services, they work together with Kisumu Medical and Education Trust (KMET). As part of their service provision, KMET offers seminars on the biological understanding of SRHR. They also offer cervical cancer screening, HIV testing and give contraceptives. AGYW and the Elder champions make sure that those who need KMET services are able to reach them.

## Dialogue on reproductive health

In this project, KELIN collaborates with the Reproductive Health Network (RHN), one of their strategic partners, to provide a space for dialogue for RHN providers in relation to the laws on sexual and reproductive health and abortion in particular. This was on the bill making process to ensure that actors can effectively participate in influencing their legislative environment by providing medical expertise that can be crucial in shaping laws that affect the reproductive health of women.

Through these trainings, KELIN continues to refine its good working relationship with the RHN and gains insight into the legal challenges faced by RHN members, which then allows KELIN to develop interventions in its Legal

Support Network that can meet these challenges. Additionally, KELIN has built on its relationship with the Kenya Medical Association (KMA) a partner under the Reproductive Health and Rights Alliance. KELIN and KMA have previously worked together and leveraged each other's expertise in various activities. This gave the organisations an opportunity to continue building the partnership which has served them well in creating more holistic and targeted interventions with the available resources.

### Regional and national trends that have shaped the work

At the international level, KELIN collaborates with the International Commission of Jurists. Kenya developed a shadow report that was submitted to the Committee on the Elimination of Discrimination Against Women (CEDAW) for the

68<sup>th</sup> Ordinary Session of the Committee where Kenya's 8th Periodic Report was under review.

The report highlighted various challenges facing Kenyan women with regard to reproductive health and cited the continued use of Sections 158-160 of the Penal Code, the Withdrawal of the Standards and Guidelines regulating safe abortion in Kenya and Section 6 of the Health Act and its impact on access to safe abortion.

Additionally, in January 2018, KELIN contributed to a joint shadow report provided to the Committee Against Torture illustrating the gaps in reproductive health care, particularly access to safe abortion for victims of sexual violence as a form of cruel and inhuman treatment.





## Achievements

- The girls in the DREAMS project are aware and can point out people in their communities abusing children whereas in the beginning no one spoke up.
- There is now also a pool of AGYW champions who appreciate that they have a role in bringing about change and taking this role seriously. These collaborations have not only been meaningful in ensuring access to justice for the most vulnerable girls in the communities but has also been meaningful in ensuring that the impact goes beyond changing the understanding and knowledge of each AGYW. The collaboration has also ensured that the community she lives in, is similarly changing and the barriers that existed are being broken down.

### Achievements from interventions addressing AGYW barriers to health, information and justice

- Training: Built the capacity of 379 adolescent girls and young women (AGYW) on sexual and reproductive health and rights (SRHR) and HIV, in order to fill in the knowledge gap around understanding their bodies; negotiating for safe sex; contraception; condom use; land and

property rights; and cultural structures and reporting mechanisms for sexual violations.

- Safe spaces: Created platforms to participate in cross learning on SRHR where AGYW feel confident to share their experiences, access information and freely participate without exposure to discrimination, criticism, harassment, or any other emotional or physical

harm. The platforms included bonfire sessions that reached 379 AGYW; an SMS hotline that broadcast 15,000 messages to AGYW; and WhatsApp groups for 150 girls.

- Peer champions: Provided 379 AGYW and 80 orphans and vulnerable children (OVC) with the tools to engage other AGYW and relay correct information in a way that the adolescents understand, to foster informed peer learning.
- IEC materials: Produced and disseminated informative information, education and communication (IEC) materials on SRHR, HIV and land and property rights to increase awareness on best practices and how to use the provisions of law to access justice to over 15,000 AGYW, community members, key stakeholders and partners under the DREAMS Project.



*A group session during an AGYW training on where to report cases of sexual violence.*

- Magnet theatre: Trained 60 AGYW champions on dissemination of youth friendly messages on HIV and SRHR and to pass the messages to a broader audience. Strategic partnerships and collaborations; worked with KMET, Homa Bay County Government, Kisumu County Government, and community based organisations to provide social protection programmes and youth-friendly services.
- Soccer clinics: Used soccer, a traditionally male space, to reach over 1,500 girls and lift them out of socially defined roles, nurture and expose identified talents and promote professional networking.
- Psycho-social support: Provided mentorship programmes and psychosocial counselling to victims of SRHR and property rights violations.



*One of the AGYW's soccer teams as they prepared for the final match of the DREAMS League Cup held in Kisumu County in December 2018.*

- Sanitary towels: Disseminated key messages on SRHR, HIV and sexual and gender-based violence (SGBV) through messages cards packaged in sanitary towel boxes distributed to over 13,000 girls in Kisumu and Homa Bay counties.
- Achievements from interventions that addressed societal barriers to health, information and justice**
- Training: Worked to create an enabling environment for access to justice for AGYW by building the

capacity of 60 elders, 60 widow champions, 45 CBO representatives and 26 *pro bono* lawyers as stakeholders who support AGYW in accessing health services and justice. Because of the cultural context in which AGYW live, a supportive community is necessary for them to realise their dreams.

- Stakeholder Dialogues: We reached 600 community members, 60 court users' committees (CUC) representatives, 100

legislators, CSO activists and members of the county executive, to discuss culturally inhibited topics like SRHR to open communication channels between the adolescent girls, parents, elders and key decision makers like judges and legislators. Using dialogues, we amplified AGYW voices to allow them to articulate issues to different decision makers and influencers.

- Medico-legal Clinics: Is one of the platforms used to provide services, information on SRHR, HIV, land and property rights and legal advice to 1,500 community members in Homa Bay and Kisumu counties to increase access to justice in cases of violation of SRHR and property rights.

- Advocacy and lobbying at the county level: Trained 379 AGYW and 80 OVC on SRHR advocacy and lobbying strategies and holding discussions with key duty bearers in national and county governments to advocate for favourable policies on SRHR and property rights at the county level.
- Case representation in court: Mobilised 26 *pro bono* lawyers to provide legal representation in SGBV cases and assist widows and orphans prepare wills and other legal documents, to enhance protection of the rights of orphaned and vulnerable children.

### Lessons learnt

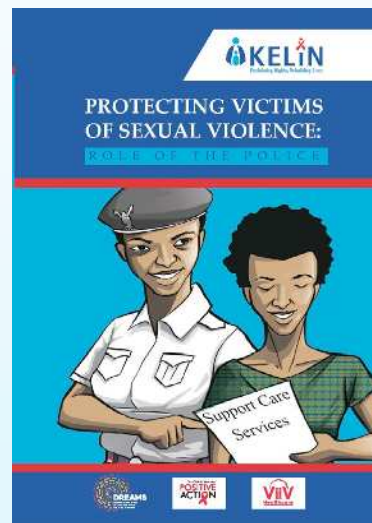
- KELIN has learnt the value of combining partnership to create greater reach. Working with both the RHN and KMA, we combined human resources and expertise to develop a training programme for medical providers that emphasised a medical

and legal approach to the trainings.

- Another lesson learned is the importance of having a referral system and a mechanism that encourages referral of cases or issues to relevant parties. KELIN does not have the expertise and resources to address all the issues AGYW face but has developed partnerships with organisations and partners that do. The referral system ensures access for AGYW and orphaned and vulnerable (OVCs) has been significant.
- Champions in all its projects who range from AGYW, elders to policy makers play a crucial role in supporting the advancement of the civil society space in national platforms like Parliamentary caucuses and regional platforms like African Commission on Human and Peoples' Rights (ACHPR).

### Challenges

While working with Community Based Organisations (CBOs), there is an expectation that KELIN would be giving money to them, whilst forgetting the organisation has to account for received funding that is used as outlined at the inset of the project.



*A sample of brochure distributed to AGYWs and the community during the DREAMS project.*

## Our voices: Impact of SRHR interventions

*Imma Tabitha: Success Begins with Me*



*Imma Tabitha AGYW champion*

Imma's life has been a difficult one. The young, intelligent lady was born and bred in Homa Bay County where she excelled in her secondary school national examination. Despite securing a chance to join college, she was forced to abandon the academic journey due to lack of funds.



When Imma joined the DREAMS Innovation Challenge project implemented by KELIN, her brilliance quickly sprang her into various key leadership roles. She became a DREAMS Champion representing the girls in her county. She also became part of the DREAMS project Steering Committee and is the voice of the adolescent girls in the committee.

“I have learnt how to network. I talk to my community elders in order to bridge the gap between them and the youth and I am a lead person in the sexual and gender-based violence campaign in my community.

KELIN’s DREAMS project has greatly built my confidence,” she admits. Being part of the DREAMS project since inception, and the fact that KELIN tasked her to be one of the members of the steering committee, Imma has grown into a responsible young woman.

She is particularly passionate about girls’ rights and the fight against sexual and gender-based violence.

“After being unable to join the university, I had to survive by myself by undertaking different jobs. I worked as a waiter in a restaurant,” Imma narrates reflectively. This line of work was extremely challenging for her. Often, different men would try to take advantage of her situation.

It was in this period that Imma met a widow champion, who happened to be one of the paralegals working with KELIN. The widow champion introduced her to the KELIN DREAMS project, where she was taught that she can become anything she wants in life; and that she can rise above her present challenges and become an inspiration to other girls, and her community at large. Addressing reproductive health rights issues in her community is Imma’s specialty.

Through KELIN’s training, Imma is able to speak confidently about the reproductive health rights of girls. “I have become a trainer. Today, I am very confident that I can train the young people in my community, even in the absence of KELIN,” she says.

In an incredibly remarkable twist of events, Imma has joined the university where she is paying her school fees. Therefore, she is a perfect example of her own belief, that through empowerment, in order to reduce the gender-based violence and the sexual and reproductive health rights issues in your community, it has to begin with yourself.

Tabitha is one of the success stories that KELIN can look back at with pride, having shown that the DREAMS projects, among other projects, has a lasting impact in whole communities as well as in individual lives.

*Imma concludes by saying: “I believe that we, the young people, are now the partners of KELIN. This makes the project sustainable. We aim to bring more girls on board to access justice and keep every girl safe. As a young person, I have moved one step ahead and there is nothing that can stop me from achieving my dreams.”*

***“It is always a safe space with DREAMS!”***

At only 24 years, Gabrielle Guya, a young woman from Jimo, Nyakach Constituency, had already internalised the complexities of being an adolescent in the current generation. She has been working with KELIN’s DREAMS Innovation Challenge project from the onset.

Having recently emerged from that very bracket, she readily shares her observations. “This is a period of self-discovery where young girls start looking for love and, in the process, some end up getting more than they bargained for by contracting HIV,” she explains.

Kisumu County suffers a severe prevalence of HIV and AIDS making it the biggest challenge experienced by the AGYWs in the region. Other challenges Gabrielle and people in her age bracket face include drug abuse, peer pressure and lack of basic information on sexual and reproductive health.

According to Gabrielle, access to such information by young girls is important as it can be used to prevent early pregnancies that interrupt their education and sometimes prematurely kill their dreams. Prior to joining the DREAMS project, Gabrielle's most primary source of information on sexual and reproductive health was from her peers, parents, siblings and the school.

The information, as she remembers, was not trustworthy if it came from her under-researched peers; not timely and comprehensive when it came from the school; and was definitely not an open and safe space when it came from parents.

Generally, the sum total of all her sources could be equated to, scanty. *"DREAMS was a safe and reliable space for this discourse!"* Gabrielle asserts.

In eastern and southern Africa, AIDS is the leading cause of death for adolescent girls, who account for 74% of all new infections. As many as 7,000 new infections a week are occurring among the most vulnerable girls and young women in these regions. To address the issue, KELIN implemented the DREAMS project that facilitated access to sexual and reproductive justice for orphaned and vulnerable adolescent girls in Kisumu and Homa Bay counties in Kenya.

Working closely with several stakeholders, KELIN built strategic partnerships to enhance the respect and protection of reproductive health rights. One of the avenues KELIN used to ensure that rights were protected was by training and educating healthcare professionals,



First Lady Kisumu County, H.E. Dorothy Nyong'o and KELIN's Executive Director, Allan Maleche accompanied by the DREAMS Champions and stakeholders from the county.

law enforcement officers, and communities on the rights afforded and restricted by the Kenyan Constitution with respect to sexual and reproductive health.

The DREAMS project, which was a joint effort by several stakeholders including KMET, created a safe space for Gabrielle to learn about HIV transmission and prevention;

family planning; what the law says around issues of sexual and gender-based violence; what they needed to do to as AGYWs to keep themselves safe; and how to effectively understand their challenges and support each other.

Gabrielle appreciates the communication avenues used during the DREAMS project such as the meetings, the free SMS platform and the toll-free

number (40210) which created a conducive environment for dialogue. The project allowed them to interact and have generational conversations. They were now able to get knowledge from their peers within a safe space with facilitators that held no judgment over them nor allowed for any limitations.

*DREAMS changed my life in very many ways. I use that knowledge to educate members of my community on the available structures within the community that they can use to get help in cases of unfortunate incidences like rape and land rights violation. The youth have been empowered and they know there are a variety of avenues that can be used to keep the girls safe," Gabrielle says.*

Gabrielle is mentoring 57 young girls in her community through The Friends of The Old (FOTO) organisation. She uses the mentorship



*Gabrielle Guya during an intergenerational dialogue in Nyakach, Kisumu County*

programme during the holiday season to engage the girls and educate them on sexual and reproductive health and rights. As a result, all the 57 girls have been empowered with information. Additionally, she ensured that each of the girls has a post rape care (PRC) form and a P3 form that they keep to protect themselves and other girls from extortion or delayed justice when reporting cases of sexual violence.

*"Through the information received from KELIN, I was able to help some orphans in my community whose land was being grabbed by their uncle. I forwarded the case to one of the lawyers at KELIN and the matter is now in court. Before the DREAMS project, I would have just listened and sympathised with them," Gabrielle reflects.*

Gabrielle is eager to continue sharing that information with her community members. *"As a young woman, the intergenerational dialogues have helped me see things from the eyes of the elders, chiefs and teachers in the society. It is comforting to have that kind of knowledge,"* concludes Gabrielle, who is among the 379 girls directly reached through the DREAMS project.

The mentored girls embody the aspirations of the project, as DREAMS girls: Determined; Resilient; Empowered; AIDS-free; Mentored; and Safe. Long after the project has ended, the mentees will remain to be beacons of hope to other girls in their communities.

As empowered girls, they can pursue their DREAMS without the socio-cultural limitations imposed on them.



*We had to marry our Constitution and our culture.*

Bishop Kasuku Kalolo, a retired teacher from Nyando, takes pride in his service as a community leader and a member of the Luo Council of Elders. To him, this is not just an assignment, but a privilege, an opportunity to give back to his community. As part of a strategy to reach the most conservative and remote of communities with vital, life-saving information, KELIN and other stakeholders initiated a programme that uses existing social structures to disseminate knowledge.

This was achieved by building the capacity of the community leaders such as the elders who play an instrumental role in the decision-making process of the local communities. To make the programme a success, the joint effort of all stakeholders and the good will from the leaders was required.

Elder Kasuku understands this very well. As a member of the Luo Council of Elders, which is one of the identified social structures by KELIN, he has been at the centre of this process for some time.

The Luo Council of Elders is an existing social structure in the Luo community that was traditionally used to solve problems, share information and educate the younger generation. With the help of various stakeholders, KELIN trained the elders on sexual and reproductive health and what the law says on issues of sexual violence such as rape and defilement and on women land and property rights, particularly on inheritance matters.

Prior to KELIN's engagement with the community, damaging traditional and cultural beliefs guided the community members in their decision making.

For instance, the belief held by the community that HIV was caused by witchcraft led to a high HIV prevalence. Many young widows were blamed for bringing the disease to their husbands and were being disinherited because of these cultural beliefs. Elder Kasuku observes how information brought by KELIN changed their mind-set and how they subsequently handled issues as a community. *"It resulted in a change of perception and thinking among the elders,"* he says.

The community leaders now appreciated the gravity of the issues and the fact that ignorance was killing their people. This awakening stirred a desire in Elder Kasuku to share the information with members of his community and the results have been positive ever since. For instance, compared to the past, cases of defilement, rape and wife disinheritance are now handled lawfully as opposed to traditionally, which was mostly out of court.



*Elder Kasuku and Elder Joyce participate in an intergenerational community dialogue in Ahero, Kisumu County.*

*“We integrated our traditional beliefs with the education we got from KELIN and strived to find the balance so that we serve the community effectively without antagonising our people,”* Elder Kasuku adds.

According to him, the greatest achievement has been the total change of perception and an overhaul of practice by community members in matters concerning wife inheritance. Although they first encountered resistance from the community members, gradually, they understood.

Through efforts of this nature, the widows have inherited what is rightfully theirs and the orphans have found a home. Additionally, KELIN reintroduced the inter-generational dialogues, a mechanism that was once in existence in the Luo culture.

These dialogues have been instrumental in increasing awareness among the AGWY and improving their decision making. The structure has made it possible for girls to consult elders on pertinent issues.

One of the biggest milestones of the dialogues is complementing former structures led by grand-mothers that educated adolescents and young women in the traditional society known as *Siwithe*.

The inter-generational dialogues are now used to educate AGYWs on issues of sexual and reproductive health, contraceptives, self-care and demystifying existing myths around reproductive health. Elder Kasuku is grateful for the joint effort of various stakeholders who came together to facilitate their community growth.

Even with the absence of KELIN, he believes that the goodwill from the community will sustain the practice through the available structures. He affirms that community dialogues will serve as platforms for education, be it in churches, funerals or *barazas* (council meetings).

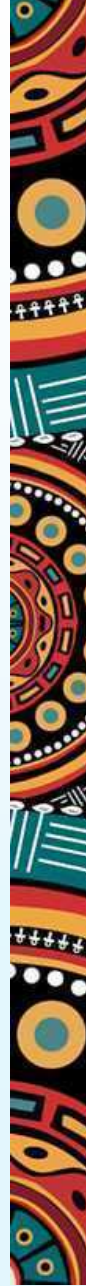
*“The most important lesson I have learned is that people should be treated equally without prejudice of any kind, including gender. I want this kind of education to continue as it will help change the traditional mind-set of those who will take up this role after we are long gone,”* reflects Elder Kasuku.

## 4. Key and Affected Populations (KAP)

The Key and Affected Populations thematic area focuses on people who are most vulnerable to HIV due to the legal environment that criminalises their behaviour.

The existing punitive laws expose key populations to human rights violations, including discrimination, extortion and violence. The programme works to create an enabling legal and policy environment.

This thematic area works with sex workers, men who have sex with men (MSM), the transgender community, drug users and prisoners. Being key populations, they usually cannot access justice because they face stigma and discrimination whenever they go to report.



Secondly, due to the criminal nature, they cannot access HIV health services such as treatment due to fear of arrest and prosecution. For example, sex workers cannot negotiate with clients to use condoms unlike other members of the populations thereby increasing their vulnerability.

When sex workers do try to assert their rights, they are faced with the question, 'Utafanya nini?' (what will you do?) When a drug user commits a crime, they are subjected to mob violence and extrajudicial killings. Though the key populations face similar challenges, there are areas that affect each group more than the other.

Sex workers - sexual and physical violence, denial of health services  
MSM – sexual and physical violence,  
Transgender – violence, sexual assault, denied access to justice  
Prisoners – access harm reduction services,

proper healthcare services  
Drug users – access to harm reduction services. In Kenya, harm reduction involves; needle exchange programmes for drug users thereby stopping the spread of Hepatitis C and HIV, free HIV testing, and opioid substitution services.

### **Regional and national trends that have shaped the work**

- The Global Gag rule: This rule puts restrictions on funding that is linked to sex work among other reproductive health related programmes.
- There's shift in funding around HIV related work and this has direct impact on the work done
- The East African Community has legislation on HIV ensures that the Kenyan government is obligated to enact laws that promote health related rights for key populations.

### **Achievement**

- Drug users in Mombasa County now have access to TB medication. Following KELINs advocacy and sensitisation, the County Government has scaled up TB testing and treatment for drug users and does regular outreach work.

- Partnership with organisations to provide legal aid and advice to sex workers.



*Stakeholders from Mombasa County develop action points on how to address issues of violence affecting key populations and remedies to prevent human rights violations, during a training on preventing violence against key populations.*



### *Examples of direct and indirect impact on global discourse*

The report, “Everybody Said No” prepared by KELIN and Privacy International has shaped discourse on the new interventions that will not violate human rights. It has ignited the conversation around use of biometrics to collect data because key populations in Kenya resisted it. Donors are now thinking about how they can to collect data without violating the rights of key populations.

### **Challenges**

1. Much of the government’s support for key populations is only on paper, but not in implementation. The government does not prioritise key populations and therefore much of the work is donor driven.
2. Though much work has been done in communities and with law enforcement

officers, there is no tangible change.

3. KELIN has found that there are contradictions between the Ministry of Health guidelines and the Ministry of Interior position in dealing with key populations. A case in point is the different approach towards drug users. This results in disrupting for individuals registered in harm reduction programmes, criminal prosecution and incarceration.
4. Global funding for HIV & AIDS has decreased and therefore there are limits to what can be achieved. However, the programme takes a broad approach growing from the focus on HIV and AIDS, to other related issues such as budget making processes at the county level, addressing violence against key populations and harm reduction to

5. The fact that Kenya has moved from low income to middle income affects future funding. The political environment, in the country as well as in the region also affects the work that KELIN engages in to protect and promote the health rights of key populations.

### ***Our voices: Impact of KAP interventions***


#### *County TB Coordinator improves access to health for drug users in Mombasa*

In 2018 as the Regional Forum on the law, HIV, TB and human rights for law enforcement officers and healthcare workers in Kenya was going on, one of the participants sitting through the sessions was Ms. Rosa Muthoka.

What she did not imagine was how the sittings would change her perception and work. Rosa, the District TB and Lung Coordinator (DTLC) of Mombasa County, was aware of a deep-rooted network of drug users in the county. She had however never thought of drug users in connection with TB within the context of their plight, their criminalisation and how the criminalisation of drug use affects access to TB services.



*Ms. Rosa Muthoka.*



“All along whenever I heard of drug use it’s always in relation to HIV. I had never connected how stigma, discrimination and violence as a result of punitive laws also affect access to TB services,” says Rosa.

Rosa built the capacities of her colleagues and empowered the County TB and Lung Department, a department she headed, on how drug users are a population left behind when it comes to TB screening.

Persons who use drugs often confuse TB symptoms with withdrawal symptoms and once they take in the drugs, the sedative effect numbs away the symptoms. By the time a drug user is brought in for treatment, it is usually too late and the TB bacterium is already widely spread in the body. With support from the County Government of Mombasa, Rosa has scaled up TB screening in drug dens.

“We coordinated with KELIN and other partners such as Reach Out Centre Trust and Muslim Education and Welfare Association (MEWA), and worked with their outreach workers in collecting sputum samples. The samples were then taken to Shimo La Tewa Prison, one of the facilities with GeneXpert machines for screening,” she says.

Thanks to her efforts, the County Government has now set up plans to formulate a county technical working group on TB. The technical working group will comprise County AIDS and STI Coordinator (CASCO), The County TB and Lung Coordinator (CTLIC), Key population representatives, county law enforcement officers and religious leaders.

In addition, the County Executive Committee Member for Health is also working with legislators to place budgetary allocations for the purchase of

GeneXpert machines, which will accelerate testing and referral to treatment.

*“The synergy between law enforcement officers and health care workers will lead to a reduction in infection rate, increase uptake and access to health services, while at the same time uphold human rights and prevention of health-related violations,” says Rosa.*

*Indeed, concerted efforts are required to #EndTB, one of the world’s highly infectious diseases, that kills 4,000 people every day. KELIN commends Rosa for taking the mantle to spearhead the rights-based approach to TB response and the County Government of Mombasa for their commitment to invest in structures and facilities to address TB.*

## 5. Strategic Litigation

The strategic litigation programme engages strategic litigation on behalf of KELIN and its partner organisation, ISLA. The litigation focuses on health-related rights and enforcing fundamental rights and freedoms of women such as property rights, sexual and reproductive health rights.

### Why this thematic area?

KELIN realised that litigation was needed as a tool to achieve the desired social change. Strategic litigation offers a solution to many of the issues encountered.

The strategic litigation department has also risen from the need to stop outsourcing to external lawyers every time either to challenge a law that is seen as unconstitutional, to seek justice for the victims of various human rights violations generally under health rights and women property rights.

## Achievement

KELIN's success in identifying cases to file at the High Court seeking to enforce fundamental rights and freedoms on the right to health and the rights of women to land and property. Seeing these cases through – Alex Madaga, TB is not a Crime, Uhuru HIV list gives impetus to the work. Seeing the supervisory orders issued by the court being put into practice so that rights are not being violated confirms that KELIN is using the law as a tool for social change. Most recently the development of TB policy following the conclusion of the TB is not a crime case is a testament to this.

## Outside court

The work happens in chambers (the advocate's office); research, drafting pleadings, meeting clients, consulting, working on briefs, drafting pleadings, and consultations with partners.

How well this is done determines whether the advocate will win the case or not. In civil society, one must have a buy-in, especially in areas that affect multiple groups.

This helps to build momentum and support for the case, providing support not just for the court process but also the social change desired.

An important part of ensuring that the advocate involved has successful litigation lies in developing the case theory – this is the problem, this is how it manifests itself, this is the change I want to see, and how do I get this change?

This is what guides how the advocate involved presents the matter to the court and anyone interested in that area of concern.

Consultation with partners should be based on this foundation rather than abstract conversations. The goal here is to have an opportunity to get alternative views, receive critique and also consider information that these partners have expertise.

## Partnership with ISLA

ISLA is a feminist organisation based in South Africa with networks in East Africa –

Kenya, Tanzania and Uganda as well as in West Africa. ISLA has purposed to create a pool of domestic female lawyers who can litigate at their national courts in their respective countries and also at the African human rights system. They do this by supporting litigation in the countries where these lawyers are based. KELIN's Strategic Litigation Department partners with ISLA.



*Carolene Kituku, KELIN's Human Rights Counsel, making arguments in the moot, during a litigation institute held by ISLA.*





ISLA supports litigation and sometimes will come on board as the *amicus* in various matters that are before Kenyan courts. At other times, they will come in as advisors to counsel, providing strategic consultation and advise in cases where ISLA is not a party.

ISLA also offers capacity strengthening through training for the female lawyers. ISLA supports the strategic litigation department through funding. Other CSOs KELIN partnered with are Katiba Institute, Equality Now, FIDA Kenya, Centre for Reproductiv Health, GEM.

Academic partnerships include Strathmore University, University of Western Cape – Doula Omar Institute, Centre for Rights and Democratization in Africa - University of Pretoria, \*University of Toronto.

### **KELIN's work with *pro bono* lawyers**

*Pro bono* lawyers are called in where programmes at KELIN encounter violations that require intervention. These violations may not directly fall under KELIN's mandate however *pro bono* lawyers assist victims in seeking justice where needed. KELIN also partners with *pro bono* lawyers to support the cases assigned, where the office may not have the capacity to offer representation.

*Pro bono* lawyers also offer support to partners, particularly those based outside Kenya, who want to be enjoined in various cases. For example, UNAIDS and Prof Yamin were *amicus* being represented by *pro bono* lawyers in the Forced and Coerced Sterilisation Case. The pool of *pro bono* lawyers has various areas of specialisation based on the thematic areas. There are *pro bono* lawyers who represent petitioners at HIV & AIDS Tribunal.

Others are engaged to represent women in land and property rights in particular where they may need support in getting court documents and representing health care workers arrested for various violations.

### **Convergence with other thematic areas**

Once a pattern is observed within the thematic areas, a strategic interest is looked at and advocacy steps follow then. Litigation is the last course of action where advocacy fails. The thematic areas also assist in fundraising for strategic litigation, research and administrative work.

### **Global changes**

Strategic litigation is informed by the local situation and concerns. However, there is global interest in these cases. Further, litigation does not happen in a vacuum and there is constant reference to global precedents.

A major aim of strategic litigation is to ensure that Kenya adheres to treaties and conventions that it has ratified at international level. As such, there is more global interest when a matter brought before the courts is seen to touch on these international conventions.

For example, the right to health of the LGBTI community.

### **Lesson learnt**

- We've got to be careful in timing our advocacy and strategic litigation work.
- Case theory will affect the outcomes of your case. Social change is always our desired outcome.
- When crafting remedies, be specific and clear.

## Our voices: Impact of SL cases

### TB Is Not A Crime

Mr. Henry Ng'etich, Mr. Daniel Ng'etich and Mr. Patrick Kipng'etich found themselves in unfamiliar territory when they contracted tuberculosis (TB). For them, what appeared to be a simple cough at the beginning set them on a journey that transcended the obvious question of health and landed them at the center of legal disputes and wrecking personal experiences.

In the end, it was no longer about just the three of them, but the entire country. To the world, this is a story that tests human patience and draws the starting line for human dignity and the resolve of the justice system.

To tell such a story, ambitious, aggressive and far-sighted eyes had to establish the path. KELIN came in handy in this case. Daniel vividly recalls the beginning of this journey. One day in the middle of his daily schedule, he was confronted by rare symptoms. First were a series of coughs then an overt urge to vomit. When he gave in to the urge, it shook him that the vomit contained blood.

In reaction, he rushed to the local health facility and to his surprise; medical tests confirmed he had contracted TB.

*"The doctors prescribed TB medicine which I took over a couple of days and got back to my daily schedule," he reflects.*

However, what was to alter the trajectory of his life that day was a glaring error that should never happen in any professional environment, especially a hospital. The doctor did not ask him to go for the required second

appointment. Whether it was a case of negligence, overlap or mishandling of information is still subject to debate. The same was the case for Henry who after two weeks of taking his medication following the first hospital visit, he felt strong and healthy.

He even went ahead with his work until much later, when he returned to the hospital. *"They were surprised to see me,"* he recollects.

Having gone about his life normally after the first visit, he was amused that the health workers at the facility considered him a fugitive.

*"I was accused of not taking my medication," he says.*

The assumption was that he had fled to avoid taking medication.



Mr. Henry Ng'etich, KELIN's Executive Director, Allan Maleche, and the petitioners, Daniel Ng'etich and Patrick Kirui outside the Court during the hearing of the #TBIsNotACrime case.

According to the Ministry of Health data, TB contributes to 6.5% of deaths making it the fourth largest cause of mortality in Kenya. It was therefore disturbing that Henry was off the hospital radar despite having contracted one of the most highly communicable diseases.

The Kenyan government has focused on elimination of TB as a key health priority due to its being airborne. As a result, measures have been taken to prevent its spread. The government through the Ministry of Health introduced corrective measures to TB patients who interrupt their treatment. Section 27 of the Public Health Act asserts that medical officers may isolate a TB patient until they are free from infection and can be discharged without posing any danger to the public health.

In line with the Act, there have been ten arrests and imprisonment of TB patients for allegedly interrupting their treatment. In August 2010, Daniel, Henry and Patrick were arrested for severally interrupting their periodical prescribed medical treatment. Patrick the arrests, recalls how they were arraigned in court and later imprisoned.

*“The cells we slept in were congested. They were meant to hold 20 people. But we were 82 in the cells,” he says.*

The case caught KELIN’s attention. A team was set-up and a decision arrived to launch a campaign dubbed ‘TB is not a crime.’ According to Lucy Ghati, KELIN Programme Manager in charge of the HIV and TB thematic area:



Newspaper excerpt on Daniel, Henry, and Patrick’s story.

*“The objectives of this campaign was to raise awareness of these cases and also to encourage the TB patients to adhere to the medications so that they do not put the lives of their loved ones in danger owing to the infectious nature of the disease.”*

The campaign stirred publicity on the case in court where the patients were imprisoned for failure to adhere to TB treatment. One of the petitions the campaign fronted was the creation of humane systems that facilitate adherence to

treatment and that TB patients be treated without stigmatisation. In partnership with other civil society organisations, KELIN embarked on advocacy campaigns to condemn the arrests and imprisonment of the TB patients that was based on section 27 of the Public Health Act. At the time, KELIN held the view that TB patients already faced challenges at community and health facility levels that make them hesitant to adhere to their medication. These challenges needed to be addressed.



That is essentially what led to the filing of the constitutional petition on behalf of Henry and Patrick. The petition challenged the widespread practice adopted by public health officers where they often seek court orders to confine TB patients in prison for purposes of treatment.

In implementing the practice of involuntary confinement of the TB patients, the public health officers go against the principles of human life, including human dignity. Sadly, this practice was going on despite the fact that the Kenyan prison facilities were overcrowded and poorly ventilated, making it conducive for the spread of TB.

The Prisons Act does not provide for isolation facilities for TB patients. Holding TB patients in prison not only poses a risk to other prisoners but also to the prison warders and their families.

It also defeats the very aim the health officers seek to achieve of protecting the public from persons with infectious diseases.

Lucy says: *"We were telling the government that prison is not the best place for isolating TB patients or those who have challenges of adhering to their medications."*




Members of the community during the launch of the #TBisnotaCrime campaign.

On March 24, 2016, World Tuberculosis Day, the story of Henry and Patrick once again converged at the High Court of Kenya. Justice Mumbi Ngugi agreed with the petitioners and ruled that the use of the provisions of the Act to have the patients sent to prison amounts to a violation of constitutional rights, including the right to dignity, the right to freedom from torture and other cruel treatment and the right to freedom of movement.

It was victory at last for the duo! The court further directed that the Cabinet Secretary (CS) for the Ministry of Health issues a circular to all public and private medical facilities and to public health officers clarifying that they do not authorise the confinement of persons suffering from infectious diseases in prison facilities for the purposes of treatment.

The CS was also directed to develop a policy on the involuntary confinement of persons with TB and other infectious diseases that is compliant with the Constitution and that incorporates principles from the international guidance on the involuntary confinement of individuals with TB and other infectious diseases.

*"KELIN together with the victims won the case and that one has a lot of positive impact on us," Lucy says with pride.*



On May 12, 2016, the Ministry of Health, in compliance with the court order, issued a nationwide circular forbidding the confinement of patients suffering from infectious diseases in prisons.

The implication of the case is that future isolations will be handled in a patient-centred manner that respects human rights. Besides, a channel for dialogue on how to achieve a right-based approach to TB prevention, treatment and management has been opened.

While this seemed like the deserved ending for the case of Henry, Daniel and Patrick, it was just but a new beginning for the rest of the country.

For KELIN, it was the affirmation of the power of resolve, and for the justice system, this perhaps was one other good day in the dispensation of justice.

*Humanising the Law:  
Combating HIV Related Stigma  
through Litigating for Policy  
Change*

HIV and AIDS account for an estimated 29% of annual adult deaths and 15% of deaths of children under the age of five. Among adolescents, AIDS has become the leading cause of death in Africa and the second globally. While great strides have been made in response to HIV, progress for the adolescents is lagging behind.

Kenya leveraged global advocacy plans to respond to this situation. In February 2015, President Uhuru Kenyatta, under the All in Action Plan by UNAIDS and UNICEF launched a global campaign for promotion of strategies to help the world overcome the challenges of HIV and AIDS among adolescents.

This move followed alarming data from the National AIDS and STI Control Programme (NASCO), which revealed that Kenya is one of the four HIV high burden countries in Africa. Every year, Kenya has an estimated 71,034 new HIV infections among adults and about 6,613 among children.

In an effort to mobilise all government resources towards addressing this challenge, President Kenyatta issued a directive to county commissioners. The directive dated 23 February 2015; instructed the commissioners to work with county directors of education and county medical services to collect up to date data on all school going children living with HIV, including information on their guardians.

Additional information to be collected included the number of expectant and breastfeeding mothers living with HIV.

The data would be collected in a prescribed format that directly links the persons listed with their HIV status; putting them at the risk of being stigmatised and discriminated against.

On March 11, 2015, KELIN together with the National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK) wrote an advisory note to the President.

The letter advised him that implementation of the directive in the proposed manner would lead to violation of the HIV Prevention and Control Act, as well as Section 19 of the Children's Act that safeguards the right to privacy.

The position was informed by the strong belief that proceeding with the instruction of the President, would undermine the gains already made in responding to HIV related stigma and discrimination.

The directive would lead to forced and compulsory testing and disclosure of information on one's HIV status; which violates the right to privacy, right to equality and freedom from discrimination, as well as the rights to dignity of the targeted persons. Implementation of the directive without any consultation with persons living with and affected by HIV would have been contrary to the provisions of Article 10 of the Constitution.

Despite several reminders, there was no response to the letter by the Office of the President. KELIN, Children of God Relief Institute (Nyumbani) and two persons living with HIV filed a petition arguing that the act of collecting the names of persons living with HIV in the prescribed format was unconstitutional and an outright violation of the fundamental rights and freedoms under article 31 and 53 of the Constitution.

KELIN and the petitioners asked the court to declare the directive unconstitutional, order the destruction of the data already collected or codification and compel the Ministry of Health to develop privacy guidelines in form of regulations with regard to HIV data collection, as required by Section 20 of the HIV and AIDS Prevention and Control Act.

On December 6, 2016, a judgment was made in favour of the petitioners. Justice Isaac Lenaola of the High Court declared that the directive was a breach of the petitioner's right to privacy and the best interests of the child. The court ordered the respondents within 45 days to codify the names collected as a result of the directive and store them in a manner that does not link the names with their HIV status in a public document.

The outcome of the case demonstrated the need to intensify efforts in combating HIV related stigma and discrimination. The judgment is being used by KELIN to advocate for the development of privacy guidelines to protect the rights to privacy and confidentiality of persons living with HIV.

### *Team KELIN*

KELIN has a predominantly young team, three quarters of whom are below the age of 35. While this was not intentional, it occurred due to the design and structures that guide KELIN operations. The organisation was not privileged to have a lot of funding at the beginning. Therefore, it relied on volunteers and students. The Executive Director for instance, first interacted with KELIN in 2006 as a student. He nurtured his relationship with the organisation as a pro bono law student who wanted to give of his time.



*Allan and Nyumbani Children's home representative outside court during the hearing of a petition against the presidential directive to register children living with HIV*





This concept has since been nurtured allowing young people who have an interest in health and human rights and slowly building their capacity to take up more significant roles. This has given KELIN the unique opportunity to groom young people to come into a space that is less populated by many experienced lawyers and experts in the social sciences who may not have taken the interest in taking forward social injustice from a right to health perspective.

Additionally, the human resource policy firmly believes in giving people a chance whether old or young. The organisation's policy is that if you have the right experience, passion and traction, you deserve the opportunity. It is encouraging to see that more women are taking up spaces that were previously inaccessible. The demography at KELIN affirms what the organisation believes in; empowerment of the girl-child and the youth.

## The leadership

The leadership provides strategic direction to the team that ensures KELIN's work remains relevant and effective in achieving our mission and vision, amidst the dynamic local and global health sector. The Board of Directors plays an oversight role. The board works together with the management in ensuring the smooth running of the organisation. The management is comprised of the executive director, the deputy executive director and the finance and administration manager.



## Our Board of Directors

The institution holds a wealth of knowledge that is critical to shaping the health sector.

I look forward to working with my colleagues, tapping into their expertise, to develop key messages on various health topics that clarify myths and misconception in the public domain on matters health rights and strengthen KELIN's position as a thought leader on health and human rights in Kenya and beyond



**Ambrose Rachier**

Mr. Ambrose Rachier is the founder and Senior Partner of Rachier & Amollo Advocates. He is an Advocate of the High Court of Kenya of over 30 years standing. He spearheaded and championed the evolution of a legal regime and system geared towards protection of the rights of people living with AIDS, and chaired the task force on HIV/AIDS, credited with the creation of a draft bill on HIV/AIDS. He is currently a member of the Kenya Medical Research Institute and National Ethical Review Committee and the Chairman to the KELIN Board of Directors and Gor Mahia Football Club.



**Ms. Catherine Mumma**

Ms. Catherine Muyeka Mumma is a human rights lawyer and equality activist. Mumma works on health, HIV, gender, children’s and disability rights. She is a former member of the Kenya National Commission on Human Rights, Commission for the Implementation of the Constitution of Kenya, and state counsel at the Office of the Attorney General in Kenya.

Currently, she is a member of the Open Society Foundations advisory board and a member of the KELIN Board of Directors.



**Hon. Dr. Otiende Amollo**

Hon. Dr. Otiende Amollo is an accomplished Advocate of the High Court of Kenya. He previously served as one of nine experts in the Committee of Experts that drafted and delivered the Constitution of Kenya 2010 and is the former Chairperson of the Commission on Administrative Justice (Office of the Ombudsman) of the Republic of Kenya.

He currently services as the Member of parliament for Rarieda Constituency at the National Assembly of Kenya and as a member of the KELIN Board of Directors.



**Winfred Osimbo Lichuma**

Ms. Winfred Osimbo Lichuma is a lawyer with over 20 years of senior level country leadership in human rights and gender equality. She became the first woman in Kenya and one of two members from Africa to sit at the influential panel at the Independent Accountability Panel (IAP) for Every Woman Every Child Health Initiative, commissioned by the UN Secretary general, Ban Ki-moon. She is a former chair of Kenya’s National Gender and Equality Commission (NGEC). Ms. Lichuma currently serves as a member of the global and Kenya boards at Equality Now and at KELIN.



**Mr. Jotham Okome Arwa**

Mr. Jotham Okome Arwa is an Advocate of the High Court of Kenya. He is the Managing Partner of the law firm of Rachier & Amollo Advocates, where he heads the Legal Consultancy and Commercial Law department.

He has tremendous experience in civil and criminal law and commercial matters. He is a member of the KELIN Board of Directors, Commonwealth Legal Education Association, the International Commission of Jurists, the African Forum on Human Rights and a former Chairman of HIV and AIDS Tribunal.



**Judith Sijeny**

Ms. Judith Achieng Sijeny has 26 years practice in the legal profession, with twenty years involvement in litigation with a focus on women's rights and human rights issues. She is a former nominated Senator (2013-2017) and Chairperson of FIDA-Kenya (2006-2010).

She is currently the Secretary General, Wiper Democratic Movement-Kenya, a partner at Sijeny and Company Advocates, and a member of the KELIN Board of Directors.



**Mr. Allan Ragi**

Mr. Allan Ragi Allan has contributed significantly to the national, regional and global health policy environment in access to health care. He has over 35 years of experience as a public health specialist and advocate, with 27 of these serving as the Executive Director at Kenya AIDS NGO Consortium (KANCO). He currently serves as the chair of ACTION global health advocacy partnership and as a member of the KELIN Board of Directors. He was previously a member of the Global Fund to fight AIDS, TB and Malaria (GFATM) developing NGO Countries Delegation, as well as a member of the International HIV/AIDS Alliance Policy Advisory Committee.

## **Allan Maleche,** *Executive Director*

Allan Maleche is the KELIN Executive Director. When he took up the mantle of leading KELIN in March 2010, he was inspired by the fact that he wanted to ensure that the law is used in a way that facilitated access to justice in the context of health care recipients. He was keen to look into how the law could play a role in ensuring people enjoyed their rights to health but also if they face violations, what access to justice support would such people enjoy.

His day-to-day role has since evolved. He joined KELIN at a time when the organisation only had four members of staff. He did everything and anything, including mobilising participants, paying transport reimbursement and doing the actual facilitation. With time, the organisation has managed to build a team and have in

place clear structures and clear roles; everyone feeds into each other's roles. Allan's day-to-day work involves conversing with partners around KELIN's strategic areas.

His work involves a lot of internal meetings with colleagues to guide them on what they are working on.

His current role also includes a significant amount of travel to meet partners, to share the experience of KELIN's work, engage in debates with the UN agencies and other government agencies to showcase the importance of investing in human rights; the importance of investing in communities; and the importance of having a rights-based approach.

He also ensures the Board is updated on what is happening and communicate to partners and stakeholders through various media.



### *His day-to-day inspiration*

He derives the momentum from the communities that KELIN works with. When they speak about the importance of what our work is doing in their lives; why the cases are important; why the training provides relevant information; and why the linkage with partners in government is useful; why the fact that we are taking their views and trying to change them to influence the laws and policies that are being made.

The joy that the team sees from that particular success is what inspires Allan and is the driving motivation for the entire team to move forward and want to make a difference in the lives of people on the ground and also that will benefit the broader public.

His driving force remains the mantra to do good, to serve and use his knowledge to make the world a better place.

*"I want to do good for people who are vulnerable, people who are less privileged people or who do not have the ability to access justice or to express themselves when they are facing challenges," Allan says.*

### **The Future**

KELIN is choosing to stay relevant in the coming years by documenting what we have done; the lessons learned and disseminating this with partners across the board in East Africa, in eastern and southern Africa, and beyond the globe.

We are also trying to find new partners. The team is considering working more on health governance, with the intersection of transparency, accountability, and access to information with a view to improving health systems; but also, with a view to ensuring that the funding that has come to government either through donors, or through taxpayers' money is well spent.



*Allan Maleche - Executive Director*

We are in a learning process and keep looking at what is developing in the health area, and seeing how KELIN can meaningfully contribute to the conversation, based on the 20 years experiences working on HIV, health and human rights related issues.

In the coming days, people should look out for an organisation that is trying to ensure the rights to health as enshrined in the Constitution and other legal documents is being delivered by all those who have a responsibility to deliver it and doing so in a manner that respects the rights of everyone.



## Saoyo Tabitha Griffith

*Deputy Executive Director.*

Tabitha is a lawyer by profession. She is the KELIN Deputy Executive Director. As the head of programmes, her day-to-day role entails supervision, and oversight to all the programmes/ thematic areas.

This involves knowing what every programme and member of staff is working on, tracking implementation of grants, making sure that reports are submitted in good time, making sure that KELIN is managing well relationships with donors and partners, and generally just keeping the organisation afloat.

Tabitha joined KELIN in 2015, having worked in a predominantly women's rights organisation.

What inspired her to join the organisation was the versatility and flexibility that KELIN had, it had more programmes than the previous employer. It had a health angle, which she was very interested in because KELIN's mandate is on promoting and protecting health related rights.

She was able to work within a broader context in the health and human rights sector in tackling different topics such as HIV, TB, land rights, matters that had not yet been exposed to. She became desirous of doing more than just being the programme manager and around 2017, when there was an opening for the deputy director position, she applied.

Her bias is on sexual and reproductive rights because her career, exposure and professional experience have been chiseled around sexual and reproductive rights and women's rights.

## Her inspiration

Prayers, some good exercise, passion and desire for justice is what keeps Tabitha going. She has a deep sense and commitment towards justice and this is what attracts her to the kind of work that she does.

The thought that there is an injustice somewhere, the thought that there is a woman who has lost a piece of property, the thought that a medical provider was being harassed, or that a man has lost his job as a result of being HIV positive.

The injustices surrounding such circumstances, and the need for us to do something, are what keep her going. Her daughter is another great source of inspiration. Tabitha looks at the world from her lens and how she innocently believes that she is in a safe space.



Saoyo Tabitha Griffith - Deputy Executive Director

Tabitha desires to keep that knowledge, provide and protect her daughter from violence so that she never has to be forced to make a choice whether to sell her body, or to get money to do something.

She wants her daughter to have a plateful of choices in life and to do much more than she did, to not be limited to few career choices, but that the world be at her feet and she has endless choices. Tabitha works hard to give her these opportunities and this keeps her going.

*"I want every single little girl out there, just like Hillary Clinton said, to seek to know that they can do it and not to be limited by sex, not to be limited by their reproductive organs, not to be limited by teachings and cultural values that were instilled in them. That's what motivates me," says Tabitha.*

## Highlights/Memorable moment

Her most memorable moment was when KELIN received the judgment in the 'TB is not a crime' case.

*"This was a very emotional point for us because it was a reaffirmation of the work that we had done and that we were right in challenging the practice. The products of that judgment have been seen through the TB isolation policy, and the work that the Ministry of Health has done, as a consequence of that judgment. It was a very real moment for me because it shows that strategic litigation is not for nothing. It's always a firm reminder of the work that we have done previously. And the fact that we keep doing what we were doing because there was an injustice somewhere, and somebody benefited from the courage we took to go to court," Tabitha reflects.*



## Achievement

When Tabitha joined KELIN as the program manager for the sexual and reproductive rights (SRHR), the organisation had one grant and she was on the only officer executing the grant.

This year (2019), there are four officers who are working in that thematic area, 10 grants that are being implemented in sexual and reproductive rights.

The thematic area has grown its financial portfolio from one donor, one officer implementing to four officers, two volunteers, two interns and a range of sub-thematic topics.

Another success is at global, regional, county and national levels. This is because KELIN firmly believe that no man is an island and that it cannot achieve its objectives without involving others, especially like-minded civil society organisations.

Tabitha rate KELIN at 80% successful in the five years that it has been implementing the 2014-2019 Strategic plan. Part of KELIN's Strategic Plan believes in establishing strategic local, regional and global partnerships.

As a result, the organisation has successfully had memorandums of understanding with universities that offer internships to students from international universities such as Georgetown University and Harvard. KELIN has also been able to have a fellowship exchange program where staff members have had their capacities strengthened by partner institutions.

The team has been exposed to the global landscape of the health sector and even won global accolades. Institutions cannot work in a silo and must continue to work with partners, pushing boundaries and learning from peers in international organisations.

## The Future

Tabitha's vision is to grow KELIN from a small institution with low visibility to a household name. This has been her vision since she joined KELIN. She also wants to broaden the scope of work because KELIN is limited to four thematic areas at the moment.

She has a vision where in five or 10 years KELIN can be a household name in terms of health and governance; strategic litigation on health matters; recognised not just in Kenya but also regionally and internationally.



## Tracy Nyenze

*Finance & Administration Manager.*

Tracy is the KELIN Finance and Administration Manager and doubles up as the Human Resource Manager. Tracy has worked with KELIN for six and a half years. She has seen KELIN grow, from an annual turnover of Ksh 37 million to Ksh 200 million; from a staff of six to one of over 20, including volunteers and interns.

## Highlights

Being in charge of finance and administration, Tracy's highlight in her time at KELIN is the fact that they have been able to develop and set up strong internal control systems. The fact that donors entrust KELIN with finances for small organisations lacking proper systems is noteworthy. Donors have given positive reviews to the organisation, saying that it has the capacity to mentor other people, as far as financial management is concerned.

## Memorable Moment

One time, KELIN had a hectic week of back-to-back meetings, and by the end of it, the team was feeling spent. They were able to take the team for snorkeling. This was fulfilling for Tracy, from a human resource perspective, since the team was able to relax, learn something new, and have a great time, after the long week of planning.

## The Future

Tracy looks forwards to three things: Seeing KELIN develop unbreakable internal controls that will make KELIN take the lead, as far as health and human rights are concerned; the automation of internal systems to promote efficiency, as well as to get rid of role duplication in the organisation. Finally, she looks forward to KELIN becoming a fully funded organisation, which attracts qualified professionals.

## *Our team: Our heart and soul*

In KELIN programme managers oversee the work of thematic areas. Specifically, they guide the strategic direction of the thematic area, making sure that they meet the objectives of the strategic plan and explore ways in which the thematic area can be expanded. They are expected to have a clear goal of what the program will look in 5, 10 or even 15 years. Second, they offer oversight to the grants that they are implementing; ensuring that that reporting is timely, and objectives and targets are met.

Implementation of projects is meant to be done creatively, with the understanding that day-to-day tasks lead the accomplishment of the broad thematic objectives. Since this cannot be done solely by the program manager, it is their responsibility to not only manage the team but to also ensure that working for KELIN gives them the best work experience they can have.



*Tracy Nyenze - Finance & Administration Manager*

This means as the team leader, the program manager is responsible for mentoring and nurturing by identifying areas that they need growth in and looking for ways to meet those needs.

The managers ensure that even when they eventually leave for other opportunities, KELIN is proud to have been associated with them. Fourth, they are responsible for fundraising and lastly, creating synergies with the other thematic areas in order to avoid creating silos.

The programme managers work hand in hand with the programme officers and programme associates who form the respective thematic areas and technical departments, to actualise the KELIN's mission and vision. Together, we make the heart and soul of KELIN. Here are their brief bios:

## **Nerima Were** SRHR

Draws inspiration from being able to create dialogue or discourse around women's issues. She is a feminist and being in spaces where she can express this inspires her.

She therefore works with the University of Nairobi (UON) and wants to change any spaces into ones of discourse on issues that fundamentally affect interaction as human beings. She joined KELIN in 2016 as the programme officer and was promoted to be the programme manager in 2018.

### **Memorable moments**

*Fundraising successes and it is also mind blowing to see how young girls take in information.*



*Nerima Were - Programme Manager, SRHR*



## Ted Wandera

KAP

Ted Wandera, implements programmes in line with the KELIN strategic plan. As a lawyer, this also involves litigating upon cases where there are human rights violations. Work in this thematic area involves building capacities of key stakeholders - law enforcement workers, members of the judiciary, parliamentarians, and other service providers - on the right to health.

It also involves building the capacity of community members to demand for their rights, advocacy on legal and policy review, thereby ensuring that all laws and policies embrace the rights-based approach and protect the rights of key populations and fundraising. Ted has worked at KELIN since February 2014.

## Highlight

A major highlight was in winning the 'TB is not a crime' case and being present in court when Justice Ngugi read the judgment. He considers the opportunity to represent people in court and to see their lives changed for the better in the process as very important.

## The future

Ted believes that it important to share success stories. These are reminders of what is possible and what can be gained from pursuing these goals. There has to be more focus on building the capacities of people to demand their rights.

For Ted, working in this programme has taught him that you cannot have one intervention tailor-made for all areas.



Ted Wandera - Programme Officer, KAP

You have to speak to members of the community at their different levels and get their views. Before implementing anything, consult them. In his experience, key populations will chase you away with your money if you do not involve them. The process must be built on shared understanding.



## Lucy Ghati

*HIV & TB*

Lucy Ghati is the KELIN Programmes Manager in charge of the HIV & TB thematic area. She draws inspiration from being able to change the life of a vulnerable person.

From her experience with HIV, her passion is to put a smile on the face of one who has been afflicted or ones whose rights have been violated.

She joined KELIN in 2015 and had limited information about HIV, TB and human rights, including using rights-based approaches in interventions.

Now, she can attest that she is articulating the issues in the thematic area, and her community interventions ensures that she creates and impact in the lives of the vulnerable populations.



*Lucy Ghati - Programme Manager, HIV&TB*

## Highlight:

A major highlight in her work was in winning the '*TB is not a crime*' case. Seeing the law change from a retrogressive one that incarcerated TB patients in prisons for failure to adhere to medications, to a more accommodating one that respects and puts central the rights of persons with TB.

Seeing communities empowered and being able to demand for what is rightfully theirs, identifying and reporting human rights violations and being able to access justice through the various forms of justice.

More communities can now participate at various decision-making platforms that include task forces, technical working groups on matters that concern their lives and those of their loved ones, this inspires her a lot.

## The Future

Lucy's hope is to see the HIV & TB thematic area expand to take on other core Non-communicable diseases (NCDs), including Diabetes, Hepatitis, and Cancers among others that complicate HIV. This is attributed to the fact that more and more people are now living healthy lives with HIV but succumbing to NCDs.

She also hopes to mentor more adolescents and young persons to take up the role of monitoring transparency and accountability for HIV, TB and health programmes.

## Carolene Kituku *Strategic Litigation*

Carolene Kituku is the Human Rights Counsel at KELIN. She is in charge of the Strategic Litigation docket. She has always been interested in the concept of justice. She had a positive experience at the age of 12 years where she participated, along with members of her extended family, in the confirmation of a grant. From then she was driven by the desire to become a lawyer.

Her human rights advocacy journey took shape when she wrote her undergraduate dissertation on women's right to access and control land. After receiving her Master's degree, Carolene worked at the TJRC where she encountered many human rights violations. She's driven to make an impact on lives and speaking in courts of law on behalf of victims. She strives to use her skills and knowledge to impact others and ensure that human rights violations are redressed.

## Achievement

When the first witness in the *Forced and Coerced Sterilization* case testified in December 2017 after 3 years of waiting. The witness said: "I'm happy that I have been able to tell my story". This moment, having worked to put together the case, just this first step was a great milestone. Her voice being heard before the court was the first step in ensuring that she gets justice.

The down side of litigation is that the court processes take very long, and this is particularly disheartening when dealing with human rights violations. Sometimes this is a result of the court's administrative processes but also cases where the litigators are not well prepared. The desired intervention may not be achieved because the victims continue to suffer, memories fade and in some cases, the party involved dies.



Even when the parties win, the damages awarded do not always get paid. The enforcement of court orders is a challenge.

Even where there is no funding involved, sometimes the structures required to enforce these orders have processes that cannot be influenced by the court.

## The future

A robust strategic litigation department, using law as a tool for social change. Health and Women rights issues. A court has power to summon.



*Carolene Kituku - Human Rights Counsel*

## Jessica Oluoch WLPR

Jessica Oluoch is a lawyer and KELIN's Senior Programmes Officer with the Women Land and Property Rights (WLPR) thematic area. Her main role is conceptualising ideas to facilitate development of key activities aimed at ensuring the protection and promotion of women's land, property and inheritance rights. She also engages key and like-minded stakeholders for purposes of ensuring that the promotion of women's rights is approached from a multi-stakeholder's perspective.

Jessica has a keen interest on promoting the rights of the vulnerable, including women, children, orphans and the elderly. That is why she became a lawyer. Her work provides a platform to make an impact in the lives of people and gives her the opportunity to experience positive change from her efforts. This makes her feel like she is contributing to making their lives better!

## Highlights/Memorable moment

She has worked with KELIN for three years. During this time, the WLPR team has engaged the Attorney General and the Chief Justice in jointly developing succession tools to protect inheritance rights for the vulnerable in 2019.

The team has also engaged the Kenya Law Reform Commission on the review of the Law of Succession Act. This activity is ongoing. The WLPR team is also engaging 100 men in a regional course aimed at influencing social and peer norms that affect women land tenure and engaged in strategic research on the impact of dowry on women's property rights, especially in the Luo community.

## The Future

Going forward, Jessica plans to engage partners at the global front to ensure that conversations around widow's rights to land, property and inheritance are demystified and the rights of these women are secured from intergenerational property violence. The WLPR team has started the process of closing the gap between the existing laws and the practice on the ground by holding accountable stakeholders, tasked with facilitating access to property rights, by end of 2019.

They shall have engaged a total of 500 women and 100 men in educating them on their rights and the processes of claiming these rights. This will not only impact on the communities' livelihood but is a process towards implementation of the progressive laws on land and property rights.



*Jessica Oluoch - Senior Programme Officer, WLPR*



## Alex Muthui (M&E)

Alex is an Monitoring & Evaluation (M&E) expert drawing from experience in implementation of development and humanitarian work in international and local organisations.

He has more than 10 years' experience and holds a Masters degree in M&E and is finalising thesis in Population Studies (PHD). Alex wants to ensure data from programming communicates the change the sector has been able to achieve through a rigorous process of result-based management.

### Highlights/Memorable moment

Having being selected to conduct the end-line evaluation for the DREAMS Innovation challenge project gave me an opportunity to interact more with the project and set a precedence using

data for the second phase of the project. The preliminary findings which were presented in the close out meeting with participation from the Kisumu county government demonstrated that they were very insightful to the stakeholders and many commitments from the county government came out of the workshop.

### The Future

Alex would like to ensure KELIN has a country M&E system that will guide the process from proposal development, inception of the project, development of tools, tracking implementation up to end of project evaluation which is systematic and collects quality data to respond to key indicators of interest. He would like to ensure staff and partners capacities are enhanced and build a M&E culture in the organisation.



Alex Muthui - M&E Advisor



## Emily Otieno

WLPR

Emily Otieno grew up in a community where women were considered to be of less value than men. They were meant to be seen, not heard; nonetheless she wanted more, not only for herself; but for her entire community. Emily has purposed to provide a voice for women whose rights are being violated. The strides that she has made this far in helping widows reclaim and restore their human rights makes her feel proud.

### Highlights/Memorable moment

Her most memorable moments are when cases are solved under alternative dispute resolution (ADR) successfully. The joy on the faces of the widows and their children after successful mediations, is the constant drive that keeps her going. For Emily, her community work goes beyond success stories for KELIN; it changes lives within society.

### Achievement

Emily's most recent achievement is being able to discuss with communities about the various channels available for reporting cases on land rights and how to see these cases through to completion.

The opportunity to work with community duty bearers as partners, to ensure that women can access and enjoy their land rights is something that Emily finds appealing. She admires communities that are aware of women's rights and work towards respecting and implementing them.

### The Future

She looks forward to a future where women can stand on their own and are treated equally in the eyes of the law. A society where the law is the major tool for socio-cultural change and, it endeavours to protect and advocate for equal rights for all.



Emily Otieno - Programme Assistant, WLPR

## Linda Kroeger

### SRHR

Linda is a young and passionate social change activist with selfless ambition to help the disadvantaged and oppressed in society - most especially women and children. Linda draws her inspiration from the strong women in her life who encourage and support her dreams and ambitions.

In the same spirit, she would like to help those who are less privileged in the society. She loves volunteering and hence serving in different capacities in various not-for-profit boards. Linda joined KELIN in 2018 as the SRHR Program Officer.

### Highlights/Memorable moment

Linda's highlight at KELIN is when she mobilised fellow colleagues to speak out against racism at a prominent hotel in Nairobi.

From the incident, two things came out: one person speaking out and relaying a message in tandem to the experience of others starts revolutions. Secondly, silence is a catalyst for oppression.

### Achievement

When Linda joined KELIN her line manager was away on a fellowship and this meant fitting into her shoes quick! This was period of intense resource mobilisation within the thematic area and this gave her the chance to lead the work on the SAAF call for applications which was successful.

Given that right to access safe abortion is close to her feminist heart, she was elated to have led that process and being successful, thus providing an opportunity to protect women and their right to choose.



Linda Kroeger - Programme Officer, SRHR



## The Future

As she says “KELIN is a catalyst for growth and this is my underlying foundation in everything that I do - growth” With this, she subsequently hopes to entrench feminist thought and principles in SRHR work, which largely engages with women and girls as the overall vulnerable population, as a means to understanding the different and shared experiences of women and girls in Kenya and Africa.

Linda intends to do this through revamped writing to interrogate and develop African Feminist Theory and in the intricate designing of interventions that reflect and ultimately achieve equality.

## Naomi Monda SRHR

Naomi Monda is a Programme Associate working within the Sexual Reproductive Health Rights thematic area at KELIN. She is experienced in youth programming and implementing projects advocating for Sexual and Reproductive Health Rights.

She is passionate about making a difference and loves working with community structures to understand what motivates people to behave the way they do. Naomi has a dynamic, sociable and free-spirited personality.


## Highlights/Memorable moments

One of her major highlights was when she engaged girls in a league cup, which included soccer teams from all the sub counties of Kisumu and Homa Bay for the DREAMS project.



*Naomi Monda - Programme Associate, SRHR*





Naomi recalls how captivating it was watching the girls passionately participating in an activity outside of their socially define roles and using the tournaments to advocate against Sexual Gender Based Violence (SGBV).

She states that it was a site to behold as the men cheered the girls on and resonated with the messages that were being disseminated.

## Achievement

Naomi's most fond achievement while at KELIN, is being able to increase the capacity among adolescent girls and young women on their sexual reproductive health rights and improving the uptake of Reproductive Health (RH) services among young women in Kisumu and Homa Bay counties.

Playing a part in community perception change on women's reproductive health rights and creating safe spaces for dialogues, has given her more vigor to champion for women's health rights.

## The future

Naomi looks forward to continued interactions with communities that can enrich her with more knowledge about human interactions and how human behaviour changes over time; so as to inform future project interventions.

## Flossy Wanja Nyagah

### *Finance & Administration*

Flossy Wanja Nyagah highly regards an effective organisation that has well defined policies and practices which govern the most valued assets. These assets are the people who continually put a lot of effort individually and collectively towards the achievement of organisations' objectives. She joined KELIN in 2017 as finance and administration assistant, continues to offer administration support to other thematic areas.

## Achievement

The integration of personnel records has enabled KELIN to have one comprehensive database for effective management.

The aim is to have business to employees (B2E) processes that enables managers and employees to have direct access to human resource function and other work place communication, performance reporting, team management and administration.

A self service approach is adopted that allows staff to access personnel records and update them though with strict security checks.

## The Future

An administration function that supports the development of the image of KELIN as an organization that achieves results, delivers on its mandate, behaves ethically and provides good conditions for employment.



*Flossy Wanja Nyagah - Finance & Administration Assistant*

## Margaret Wambui

### *Administration*

Margaret is a resilient and compellingly persuasive customer service professional with a passion for delivering customer service procedures. She possesses the ability to consistently work with high level of accuracy and quality.

Margaret prides herself as a team player, who works to meet timely demands and effectively manage multiple assignments. Her strength lies in her capacity to employ persuasive communication skills, with a proven history of developing trusting and lasting customer relationships while seamlessly managing and organising administrative tasks.

### **Achievement**

Margaret's highlight at KELIN was in 2016 when the High Court in Nairobi declared unconstitutional presidential

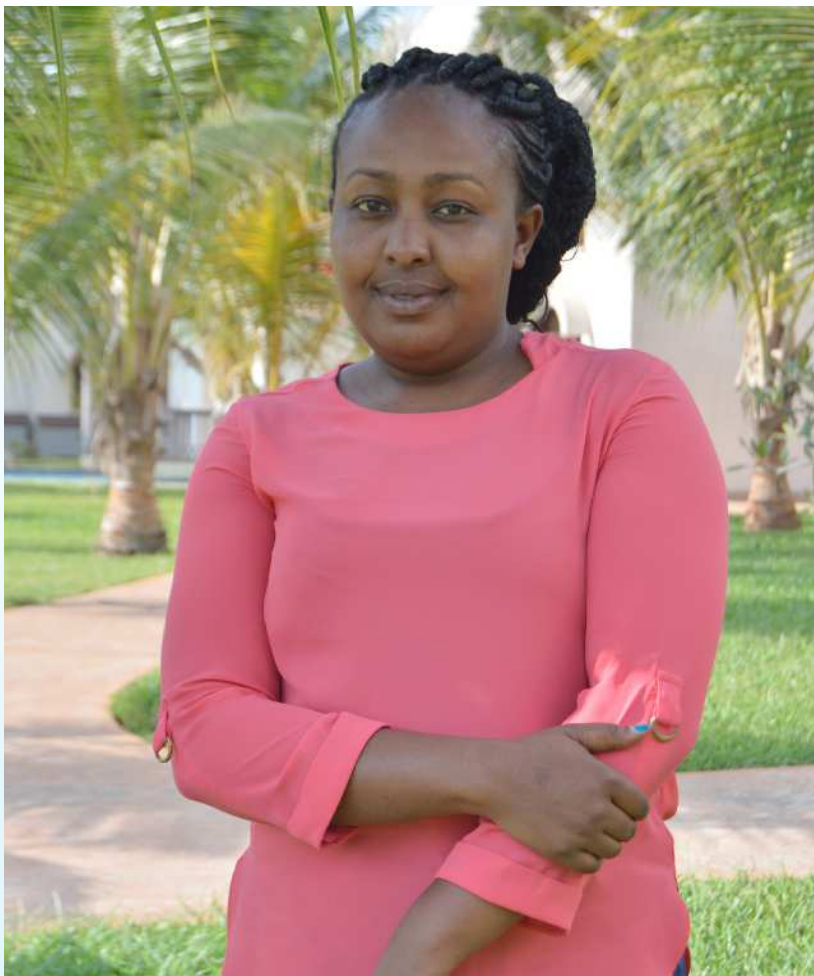
directive seeking to collect names of people living with HIV, the petition was filled by KELIN.

Another memorable moment for her was taking part towards the development of current Strategic Plan, which is coming to an end in 2019.

### **Highlights/Memorable moment**

In the next five years Margaret sees KELIN as not only a household name in Kenya but globally.

An international human rights organisation! «If your actions inspire others to dream more, learn more, do more and become more, you are a leader.»



*Margaret Wambui - Administration Assistant*

## **Katherine Karambu** *Communications*

Katherine Karambu is the Communications Officer at KELIN. She joined KELIN in July 2018 and provides communications support to the vibrant, knowledgeable and youthful team.

She has always been drawn to working with communities. She draws her inspiration from witnessing the transformation of the lives of people living in the community having gone through a learning process that ultimately changes their outlook and approach to life and giving them a new lease on life.

As a believer in knowledge is power, she lives to tell the story of the day, that reflects and demonstrates this mantra. When people learn, their minds are opened to new perspectives, new possibilities, new ways of doing things that uplift them from poverty, oppression or

limitations that previously hindered them from living their lives fully and tapping into their full potential.

Telling stories is one way to create ripple effects of proven best practices that will be changing behaviours and lives, long after projects and interventions end.

The people behind these narratives personify the change as living testimonies; they are open books for all to learn, change or improve and grow.

Growth is a very important aspect throughout our lives and to keep growing, we all need to keep learning.

## **Memorable moment**

KELIN works with a robust network of partners who have exceptionally done well through the support they have received from KELIN.



Through the *Mashujaa* (KELIN Heroes) campaign, we got a chance to honour and appreciate some of them and the response was very humbling and encouraging. She looks forward to telling more of these stories of change in the coming days to empower the communities and institutions we work with.

## The Future

Katherine is keen to harness and adapt her communications and advocacy skills to complement KELIN in realising the mandate of promoting and protecting health related rights. She is excited to be part of the team that puts together the first ever annual report for KELIN.

The report that shares the wealth of knowledge on Kenya's milestones and progress in HIV response told through KELIN's journey and unique role in championing for human and health rights since 1994.




*Katherine Karambu - Communications Officer*

## 6. Looking ahead

*Extending our human rights advocacy and governance locally and globally.*

As we reflect on the far we have come, one thing remains constant; change. Change is inevitable. KELIN must keep changing and adapting to the times and seasons to ensure constant growth and greater success.

Our human rights-based approach to all our work will continue to inform our strategies to promote the right to health for all. As we look to the future, we are excited to plan the expansion of our work, both locally and globally. At KELIN, we believe our vision and mandate is bigger than us.



To make the right to health a reality for all, we remain committed to investing in the communities we serve and, in the people, who are most likely to suffer injustices from the violations of their health rights. By empowering these vulnerable and marginalised populations to know what their rights are and to speak up for themselves, then we will have succeeded in our efforts to secure the sustainability of the community-driven rights-based approach to healthcare.

Locally, our assistance in helping people claim their right to health entitlements will move into health sectors where rights are failing, and inequities are growing, such as non-communicable diseases. Our future work will include research for strategies to increase \people's awareness of Non Communicable \Diseases (NCDs), and advocating for laws, policies, and effective \management of the diseases, in Kenya and East Africa.

Our work with people with HIV or TB remains foundational to KELIN and will not end until everyone has access to the treatments they need. KELIN will work with state and non-state actors working in the health sector in Kenya to improve communication, reduce inefficiency and duplication, and maximise everyone's efforts to fulfill the right to health. Because many other rights are dependent upon the fulfilment of the right to health, our combined efforts in Kenya will produce a healthier and a more productive society.

Our commitment to human rights accountability will feature strongly in the next 10 years as we countdown to the Sustainable Development Agenda for 2030.

In this work, we will focus on health governance, ensuring that local communities have access to information and that they are empowered to hold

their leaders, politicians and development partners to account.

We will use national, regional and global health rights advocacy platforms to sustain our work on promoting and protecting the right to health for all. Our successes in the past position us well to engage at all these levels. We will continue to connect local realities to global policy in very practical ways. For example, the roll out of universal health coverage (UHC) in four counties in Kenya provides KELIN with local experience to take to the 2019 high level meetings in New York on UHC.

KELIN provides vulnerable groups the opportunity to engage and contribute to these conversations to ensure their voices are heard and their realities guide global policies.

Corruption in health is a major contributory factor

towards health inequity. KELIN will continue to call for transparency and participation in all public sectors, as part of our human rights accountability work. We applaud the Kenyan Constitution with its explicit commitment to the right to health and other social and economic rights, and we will work with communities to hold the government to account on these obligations.

We believe it will take a collaborative 360-degree approach to strengthen health governance mechanisms and bring a revolution in human rights accountability work. This approach is one that considers the government's transparency and accountability; a civil society movement that cannot be compromised; as well as communities that are empowered to know and demand their rights, and hold leaders accountable.

We are yet to fully realise sexual and reproductive health rights (SRHR) for girls and women in Kenya.

KELIN will position itself to contribute towards building knowledge on cultural, religious, moral and political beliefs that have an impact on girls and women's autonomy and bodies. This will inform policies and effective responses to emerging SRHR issues in the coming years.

In our global work, KELIN will continue to engage in the conversations about health action plans, and translating these at national and community levels to progress the achievement of the 2030 health targets of the 2030 SDG agenda. We will develop partnerships and alliances for these purposes.

To maintain our leadership in these emerging frontiers and implement effective human rights projects, our fundraising efforts will remain robust. This

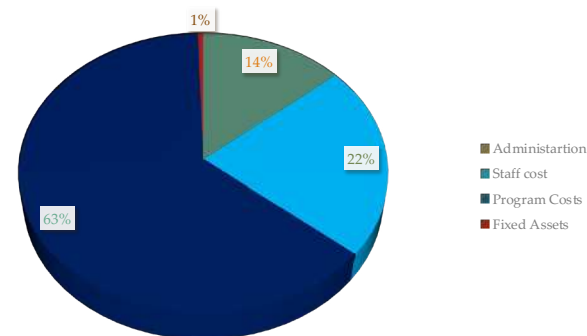
will extend to the global domain where we will stress on donors and states to contribute the funds needed to bring about global health equity, including a fully funded Global Fund.

KELIN will continue with our dedication to translating human rights into action, partnering with governments, civil society organisations and non-state actors, including development partners, as needed to make the right to health a reality for all, and especially the most vulnerable communities everywhere.

## 7. Financial Statements

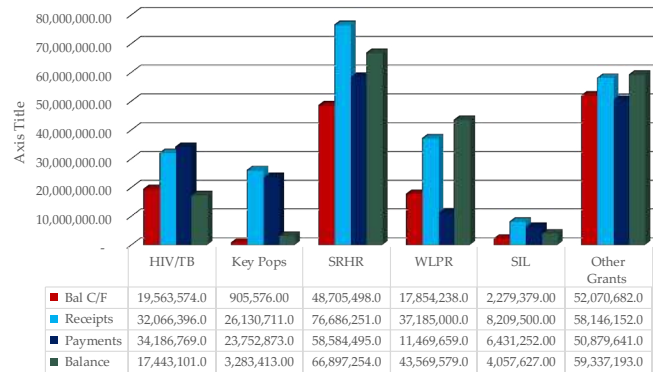
### Expenditure split

TOTAL EXPENDITURE - 185,304,689



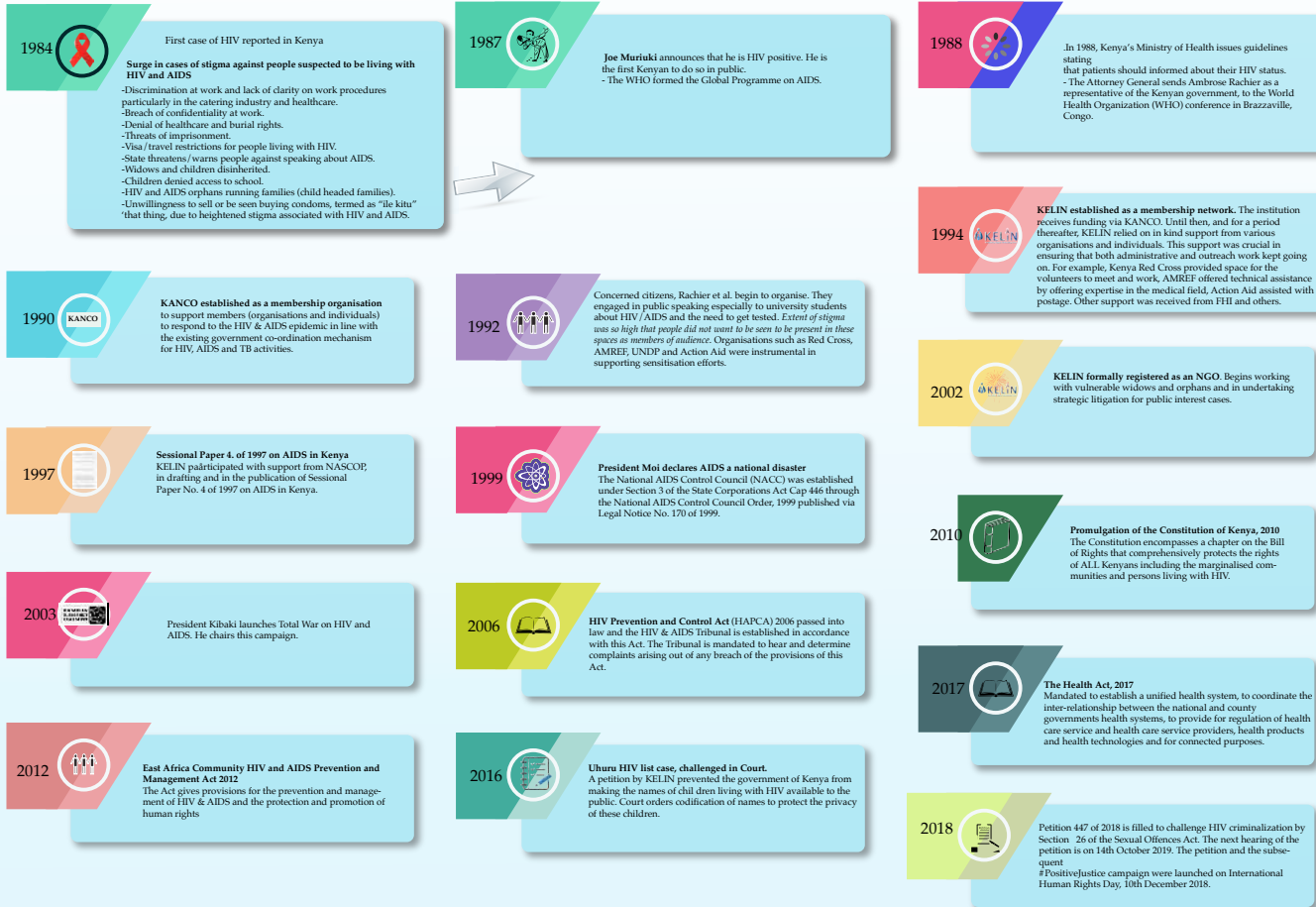
### Projects receipts and payments per thematic area

#### Receipts & payments per thematic area





## 8. Kenya timelines in relation to HIV & AIDS (infographic)



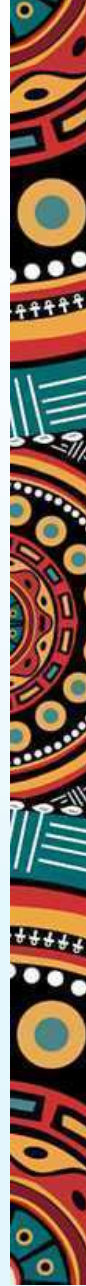
## Our Development Partners



## National and Regional Partners

Thematic area	Partners
National partners	<ul style="list-style-type: none"> <li>• Members of the community</li> <li>• Pro bono lawyers</li> <li>• Journalists</li> <li>• Ministry of Health</li> <li>• The Judiciary</li> <li>• Ministry of Lands</li> <li>• National AIDS and STI Control Programme (NAS COP)</li> <li>• National AIDS Control Council (NACC)</li> <li>• International Federation of Women Lawyers (FIDA-Kenya)</li> <li>• Law Society of Kenya (LSK)</li> </ul>

Thematic area	Partners
HIV & TB	<ul style="list-style-type: none"> <li>• KANCO</li> <li>• Community Health Workers</li> <li>• Network of people Living with HIV Kenya (NEPHAK)</li> <li>• HIV/AIDS Peoples Alliance-Kenya (HAPA Kenya)</li> <li>• National TB, Leprosy and Lung Health Unit (NTLD-P)</li> <li>• AIDS Health Care Foundation Kenya (AHF)</li> <li>• Department of Education</li> <li>• Women Fighting AIDS in Kenya (WOFAK)</li> <li>• Kenya Sex Workers Alliance (KESWA)</li> </ul>



Thematic area	Partners
	<ul style="list-style-type: none"> <li>• Bar Hostess Empowerment &amp; Support Programme (BHESP)</li> <li>• International Community of Women Living with HIV Kenya (ICW-K)</li> <li>• International Community of Women Living with HIV Eastern Africa (ICW-EA)</li> <li>• International Community of Women Living with HIV Kenya (ICW-K)</li> <li>• National Police Service (NPS)</li> <li>• Pamoja-TB Group</li> <li>• STOP-TB Partnership - Kenya</li> <li>• Kenya Network of Positive Teachers (KENEPOTE)</li> <li>• INERELA+ Kenya</li> <li>• Elizabeth Glaser Pediatric Aids Foundation (EGPAF)</li> <li>• Lwala Community</li> </ul>
Sexual and Reproductive Health Rights (SRHR)	<ul style="list-style-type: none"> <li>• Mombasa County Assembly Health Committee</li> <li>• Kisumu County Assembly Health Committee</li> <li>• Homa Bay County Assembly Health Committee</li> <li>• Nakuru County Government</li> <li>• Department of Education</li> <li>• Department of Gender and Social Services</li> <li>• Reproductive Health Network Kenya (RHNK)</li> <li>• Kenya Medical Association (KMA)</li> <li>• The Centre for the Study of Adolescence (CSA)</li> <li>• Xhale Africa</li> <li>• Centre for Reproductive Rights (CRR)</li> <li>• Love Matters Africa</li> <li>• Family Health Option Kenya (FHOK)</li> <li>• KMET Health Complex</li> <li>• Gender Based Recovery Center (GVRC)</li> </ul>

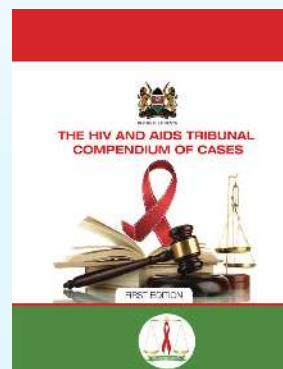
Thematic area	Partners
	<ul style="list-style-type: none"> <li>• Trust For Indigenous Culture And Health (TICAH)</li> <li>• RHYFE</li> <li>• International Federation of Women Lawyers (FIDA)</li> <li>• International Community of Women Living with HIV (ICW-Kenya)</li> <li>• Center for Rights Education and Awareness (CREAW)</li> <li>• Network for Adolescents and Youth Network (NAYA)</li> <li>• African Population and Health Research center (APHRC)</li> </ul>
Women Land and Property Rights (WLPR)	<ul style="list-style-type: none"> <li>• Luo Council of Elders</li> <li>• Kisumu county Government</li> <li>• Homa Bay County Government</li> <li>• Kenya Land Alliance (KLA)</li> <li>• Coalition on Violence Against Women (COVAW)</li> <li>• National Gender Equality Commission (NGEC)</li> <li>• Kenya National Commission on Human Rights (KNCHR)</li> <li>• Judiciary of Kenya</li> <li>• Court Users Committee (CUC)</li> <li>• Office of the County Commissioner (Chiefs)</li> <li>• Ministry of Lands</li> <li>• Landesa</li> <li>• National Land Commission</li> <li>• Grassroots Organisations Operating Together in Sisterhood</li> <li>• Kenya (GROOTS)</li> <li>• Pastoral Women's Council Tanzania (PWC)</li> <li>• Uganda Community Based Association for Child Welfare (UCOBAC)</li> </ul>

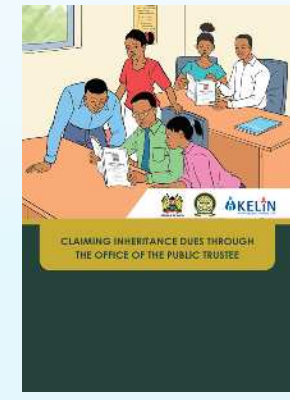
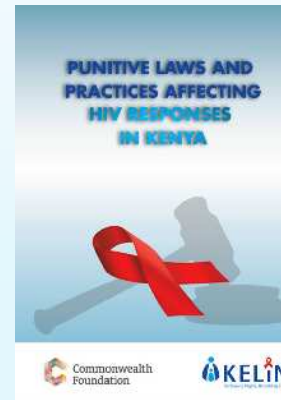
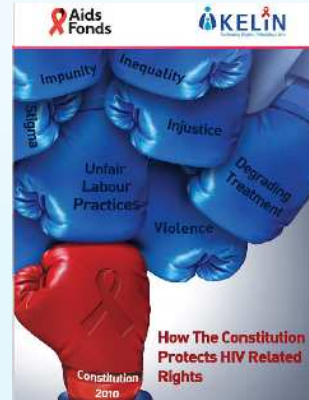
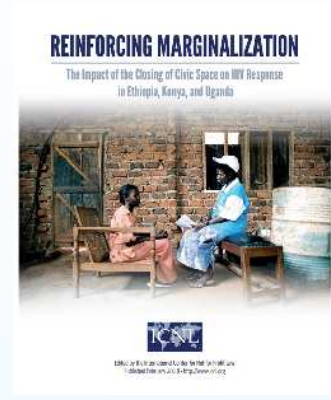
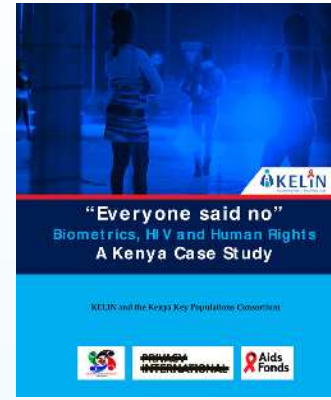
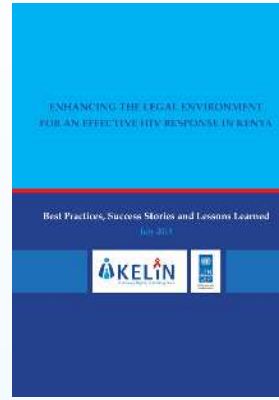
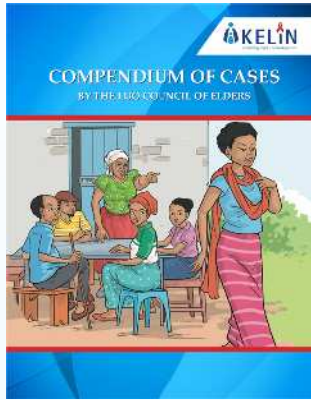


Thematic area	Partners
Key and Affected Populations (KAP)	<ul style="list-style-type: none"> <li>Kenya Sex Workers Alliance (KESWA)</li> <li>Kenya Network of People Using Drugs (KEN-PUD)</li> <li>Key Populations Consortium</li> <li>Bar Hostess Empowerment Programme,</li> <li>VOCAL</li> <li>Maisha House VCT NOSET</li> <li>Kisumu Sex Workers Alliance (KISWA)</li> <li>NYARWEK Network</li> <li>Men Against Aids Youth Group (MAAYGO)</li> <li>Muslim Education Welfare Association (MEWA)</li> <li>Reachout Centre Trust</li> <li>TeensWatch</li> <li>Coast Sex Workers Association (COSWA)</li> <li>Omari Project</li> <li>Probation Department, Judiciary of Kenya,</li> <li>HIV/AIDS Peoples Alliance-Kenya (HAPA Kenya)</li> <li>East Africa Trans Health &amp; Advocacy Network (EATHAN)</li> <li>Health Options for Young Men On HIV/AIDS/ STIs (HOYMAS)</li> <li>Person Marginalised and Aggrieved Kenya (PEMA Kenya)</li> <li>JINSIANGU</li> <li>International Center for Reproductive Health (ICRH)</li> <li>African Sex Workers Alliance (ASWA)</li> </ul>

Thematic area	Partners
Strategic Litigation (SL)	<ul style="list-style-type: none"> <li>Katiba Institute</li> <li>Kenya National Commission of Human Rights (KNHCR)</li> <li>Centre for Reproductive Rights (CRR)</li> <li>Equality Now</li> <li>Kenya Human Rights Commission (KHRC)</li> <li>Gay and Lesbian Coalition of Kenya (GALCK)</li> <li>National Gay and Lesbian Human Rights (NGLHRC)</li> <li>South Africa Litigation Center (SALC)</li> <li>Initiative for Strategic Litigation in Africa (ISLA)</li> <li>The Joint United Nations Programme on HIV and AIDS (UNAIDS)</li> </ul>

## Publications Gallery







# Photo Gallery



Ambrose Rachier, Justice Edwin Cameron, UNDP Resident Representative Nardos Bekele-Thomas, Justice Prof. Joel Ngugi, and Commissioner Catherine Mumma during the dialogue conference on HIV, human rights and the law in Eastern and Southern Africa.



Participants of the third Judicial Dialogue Forum held in 2016 with support from Stop TB Partnership and University of Chicago.



KELIN's Executive Director, Allan Maleche awarded the 2018 Elizabeth Taylor Human Rights Award



Roy Omunga, Melba, Elder Joyce Orowe, Allan Malache, Martin Namasaka, Leah Bugtay and Patrick Kange'ethe during a forum where KELIN received various awards.



Our partners and friends during the launch of the Positive Justice Campaign on Human Rights Day, 10th December





# KELIN

Annual Report

*25 years*

*of reclaiming rights  
and rebuilding lives*

#### NAIROBI OFFICE

4th Floor Somak House, Mombasa Road  
P.O. Box 112 - 00200 KNH Nairobi  
Tel: 020 2515790  
Mobile: 0710 261408 / 0788 220300  
Fax: 020 386 1390

#### KISUMU OFFICE MILIMANI AREA

Agha Khan Road, Opposite  
Jalaram Academy  
Tel: +254-57-2532664  
Cell- [Office]: +254-708-342197