Stop TB Partnership KENYA

STRATEGIC PLAN 2014-2018

Spearheading a nationwide, year-round, doorstep-reaching platform, for a healthy and prosperous Kenya free from TB and other poverty-related diseases

Vision

A healthy and prosperous Kenya free of Tuberculosis and other poverty-related diseases.

Mission

To spearhead a nationwide year-round doorstep-reaching platform for Government, Business Community, Patient Community and all Kenyans to make Kenya free of TB and other poverty-related diseases wherever they live, learn, work, worship, play, congregate, travel, visit, migrate or in special settings.

"*Do something, Do more, Do better, Together*"

Contents

List of Tables and Figures

Foreword

The attainment of the highest level of health goes beyond the health sector. It gives us a great privilege to introduce to you the first strategic plan of the STOP TB Partnership, Kenya 2014-2018.

This plan addresses social determinants of health that go beyond the health sector. The plan taps into the comparative advantage of the business and corporate world; builds on the aspirations, commitments and determination of the Government and the people of Kenya; and weaves these with the aspirations of patients and their families who are the core of the Partnership. The STOP TB Partnership, Kenya spearheads a year-round doorstep-reaching platform for a healthy and prosperous Kenya free from TB and other poverty-related diseases. It recognizes the main root causes of diseases as poverty and ignorance. We urge all Kenyans to strive to be healthy and prosperous with the longest possible high quality life expectancy from womb to tomb.

Mr. James Macharia Wainaina
Cabinet Secretary
Ministry of Health, Kenya

Dr. Muhwa Jeremiah Chakaya
Chair, Coordinating Board
STOP TB Partnership, Kenya

Acknowledgement

We are most grateful to the American People who, through the United States Agency for International Development (USAID), made it possible for us to develop this strategic plan.

The following are acknowledged for their participation in the strategic planning design workshop, May 29-31, 2014, Tafaria Castle, Nyahururu: Chris Apollo (Intro Networks – Africa); Dr. Grace Gitonga (KAPTLD); Dr. Hellen Meme (KEMRI); Evaline Kibuchi; Gladys Muhunyo; Imelda Namayi (NCCK); Lucy Chesire; Samuel Misoi (NTLD-Program); Wariara Mugo (MSF); Consolata Wangeci, Dr. Brenda Mungai, Dr. Paul Wekesa; Dr. Samuel Kinyanjui; Rose Wandia; and Ruth Wanjala (CHS).

The following are acknowledged for their participation in the strategic planning validation workshop, June 24-25, 2014, Sarova PanAfric Hotel, Nairobi: Eunice Ombati and Enos Omuli (LANCET); Ann Mikia (INTERNEWS); Preston Izulla (PSI Kenya); Justin Kurui (Kenya Community Health Network); Daniel Mwaura (SWHAP); Safari Kithi (AKMLSO); Anthony Gitau (NOVARTIS); Beatrice Kemuma and Beatrice Ongoto (KITA); Wangari Wanguru (MSF); Wariara Mugo (MSF); Melba Katindi (KELIN); Terry Ritich (AIDS Law Project); Rachel Malowa and Catherine Mutua (TAC); Michele Martini, Kerry Kyaa, and Vyona Ooro (IOM); Margaret Mungai (AMREF Health Africa); Agnes Irungu (Kenya Police Service); Rahab Mwaniki (RASD); Imelda Namayi (NCCK); David Siso (GOAL Kenya); Lucy Kiruri (NACC); Mark Rabudi (KHBC); Dr. Maureen Syowai (ICAP); Dr. Hellen Meme (KEMRI); Velma Barasa (Bayer Health); Dr. Muhwa Jeremiah Chakaya (KAPTLD); Samuel Misoi (NTLD-Program; Terry Omulama (COTU); Dr. Salome Wanjohi (AAR); Janice Njoroge, Ruth Wanjala, Rose Wandia, Dr. Brenda Mungai, and Dr. Samuel Kinyanjui (CHS).

We acknowledge the following members of the strategic planning Reference Group for their contribution and advise into this process: Dr. Joel Kangangi (WHO), Dr. Muhwa Jeremiah Chakaya (STOP TB Partnership, Kenya); Dr. Paul Wekesa (CHS); Dr. Samuel Kinyanjui (CHS/TB-ARC); Samuel Misoi (NTLD-Program/ STOP TB Partnership, Kenya); Dr. Jackson Kioko (NTLD Programme); Dr. Joseph K. Sitienei (DCDPC); Dr. Grace Njeri-Gitonga (STOP TB Partnership, Kenya); Dr. Brenda Mungai (CHS/TB-ARC); Rose Wandia (CHS/ STOP TB Partnership, Kenya); Dr. Evans Amukoye (KEMRI).

Specific individuals have made exemplary contributions to the development of this strategic plan: Dr. Eliab Seroney Some, the Lead Consultant, for conceptualizing, facilitating, and writing the strategic plan; Dr. Paul Wekesa, Chief Executive Officer, Centre for Health Solutions – Kenya, for including support to STOP TB Partnership Kenya in their Request For Application to USAID in April 2013 and for attending all meetings of the Strategic Plan Formulation Team and Reference Group; Dr. Samuel Kinyanjui, Chief of Party, USAID funded TB-ARC activity; Dr. Muhwa Jeremiah Chakaya - Chair, Coordinating Board of STOP TB Partnership – Kenya, for leading the Strategic Plan Formulation Team and Reference Group. Dr. Joseph K. Sitienei - Head, Division of Communicable Disease Prevention and Control for being a key informant and sharing key documents related to the partnership. Dr. Jackson Kioko, Head, National Leprosy, Tuberculosis and Lung Diseases Program, for being a key informant and presenting progress on the current national strategic plan 2011 – 2015.

Dr. Grace Njeri-Gitonga - Head, STOP TB Partnership Secretariat – for providing all documents related to STOP TB Partnership Kenya - for participating in the strategic planning design workshop. Mr. Samuel Misoi - Partnership Secretariat – for being a key informant and participating in all the strategic planning workshops. Ms. Rose Wandia (Partnership Secretariat), Mr. Joseph Ruiru, Ms. Ruth Wanjala and Ms. Consolata Wangechi all of CHS for providing administrative and logistical support during the development of the strategic plan.

We recognize that this first strategic plan for the STOP TB Partnership – Kenya would not be without the vision and contributions of the following founding partner organizations and their representatives: Ministry of Health, National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) (Dr. Joseph Sitienei, Mr. Samuel Misoi, Ms. Jacinta Omariba, J. Kemunto); Malteser International (Mr. Paul Ochieng); KAPTLD (Dr. Muhwa Jeremiah Chakaya, Dr. Grace Karanja); ACTION Project/TAC (Ms. Lucie Chesire); AMREF (Mr. Julius Tome); KNCV/TB CARE1 (Professor Salaniponi, Dr. Ombeka); Global Business Coalition On HIV/AIDS Tuberculosis and Malaria (Ms. Julie Cege); PATH (R. Ngiela); NetMA Plus (C. Apina); KANCO (E. Kibuchi); TB Advocates (C. Apollo); and ATS (Prof. P. Hopwell, Fran Do Melle).

Abbreviations

ACSM	Advocacy, Communication and Social Mobilization
ART	Anti-retroviral therapy
AU	Africa Union
BPA	Basic Partnership Agreement
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
CEE	Community Engagement and Empowerment
CHS	Centre for Health Solutions – Kenya
CPT	Co-trimoxazole Preventive Therapy
CRC	Convention on the Rights of the Child
CS	Cabinet Secretary
CSOs	Civil Society Organizations
DLTLD	Division of Leprosy Tuberculosis and Lung Diseases
DMS	Director of Medical Services
FBOs	Faith-based organizations
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS Tuberculosis and Malaria
HBC	High burden countries
HLV	Healthy Living Volunteers
IEC	Information, Education and Communication
IPT	Isoniazid preventive therapy
KANCO	Kenya AIDS NGOs Consortium
KAPLTD	Kenya Association for Prevention of Tuberculosis and Lung Diseases
KHSSP	Kenya Health Sector Strategic and Investment Plan
MDGs	Millennium Development Goals
MDR-TB	Multi-drug resistant TB
MOOC	Mass Online Offered Courses
MoV	Means of Verification
NGOs	Non-governmental organizations
NTLD-Program	National TB, Leprosy, and Lung Disease Program
PESTER	Political, Economic, Social, Technological, Environmental, Regulatory
PHC	Primary Health Care
PR	Public Relations
PS	Principal Secretary
PTB	Pulmonary Tuberculosis
SWOT	Strengths, Weaknesses, Opportunities, Threats analysis
TB ARC	Tuberculosis Accelerated Response and Care
TB	Tuberculosis
TBCAP	Tuberculosis Coalition for Technical Assistance
TB-ICC	TB Inter-agency Coordinating Committee
USAID	United States Agency for International Development
WHO	World Health Organization
X-DRTB	Extensively drug-resistant TB

Executive Summary

The STOP TB Partnership Kenya is a movement of individuals and organizations from the Government of Kenya, business and corporate community, patient community and the people of Kenya for the elimination of TB and reduction of poverty-related diseases in Kenya. It mirrors the Global Stop TB Partnership, which is composed of donors, national and international organizations, government and non-governmental organizations, affected communities and academic institutions working together to reduce the toll of TB worldwide and ultimately achieve a world free of TB. Stop TB Partnership Kenya recognizes the policy and leadership role of the Ministry of Health (MoH) at all levels and will unreservedly support and partner with MoH to discharge its mandate.

What does STOP TB Partnership Kenya want to achieve? The vision of STOP TB Partnership Kenya is a healthy and prosperous Kenya free of Tuberculosis and other poverty-related diseases. Its mission is to spearhead a nationwide year-round doorstep-reaching platform for all Kenyans to individually and collectively address social determinants of TB and other poverty-related diseases through ten target settings. In line with the national strategic plan for TB control, STOP TB Partnership Kenya expects the following inspirational results: (1) mortality due to TB reduced by 3% by 2018 compared to 2014; (2) At least 90% of people with diagnosed TB are cured every year from 2017; (3) At least 90% of people with active TB are detected, diagnosed and put on treatment every year from 2017; (4) At least 90% of people with risk factors for TB are empowered to reduce their risk and vulnerability by December 2016; (5) At least 90% of people free of TB are informed to remain free every year; (6) At least 95% of people with TB and their families do not suffer excess illness and deaths during disasters or emergencies from 2017; (7) Reduced percentage of people aged 15-85 years old displaying one or more selected unhealthy behaviors; (8) At least 124 slums or informal settlements improved (one slum per urban center) by 2018. (9) At least 80% of houses in the 124 slums or in informal settlements have adequate lighting and ventilation.

Why TB and other poverty-related diseases? Tuberculosis can affect all people, but it is more concentrated among the poor. There is a direct correlation between levels of poverty and the burden of TB. Malnutrition, overcrowding, poorly ventilated houses and indoor air pollution from the use of biofuels are markers of poverty and are all directly associated with TB. Poor people go hungry and live in close quarters where TB flourishes. TB decreases people's capacity to work and, in addition, catastrophic out of pocket expenditures for TB care exacerbate their poverty. TB causes an economic loss of approximately US$110 million per year from the Kenyan economy. TB and other poverty-related diseases have the same root causes – poverty, ignorance, lack of access to prompt care, etc.

What are the aspirations, commitments and policy direction of the partnership? The Vision of the STOP TB Partnership Kenya is to have a healthy and prosperous Kenya free of Tuberculosis and other poverty-related diseases. The Mission is to spearhead a nationwide year-round doorstep-reaching platform for Government, Business Community, Patient Community and all Kenyans to make Kenya free of TB and other poverty-related diseases wherever they live, learn, work, worship, play, congregate, travel, visit, migrate or in special settings.

What is the platform spearheaded by STOP TB Partnership Kenya? When fully established, the Platform will be a nationwide year-round doorstep-reaching platform for a healthy and prosperous Kenya free from TB and other poverty-related diseases. The platform, to be established in phases, will, by December 2016, consist of tangible and measurable presence of the STOP TB Partnership – Kenya in partnership with leadership and management of the following settings: (1) Living settings (Villages, Estates and Neighborhoods); (2) Learning settings (Early Childhood Development Centers, Primary schools, secondary schools, Vocational Training Institutions, Commercial Colleges, University Colleges and Universities); (3) Work place settings; (4) Worship settings; (5) Congregate non-worship settings; (6) Sports settings (sports club and groups, stadia, swimming pools, etc.); (7) Visited places (attraction sites, waiting bays in hospitals, airports, etc.); (8) Travel and Transport setting (Bus/Matatu terminus and stops, train stations, airports or buses, trains and airplanes); (9) Migrant settings (Diaspora, refugee camps, labor migrants, international migrants, etc.); (10) Special settings (nomads, street people, internally displace persons, etc.)

Who will manage the platform and how? In order to achieve the aspirations, concerns and commitments of the partnership, the following groups of people will be mobilized and empowered to be change agents: (1) Healthy

Living Volunteers in every setting; (2) Administrators (Settings' Chief Executive Officers, Ward Administrators, Assistant Chiefs, Chiefs, etc.); (3) Leaders (Members of the Cabinet, Parliamentarians, Senators, Eminent Persons, Advocates, Magistrates, and Judges, Leaders of Professional Organizations, Associations and Institutions, etc.). The partnership will setup coordinating mechanisms at National, County, Sub-County Levels and in every setting. The overall coordination of the work of the partnership will be undertaken by the STOP TB Partnership Kenya Secretariat and technical working groups, which will take direction from the STOP TB Partnership Kenya Coordinating Board. The Board will under the guidance of a Group of Eminent Persons. The partnership will hold annual stakeholders' forums at the National and County levels and for each target setting. The activities of the Partnership at the National, County and Sub County levels and in all the settings will be captured, documented and placed in 'Libraries' for easy access by the public.

What will the partnership do on a day-to-day basis? STOP TB Partnership Kenya has two thrusts and core businesses: (a) high level advocacy and (b) mobilization and leveraging of resources. For the first thrust it will advocate for high-level political and policy commitment. For the second thrust it will mobilize donor and local resources and partner with civil society, business community and other partners with comparative advantage for implementation. Implementation seeks to create and maintain the platform - the settings approach; spearhead nationwide, year-round, doorstep-reaching platform that will deliver six information hits on healthy and prosperous living per person per day – 24/7/365.

What are the strategic approaches of the STOP TB Partnership Kenya? STOP Partnership Kenya has 11 strategic approaches/milestones: (1) Getting endorsement of the strategic plan; advocating and supporting the review of existing laws, regulations and rules for healthy settings; and setting mechanisms for partnership development, organization and management. (2) Setting mechanisms for governance, leadership, collaboration and partnership at each target setting. (3) Facilitating evidence-generation and knowledge management. (4) Supporting Ministry of Health to develop policies, guidelines, and minimum standards for each target setting. (5) Undertaking aggressive resource mapping, mobilization and channeling. (6) Setting systems and building capacity. (7) Providing products and services. (8) Conducting advocacy, communication, social mobilization and public relations activities. (9) Promoting and facilitating community engagement and empowerment. (10) Contributing to disaster and emergency preparedness and response. (11) Catalyzing planning, monitoring, review, evaluation and reporting.

What is the organization and management of STOP TB Partnership Kenya? STOP TB Kenya Partnership will have a Group of Eminent Persons (GEP) to spearhead the high level advocacy, a national Coordinating Boarding for governance and a Partnership Secretariat for management. Overall aspirations, commitments and policy direction will be set by a National Stakeholders' Forum with advice from the Group of Eminent Persons and the Coordinating Board. Each target setting will have a setting specific national stakeholders' forum. There will be STOP TB Partnership Kenya Coordinating Offices at County level to provide support to all the target settings in the county. At target settings, the Partnership will catalyze and facilitate formation of a committee for healthy and prosperous setting and recruitment of Healthy Living Volunteers. At Kenyan Diaspora level, Diplomatic missions, including those for AU, EU and UN, will facilitate formation of committees among Kenyan diaspora to spearhead their contributions towards making Kenya healthy and prosperous free of TB and other poverty-related diseases.

How will the partnership mobilize and/or leverage resources? The Partnership proposes to establish a Healthy and Prosperous Kenya Fund (HPKF). Under the HPKF the Partnership will mobilize or leverage US$40 million per year for TB control, and US$100 million per year to address social determinants of TB and other poverty-related diseases. The Partnership will seek a capitalization budget of US$3 million to establish the platform and a five-year indicative programme budget of US$10.1 million. The Partnership will mobilize and/or leverage financial resources through eight channels: (1) donor and corporate funding. (2) Funds generated by each target setting. (3) Business and corporate community social investments. (4) Direct contributions from Kenyans at home and abroad. (5) Budget allocations by national and county governments. (6) Fund-raising events. (7) Resources leveraged by the settings (8) Savings: allocation of health care and financial costs saved by investing in preventive interventions.

Chapter 1
Introduction and Background

1.1 About this Strategic Plan

Since the pre-launch of the STOP TB Partnership – Kenya on August 10, 2010, members of the Coordinating Board and Partnership Secretariat were concerned about the lack of a roadmap towards creation of a movement to fight TB; lack of financial resources to develop the Partnership; and lack of clear guidance on scope, boundaries and accountabilities of the Partnership. In response and with financial support from USAID through the Centre for Health Solutions - Kenya, TB-ARC activity, this strategic plan was developed. It begins with presentation of the basic facts about TB, burden of TB, global and national response, and history of global and national STOP TB Partnerships (Chapter 1). Analysis of strategic issues based on the classic strategic planning steps is presented in Chapter 2. Aspirations, commitments, and overall direction of the Partnership are presented in Chapter 3. Chapter 4 presents the overall strategy and strategic approaches and key activities by milestones; followed by institutional arrangements and implementation framework (Chapter 5); risks and risk Management (Chapter 6); and financing, funding and indicative budget (Chapter 7). Annex 1 gives a summary of the strategic planning process.

1.2 Basic Facts about Tuberculosis

TB is an infectious disease caused by bacteria known as *Mycobacterium Tuberculosis*. Although a human body may harbor the bacteria that cause tuberculosis, in most individuals the immune system usually prevents one from becoming sick. For this reason, there is a distinction between being infected and carrying the TB gems somewhere in the body in a dormant state called latent TB and becoming sick with TB called active TB. In latent TB, a person has TB infection, but the bacteria remain in the body in an inactive state and cause no symptoms. Latent TB is not contagious. However, it can turn into active TB when there is reduced immunity. Active TB makes one sick and when in the lungs can spread to others. Its signs and symptoms will depend on the organ that is involved and include: cough with or without sputum which may or may not have blood, unintentional weight loss, fatigue, fever, night sweats, chills, and loss of appetite. The TB bacteria are spread from person to person through microscopic droplets released into the air when someone with lung TB coughs, speaks, sneezes, spits, laughs or sings. People are likely to get tuberculosis from someone they live with, work with, or stay in close proximity. The risk of developing active TB is much higher among people with reduced immunity[1] from: (1) HIV/AIDS; (2) poor diet; (3) excessive alcohol consumption; (7) long term use of some medications such as systemic steroids; (5) diabetes mellitus and (12) smoking. Other people at risk are the very young or those advanced in age and persons who live or work in overcrowded and poor ventilation places. Beyond this, the Partnership will act with other partners to influence other upstream factors that can exacerbate the above risk factors, e.g. chronic lack of sleep, obesity and lack of exercise.

1.3 The Burden of Tuberculosis

TB remains a major global health problem. It ranks as the second leading cause of death from an infectious disease, after the human immunodeficiency virus (HIV). Globally, an estimated 8.6 million people developed TB in 2012. Tuberculosis occurs in all the countries of the World, however, nearly 80% of the global burden of TB is found in 22 countries[2], which together comprise the global TB high burden countries. Nine countries in Sub –Saharan Africa belong to the 22 high burden countries (HBCs).

According to the Global Tuberculosis Control Report for 2013, while contributing 12.7% of world population, Africa contributes 24.5% of TB deaths and 78.1% of HIV-positive TB deaths. Kenya is among the 22 high burden countries . In 2012 Kenya reported about 100,000 TB cases, which was estimated to be about 76% of all TB cases that had occurred in the country that died of TB including 7, 700 people who were dually infected with TB and HIV. This works out at about 50 deaths per day making this disease a major cause of preventable deaths in Kenya. There has been a worrying trend of an increase in the number of TB patients who have TB germs that cannot be killed by the usual drugs, so called drug resistant TB. In 2012 the NTLD Programme reported that 225 people had multi drug resistant TB (MDR-TB) of whom 96% (216) were enrolled on treatment.

Studies[3] on the economic burden of TB document between three and four months work time lost annually due to Tuberculosis, and lost earnings of 20 to 30% of household income. Families of persons who die from TB lose about 15 years of income. TB and poverty are closely linked. Malnutrition, overcrowding, poor air circulation and sanitation-factors associated with poverty; increase both the probability of becoming infected and the probability of developing TB. Together, poverty and Tuberculosis form a vicious cycle: poor people go hungry and live in close, unhygienic quarters where TB flourishes; TB decreases people's capacity to work, and adds to treatment expenses, exacerbating their poverty.

Given 8.6 million sick persons globally in 2013 and assuming a 30% decline in average productivity, the toll amounts to approximately USD1 billion yearly. Two million annual deaths, with an average loss of 15 years' income, add an additional deficit of USD11 billion. Thus, TB causes approximately USD12 billion annually to disappear from the global economy. Using the same parameters TB causes approximately USD110 million per year to disappear from the Kenyan economy.

1 http://www.rediff.com/getahead/slide-show/slide-show-1-health-11-things-that-weaken-immune-system/20110104
2 The 22 HBCs are Afghanistan, Bangladesh, Brazil, Cambodia, China, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, the Philippines, the Russian Federation, South Africa, Thailand, Uganda, the United Republic of Tanzania, Viet Nam and Zimbabwe.
3 http://www.who.int/trade/distance_learning/gpgh/gpgh3/en/index6.html accessed on 5 June 2014 at 2:15 pm.

1.4 Global Response to Tuberculosis

According to WHO Tuberculosis Control Report for 2013, the current global picture of TB shows continued progress, but not fast enough. Notifications of TB cases have stabilized globally. In 2012, 6.1 million cases of TB were notified to national TB programs (NTPs). About 75% of the estimated 2.9 million missed cases were in 12 countries[4]. Undetected TB cases and treatment coverage gaps constitute a public health crisis. Globally in 2012, data from drug resistance surveys and continuous surveillance among notified TB cases suggest that 3.6% of newly diagnosed TB cases and 20% of those previously treated for TB had multi-drug resistant TB (MDR-TB). On average, an estimated 9.6% of MDR-TB cases have XDR-TB. Globally, only 48% of MDR-TB patients in the 2010 cohort of detected cases were successfully treated, reflecting high mortality rates and loss to follow-up. TB-HIV collaborative services are expanding, but global targets are not yet in sight. Globally, 46% of people with TB knew their HIV status (up from 40% in 2011). In the African Region that has the highest TB/HIV burden, 74% of People with TB knew their HIV status (up from 69% in 2011). The coverage of ART among people with TB who were known to be HIV-positive reached 57% in 2012, up from 49% in 2011.

International donor funding and more domestic investments are essential. Of the US$7.8 billion per year required in low and middle-income countries in 2014 and 2015, about two thirds is needed for the detection and treatment of drug susceptible TB, 20% for treatment of MDR-TB, 10% for rapid diagnostic tests and associated laboratory strengthening, and 5% for collaborative TB/HIV activities. International donor funding reported by NTPs amounted to US$0.8 billion in 2013, about three-quarters of which was from the Global Fund. To close resource gaps, at least US$1.6 billion is needed in both 2014 and 2015. International donor funding is estimated to account for more than 50% of total funding in the group of 17 HBCs, excluding BRICS, and in all low-income countries.

1.5 Global Stop TB Partnership

STOP TB Partnership Kenya will mirror the Global stop TB Partnership. The World Health Assembly established the Global Stop TB Partnership in May 2000, following the Ministerial Conference on Tuberculosis and Sustainable Development in Amsterdam, the Netherlands.

It now comprises over 1200 organizations, including donors, national and international organizations, government and non-governmental organizations (NGOs), affected communities and academic institutions. The Partnership consists of a Partners' Forum, a Coordinating Board, a Partnership Secretariat hosted by the World Health Organization (WHO) in Geneva, Switzerland, and seven Working Groups. The Partnership's mission is to: (1) ensure that every person with TB has access to accurate diagnosis, effective treatment and cure; (2) stop the transmission of TB; (3) reduce the social and economic toll of TB; (4) develop and implement new preventive, diagnostic and therapeutic tools and strategies to stop TB.

1.6 STOP TB Partnership Kenya

The idea of establishing a STOP TB Partnership in Kenya was mooted in 2004 by the National Tuberculosis Programme (NTP) together with WHO, USAID and CDC among other originating partners. It was included as an activity in the 2006-2010 strategic plan of the National TB, Leprosy and Lung Disease Program. The originating partners were also members of the TB Inter-agency Coordinating Committee (TB-ICC) and there was an understandable push back because it was felt that the new initiative would over-burden the same people. However, with increase in funding for TB control from several sources including the GFATM and other development partners, a lot more partners joined the fight against TB and could not all be accommodated at the TB-ICC table. The idea of forming the Partnership was re-introduced in 2009 by the NTLD-Program Director, with technical support obtained from the American Thoracic Society though the USAID funded Tuberculosis Coalition for Technical Assistance (TBCAP). Through in country consultations and the technical support from ATS, the STOP TB Partnership Kenya idea progressed and ultimately led to the registration of the partnership under the Societies Act on August 17, 2011.

According to the Constitution and Rules of STOP TB Partnership Kenya[5], the Society is established to create a social movement for public awareness, community empowerment and policy action to: (a) mobilize resources for use in TB prevention, care and control in Kenya at the national, provincial, and district levels including but not limited to fundraising towards supporting the functions of the Society, reinforcing the campaign through strategic partnerships with stakeholders in health, both regionally and globally, and developing capacity on the eradication of tuberculosis. (b) Promote appropriate technical norms and standards for TB prevention, care and control in Kenya at national, provincial and district levels as part of the efforts towards the eradication of tuberculosis globally. (c) Perform advocacy activities concerned with elimination of tuberculosis including providing scientific and public health education and information about TB prevention, care and control for the policy makers on national, regional and international levels, raising public awareness levels on TB, and contributing to global debates and advocacy campaigns on TB. (d) Provide a framework for increasing participation in TB prevention, care and control activities by all interested parties, with emphasis on building awareness in and participation of patients, their families and care givers.

4 In order of total numbers, these were India (31% of the global total), South Africa, Bangladesh, Pakistan, Indonesia, China, Democratic Republic of the Congo, Mozambique, Nigeria, Ethiopia, the Philippines and Myanmar.

5 Drawn by Mboya & Wangong'u Advocates, Lonhro House 7th Floor, Standard Street, P.O. Box 74041-00200 Nairobi (File Ref: K178/002/M/2010/P)

Chapter 2

Analysis of Strategic Issues

2.1 Customer Needs and Stakeholder Analysis

Tuberculosis can affect all people, but is more associated with poverty. Table 1 shows the four categories of persons who bear the greatest burden of TB in Kenya. The impact of TB on persons not on treatment or undetected is 70% chance of death and spreading the disease to household contacts, loss of productivity, and stigma and discrimination. Without a concerted effort to develop a strong TB service under a good TB control program, people with TB may experience long periods of illness due to non-diagnosis or misdiagnosis, which can lead to catastrophic health care costs. Poor TB care and control programming can also fuel drug resistant TB, which multiplies the health, social and economic costs of TB many times over. The impact of TB at business and national levels include reduced purchasing power, loss of skilled and experienced workers, and loss of productivity, increased cost of replacement and training and increased cost of health care.

Based on the current knowledge of TB epidemiology in Kenya, we have identified four categories of persons who bear the burden of TB with attributes shown Table 1. This categorization ensures continuum of care from curative to prevention and promotive services based on estimated numbers and needs and concerns individual, family and community levels.

Table 1: Four categories and postulated attributes of people who bear the burden of TB

Attributes		Persons A: On treatment	Persons B: Undetected	Persons C: With risk factors	Persons D: Free of TB
1. Categories of people bearing the burden of TB per year.		Persons with active TB diagnosed and on treatment	Persons with active TB but neither diagnosed nor put on treatment	Persons with latent TB and/or risk factors for TB	Persons without latent TB (free of TB)
2. Estimated number 2012		100,000	30,000	14.3 million	28.8 million
3. Needs and concerns		• 5 % chance of dying • Shorter period of illness • Transport costs • Fees for diagnosis • Loss of productivity • Co-infection with HIV • Risk of MDR-TB • Stigma and discrimination	• 70% chance of dying in one year • Long ill health • Spreading TB to 25-50% of household contacts • Cost of self-medication • Misdiagnosis • Transport costs • Loss of productivity	• Increasing risk to active TB • Ignorance of TB and its control • Consequence of ignorance, e.g., unhealthy behaviors	• Risk of being infected • Ignorance of TB and its control • Consequences of ignorance, e.g., unhealthy behaviors
4. Postulated characteristics, needs and concerns at various levels:	Individual	• Male or female 25-45s • 80% Literate • 40% HIV infected • 80% Casual laborer • Has a cell phone • Has some features of Persons B and C	• Rural /slum dweller • Very young or very old • More likely female Unknown HIV status • Casual worker • Refugee • Prisoner • Low knowledge of TB and its control • Has cell phone • All features of Person C	• Health worker or newly employed or Diabetic or Cancer patient or Smoker or Alcoholic • Visits crowded places • Uses crowded vehicles • Low knowledge of TB and its control • Has a laptop	• Employer/business persons • Highly mobile • Rich childhood • Child of TB advocate • Employee in low cadre • Low knowledge of TB and its control
	Family	• Married with 5 children, but lives alone • Low income • Food & Nutrition insecure • Cooks occasionally	• Extended family and polygamous • Supports parents at home • Has a radio • Low income • Food & Nutrition insecure • Cooks occasionally	• Family member with TB • Has TV • +/- House help • Large proportion of family income spend on risk factors	• Nuclear family with high income • Spouse employed • Has house-help • Has health insurance • Use private health services • Rural church/mosque going
	Community	• Informal settlement • Crowded house • No social amenities • Poor sanitation • Low knowledge of TB • Quack "doctors"	• Informal settlement • High stigma and discrimination • Inaccessible health services • Practices faith healing • Low knowledge of TB	• Has access to health services • Drug stock-outs frequent • Presence of churches, mosques and other religious groupings • Low knowledge of TB	• Low density area • Uses private health services • Gated community • Drives to social and religious places • Low knowledge of TB

Given the characteristics, needs and concerns in Table 1, Table 2 shows proposed duty bearers to be mobilized and empowered to address the burden of TB among the four categories of people who bear the burden of TB.

Table 2: Proposed duty-bears to address TB, 2014-2018 and beyond

Rights holder/ Duty-bearers	Persons A: On treatment	Persons B: Undetected	Persons C: With risk factors	Persons D: Free of TB
Rights holders	100,000 Kenyans with active TB diagnosed and on treatment	30,000 Kenyans with active TB but not yet diagnosed nor put on treatment	14.4 million Kenyans with latent TB and/or risk factors for TB	28.8 million Kenyans with without latent TB (free of TB)
Duty-bearers targeting individual persons	100,000 spouses or significant others; Health workers; 2,992 TB treatment centers; HIV/ AIDS services provider; MCH clinic health worker; Pharmacist and Pharmaceutical workers; Mass media owners	30,000 Spouses or Significant others; Private sector pharmacists and pharmaceutical workers; Faith healing practitioners from over 55 faith denominations; Herbalists; Transport operators; Mass media owners	7.2 million spouses or significant others; Private sector pharmacists and pharmaceutical workers; Faith healing practitioners; Herbalists; Transport operators; Mass media owners	14.4 million spouses or significant others Transport operators Mass media owners Faith healing practitioners from over 55 faith denominations
Duty-bearers targeting communities	Community Health Workers; Peer Support Volunteers; Peer Educators; Village Health Committees; Council of Elders; Ward Administrators; School Board of Governors; School Management; Parents-Teachers Associations; Officials of Self-help groups; Estate or Neighborhood Welfare Committees			
Duty-bearers targeting institutions and organizations	Occupational Health & Safety Officers; Workshop Stewards; Unit, Departmental and Section/Division Heads; Football captains; Football team managers; Transport operators; Local church councils; Local mosque councils; Local councils of other religious organizations; Owners of where people congregate; Managers of Football stadiums			
Duty-bearers targeting county, constituency and ward levels	Health facility in-charges; 256 Sub-county TB coordinators; 1,450 Ward Administrators; Village Elders; 1,450 MCAs; 290 MPs; 47 County TB Coordinators; 47 County Health Directors; 47 County Health Executives; 67 Senators; 16 Women Representatives			
Duty-bearers targeting national level	Manager, NTLD-Program; Director, DTLP; DMS-Health; PS-Health, Finance; CS-Health, Finance; Parliament-Chairs Budget & Health Committees; Senate-Chairs Budget & Health Committee; Development partners; Corporate leaders; President			
Duty-bearers targeting international arena, include Kenyan Diaspora	CS-Foreign Affairs, East African Affairs; Kenyan Ambassadors; Officials of Kenyan Diaspora Chapters; Development Partners; Kenyans travelling abroad			

From the above customer needs and stakeholder analysis, the following issues will be strategic to the STOP TB Partnership Kenya:

- Approaches and interventions to make Kenya free of TB and other poverty-related diseases will have to be discussed and approved at the highest levels of Executive, Legislature, Judiciary, media, work places, business and corporate sectors, labor organizations, faith-based organizations, professional organizations, sports organizations, places of congregation, etc.
- The proposed duty-bears will need advocacy, lobbying, communication, social mobilization, managed relations, and capacity building and development, including revision of their mandates, responsibilities and accountabilities.
- There will be need for recognition, promotion and protection of the roles played by families, clans, organized community groups, ethnic communities, civil society organizations (CSOs), faith-based organizations (FBOs), councils of elders and other indigenous structures and mechanisms in addressing social determinants[6] of TB and other poverty-related diseases.

2.2 PESTER Trends and Analysis

Social determinants of TB and other poverty-related diseases are influenced by political, economic, social, technological, environmental and regulatory (PESTER) factors. PESTER trends and analyses reveal that there will be favorable social and technological, neutral regulatory, and neutral to unfavorable economic and political factors in Kenya between 2014 and 2018. Strategic issues for STOP TB Partnership Kenya include:

- Opportunities offered by new health and health-related laws and bills at national and county assemblies to address social determinants of TB and other poverty-related diseases.
- Opportunities offered by the new Constitution demanding citizen participation in budget debates
- Opportunities offered by development or revision of political parties' manifestos.

6 Social determinants of health include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture.

2.3 Analysis of Competing Health Programs

TB stakeholders reviewed 14 health programs[7] that target business and corporate sector for resources and selected five (Beyond Zero Campaign; Mater Hospital Heart Run; Hand washing campaign; Mpango wa Kando; Malaria Campaign) for detailed analysis. From the analysis of competing programs, the following will be strategic issues for the STOP TB Partnership Kenya:

- Creating, promoting and protecting a doorstep-reaching platform for all health programme initiatives to jointly address social determinants of health. According to World Health Organization8, "social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels." Most social determinants of health are related to poverty, inaccessibility of health care services and ignorance of the basic facts of the targeted disease conditions and their control measures.
- Ensuring that the created doorstep-reach platform is big enough to accommodate all health initiatives in person, place and time with a win-win attitude and solidarity with mechanisms, structures, processes and tools for integration, synergy and complementarity.
- Focusing on adding value to Government, business and corporate community, Patient Communities and ordinary Kenyans.

2.4 SWOT of STOP TB Partnership Kenya

Table 3 presents an analysis of strengths, weakness, opportunities and threats (SWOT) of STOP TB Partnership Kenya.

Table 3: SWOT analysis of STOP TB Partnership Kenya up to June 2014

Goal: To bring together partners from all sectors – private, public, civil society and faith-based organizations, among others – on a common platform towards supporting and strengthening TB prevention, care and control efforts.

Strengths:	Weaknesses:
• Willing partners • Committed Steering Committee • Committed hosting organization (KAPLD) • Preparation of annual work plans • Registration of Partnership under Societies Act	• Not maximizing on willing partners • Lack of initial capitation • No strategic direction • Conflict of interest of partners • Inadequate number of Champions • Government as key convener • Inadequate time allocated to Partnership by staff
Opportunities:	**Threats:**
• Political will to establish an all inclusive partnership • Devolution, inter alia, bring services close to people • Existing public-private partnership for health initiatives • General elections and campaigns • Champions for TB from Global STOP TB Partnership	• Negative or neutral perceptions of government, business community, patients community and people on the Brand of STOP TB Partnership – Kenya • Global TB Partnership not buying into the doorstep-reach platform • Medicalization of TB • Inadequate dialogue among partners • Lack of independence from partners' agenda

Given the above SWOT analysis, STOP TB Partnership Kenya notes the following:

- The overall strategy of the Partnership will be to focus on its strengths and opportunities to counter threats and speedily work on its weakness.
- The position of Government will be that of creating an enabling environment, removing political barriers, and ensuring representation and recognition at the highest levels of national and county governments. The Business Community will be given space to play to their comparative advantage and strengths. Patient Community and the people of Kenya will be encouraged, promoted and protected to have a voice and say on all matters and deliberations of the STOP TB Partnership Kenya.

7 These are Beyond Zero, keeping mothers alive, national road safety campaign, hand-washing campaigns, heart run, malezi bora, HIV/AIDS Mpango wa Kando, Jiggers campaign, kick polio out of Kenya, Pan-African Life cancer awareness campaign, Funza Kenya, Hangamiza Malaria, Tembea Kenya, and Tunza Jamii.
8 http://www.who.int/social_determinants/en/

2.5 Review of National Response to the TB disease burden

The national response to the TB disease burden in Kenya is lead by the NTLD-Program, that is supported technically and financially by international partners, including but not limited to, the GFATM, USG (USAID, CDC), WHO, World Bank, JICA, Italian Government, among others. How the national response to TB in Kenya has performed in the past is presented in the recent mid-term review of the national TB control program . The added value of STOP TB Partnership Kenya to the mid-term review is the gap analysis of selected challenges and constraints undertaken during the strategic planning workshops (Table 4). One should begin with core issue or gap and drill down for causes and up for effects.

Table 4: Gap analysis on selected issues to identify causes and effects

Level 5: Long-term effects 2	**Persons A: On treatment**	**Persons B: Undetected**	**Persons C: With risk factors**
Rights holders	• Reduced GDP leading to reduction of provision of public goods and services and reduced government purchasing and employment power. • Families spend less on education and other investments threatening their future survival and competitiveness, setting a cycle of poverty.	• Reduced GDP. • Reduced provision of health care services • Reduced investment into improving quality of health care with consequence of more people getting sick and more impoverishment and entering into the poverty-disease trap.	• Low profits to business and corporate sector which in turn leads to low tax base for government and consequent reduction of provision of public goods and services leading to sick and not so prosperous country
Level 4: Long-term effects 1	• Reduced wealth creation and increased vulnerability to external shocks, such as food and nutrition insecurity and high cost of living	• Reduced wealth creation • Reduced fiscal space for health	• Reduced purchasing power of the individuals, families or households • Household vulnerable to food and nutrition insecurity
Level 3: Short-term effects 2	• Reduced productivity • Increased health care costs	• Reduced productivity • Increased health care costs	• Reduced productivity • Increased health care costs • Reduced family or household income
Level 2: Short-term effects 1	• Absenteeism from work or livelihood while looking for diagnosis and treatment	• More people develop active TB and more people absent from work or livelihood while looking for diagnosis and treatment	• More people have TB and other diseases
Level 1: Immediate effects	• Develops coughing that lasts two or more weeks, coughing up blood or sputum, chest pain, or pain with breathing or coughing • Needs urgent diagnosis and treatment	• Infects those he or she comes in contact with in places for living, learning, working, worshiping, playing or visiting	• Increased risk to (1) HIV/AIDS; (2) chronic stress; (3) poor diet; (4) excessive alcohol; (5); (6) diabetes; (7) (8) on steroid medications; (9) lack of proper hygiene; (11) smoking.
CORE ISSUES OR GAP	**PERSON DEVELOPS ACTIVE TB**	**PERSON WITH ACTIVE TB IN POORLY VENTILATED AND OVERCROWDED PLACES OR VEHICLES**	**LACK OF AWARENESS AND PRACTICE OF HEALTHY BEHAVIORS**
Level 1: Manifestations	• Inhales large dose of bacterium from someone with untreated, active tuberculosis • Very young or advanced in age and comes in contact with people with active TB	• Cannot afford well ventilated and lit living premises • Cannot afford to travel in less crowded vehicles • Living, learning, working, worshiping, playing or visiting places that are poorly ventilated and lighted	• Lack of access to right information and knowledge on healthy behaviors • Lack of role models of good healthy behaviors from those in leadership and positions of influence,
Level 2: Immediate causes	• Contact with person with active TB in poorly ventilated and overcrowded places or vehicles AND • Has (1) HIV/AIDS; (2) chronic stress; (3) poor diet; (4) excessive alcohol; (5) conditions requiring long-term steroid medications; (6) lack of proper hygiene; (7) smoking; AND • Has low income, lives in remote area, or homeless, thus lacks access to the medical care needed to diagnose and treat TB	• Has low income • Living, learning, working, worshiping, playing or visiting places that do not meet the minimum standards for ventilation and lighting	• Rampant moral and ethical decay • Tolerance and even admiration of those practicing unhealthy behaviors • Negative influence of advertising of unhealthy foods • Lack of public campaigns on healthy living, not just the selected conditions. One could be saved from malaria and die from road traffic accidents or HIV/AIDS and TB

Table 4: Gap analysis on selected issues to identify causes and effects			
Level 3: Underlying causes	• Person with active TB not practicing infection control measures • Person not aware of the presence of a person with active TB • Poorly ventilated and lighted areas for living, learning, working, worshipping, playing or visiting or in poorly ventilated and congested vehicles • Health care workers, prison workers, immigration workers, or workers in refugee camps not practicing infection control measures • Person not practicing healthy behaviors	• Employed in low income occupation • Owners of the living, learning, working, worshipping, playing or visited places not aware or cannot afford to meet minimum standards for ventilation and lighting • Minimum standards for ventilation and lighting not enforced for living, learning, working, worshipping, playing or visited places.	• Lack of healthy policies and appropriate policy instruments to translate the policies to action and results.
Level 4: Basic causes	• Inadequate education of patients with active TB • Lack of awareness and practice of healthy behaviors	• Has no knowledge and skills or opportunities for higher paying job • Owners of the target setting have low priority on the health and well-being of tenants • Enforcers of minimum building standards have low priority on the health and well-being of occupants of premises	• Uninformed leadership and those in positions of influence especially to children and youth in character formation stages
Level 5: Root causes	• Overloaded health care workers with knowledge and skill gaps • Infection control measures not fully utilized in most settings	• School dropout due pregnancy, Parents or guardians could not afford education • Lives in rural area with limited job opportunities • Lack of critical mass of passionate and committed advocates and champions for healthy settings	• Lack of a critical mass of passionate and committed advocates and champions

Source: *Format adopted and adapted from Human Rights Approach to programming causality analysis*

STOP TB Partnership Kenya will deal with the following strategic issues arising from the mid-term review and the above gap analysis:

- Advocate and mobilize political, material and financial resources from business and corporate community and from all Kenyans, according to willingness and ability, for TB control.
- Advocate for: (1) removal of barriers to TB care and control by people living in slums, hard-to-reach areas, prisons, refugee camps and those determined by community or institution/organization duty-bearers as qualifying for financial assistance to prevent delayed care seeking due to financial and geographical barriers; (2) visible and effective TB diagnosis, treatment and follow-up among refugees who have a high burden of MDR-TB; (3) sustained political support and priority for TB and other poverty-related diseases at national and county levels; (4) at least 25% of the total national health budget allocated to TB, up from 1%.
- Advocate and mobilize resources to support Key partners to alleviate the following: (1) Lack of investment in health services in hard to reach areas (2) Inadequate (number, distribution, knowledge and skills) human resources for TB and other poverty-related diseases (3) lack of awareness and investment in infection control in places Kenyan live, learn, work, worship, play and visit; (4) lack of effective enforcement of minimum building standards and low priority on the health and well-being of occupants of premises.

2.6 TB Rights-holders and Duty-bearers Capacity Assessment

Individual capacity: A review of capacity of people with TB to attain early and prompt diagnosis and treatment with cure reveal the following strategic issues:

- Need for doorstep information, education, communication (IEC) and social mobilization (SM) that delivers at least six instances of information per day through all media (billboards, radio, TV, newspapers, mobile phone SMS, Radio/TV Talk and Road shows);
- Alleviation of financial, logistical and nutritional barriers to diagnosis and treatment;
- Ensuring that there is access to health care for people with TB from geographically remote areas;
- Ensuring that health workers are not overloaded and are motivated to do their work with excellence;
- Putting in place arrangements to hold people with TB accountable to the health system

Capacity of duty-bearers in the health sector is largely favorable to TB control except for a few elements: inappropriate attitude towards patients; not optimizing available tools for the job; the need to address sub-standard quality of care, due to such factors as overload and time pressure; weak mentorship and supervision as well as poor annual performance planning and appraisal. Capacity of duty-bearers in other sectors is largely unfavorable owing to: lack of clear mandate and legitimacy; lack of specific actions in their job descriptions for TB and other poverty-related diseases; lack of awareness of basic and root causes of TB and other poverty-related diseases which are socially determined and mainly due to poverty and ignorance or inaction of perceived risks to health; lack of job aids and tools specific to non-health sectors in the fight against TB and other poverty-related diseases; lack of technical knowledge and competencies over and above those required by Law and regulations, such as occupation and safety regulations and smoking free premises;

Institutional capacity: TB stakeholders perceive an overall unfavorable institutional capacity to address TB and other poverty-related diseases in both health and non-health sectors in Kenya. This is largely attributed to lack of mainstreaming interventions to address basic and root causes of poverty-related diseases. Health sector, however, has some favorable institutional capacity elements, such as resources, technical competence and policy and legal frameworks for service delivery. These can be used to provide leadership to other sectors.

To address TB and other poverty-related diseases successfully, STOP TB Partnership Kenya will advocate and support the following:

- Policy and legal provisions for all sectors and their institutions to mainstream interventions to address basic and root causes of TB and other poverty-related diseases;
- Designation of focal point persons with clear mandates and authority in each sector and institution to mainstream interventions to address basic and root causes of TB and other poverty-related diseases.
- Results-based annual performance planning and appraisal for all focal point persons for healthy behaviors and living in all sectors and their institutions;
- Preparation, distribution and supervised use of job-aids and tools for promotion and protection of healthy behaviors and healthy living in all sectors and their institutions;
- Raising awareness of healthy behaviors and healthy living and promoting and protecting the acquisition and practice of relevant technical knowledge and skills to address basic and root causes of poverty-related diseases.

2.7 Funding and Funding Gap Analysis

Funding for TB control in Kenya in 2012 was as shown in Table 5. Out of the available US$14.3 million from Government of Kenya (13%) and donors (87%), US$8.3 million was actually spent, indicating an absorption capacity of approximately 60%. According to Global Tuberculosis control report for 2013, the national TB programme budget was US$55 million with 24% (US$13.2 million) funded domestically and 15% (US$8.3 million) funded internationally, giving a funding gap of 61% (US$33.6 million). The STOP TB Partnership Kenya will mobilize or leverage resources to fill this funding gap. This financial gap is small compared to the estimated US$110 million loss to the Kenyan economy associated with TB.

Table 5: Funding for TB control in Kenya in 2012 (USD)

Source	Amount (USD)	%
Government	1,792,115	13%
Loans	0	0%
GFATM	8,786,681	61%
CDC	726,412	5%
TB Care (USAID)	2,986,909	21%
Total (USD)	14,292,117	100%
Government	1,792,115	13%
Donors	12,500,002	87%
Total (USD)	14,292,117	100%
Actual expenditure (USD)	8,305,488	58%

Source: 2012 Annual Report, National Tuberculosis, Leprosy and Lung Disease Program, MoH, Kenya

Chapter 3

Aspirations, Commitments and Policy Direction

3.1 Alignment to Global and National Aspirations and Commitments

Strategic plan for STOP TB Partnership Kenya has been aligned to the following global and national aspirations and commitments:

- **Universal Human Rights:** Article 3: Right to Life. Article 25: Right to Adequate Living Standard.
- **International Covenant on Economic, Social and Cultural Rights:** Article 12.1: "…right of everyone to the enjoyment of the highest attainable standard of physical and mental health."
- **Constitution of the World Health Assembly**: "The enjoyment of the highest attainable standard of health … without distinction of race, religion, political belief, economic or social condition."
- **Convention on the Rights of the Child (CRC)**: Article 5: Parents, family, community rights and responsibilities; Article 6: Life, survival and development; Article 24: Health care; Article 27: Standard of living.
- **Constitution of Kenya – 2010**: Article 26: (1) Every person has the right to life. (2) The life of a person begins at conception. Article 41: (2) Every worker has the right (b) to reasonable working conditions. Article 42: Every person has the right to a clean and healthy environment Article 43. (1) Every person has the right (a) to the highest attainable standard of health (b) to accessible and adequate housing, and to reasonable standards of sanitation.
- **Vision 2030: VISION**: A globally competitive and prosperous nation with a high quality of life by 2030; STRATEGIES: 1. Economic pillar: To maintain a sustained economic growth of 10% per year over the next 25 years. 2. Social pillar: A just and cohesive society enjoying equitable social development in a clean and secure environment. 3. Political pillar: An issue-based, people-centered, results-oriented, and accountable democratic political system.
- **Kenya Health Policy 2012-2030: VISION**: A globally competitive, healthy and productive nation. MISSION: To deliberately build progressive, responsive and sustainable technologically driven, evidence-based and client-centered health system for accelerated attainment of highest standard of health to all Kenyans.
- **Division of Leprosy Tuberculosis and Lung Diseases Strategic Plan, 2011-2015**: VISION: To reduce the burden of lung disease in Kenya and render Kenya free of Tuberculosis and Leprosy. MISSION: To sustain and improve Tuberculosis, Leprosy and lung disease control gains in order to accelerate the reduction of Tuberculosis incidence, intensify post-elimination Leprosy activities and control lung disease.
- **Global Stop TB Partnership: VISION**: A TB-free world. GOAL: To dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets.
- **The Post 2015 TB Strategy**: Vision – A world free of TB: zero TB deaths, zero TB disease and zero suffering from TB

3.2 Vision, Mission, Motto, and Expected Results

The aspirations, commitment and policy direction STOP TB Partnership Kenya for 2014-2018 and beyond is captured in its vision, mission and motto/tagline:

Vision: A healthy and prosperous Kenya free of Tuberculosis and other poverty-related diseases.

Vision Statement: A Kenya where children are conceived and born to grow and develop physically, mentally, and socially well to satisfy demands of life commensurate with age, culture, and personal responsibility, and reach their highest attainable state of health and contribute to the social, economic, emotional, spiritual and cultural well-being of their communities for a globally competitive and prosperous nation. A Kenya free of TB and other poverty-related diseases where every person with active TB has access to accurate diagnosis, effective treatment and cure; every person with active TB but not yet diagnosed gets detected early and empowered to access accurate diagnosis and effective treatment; every person at risk for TB is informed and empowered to reduce risk and vulnerability; and every person free of TB is informed and empowered to remain free of infection and risk factors. A Kenya where all actors in the fight against TB and other poverty-related diseases address social determinants of health, go beyond the health sector, identify needs and concerns of Kenyans, and mobilize and channel resources to needs in an accelerated, equitable and sustainable manner.

Mission: To spearhead a nationwide year-round doorstep-reaching platform for Government, Business Community, Patient Community and all Kenyans to make Kenya free of TB and other poverty-related diseases wherever they live, learn, work, worship, play, congregate, travel, visit, migrate or in special settings.

Mission Statement: STOP TB Partnership Kenya is mandated by its Constitution, rules and regulations to spearhead a nationwide year-round doorstep-reaching platform for all Kenyans to individually and collectively address social determinants of health to make Kenya free of TB and other poverty-related diseases wherever they live, learn, work, worship, play, congregate, travel, visit, migrate or in special settings by (a) establishing servant and transformational leadership and good governance in all target settings; (b) advocating and mobilizing or leveraging significant technical, financial, logistical and material resources; (c) convening and synergizing political and policy dialogue for healthy policies, initiatives, programs and projects; (d) promoting multi-partner, multi-donor, multi-intervention, multi-year collaborations and partnerships; (e) ensuring capacity development and results-based performance appraisal of duty-bearers at all levels; (f) establishing a social movement to accelerate elimination of TB from Kenya and eliminate it by 2050; and (g) being non-partisan and free of discrimination in its operations.

Motto: "Do something, Do more, Do better, Together"

Expected results: Table 6 shows the expected inspirational results for the period 2014 to 2018 and beyond achieved through actions through the following settings to each individual and his or her family and community: (1) Living settings (Villages, Estates and Neighborhoods); (2) Learning settings (Early Childhood Development Centers, Primary schools, secondary schools, Vocational Training Institutions, Commercial Colleges, University Colleges and Universities); (3) Work place settings; (4) Worship settings; (5) Congregate non-worship settings; (6) Sports settings (sports club and groups, stadia, swimming pools, etc.); (7) Visited places (attraction sites, waiting bays in hospitals, airports, etc.); (8) Travel and Transport setting (Bus/Matatu terminus and stops, train stations, airports or buses, trains and airplanes); (9) Migrant settings (Diaspora, refugee camps, labor migrants, international migrants, etc.); (10) Special settings (nomads, street people, internally displace persons, etc.)

Table 6: Hierarchy and nature of results expected, 2014-2018 and beyond

A. Positive changes in lives of people

Health Sector:
(1) Mortality due to TB reduced to less than 3% by 2017 compared to% in 2014 (22 per 100,000).
(2) At least 90% of people with diagnosed TB are cured every year from 2017
(3) At least 90% of people with active TB are detected, diagnosed and put on treatment every year from 2017
(4) At least 90% of people with risk factors for TB are empowered to reduce risk and vulnerability by December 2016
(5) At least 90% of people free of TB are informed to remain free every year;
(6) At least 95% of people with TB and their families do not suffer excess illness, deaths, expenditure; suffering and destruction from TB related health disasters or emergencies from 2017.

Other Sectors
(1) Reduced percentage of people aged 15-85 years old displaying one or more of the following: (1) poor diet; (2) lack of proper hygiene (3) excessive alcohol consumption; (4) risk factors for diabetes such as obesity and (7) smoking;
(2) At least 60% the proportion of eligible TB patients access nutritional support, transport and, or other financial subsidies

B. Positive changes in conditions that affect lives

Health Sector
(1) At least 90% of people in target settings aware of healthy behaviors for each stage of life-cycle by 2018: (1) Pre-pregnancy; (2) Pregnancy; (3) Birth; (4) Infants (0-1½yrs)- not able to walk; (5) Toddlers (1½-3yrs)-walk; (6) Pre-school children/ECD (3-5yrs); (7) Primary school children (6-12yrs); (8) Secondary school students (13-18yrs); (9) students in tertiary education institutions (19-25yrs); (10) Young adult (25-35yrs); (11) Mid-adult (35-45); (12) Late adult (46-64yrs); (13) Old (65-84yrs); (14) Very old (85yrs and above).
(2) At least 90% of people in target setting practice the minimum standards for each setting and for each stage of life cycle by 2018.

Other sectors:
(1) At least 124 slums or informal settlements improved (one slum per urban center) by 2018.
(2) At least 80% of houses in 124 slums or in informal settlements have adequate light and ventilation according to NEMA or Kenya Building Code Standards. Baseline: 65% in 2013.
(3) Reduced proportion of target settings reporting (ii) poor diet; (iv) excessive alcohol; (vi) obesity; (vii) Lack of exercise; (vii) long-term use of illicit drugs (ix) lack of proper hygiene; (xi) smoking;
(4) Increased proportion of households with water and sanitation facilities within the compound in slum areas or informal settlements

C. Positive changes in interventions to address conditions

Health Sector
(1) At least 75% contacts of TB and MDR-TB traced and screened
(2) At least 90% of 2,992 TB treatment sites have minimum infection control measures
(3) At least 90% of 2,992 TB treatment sites are linked to MDR-TB isolation facilities
(4) At least 90% of 2,992 TB treatment sites are linked to PMDT clinical teams
(5) At least 90% of 2,992 TB treatment sites meet minimum standards for the linkage between community-based and facility-based TB care
(6) Quarterly routine health checks, screening for chronic conditions, treatment of minor conditions and referral conducted in at least 124 slums and informal settlements from 2016
(7) Established hospitals, in collaboration with business and corporate community and medical schools or schools of public health, provide regular outreach services in at least six hard-to-reach areas or areas with hardships.

Other sectors:
(1) Improved roads within at least 124 slums or informal settlements
(2) Improved solid waste collection and disposal in at least 124 slums or informal settlements
(3) Improved disposal of human excreta, e.g., through manually exhaustible ventilated improved pit latrines, in at least 124 slums or informal settlements
(4) Presence of windows adequate for lighting and air circulation ensured in at least 124 slums or informal settlements

D. Positive changes in capacity of individuals delivering interventions

(1) Spearhead of Group of Eminent Persons for Healthy and Prosperous Kenya (n=15), STOP TB Partnership Kenya Coordinating Board (29), STOP TB Partnership Kenya Secretariat and Working Groups with 64 staff and 76 volunteers in 64 ISO Certified Offices formed, inducted and installed by March 2015.
(2) 371,375 Healthy Living Volunteers (5 per setting) recruited, trained and certified in various progressive categories. They will form lifetime cohorts.
(3) 5,459 STOP TB Champions, Ambassadors and Advocates (3 per setting, Ward, Constituency and County and 3 per setting and Cabinet and 1 each for Parliament, Senate and Judiciary).

E. Positive changes in capacity of institutions delivering interventions

(1) Estimated 39,110 target settings [10,685 Villages/Estates/Neighborhoods; 2,705 Early Childhood Development Centers; 2,705 primary schools; 2,705 secondary schools; 2,705 institutions for tertiary education; 5,010 Work Places; 5,010 Worship places; 5,010 Congregate recreational places (bars, restaurants, discos, etc.); 611 Migrant populations settings; and 611 special settings];
(2) 39,211 Committees for healthy and prosperous living at each target settings (39,110), county (47), and diaspora (54 –Kenya Diplomatic Missions) each with 7 members except 5 at diaspora and 15 County levels;
(3) 58 annual stakeholders forums for political and policy dialogue for healthy and prosperous Kenya free of TB and other poverty related diseases (47 county forums; 1 Kenyan Diaspora forum; 9 target settings' national forums; and 1 national stakeholders forum);
(4) 177 libraries (some virtual) with easily accessible and regularly updated data, information and knowledge databases on the burden of TB and other poverty-related diseases in Kenya by December 2017

F. Inputs needed by individuals and institutions

(1) Approximately USD3 million mobilized and/or leveraged to establish the platform by December 2015;
(2) Approximately USD40 million per year mobilized and/or leveraged for national TB control programme from January 2016;
(3) Approximately, USD100 million per year mobilized and/or leveraged from January 2015 to address manifestations, immediate, underlying, basic and root causes and mitigate immediate, short- and long-term effects of TB and other poverty-related diseases;
(4) At least 80% of funded results in each milestone are achieved or on track to be achieved at the end of every year from 2016;
(5) At least 80% of funded strategic interventions in each milestone are achieved or on track to be achieved at the end of every year from 2016.

Chapter 4

Strategic Approaches and Key Activities

STOP TB Partnership Kenya has developed an overall strategy consisting of endorsement of the strategic plan, planning parameters and a roadmap within the target settings. It has also identified eleven strategic approaches/milestones to spearhead the establishment, operation and maintenance of the platform.

4.1 Overall Strategy

(1) Getting endorsement of the strategic plan by leaders, policy makers and programme managers: Efforts will be made to get this strategic plan endorsed by three teams of leadership: Ministry of health, Cabinet and settings leadership teams. The thrust of dialogue with Ministry of Health Leadership Team is to present the fact that unless the root causes are addressed and effects mitigated, TB will not be eliminated from Kenya and the burden of poverty-related diseases will continue to increase health care costs, reduce people's purchasing power and retard economic development of Kenya. The thrust of dialogue with the Cabinet leadership team is to ensure political commitment to promote, protect and fulfill healthy and prosperous interventions in the 10 target settings and have commensurate allocation, disbursement and expenditure review of required resources. The thrust of dialogue with target settings[10] leadership is to get commitment to healthy and prosperous settings free of TB and other poverty-related diseases.

(2) Rolling-out the platform in phases: The Partnership will introduce the platform to all sectors, departments, institutions and organizations at national level and to all counties and Kenya Diaspora through Kenya diplomatic missions. The rollout will be in phases using the diffusion model of innovators, early adaptors, early majority, late majority and skeptics with a chasm between early adaptors and early majority (Table 7).

Table 7: Phased roll-out of the platform to Counties and Diaspora

Phases		Counties		Diplomatic missions
		Number	Total	
Phase I:	Innovators	8	18	3
	Early adaptors	10		5
Phase II:	Early majority	20	20	22
Phase III:	Late majority	8	9	22
	Skeptics	3		2
Total		**47**	**47**	**54**

(3) Planning using estimated number of settings: Platform establishment will be based on the total county population, total urban populations, number of Constituencies, number of Wards in a County and the estimated number of settings within the County that can be adequately managed within the implementation period of this strategic plan. This results into Counties being categorized broadly into high (5), medium (15) and low (27). Table 8 summarizes the estimated number of platforms that will be established at each setting within the counties. This categorization took into consideration the distribution of the 3 cities, 42 municipalities, 55 Town Councils and 115 Urban Areas that contribute 34% (14 million out of 38 million based on the 2009 census) of the Kenyan population. The number of counties, constituencies and wards are the actual numbers according to IEBC website. The STOP TB Partnership Kenya will establish a platform covering 39,110 settings by December 2016 as shown in Table 9:

(1) Settings in which people live shall consist of 10,685 villages, estates, informal settlements, or neighborhoods. It was not possible to obtain the exact number of total number of villages, estates and informal settlements in Kenya.
(2) Learning settings shall consist of 10,820 Early Childhood Development Centers (ECD), primary schools, secondary schools and tertiary education institutions. The total number of primary schools in Kenya is estimated at 30,000.
(3) Workplace settings shall consist of 5,010 public and private work places.
(4) Worship places settings shall consist of 5,010 Christian, Islamic, Hindu and other faiths' denominational worship premises.
(5) Congregate recreational places settings shall consist of 5,010 Bars, Clubs, Restaurants, etc.).
(6) Playing or sports places settings shall consist of 206 sports places for all sports (football, athletics, rally, netball, basketball, rugby, boxing, wrestling, swimming, tennis, bowling, shooting, mountain climbing, etc.).
(7) Visited places settings shall consist of 124 tourist sites, parks or other attractions.
(8) Travel, tours and transport setting shall consist of 1,023 bus and Matatu routes and travel and tours firms.

10 Target settings are where Kenyans live, learn, work, worship, congregate, play, visit or whenever they share means of travel and transport and when they become migrant and mobile populations or in special settings that do fit into any of the aforementioned.

(9) Migrant and mobile populations settings shall consist of 611 villages, estates, informal settlements, worship places or workplaces containing asylum seekers; labor migrants (e.g., to tea, flower, sugar plantations); economic migrants; urban migrants; internally displaced persons; refugees; sex workers; pastoralists; transporters; uniformed personnel and irregular migrants. The Partnership defines a migrant as a person (a) living temporarily outside his or her county (constituency or ward) of origin for periods not exceeding six months or (b) living temporarily outside country of his or her origin for periods not exceeding six months.

(10) Special settings shall consist of 611 villages, estates, informal settlements, worship places or workplaces containing cross-border populations, security and Special Forces, and most at risk or most vulnerable populations in unique and complex settings.

It was not possible to obtain the total number of settings for the country. Efforts will be made in each county to obtain the proportion of settings to be covered by the platform.

Table 8: Categorization of counties and planning parameters for each target setting

Categorization of counties	High parameters		Medium parameters		Low parameters		Total
	High High	High Low	Medium High	Medium Low	Low High	Low Low	
Names of counties/major urban centers in the counties (better estimates of number of settings in a county)	Nairobi; Mombasa	Nakuru; Eldoret; Kisumu	Kakamega; Nyeri	Machakos; Meru; Kiambu; Kerugoya/ Kutus; Muranga; Nyahururu; Kajiado; Kericho; Kapsabet; Kitale; Bungoma; Kisii	Kilifi; Kwale; Lamu; Wundanyi; Embu; Kitui; Makueni; Mutomo; Chuka; Kabarnet; Bomet; Elgeyo-Marakwet (no specific town); Nanyuki; Narok; Busia; Homa Bay; Migori; Nyamira; Siaya;	Hola; Garissa; Mandera; Wajir; Isiolo; Marsabit; Maralal; Lodwar; Kapenguria; Vihiga	
Actual No. of counties	2	3	2	13	19	8	47
Actual No. of constituencies	23	24	18	88	98	39	290
Actual No. of Wards	115	120	90	440	490	195	1,450
1. Living settings per ward: Village/Estate/ Neighborhood	10	10	10	10	5	3	N/A
2. Learning settings per constituency	40	40	40	40	40	20	N/A
ECD	10	10	10	10	10	5	N/A
Primary	10	10	10	10	10	5	N/A
Secondary	10	10	10	10	10	5	N/A
Tertiary	10	10	10	10	10	5	N/A
3. Workplace settings per county	1000	500	200	50	20	10	N/A
4. Worship settings per county	1000	500	200	50	20	10	N/A
5. Playing settings per county	10	10	5	5	3	3	N/A
6. Congregation settings per county	1000	500	200	50	20	10	N/A
7. Visited settings per county	5	5	3	3	2	2	N/A
8. Travel, tours and transport settings per constituency in cities and per county in others	33	20	10	5	5	3	N/A
9. Migrant and mobile population settings per constituency in cities and per county in others	23	2	2	2	2	1	N/A
10. Special settings per constituency in cities and per county in others	23	2	2	2	2	1	N/A

Table 9: Total number target settings							
Categorization of counties	**High parameters**		**Medium parameters**		**Low parameters**		**Total**
	High High	**High Low**	**Medium High**	**Medium Low**	**Low High**	**Low Low**	
Urban centers in the counties (better estimates of number of settings in a county)	Nairobi; Mombasa	Nakuru; Eldoret; Kisumu	Kakamega; Nyeri	Machakos; Meru; Kiambu; Kerugoya/ Kutus; Muranga; Nyahururu; Kajiado; Kericho; Kapsabet; Kitale; Bungoma; Kisii	Kilifi; Kwale; Lamu; Wundanyi; Embu; Kitui; Makueni; Mutomo; Chuka; Kabarnet; Bomet; Elgeyo-Marakwet (no specific town); Nanyuki; Narok; Busia; Homa Bay; Migori; Nyamira; Siaya;	Hola; Garissa; Mandera; Wajir; Isiolo; Marsabit; Maralal; Lodwar; Kapenguria; Vihiga	
1. Living settings: Village/ Estate/Neighborhood	1150	1200	900	4400	2450	585	10685
2. Learning settings (total)	920	960	720	3520	3920	780	10820
ECD	230	240	180	880	980	195	2705
Primary	230	240	180	880	980	195	2705
Secondary	230	240	180	880	980	195	2705
Tertiary	230	240	180	880	980	195	2705
3. Workplace settings per county	2000	1500	400	650	380	80	5010
4. Worship settings per county	2000	1500	400	650	380	80	5010
5. Playing settings per county	20	30	10	65	57	24	206
6. Congregation settings per county	2000	1500	400	650	380	80	5010
7. Visited settings per county	10	15	6	39	38	16	124
8. Travel, tours and transport settings per constituency in cities and per county in others	759	60	20	65	95	24	1023
9. Migrant and mobile population settings per constituency in cities and per county in others	529	6	4	26	38	8	611
10. Special settings per constituency in cities and per county in others	529	6	4	26	38	8	611
Total settings	9917	6777	2864	10091	7776	1685	39110
% by sub-categories	25%	17%	7%	26%	20%	4%	100%
% by categories	43%		33%		24%		100%

(4) Roadmap within the target settings: Within each target setting, the following steps will be undertaken: (1) Presentation of investment case for eliminating TB and reducing the burden of poverty-related diseases through document review and a joint review of the number of people in the setting that have suffered from TB and other poverty-related diseases in the past one year; manifestations and immediate, underlying, basic and root causes of TB and other poverty-related diseases; and immediate, short-term and long-term effects on the setting, people and their families, community, county and the nation of Kenya. (2) Presentation of the mechanisms, structures, processes and tools for governance, leadership, collaboration and partnership of the STOP TB Partnership Kenya and how the setting fits into the platform. (3) Presentation of the mechanisms, structures, processed and tools for the organization and management of the healthy and prosperous platform within the setting. (4) Agreement on the steps needed to establish: (a) Healthy and Prosperous Setting Committee; (b) Healthy and Prosperous Setting Teams within the various divisions, sections, departments, or units of the setting; (c) systems and capacity of the Committee and the Teams to provide goods and services for the four categories of persons who bear the burden of TB (see Table 1). (5) Preparation, resource mobilization and implementation of a five-year action plan and annual work plan. (6) Quarterly, mid-year, annual and mid-term review of progress for the setting. (7) Participation in the committees and forums of STOP TB Partnership Kenya.

4.2 Milestone 1: Partnership Development, Organization and Management

Rationale:

This milestone seeks to establish and maintain a nationwide, year-round, doorstep-reaching platform as an organized, prioritized, focused and sustained week by week, month by month and quarter by quarter systematic chain of actions that address immediate, underlying, basic and root causes of TB and other poverty-related diseases and mitigate their immediate, short- and long-term effects.

Expected results:

1.1 Forty eight (48) STOP TB Partnership Kenya offices are operational at national (1), and county (47) levels by June 2015. Key partners: STOP TB Partnership Kenya Secretariat; Ministry of Health; business and corporate community; and county governments.

1.2 STOP TB Partnership Kenya offices established at diplomatic missions (54) by December 2015. Key partners: STOP TB Partnership Secretariat; Ministry of Foreign Affairs; Ministry of East Africa Affairs,

Strategic interventions and key activities:

1.1. Establish and maintain a partnership of individuals, groups, organizations to address social determinants of health and go beyond the health sector. Key partners: STOP TB Partnership Kenya; Ministry of Health; business and corporate community; county governments; Umbrella organizations in each target setting.

- 1.1.1 Introduce the concept of STOP TB Partnership Kenya to key national and county actors.
- 1.1.2 Launch the STOP TB Partnership Kenya strategic plan.
- 1.1.3 Recruit Healthy Living Volunteers in 540 learning institutions in Nairobi and in the 8 innovator Counties.
- 1.1.4 Establish phase I STOP TB Partnership Kenya Offices in 8 innovator Counties
- 1.1.5 Produce IEC materials and start a nationwide awareness and membership recruitment campaign.
- 1.1.6 Establish Phase II STOP TB Partnership Kenya offices in 20 early majority counties
- 1.1.7 Recruit Healthy Living Volunteers 38 Phase I and II counties.
- 1.1.8 Establish Phase III STOP TB Partnership Kenya Offices in the 9 late majority and skeptic Counties.
- 1.1.9 Recruit Healthy Living Volunteers for Phase III counties (9)

1.2. Advocate and support review of existing - or formulation of new - laws, regulations and rules in all sectors and target settings to address manifestations, immediate, underlying, basic and roots causes of TB and other poverty-related diseases and mitigate their immediate, short- and long-term effects. Key partners: Office of the Attorney General; Ministry of Health; Health-related Ministries and Departments; STOP TB Partnership Kenya.

- 1.2.1 List and review the adequacy and relevance of existing laws, regulations and rules in all sectors and in the targets in addressing the social determinants of TB and other poverty related diseases in Kenya 2014-2030.
- 1.2.2 Disseminate the report of adequacy and relevance of existing laws, regulations and rules.
- 1.2.3 Undertake revision of existing laws, regulations and rules in the identified sector, department, organization or institution.
- 1.2.4 Launch and disseminate the revised laws, regulations and rules and regularly monitor their implementation.

4.3 Milestone 2: Governance, Leadership, Collaboration and Partnership

Rationale:

This milestone seeks to ensure (a) that resources entrusted to the Partnership are carefully and responsibly managed; (b) that the exercise of authority and influence at all levels of the Partnership enable people with TB, partners and other stakeholders to articulate their interests, meet their obligations, and mediate their differences in a fair, just and speedy manner; and (c) that there is capacity in the Partnership to maintain an adequate level of funding.

Expected results:

2.1. Group of Eminent Persons for a Healthy and Prosperous Kenya, Coordinating Board (CB), Partnership Secretariat (PS) and Working Groups (WGs) for STOP TB Partnership Kenya are formed, inducted and installed by March 2015. Key partners: Coordinating Board; Ministry of Health; founding partners of STOP TB Partnership – Kenya.

2.2. 56 sets of county (47) and Diaspora (8) Stakeholders' Forums and Committees for healthy and prosperous Kenya are formed, inducted and installed by June 2015. Key Partners: Ministry of Health; STOP TB Partnership Kenya Secretariat; Ministry of Devolution and Planning; Ministry of Foreign Affairs; County Governments; founding partners of STOP TB Partnership – Kenya.

2.3. 39,110 Healthy and Prosperous Settings Teams are formed, inducted and commissioned by December 2015. Key partners: Ministry of Health; County Governments; STOP TB Partnership Kenya; Umbrella organizations within the setting

Strategic interventions and key activities:

2.1. Group of Eminent Persons for a Healthy and Prosperous Kenya, Coordinating Board (CB), Partnership Secretariat (PS) and Working Groups (WGs) for STOP TB Partnership Kenya Partnership are formed, inducted and installed by March 2015.

- 2.1.1 Develop terms of reference for the STOP TB Partnership Kenya National and Settings-specific Stakeholders Forums, Group of Eminent Persons, National Coordinating Board, Partnership Secretariat, County STOP TB Partnership Kenya Committees, Diaspora STOP TB Partnership Kenya Committees, and Healthy and Prosperous Settings Teams.
- 2.1.2 Fill all the positions in the Group of Eminent Persons; National Coordinating Board; Partnership Secretariat; and in County, Diaspora and Settings STOP TB Partnership Kenya Committees and Recruit members four Working Groups of the Partnership
- 2.1.3 Prepare a Basic Partnership Agreement (BPA) that outlines Partners' rights and obligations, terms of engagement and mechanisms for maintaining the scope, boundaries and accountabilities between the STOP TB Partnership Kenya and Government, Business Community, People with TB and ordinary Kenyans.
- 2.1.4 Secure capitalization of the STOP TB Partnership Kenya for the first three years.
- 2.1.5 Procure services of consultants to: (a) develop and present alignment and linkage between TB and other poverty-related diseases with special reference to common immediate, underling, basic and root causes and immediate, short-term and long-term effects; (b) scope, develop and present alignment and linkage between poverty-related diseases and mandates of health-related sectors.
- 2.1.6 Hold discussions with comparator and potentially competing health initiatives to outline mechanisms, structures, process and tools for jointly addressing the underlying, basic, and root causes of poverty-related diseases.
- 2.1.7 Adapt, adopt or develop and administer a Leadership and Advocacy course to STOP TB Champions, Ambassadors and Advocates on TB and poverty related diseases and develop mechanisms, structures, processes and tools for outstanding STOP TB leadership awards.
- 2.1.8 Convene and link business and corporate community with civil society organizations to enhance reach and effectiveness of corporate social investment to slums and hard-to-reach sub-counties and wards.

2.2. 56 sets of county (47) and Diaspora (8) Stakeholders' Forums and Committees for a healthy and prosperous Kenya are formed, inducted and installed by June 2015.

- 2.2.1 Initially nominate members to the County and Diaspora STOP TB-Partnership -K Committees to serve until the first Annual General Meeting and later to be elected by the County and Diaspora STOP TB Partnership Kenya Stakeholders' Forums.
- 2.2.2 Conduct basic induction course for County and Diaspora STOP TB Partnership Kenya Committees, STOP TB Champions, Ambassadors and Advocates.
- 2.2.3 Conduct advanced induction course for County and Diaspora STOP TB Partnership Kenya Committees, STOP TB Champions, Ambassadors and Advocates.
- 2.2.4 Hold annual Stakeholders Forums at respective levels

2.3. 39,110 Healthy and Prosperous Settings Teams formed, inducted and commissioned by December 2015.
  2.3.1 Negotiate presence of mainstreaming mechanisms in each target setting: (a) policy and legal provisions; Focal Point persons for healthy and prosperous setting approach; healthy and prosperous setting committee; healthy and prosperous setting teams; (b) job description for the Health Living Volunteers; and (c) jointly prepared five-year action plan and annual work plan for making the setting free of TB and other poverty-related diseases
  2.3.2 Facilitate a general meeting of all stakeholders at the setting to introduce the concept of a healthy and prosperous setting, five-year action plan and the annual work plan, focal Point person, Healthy and prosperous setting committee; and Healthy and Prosperous Living Teams (committee and Healthy Living Volunteers for each unit, department or divisions).
  2.3.3 Provide the Healthy and Prosperous Living Teams with job aids and other tools, such as checklists, resource packs and quarterly reporting forms.
  2.3.4 Facilitate mid-year and annual review of progress and planning towards a setting free of TB and other poverty-related diseases.

2.4 Encourage, promote, protect and support people with TB and other poverty-related diseases to have a voice and say at collective governance and stewardship mechanisms at all levels of STOP TB Partnership Kenya.
  2.4.1 Initially nominate and later elect representatives of people with TB and other poverty-related diseases into the governance and leadership structures and working groups of the Partnership.
  2.4.2 Ensure that people with TB participate in performance appraisal of duty-bearers at their respective levels: Village, Health facility, country and national levels, including focal point persons for healthy and prosperous living all the settings.
  2.4.3 Ensure that people with TB participate in mid-year, annual, mid-term and end-term review of STOP TB Partnership Kenya programme of cooperation with all partners.

4.4 Milestone 3: Evidence-Generation and Knowledge Management

Rationale:
This milestone seeks to provide data, information and knowledge for (a) making investment case for elimination of TB and other poverty-related diseases; (b) direct and comparative evidence of progress towards elimination of TB and reduction of the burden of poverty-related diseases; (c) promoting research culture into TB and other poverty-related diseases. Without strong evidence of factors negatively or positively associated with health and wellness, Key partners, Champions and Advocates will have a weak case for healthy and prosperous settings in Kenya.

Expected results:
3.1. All Parliamentary and Senate Committees, Judiciary, all Cabinet Secretaries and all heads of national institutions and organizations are regularly provided with data, information and knowledge to guide policy and programme decisions and actions needed in health and health-related sectors to eliminate TB and reduce the burden of poverty-related diseases in Kenya. Key partners: Ministry of Health; Office of the Attorney General; central bureau of statistics, Umbrella organizations in the target settings.
3.2. Leaders, policy-makers and managers in the 10 target settings are regularly provided with data, information and knowledge to guide policy and programme decisions and actions needed to eliminated TB and reduce the burden of poverty-related diseases in Kenya. Key partners: Ministry of Health; Office of the Attorney General, CBS.
3.3. 177 "libraries" have easily accessible and regularly updated data, information and knowledge databases on the burden of TB and other poverty-related diseases in Kenya. Key partners: Ministry of Health; Library Managers; Ministry of Information Communication and Technology; STOP TB Partnership Kenya Secretariat, Research and teaching institutions.

Strategic interventions and key activities:
3.1 Establish data, information and knowledge databases on the burden of TB and other poverty-related diseases in Kenya. Lead: Ministry of Health; County Governments; STOP TB Partnership Kenya
  3.1.1 Collect past and present service data, research reports, programme review reports, and other data and information on the situation analysis and response to TB and other poverty-related diseases in Kenya.
  3.1.2 Develop a STOP Partnership Kenya web-site with document repository accessible to as many people as possible through STOP TB Partnership Kenya Secretariat, 47 County STOP TB Partnership Kenya Offices, 54 Kenya diplomatic and selected 45 city (3) and municipal (42) libraries and 30 university libraries in Kenya.
  3.1.3 Request health and health-related organizations and institutions to deposit copies of research and programme reviews or evaluations with the STOP TB Partnership Kenya document repository.
  3.1.4 Acquire selected literature that regularly document and disseminate data, information and knowledge on the burden of TB and other poverty-related diseases.
  3.1.5 Develop cooperative agreements with other libraries locally and international for reciprocal access to each other's databases and other information services

3.2 Support collaborative research for better tools and interventions towards the elimination of TB and reduction of the burden of poverty-related diseases. Lead: STOP TB Partnership Kenya; Ministry of Health; Health-related Ministries; Research Institutions; Universities;
  3.2.1 Scope and prepare a database of agencies and organizations that provide financial support for research on TB and other poverty-related disease.

3.2.2 Support local researchers and research and teaching institutions to enter into north-south or south-south research collaborations through joint research proposals and joint response to requests for applications.

3.2.3 Contribute to research on TB and other poverty-related diseases by awarding one research grant per setting every year.

3.3 Prepare and disseminate evidence-based policy briefs towards elimination of TB and reduction of the burden of poverty-related diseases in Kenya. Lead: Ministry of Health; Office of the Attorney General; STOP TB Partnership Kenya Secretariat

3.3.1 Prepare, present and disseminate policy briefs towards elimination of TB and reduction of the burden of poverty-related diseases in Kenya for the targeted 15 Parliament and Senate standing and departmental committees .

3.3.2 Write an investment case for business and corporate community to contribute to making Kenya healthy and prosperous, free of TB and other poverty-related diseases

3.3.3 Prepare evidence-based policy brief on the impact of TB and other poverty-related diseases on: (a) purchasing power of people in slums and hard-to-reach areas; (b) on workers and employers

3.3.4 Undertake cost-benefit analysis of healthy living investments at workplace and within communities

3.3.5 Develop evidence-based minimum standards for each target setting and get the standards debated at all levels of leadership (Parliament, Senate, Cabinet, and Judiciary, Mass Media (TV, Radio, Newspapers, etc.), social media and ordinary citizens.

3.3.6 Review, document and disseminate legal provisions guiding healthy policies and programs for each target setting.

3.3.7 Undertake study and disseminate findings on environmental factors that increase risk and vulnerability of people with TB to malnutrition and food and nutrition insecurity with special reference to multi-drug resistant TB and chronic defaulters.

3.3.8 Hold national conference on elimination of TB and reduction of the burden of poverty-related diseases every two years.

3.4 Provide data, information and knowledge for business in other milestones. Lead: STOP TB Partnership Secretariat

3.4.1 Undertake initial and regular situation assessment and analysis of needs and concerns of people diagnosed and on treatment for TB; people suspected to have TB; people with risk factors for TB; and people free of TB.

3.4.2 Undertake six monthly Lot Quality-Assurance Sampling Survey of TB treatment centers to determine the programme performance and patient satisfaction.

4.5 Milestone 4: Policies, Norms and Standards

Rationale:

This milestone seeks to mainstream the elimination of TB and reduction of the burden of poverty-related diseases in the 10 target settings by ensuring the presence of the following: (1) policy and legal provisions; (2) designated Focal Point persons; (3) active Healthy & Prosperous Setting Committees; (4) active Healthy Living Volunteers (HLVs); (5) up to date five-year action plan with annual results-based performance planning and appraisal; (6) availability and easy access to setting-specific job aids and tools; (7) a continuing capacity building and development plan.

Expected results:

4.1 39,110 settings mainstream elimination of TB and reduction of the burden of poverty-related diseases by December 2015. Key partners: Ministry of Health; Office of the Attorney General; Setting Management; Umbrella organizations in the setting.

4.2 Policy makers and managers in 50% (19,555) of the 39,110 settings have at least 80% of their budget funded by December 2015. Key partners: Setting Management; Setting's Committee for Healthy and Prosperous living; Healthy Living Volunteers; Business and Corporate community.

Strategic interventions and key activities:

4.1. Develop policies, guidelines, and minimum standards in each target setting. Lead: Ministry of Health; Office of the Attorney General

4.1.1 Review, revise and/or develop policies, guidelines, and minimum standards for a healthy and prosperous (1) village; (2) estate and/or neighborhood; (3) early childhood development center; (4) primary school; (5) secondary school; (6) tertiary education institution; (7) university and university college; (8) workplace; (9) worship place; (10) playing and sports place; (11) congregate recreational place; (12) visited place; (13) travel, transport and tour setting; (14) migrant and mobile population setting; (15) special setting

4.2. Promote and support implementation and/or enforcement of policies, guidelines, and minimum standards in each setting. Lead: Setting's Management; Umbrella organizations in the setting; Ministry of Health; Occupation and Health Safety Department.

4.2.1 Profile, in all the media, STOP TB Partnership Kenya, settings that have adopted the national policies, guidelines and minimum standards for their setting.

4.2.2 Call for requests for assistance from the (Healthy and Prosperous Kenya Fund - HPKF from all the settings and review them.

4.2.3 Allocate and channel solidarity funds from the HPKF to the approved settings.

4.6 Milestone 5: Resource Mapping, Mobilization and Channeling

Rationale:

The Partnership will mobilize and/or leverage financial, technical, material, logistical, electronic, and other resources to: (a) establish the platform; (b) support the Ministry of Health to implement the national TB control programme by filling the funding gap of approximately USD40 million per year, seeking political commitment to the programme and advocating for uninterrupted supply of drugs and other medical supplies for TB control; (c) address social determinants of health, including underlying, basic and root causes of TB and other poverty-related diseases and mitigating their immediate, short- and long-term effects in targeted settings.

Expected results:

5.1 STOP TB Partnership Kenya capitalized to establish the platform. Key partners: Working Group for resource mobilization; All STOP TB Partnership Kenya Offices, Forums, Committees, Teams, Volunteers, Champions, and Advocates

5.2 Annual funding gap for the national TB control programme filled from January 2016. Key partners: Working Group for resource mobilization; STOP TB Partnership Kenya offices and committees.

5.3 Social determinants of TB and other poverty-related diseases addressed in target settings. Key partners: Working Group for resource mobilization; STOP TB Partnership Kenya offices and committees; programs addressing poverty-related diseases.

Strategic interventions and key activities:

5.1 Mobilize and/or leverage approximately USD3 million to establish the platform. Lead: STOP TB Partnership Kenya; Business and Corporate Community; Kenyan Diaspora; National and Country Government; ordinary Kenyans;

5.1.1 Prepare an investment case for capitalization of the Partnership and its operations for the first three years and send to all organizations that founded the Partnership; organizations and institutions that fund TB and other poverty-related diseases; business and corporate community; individual and institutional members of the Partnership; and national and county governments.

5.1.2 Write investment case for capitalization the STOP TB Partnership Kenya and its operations for the first three years and send it to Global STOP TB partnership.

5.2 Mobilize and/or leverage USD40 million per year for national TB control programme from January 2016. Lead: STOP TB Partnership Kenya; Business and Corporate Community; Kenyan Diaspora; National and Country Government; Development partners; Donor agencies

5.2.1 Every year, ascertain the absorptive capacity and funding gap of the national TB control programme at national and county levels and outline mechanisms for accelerated, sustainable and equitable results in line with the national strategic plan for TB control.

5.2.2 Seek or leverage financial, technical, material, logistical, electronic, and other resources from organizations that founded the STOP TB Partnership Kenya; organizations, institutions that fund TB and other poverty-related diseases; business and corporate community; individual and institutional members of the Partnership; and national and county governments for implementation partners to deliver results in the multi-year annual work plan of the Partnership, 2014-2018

5.2.3 Prepare an inventory of potential partners for each target setting.

5.2.4 Present the concept of the STOP TB Partnership Kenya and its five-year expected results, invite and request every potential partner to consider the concept and the results and prepare, in close collaboration with the Partnership, a programme document for their contribution to those results in their setting for 2014-2018.

5.2.5 Negotiate and agree on the predictable nature and amount of resources the potential partner is willing and able to contribute towards the five-year rolling results with annual and mid-term reviews and adjustments

5.2.6 Undertake continuous resource mobilization from all Kenyans in diaspora and from all the target settings by all means (M-Pesa, electronic money transfer, monthly standing instructions, annual Harambees, Gala nights, special runs and walks, etc.)

5.3 Mobilize and/or leverage USD100 million per year from January 2015 to address manifestations, immediate, underlying, basic and root causes and mitigate immediate, short- and long-term effects of TB and other poverty-related diseases. Lead: All ministries; Business and Corporate Community; Development partners; Donor agencies;

5.3.1 Prepare an investment case for the need for all sectors.

5.3.2 Present the investment case to all Cabinet Secretaries; CEOs in the business and corporate community; MPs; Senators; County Governors; and MCAs, and lobby and advocate for earmarked funds

5.3.3 Seek or leverage financial, technical, material, logistical, electronic, and other resources from organizations that founded the STOP TB Partnership Kenya; organizations, institutions that fund TB and other poverty-related diseases; business and corporate community; individual and institutional members of the Partnership; and national and county governments.

5.4.4 Undertake continuous resource mobilization from all Kenyans in diaspora and from all the target settings by all means.

4.7. Milestone 6: Systems and Capacity Building

Rationale:

This milestone seeks to build and sustain the ability of Kenyans in the 10 target settings and STOP TB Partnership Kenya Offices to manage affairs of the Partnership successfully. STOP TB Partnership Kenya will ensure that: (a) Partnership Secretariat and STOP TB Partnership Kenya Offices have ISO certified quality management systems; (b) all Key partners (especially Healthy Living Volunteers and STOP TB Champions, Ambassadors and Advocates) have documented job descriptions; technical knowledge and competencies; and tools needed to discharge their authority and responsibilities; and (c) the 10 target settings have transformational leadership teams and effective and efficient management and administrative processes; relevant and adequate policy and regulatory frameworks; copies of the national policies, guidelines and norms for the setting; resources commensurate to their needs; staff number and skills mix according the norms for the setting; and favorable organizational culture.

Expected results:

6.1 Sixty-four (64)-STOP TB Partnership Kenya Offices have ISO certified quality management systems by June 2016. Key partners: Partnership Secretariat; STOP TB Partnership Kenya Committees and Teams.

6.2 376,344 Healthy Living Volunteers (370,887) and STOP TB Champions, Ambassadors and Advocates (5,589) are equipped with knowledge and skills by December 2016. Key partners: NGOs with comparative advantage for target setting(s); Umbrella organizations covering the setting.

Strategic interventions and key activities:

6.1. Achieve ISO certification for quality management systems at national, country regional, diaspora regional and county offices. Lead: STOP TB Partnership Secretariat; Business and corporate community;

- 6.1.1 Undertake a study of three comparator organizations with best practice in quality management systems and adopt them to STOP TB Partnership Kenya Secretariat and coordination offices
- 6.1.2 Allocate resources (staff, time and funds) and follow the ISO9001: 2008 certification process, including training of trainers from each coordination office
- 6.1.3 Undertake county-level two-day orientation workshops on the quality management systems.
- 6.1.4 Facilitate surveillance audits from the certification body and seek re-certification every three years.

6.2 Equip and regularly update Key partners in the 10 target settings with knowledge and skills for healthy and prosperous living free from TB and the burden of other poverty-related diseases. Lead: Ministry of Health; STOP TB Kenya Partnership; Business and corporate community;

- 6.2.1 Conduct orientation to the national policies, guidelines, and minimum standards for each target setting.
- 6.2.2 Produce and distribute sets of various sizes of the national policies, guidelines and norms to each target setting.
- 6.2.3 Conduct annual training, including action learning, on transformational leadership and on management at each county.
- 6.2.4 Conduct annual programme audits at selected target settings.

4.8 Milestone 7: Products and Services

Rationale:

This milestone spells out the benefits of STOP TB Partnership Kenya to primary customers, Key partners, partners, donors and supporters. Primary customers are people with active TB and on treatment, people with active TB but not yet detected, people at risk or vulnerable to TB, and people free from TB. Key partners are Healthy Living Volunteers; STOP TB Champions, Ambassadors and Advocates; and members of Healthy and Prosperous Settings Committees and Forums. Partners are the registered members of the Partnership; patient communities; Key partners, players and stakeholders in the target settings; business and corporate community; and organizational members. STOP TB Partnership Kenya will provide products and services that meet the needs and address concerns of these customers. Most activities in this milestone will be undertaken jointly with other milestones.

Expected results:

7.1 90% of people with diagnosed TB are cured. Key partners: National TB Programme Manager and STOP TB Partnership Kenya; County TB and Leprosy Coordinators.

7.2 90% of people with active TB are detected, diagnosed and put on treatment. Key partners: Ministry of Health; STOP TB Partnership Kenya; Media houses umbrella organizations; NGOs; Corporate partners with comparative advantage.

7.3 90% of people with risk factors for TB are empowered to reduce risk and vulnerability. Key partners: Ministry of Health; Ministry of Lands, Housing and Urban Development; Landlords Association in target slums/ informal settlement; County Healthy and Prosperous Settings Committees and Forums; Ethnic Groups' Councils of Elders.

7.4 90% of people free of TB are informed to remain free. Key actors: Ministry of Health, STOP TB Partnership Kenya, Media houses umbrella organizations, NGOs, Corporate partners with comparative advantage.

7.5 All Key partners, partners, donors and supporters are informed on investments and results of the Partnership and feel respected, empowered and facilitated to meet their obligations. Key partners: STOP TB Partnership Kenya; Healthy Living Volunteers and STOP TB Champions, Ambassadors and Advocates; NGOs; Business and corporate partners with comparative advantage.

Strategic interventions and key activities:

7.1 Undertake assessment and analysis of the needs of primary customers, partners, donors and supporters of the STOP TB Partnership Kenya. Lead: Contractor through STOP TB Partnership Kenya

- 7.1.1 Address findings from initial and regular situation assessment and analysis of needs and concerns of people diagnosed and on treatment for TB; people suspected to have TB; people with risk factors for TB; and people free of TB
- 7.1.2 Address findings from six monthly Lot Quality-Assurance Sampling Survey of TB treatment centers to determine the programme performance and patient satisfaction
- 7.1.3 Address findings from analysis of comments deposited in Comments and Complaints Boxes at all the target settings, TB treatment Centers and STOP TB Kenya Offices at all levels.
- 7.1.4 Undertake annual web-based survey (e.g., using Survey Monkey) of needs and concerns of partners, donors and supporters
- 7.1.5 Maintain a daily record of complaints at all STOP TB Partnership Kenya Offices and respond to all complaints within the agreed time lines.
- 7.1.6 Open appropriate social media channels and respond to customers and visitors comments, observations and/or questions

7.2 Provide products and services to people with active TB on treatment, people with undetected active TB, people at risk or vulnerable to TB and people free from TB. Lead: Ministry of Health; County Governments;

- 7.2.1 Provide food, nutrition and material support to people most at risk of TB and most vulnerable to TB and those from informal settlements/slums, hard-to-reach areas and special settings.
- 7.2.2 Provide patient complaints services, including dispute resolution, at all STOP TB Partnership Kenya Offices and at all target settings.
- 7.2.3 Produce and distribute information packs for the four categories of people who bear the burden of TB.
- 7.2.4 Capture and broadcast human-interest stories from people with TB and their families.

7.3 Provide products and services to partners, donors and supporters. Lead: STOP TB Partnership Kenya

- 7.3.1 Establish and maintain one stop information center on TB and other poverty-related diseases in Kenya.
- 7.3.2 Provide information on the following services: training and capacity building; settings risk assessments; community mobilization, organization and action planning.
- 7.3.3 Offer the nationwide year-round doorstep-reaching platform to all interested partners, donors and supporters.
- 7.3.4 Produce and circulate Quarterly STOP TB Partnership Kenya Investment and Results Report.
- 7.3.5 Produce and circulate Healthy and Prosperous Settings Newsletter or Magazine.
- 7.3.6 Provide donor services, including provision of timely donor reports
- 7.3.7 Provide one-minute, three-minute, five-minute, 10-minute, 15-minute and 30-minute video clips on Healthy and Prosperous Kenya free of TB and other poverty-related diseases to be aired in all media, including waiting areas in all settings.

7.4 Provide products and services to Healthy Living Volunteers; Teams and Committee members for healthy and prosperous settings; members of forums for healthy and prosperous settings; members of the National Stakeholders' Forum for healthy and prosperous Kenya. Lead: STOP TB Partnership Kenya

- 7.4.1 Provide employees and volunteers' service, including all HR functions and recognition mechanisms
- 7.4.2 Provide information services for members of healthy and prosperous settings committees and forums and National stakeholders' forum
- 7.4.3 Organize STOP TB Partnership Kenya Annual Awards event.

4.9 Milestone 8: Advocacy, Communication, Social Mobilization and Public Relations

Rationale:

This milestone ensures that: (a) every person with active TB is treated and cured; (b) every person with active TB is found, diagnosed and put on treatment; (c) every person and his or her family with risk factors and/or vulnerable to TB is empowered to undertake risk and vulnerability reduction measures; and (d) every person without TB infection or not affected by TB is informed not to be at risk or vulnerable to TB infection or be affected by TB. Specific advocacy results include: (1) universal testing for drug resistance; (2) Visible and effective TB diagnosis, treatment and follow-up among refugees with high burden of MDR-TB; and (3) Increased proportion of Total health budget allocated to TB up from current 1% to at least 25%

Expected results:

The expected results are the same as those in Milestone 7.

Strategic interventions and key activities:

8.1 Advocate, promote and protect new infections, early detection, diagnosis and treatment of TB. Lead: Ministry of Health; STOP TB Partnership Kenya

- 8.1.1 Advocate for uninterrupted supply of TB drugs, diagnostic equipment and commodities.
- 8.1.2 Advocate for high quality health facilities, products and services in all the target settings
- 8.1.3 Advocate for motivated, hardworking, competent and corruption free medics and paramedics in all settings
- 8.1.4 Advocate for consistent financial allocation to TB and other poverty-related diseases from nation and county governments
- 8.1.5 Advocate against medicalization of TB and other

poverty-related diseases and for addressing their social determinants.

8.1.6 Advocate for aggressive pursuit of interventions to prevent occurrence and spread of drug-resistant TB in all target settings

8.1.7 Advocate for recognition, promotion, protection and fulfillment of the rights and obligation of families, clans, organized community groups, ethnic communities, civil society organizations, faith-based organizations, councils of elders and other indigenous structures in promoting healthy and prosperous living and addressing social determinations of TB and other poverty-related diseases, especially their underling, basic and root causes.

8.1.8 Proactively advocate and support development or revision of registered political parties manifestos related to healthy and prosperous living free from TB and other poverty-related diseases

8.1.9 Develop visibility, create and promote STOB TB Partnership Kenya super-brand and secure recognition by the East Africa Council of Super-brands

8.1.10 Highlight sensitive and controversial issues on human sexuality, religion and cultural practices and publish widely, including in the Monthly or Weekly Healthy and Prosperous Living newsletter or magazine

8.1.11 Prepare government, business community, people with TB and other poverty-related diseases cases of good works and human interest stories to celebrate and reward success, including inclusion in all publications of the Partnership

8.1.12 Create a forum or other mechanisms, structures and process for people and their families who have been touched by the Partnership to share their experiences and testimonies, including in the Weekly or Monthly Healthy Living an Prosperous Living Newsletter or Magazine, You Tube, website, and TV and Radio Talk Shows

8.1.13 Create and maintain a character formation/ Youth corner or show on life-long womb to tomb healthy and prosperous living, including in the Weekly or Monthly Healthy Living an Prosperous Living Newsletter or Magazine, You Tube, website, and TV and Radio Talk Shows.

8.1.14 Create and publish sexy, interesting, resonating and consistent life-changing messages on healthy and prosperous living free from TB and other poverty-related diseases

8.1.15 Create a monthly or frequent forum for Kenyans at all levels to meet their STOP TB Champions, Advocates and Ambassadors

8.1.16 Profile silent Champions, Ambassadors and Advocates for a healthy and prosperous Kenya free from TB and other poverty-related diseases

8.1.17 Advocate, promote and protect Government to create and maintain an enabling environment.

8.2 Facilitate persons with TB to access diagnosis and treatment. Lead: Ministry of Health; STOP TB Partnership Kenya

8.2.1 Advocate for facilitation for transport costs and discourage self-medication

8.2.2 Advocate for waiver of fees for diagnosis

8.2.3 Advocate and support efforts to deal with co-infections with HIV, diabetes, hepatitis and other diseases

8.2.4 Advocate and support efforts against stigma and discrimination in all target settings

8.2.5 Advocate and support efforts to prevent the spread of TB to other family members or other persons in the target setting

8.2.6 Advocate and support efforts to prevent or minimize loss of income, livelihood or productivity during diagnosis and treatment

8.2.7 Advocate, promote and support the practice of healthy behaviors by persons with active TB or on treatment for TB in all the target settings

8.3 Prepare and coordinate nationwide, year-round door-to-door campaigns for TB and other poverty-related diseases. Lead: Ministry of Health; STOP TB Partnership Kenya; Business and Corporate Community; Patient Community; Ordinary Kenyans; County Governments;

8.3.1 In partnership with all poverty-related disease policy makers and programme managers, negotiate and develop multi-year, quarterly, monthly and weekly integrated programme interventions, focus and priorities for 2014-2018

8.3.2 Develop and produce materials for advocacy, communication, social mobilization (ACSM), community engagement and empowerment (CEE) and public relations (PR) ACSM, CEE and PR, including one-minute to 30-minute video clips for information and empowerment for early detection, diagnosis and treatment of persons with active TB; seeking early detection for persons suspecting themselves or being suspected by the family member or friends to have TB; and prevention and reduction of risk and vulnerability to TB and other poverty-related diseases

8.3.3 Ensure that the monthly-integrated program interventions, focus and priorities coincide and climax around World TB and other diseases world days

8.3.4 Ensure that all public activities in all the target settings (football matches, athletics, music and drama festival, agricultural shows, Trader Fairs and Exhibitions, national holidays, etc.) are preceded, interspersed and closed with information and empowerment for early detection, diagnosis and treatment of persons with active TB; seeking early detection for persons suspecting themselves or being suspected by the family member or friends to have TB; and prevention and reduction of risk and vulnerability to TB and other poverty-related diseases

8.3.5 Ensure that weekly FBO sermons and speeches are preceded, interspersed and closed with information and empowerment for early detection, diagnosis and treatment of persons with active TB; seeking early detection for persons suspecting themselves or being

suspected by the family member or friends to have TB; and prevention and reduction of risk and vulnerability to TB and other poverty-related diseases

8.3.6 Ensure that there are adverts with information and empowerment for early detection, diagnosis and treatment of persons with active TB; seeking early detection for persons suspecting themselves or being suspected by the family member or friends to have TB; and prevention and reduction of risk and vulnerability to TB and other poverty-related diseases in all waiting rooms, hospital wards and waiting areas and airports, railways and public transport waiting areas.

8.3.7 Schedule mass media events in tandem with the yearly, quarterly, monthly and weekly-integrated program focus, interventions and priorities

8.3.8 Produce and widely circulate newsletter or magazine of Healthy and Prosperous Living Free from TB and other poverty-related diseases

8.4 Create and sustain generational awareness, participation, legacy and inheritance of good, healthy and prosperous behavior from womb to tomb. Lead: Council of Elders; Setting's Management; Settings' Committees for healthy and prosperous settings; Healthy Living Volunteers;

8.4.1 Advocate and support before and after holidays' parents-teachers-students interactive sessions

8.4.2 Advocate and support during-holidays parents-pastors-youth (18-35 year olds) interactive sessions

8.4.3 Advocate and support during-holidays parents-imams-youth (18-35 year olds) interactive sessions

8.4.4 Advocate for and support during-holidays elders-parents-youth (13-18 year olds) interactive sessions for transition from youth to manhood and womanhood and expression of human sexuality commensurate with culture and personal responsibility in the target settings.

8.5 Advocate and support interventions for reduction of risks and vulnerability to TB and other poverty-related diseases: Lead: STOP TB Kenya Partnership; Ministry of Health; Health-related ministries;

8.5.1 Advocate, promote and protect creation of jobs and livelihoods targeting people in slums, informal settlements, hard-to-access areas, and migrant settings.

8.5.2 Advocate, promote and protect skills and livelihoods and their opportunities development, including expansion, dropouts from primary, secondary and tertiary institutions of learning.

8.5.3 Advocate, promote and protect investments, linked to service providers in urban and affluent settings, to increase access to health and health-related services for TB and other poverty-related diseases.

8.5.4 Advocate, promote, and protect enforcement of minimum building standards and well being of occupants, including eradicating corruption among enforcers and owners of premises using occupants as whistle-blowers and other mechanisms.

8.5.5 Advocate and lobby against advertising of unhealthy foods and products that predispose the youth, young adults and adults to obesity, diabetes and other life-style diseases.

8.5.6 Identify and promote best role models for healthy and prosperous living from those in leadership and other positions of influence.

4.10 Milestone 9: Community Engagement and Empowerment

Rationale:

Community engagement and empowerment seeks to affirm, promote and support individuals, families, organizations, institutions, and communities to exercise social, ethical, moral, economic, political, and administrative authority for individual and collective health and prosperity from womb to tomb. There are many definitions of the term community . An evidence-based definition has been given as "… a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings." In this strategic plan, a community has been defined as a group of people with diverse individual and family characteristics and share common things - such as place, history, language, life-style, culture and/or interests - and capable of organizing themselves and acting to achieve legitimate aspirations, commitments and goals, alone or with others within a given setting, or within the wider society. The following communities are targeted to make Kenya healthy and prosperous free of TB and other poverty-related diseases: (1) Families, including extended families and their clans; (2) Villages; (3) Estates; (4) Neighborhoods; (5) Learning communities; (6) Working communities; (7) Congregate communities; (8) Sports communities; (9) Travelers communities; (10) Visitors communities; (11) Migrant communities; (12) Special communities; (13) wards; (14) constituency; (15) county; and (16) Kenyan communities at home and abroad.

Expected results:

9.1 Families, organizations, institutions and communities have 40,827 committees formed and 11 forums held per year for collective governance and stewardship of healthy and prosperous settings free of TB and other poverty-related diseases in Kenya by December 2016. Key partners: Ministry of Devolution and Planning; Ministry of Health; Governors, Senators, MPs, MCA, and settings management teams; STOP TB Partnership Kenya Offices.

Strategic interventions and key activities:

9.1 Affirm, promote and support elements of community empowerment for healthy and prosperous living in target communities. Lead: Ministry of health; STOP TB Partnership Kenya; NGOs; CSOs; FBOs8.1.1 Advocate for uninterrupted supply of TB drugs, diagnostic equipment and commodities.

9.1.1 Introduce the concepts of "community" and

community empowerment for healthy and prosperous settings to all members in the setting.

9.1.2 Include knowledge and skills on community empowerment in the orientation and training of key partners.

9.1.3 Support members in target settings to: (a) discover their risks and vulnerabilities to TB and other poverty-related diseases; (b) undertake self-assessment on the sixteen elements of empowered community;

9.1.4 Convene knowledge sharing Ward forum on community empowerment for all settings.

9.1.5 Provide technical, material and financial support for the implementation of the settings annual work plans

9.2 Support communities to exercise social, ethical, moral, economic, political, and administrative authority for individual and collective health and prosperity from womb to tomb. Lead: Ministry of Devolution and Planning; Ministry of Health; County Governments;

9.2.1 Introduce the concept of STOP TB Partnership Kenya to constituencies.

9.2.2 Catalyze and facilitate formation and orientation of Committees for Healthy and Prosperous Living at each target setting and County.

9.2.3 Convene and facilitate annual County Stakeholders' Forums for Healthy and Prosperous Settings.

9.2.4 Convene and facilitate annual national stakeholders' forum for healthy and prosperous (a) learning institutions; (b) work places; (c) worship places; (d) congregate places; (e) sports settings; (f) travel and transport settings; (g) visited places; (h) migrant population settings; (j) special settings.

9.2.5 Convene and facilitate annual Kenyan diaspora stakeholders' forum for healthy and prosperous Kenya.

9.2.6 Convene and facilitate the National Stakeholders' Forum for Healthy and Prosperous Kenya

4.11 Milestone 10: Disaster and Emergency Preparedness and Responses

Rationale:

This milestone outlines how STOP TB Partnership Kenya will work with national and county governments, Red Cross and Red Crescent societies and other partners and stakeholders to respond to emergencies and disasters in Kenya. The purpose of this milestone is to ensure TB care and control is mainstreamed in the responses to national emergencies and disasters in line with National and international recommendations

Expected results:

10.1 The 10 target settings have plans to ensure prevention, mitigate, respond and recover from disasters and emergencies including mainstreaming TB care and control by January 2017. Key partners: Ministry of health; County disaster management authorities; humanitarian agencies and organizations; STOP TB Partnership Kenya Coordination Offices.

10.2 At least 95% of people with TB and their families do not suffer excess illness and deaths from disasters or emergencies by June 2017. Key partners: Ministry of health; County disaster management authorities; humanitarian agencies and organizations; STOP TB Kenya Partnership Coordination Offices.

Strategic interventions and key activities:

10.1 Contribute to building disaster-resistant and disaster-resilient settings, including emergency preparedness. Lead: Ministry of Health; STOP TB Partnership Kenya

10.1.1 Assess and analyze potential human threats, hazards, and vulnerabilities that can turn into disasters or emergencies in the 10 target settings.

10.1.2 Prepare contingency plans to prevent and mitigate effects (including business continuity), and recovery when disaster or emergency occurs.

10.1.3 Prepare training plans for disaster and emergency management for each target setting.

10.1.4 Train persons responsible for decision-making and for responding whenever disaster or emergencies occur in the target setting.

10.1.5 Regularly test the effectiveness of the contingency plans.

10.1.6 Advocate for development and implementation of interventions to prevent human threats, hazards, and vulnerabilities; provide permanent protection from natural disasters; and reduce risk of loss of life and injury.

10.1.7 Train individuals, families and communities to avoid unnecessary risks and reduce vulnerabilities to disasters and emergencies.

10.2 Contribute to response to disasters and emergencies in close collaboration with national and county governments and other partners and stakeholders. Lead: Ministry of Health; STOP TB Partnership Kenya

10.2.1 Undertake a rapid initial assessment of nature, level of impact and financial implications.

10.2.2 Activate the appropriate contingency plan, depending on pre-set criteria for the identified nature, impact and financial implications, and until the disaster or emergency is subdued

10.2.3 Undertake a comprehensive assessment evaluating the level of impact and responses to rapidly move to recovery phase.

4.12 Milestone 11: Planning, Monitoring, Review, Evaluation and Reporting

Rationale:

This milestone presents methods of data collection and generation of information and knowledge to monitor, review, evaluate and report on the performance STOP TB Partnership Kenya. This performance will be measured in terms of: (a) changes in the occurrence and determinants of TB and other poverty-related diseases through surveys, studies and research as outlined in Milestone 3 (Evidence-generation and Knowledge Management); (b) progress towards results; (c) removal of barriers, challenges and constraints and mitigation of risks; (d) assessing whether political leaders, policy makers, programme managers, donors and support and implementing partners and Key partners are meeting their obligations and accountabilities; (e) major events requiring research, monitoring and evaluation data; (f) linkage to target settings', partners', national and county monitoring and information systems. A detailed framework for planning, monitoring, evaluation, review and reporting is presented in Section 5.5.

Expected results:

11.1 At least 50% of target setting units report over 90% of funded activities within each quarter achieved or on track to be achieved. Key partners: Setting Management; Setting Committee and Healthy Living Volunteers; STOP Kenya Partnership Coordinating Offices.

11.2 All Key partners, partners and stakeholders are informed on results, financial status and their obligations in the partnership every six months. Key partners: STOP TB Partnership Kenya Coordinating Offices; Implementation partners

11.3 All political and policy dialogues in the National Stakeholder's Forum and national forums for each target setting are informed by findings and recommendations from independent evaluations and progress reviews. Key partners: Universities; Contractors; NGOs.

Strategic interventions and key activities:

11.1 Monitor progress towards results in line with the key performance indicators, means of verification, and assumptions. Lead: STOP TB Partnership Kenya.

- 11.1.1 Ensure STOP TB Coordinators, Setting Committees and Healthy Living Volunteers hold monthly administration and management meetings.
- 11.1.2 Ensure that Key partners and implementing partners plan, implement and report on planned activities in the annual work plan.
- 11.1.3 Facilitate joint field visits and missions from national and regional levels to selected counties and settings.

11.2 Undertake regular progress reviews and reporting of performance of the STOP TB Partnership Kenya in all the milestones. Lead: STOP TB Partnership Kenya; Ministry of Health.

- 11.2.1 Ensure that every setting, county and national coordinating officers and volunteers, committees, healthy setting teams and Partnership Secretariat hold quarterly progress review meetings and reporting.
- 11.2.2 Ensure that every setting, county and national coordinating officers and volunteers, committees, healthy setting teams, partners, and Secretariat hold mid-year progress reviews and reporting.
- 11.2.3 Ensure that every setting and county coordinating officers and volunteers, committees, healthy setting teams and partners hold annual progress reviews and reporting.
- 11.2.4 Conduct independent national progress review initially six monthly for the first year and then annually just before the National Stakeholders Forum.

11.3 Undertake selected evaluations to inform political and policy dialogue, especially at the National Stakeholders' Forum and national forums for each setting. Lead: STOP TB Kenya Partnership; Ministry of Health.

- 11.3.1 Mechanisms for integration and harmonization
- 11.3.2 Framework for political and policy dialogue
- 11.3.3 Acceptance and effectiveness of stakeholders' forums
- 11.3.4 Performance of healthy living volunteers in each setting
- 11.3.5 Annual opinion survey of settings.
- 11.3.6 Lot quality assurance sample survey of TB treatment centers
- 11.3.7 Effectiveness of interventions to address causes and effects of TB and other poverty-related diseases
- 11.3.8 Other issues arising from annual progress reviews

11.4 Catalyze and facilitate annual work, resource mobilization and individual result-based performance planning in the 10 target settings. Lead: STOP TB Partnership Kenya; Ministry of Health; Setting's Management.

- 11.4.1 Develop and issue guidelines for planning in every target setting, incorporating issues and directions from the National Stakeholders' Forum and national forums for each target setting.
- 11.4.2 Hold planning workshops at each regional coordinating office
- 11.4.3 Conduct peer review and quality assurances of the settings and county annual work plans.
- 11.4.4 Ensure that setting management and committee for healthy and prosperous setting undertake planning, mid-year and annual performance review of Key partners with recognition of best performers and most improved performers.

Chapter 5

Institutional Arrangements and Implementation Framework

5.1 Partnering, Coordination and Harmonization Process

(1) Recruiting members: STOP TB Partnership Kenya will approach and invite individuals, institutions, organizations, business and corporate community, departments and sectors to join the partnership. Recruited members will receive members' information and resource packs that spell out their roles, rights and obligations. They will also read and accept the Basic Partnership Agreement (BPA) and be provided with a shorter version of this strategic plan, the year's annual work plan, and annual calendar of events.

(2) Harmonizing health and well-being initiatives Organizations and institutions willing and able to start and sustain initiatives, programs and projects that make their settings healthy and prosperous, free of TB and other poverty-related diseases, will undergo the following partnership, coordination and harmonization process: (1) Mapping and preparation of a directory of potential partners for each target setting. (2) Clarification and maintenance of scope, boundaries and accountabilities between the STOP TB Partnership Kenya and the potential partner (see Section 5.2) with special reference to the Basic Partnership Agreement. (3) Identification of the expected results in the STOP TB Partnership Kenya Strategic Plan 2014-2018 that would be most effectively realized through the partnership and collaboration with the potential partner. (4) Holding a series of policy and political dialogues leading to signing of an appropriate agreement.

(3) Mainstreaming interventions for healthy and prosperous living: STOP TB Partnership Kenya will advocate, promote, protect and support mainstreaming of the elimination of TB and reduction of the burden of other poverty-related diseases in all sectors, departments, institutions, and organizations in Kenya. Key elements of mainstreaming are presence of: (a) policy and legal provisions; (b) designated Focal Point person; (c) active Healthy & Prosperous Setting Committee; (d) active Healthy Living Volunteers (HLVs); (e) up to date five-year action plan for the setting with annual results-based performance planning and appraisal; (f) availability and easy access to setting-specific job aids and tools; and (g) a continuing capacity building and development plan.

(4) Using programme integration mechanisms, structures, processes and tools: STOP TB programming will spearhead programme integration with commensurate focus and visibility for integrated programs. Integration begins with identification of shared blocks of the health system (HR, Drugs and Medical Supplies, etc.) or the setting and ensuring that schedules and protocols of using these blocks are balanced so that there is win-win situation for all programs. Some of the programs may be packaged as EPI Plus (EPI+), meaning the core intervention is vaccination, but its delivery is with other interventions. Integration approach is to agree on the key results for the year and focus on those, then move to the next year adding on other programme results focus and continuing with the previous years now integrated. Within the year, for focus for the quarter is identified and scheduled, while those continuing from previous quarters are integrated.

5.2 Roles, Responsibilities and Accountabilities of Key partners and Partners

(1) Between TB-ICC and STOP TB Partnership Kenya: STOP TB Partnership Kenya will closely work with TB-ICC as indicated in Table 10.

Table 10: Roles, responsibilities and accountabilities between TB-ICC and STOP TB Partnership Kenya

TB-ICC/NTLD-Program	Joint TB-ICC and STOP TB Partnership Kenya	STOP TB Partnership Kenya
1. Restricted membership	1. Reciprocal membership	1. Open membership
2. Formulation of policies, norms and standards for TB prevention, control, care and elimination	2. Support STOP TB Partnership Kenya mechanisms, structures, process and tools for governance, leadership, collaboration and partnership at all levels	2. Advocate for adoption, adaptation and scaling up policies, norms and standards for TB prevention, control, care and elimination
3. Provide technical guidance to mainstreaming TB interventions to make all healthy and prosperous settings free from TB and burden of other poverty-related diseases	3. Advocate for political and policy commitment to elimination of TB and reduction of the burden of other-poverty-related diseases	3. Raise profile of TB in non-health sectors and move its control beyond health sector by advocating and supporting the mainstreaming interventions for healthy and prosperous settings free of TB and burden of other poverty-related diseases in ALL sectors
4. Technical and advisory on facilities, products, technologies, trends, etc.	4. Resource mobilization	4. Advocacy and resource mobilization agenda
5. Monitor quality of TB facilities, products and services accessed by their workers and dependents	5. Solve common problems	5. Advocate for easy access and high quality of TB facilities, products and services
6. Coordination of technical partners	6. Coordination of partners pursuing shared goals	6. Coordination of advocacy and resource mobilization partners action
7. Build, manage and share technical data, information and knowledge on TB	7. Generate, manage and share technical and general data, information and knowledge on elimination of TB	7. Build, manage and share technical and general data, information and knowledge on TB and other poverty-related diseases

2) Between business community and STOP TB Partnership Kenya: STOP TB Partnership Kenya will work with business community as shown in Table 11.

Table 11: Delineation of roles between business community and STOP TB Partnership Kenya

Business and corporate community	Joint responsibilities and accountabilities	STOP TB Partnership Kenya
1. Initiate corporate social responsibility and mechanisms, structures, processes and tools for increasing the purchasing power of customers and niche for healthy and prosperous setting free of TB and burden of other poverty-related diseases	1. Review content and reach of corporate social responsibility and options of synergy and complementarity with healthy and prosperous setting free of TB and burden of other poverty-related diseases	1. Advocate for a win-win partnership between corporate social responsibility initiatives and the healthy and prosperous settings free from TB and other poverty-related diseases initiative and provide the nationwide, year-round, doorstep platform to the partner.
2. Allow workers' time to be informed, mobilized and trained	2. Support information and mobilization of workers and their families	2. Advocate for information and mobilization of workers to be trained
3. Allow Focal Point person, Health & Prosperous Setting Committee and Healthy Living Volunteers to use allocated time	3. Support systems and capacity building	3. Advocate and support actions by Focal Point person, Health & Prosperous Setting Committee and Healthy Living Volunteers
4. Implement, supervise, monitor and report on setting's policy and legal frameworks that mainstream elimination of TB and reduction of the burden of TB and other poverty-related diseases	4. Review of existing policy and legal frameworks to mainstream elimination of TB and reduction of the burden of TB and other poverty-related diseases	4. Advocate for and support review and monitor of existing policy and legal frameworks that mainstream elimination of TB and reduction of the burden of TB and other poverty-related diseases
5. Appreciate financial benefits of partnership STOP TB Partnership Kenya	5. Monitor productivity and wealth creation 6. Support annual stakeholders forum within the corporate entity	5. Advocate for increased productivity, wealth creation and purchasing power of customers as benefits of STOP TB Partnership Kenya

5.3 Organization and Management of the Partnership

Figures 1 and 2 show the organization and management of the STOP TB Partnership Kenya. The Partnership: (a) builds on existing national and county structures; (2) is replicable at all levels and in all target settings for maximum participation of the people of Kenya and (3) mirrors the global STOP TB Partnership.

Structures: Overall aspirations, commitments and policy direction of the STOP TB Partnership Kenya will be set by the National Stakeholders' Forum. As listed in Table 12, the forum will have 225 representatives. The Group of Eminent Persons will be advisory to the National Stakeholders' Forum and Partnership Coordinating Board and conducts high level advocacy for making Kenya healthy and prosperous free of TB and other poverty related diseases. Kenyan Diaspora Forum will set overall aspirations, commitment and policy direction for making Kenyans abroad healthy and prosperous free of TB and other poverty-related diseases. The Diaspora Forum will have three representatives from each of the 54 STOP TB Partnership Kenya diaspora committees within the diplomatic missions of Kenya. Each of the ten target settings will have national forums made of up registered members of the STOP TB Partnership Kenya. The setting forums will review progress in the setting and participate in the National Stakeholders' Forum. The settings' national forums will also advise STOP TB Partnership Kenya on policies, strategies and best practices to make each setting healthy and prosperous free of TB and other poverty-related diseases. Each county will have a stakeholders' forum made up of registered members of the STOP TB Partnership Kenya. The county forums will be held once a year. There will be county STOP TB Partnership Kenya Committee. The committees will meet every quarter to review performance in target settings. Each setting will have a seven-member committee. The setting committees will meet monthly to review Healthy Living Volunteers activities and setting's progress on work plan.

Figure 1: Organizational chart for Healthy and Prosperous Kenya at national level

Figure 1: Organizational chart for Healthy and Prosperous Kenya at national level

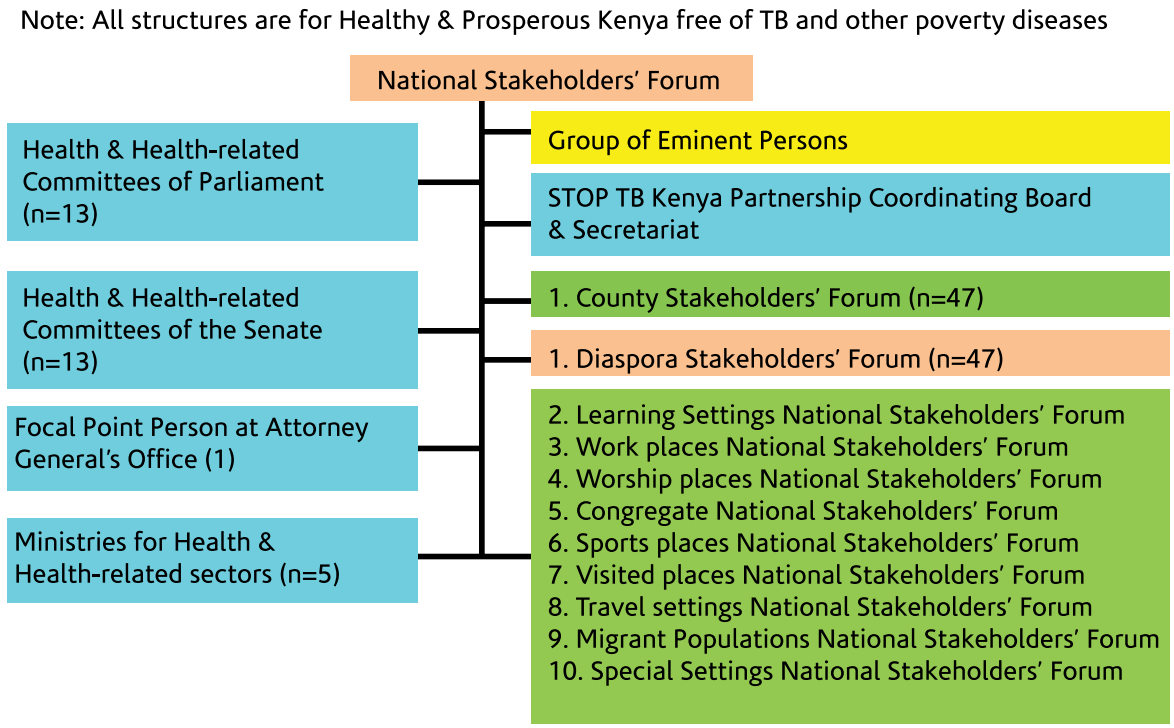
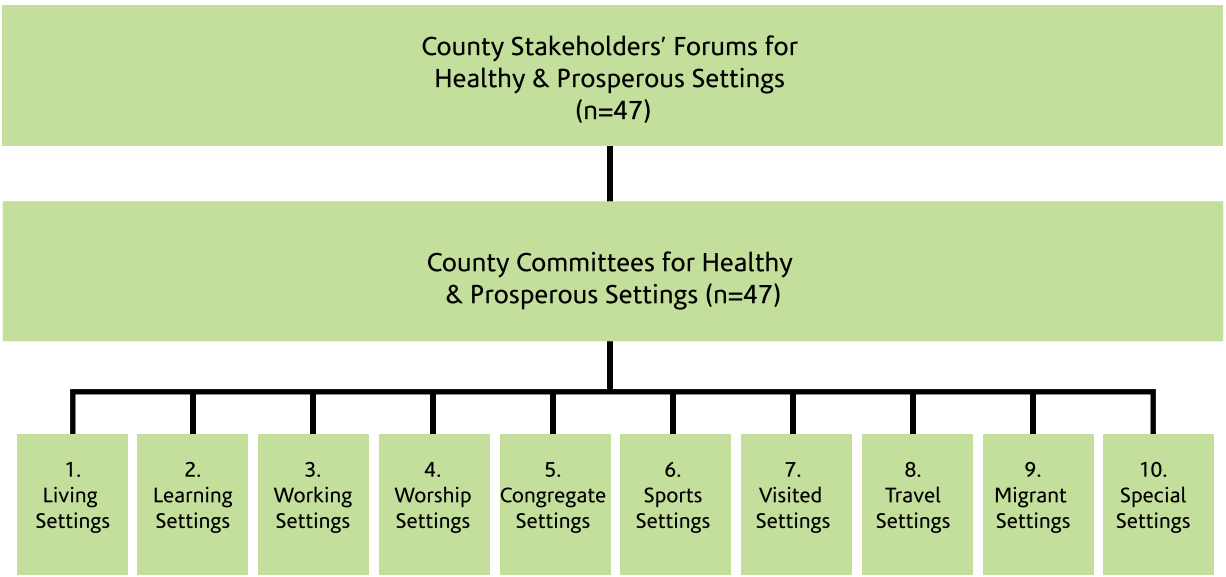


Table 12: National Stakeholders' Forum for Healthy and Prosperous Kenya				
No.	**Stakeholders**	**Units**	**Representatives per unit**	**Total members**
1	Parliament health and health-related committees	13	1	13
2	Senate health and health-related committees	3	1	3
3	Judiciary focal point persons for healthy laws and regulations	1	1	1
4	Cabinet Secretaries representing health and health-related ministries‡	1	5	5
5	Diaspora Forum Representatives	1	3	3
6	County Forums Representatives	47	3	141
7	Settings National Forums Representatives	10	3	30
8	Coordinating Board	1	29	29
Total				**225**
Notes: ‡-Health; Education; Lands, Housing and Urban Development; National Treasury; and Devolution and Planning				

Figure 2: Organizational chart for Healthy and Prosperous Settings at county level



Key partners: There will be 71 STOP TB Champions, Ambassadors and Advocates at national level as shown in Table 13 and 5,388 at county level as shown in Table 14. There will be a total of 274,745 committee members (Table 15) and 371,375 Healthy Living Volunteers (Table 16). Healthy Living Volunteers will form cohorts in life with certification to move into any setting: once a Healthy Living Volunteer, always a Healthy Living Volunteer.

Table 13: STOP TB Champions, Ambassadors and Advocates at national level

No.	Points of operation by setting category	Units	Actors per unit	Total Actors
1	1. Parliament (representing where people live)	13	1	13
2	1. Senate (representing where people live)	3	1	3
3	1. Judiciary (representing where people live)	1	1	1
4	1. Cabinet (representing where people live)	1	3	3
5	1. Kenya Diaspora regions (representing where people live)	8	3	24
6	2. National learning institutions	1	3	3
7	3. National work places	1	3	3
8	5. National worship places	1	3	3
9	6. National congregate places	1	3	3
10	7. National visited places	1	3	3
11	8. National sports places	1	3	3
12	9. National travel/transport settings	1	3	3
13	10. National migrant populations settings	1	3	3
14	11. National special settings	1	3	3
Total				**71**

Table 14: STOP TB Champions, Ambassadors and Advocates at county level

No.	Points of operation by setting category	Units	Actors per unit	Total Actors
1	1. County (where people live)	47	3	141
2	1. Constituency (where people live)	290	3	870
3	1. Ward (where people live)	1450	3	4,350
4	2. County learning institutions	1	3	3
5	3. County work places	1	3	3
6	4. County worship places	1	3	3
7	5. County congregate places	1	3	3
8	6. County visited places	1	3	3
9	7. County sports places	1	3	3
10	8. County travel/transport settings	1	3	3
11	9. County migrant populations settings	1	3	3
12	10. County special settings	1	3	3
Total				**5,388**

Table 15: Committees for healthy and prosperous settings				
No.	**Setting code and Committees**	**Units**	**Members per unit**	**Total members**
1	1. Kenya Diaspora Committees for healthy and prosperous Kenya	54	5	270
2	1. County STOP Committees for healthy and prosperous Settings	47	15	705
5	1. Village/Estate/Neighborhood committees for healthy and prosperous settings	10685	7	74,795
6	2. Learning Institutions Committees for healthy and prosperous settings	10820	7	75,740
7	3. Work places Committees for healthy and prosperous settings	5010	7	35,070
8	4. Worship places committees healthy and prosperous settings	5010	7	35,070
9	5. Congregate places committees for healthy and prosperous settings	5010	7	35,070
10	6. Sports places committees for healthy and prosperous settings	206	7	1,442
11	7. Visited places committees for healthy and prosperous settings	124	7	868
12	8. Travel settings committees for healthy and prosperous settings	1023	7	7,161
13	9. Migrant populations committees healthy and prosperous settings	611	7	4,277
14	10. Special settings committees for healthy and prosperous settings	611	7	4,277
Total				**274,745**

Table 15: Committees for healthy and prosperous settings				
No.	**Points of operation by setting category**	**Units**	**Volunteers per unit**	**Total volunteers**
1	1. Village/Estates/Neighborhoods	10,685	5	53,425
2	2. Learning institutions - Early Child Development Centers	2,705	5	13,525
3	2. Learning institutions - primary schools (5 per class, 8 classes)	2,705	40	108,200
4	2. Learning institutions - secondary schools (5 per form, 4 forms)	2,705	20	54,100
5	2. Learning institutions - tertiary education (5 per year, 4 years)	2,705	20	54,100
6	3. Work Places	5,010	5	25,050
7	4. Visited places	124	5	620
8	5. Worship places	5,010	5	25,050
9	6. Congregate places	5,010	5	25,050
10	7. Sports places	206	5	1,030
11	8. Travel/Transport settings	1,023	5	5,115
12	9. Migrant populations settings	611	5	3,055
13	10. Special settings	611	5	3,055
Total				**371,375**

Partnership Secretariat: As shown in Figure 3 the Secretariat will have one national and 47 county coordination offices. The Secretariat will have 56 staff and 60 volunteers as shown in Table 17. The Chief Advisor will be on retainer basis to provide guidance to the Partnership across all milestones and levels. The Coordinators for the working groups will also act focal point persons for the setting forums at national level, working in close collaboration with Settings' National Advisors.

Figure 3: Organization of the STOP TB Partnership Kenya Secretariat

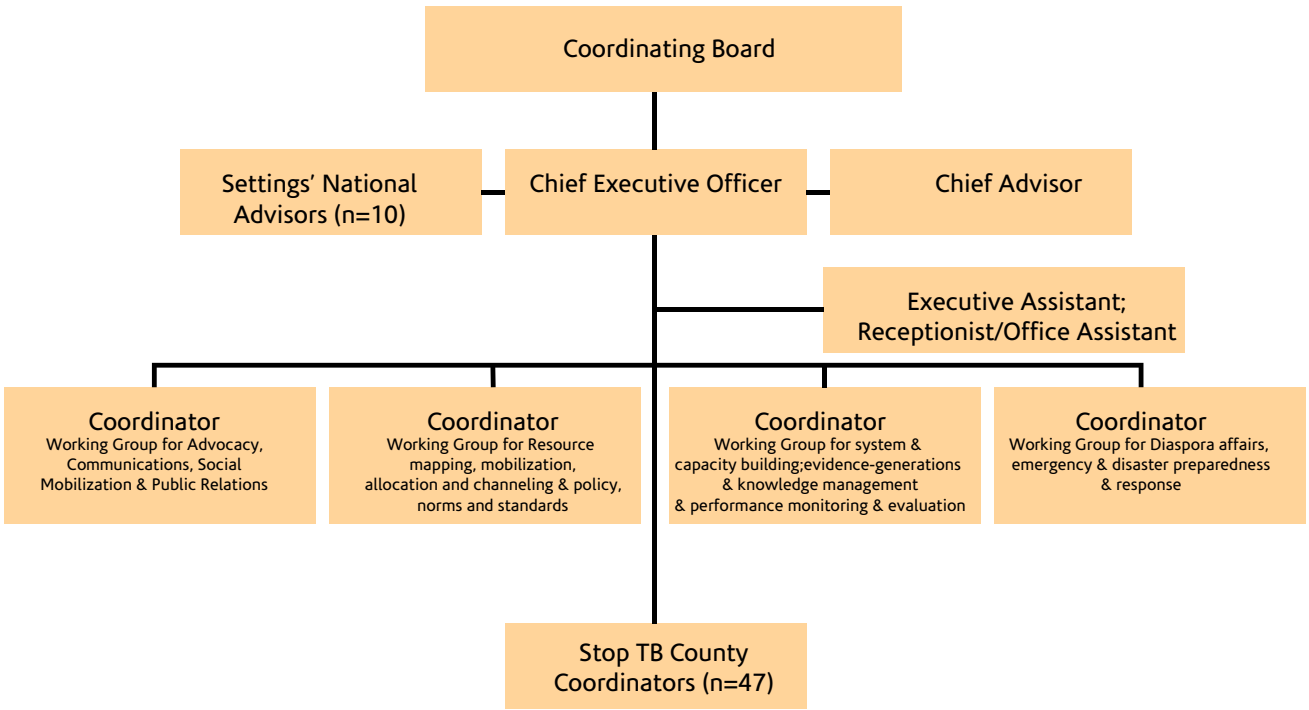


Table 17: Staff and volunteers at the STOP TB Partnership Kenya Secretariat				
No.	**Cadre of staff and volunteers**	**Units**	**Number per unit**	**Total**
1	Chief Executive Officer, staff	1	1	1
2	Chief Advisor, staff (on retainer)	1	1	1
3	Executive Assistant, staff	1	1	1
4	Driver, staff	1	1	1
5	Receptionist/Office Assistant, staff	1	1	1
6	Working Groups Coordinators, staff	4	1	4
8	County Coordinators, staff	47	1	47
8	5. Worship places	5,010	5	25,050
Sub-total staff				56
1	Advisor, Living Settings, Volunteer	1	1	1
2	Advisor, Learning Settings, Volunteer	1	1	1
3	Advisor, Work places, Volunteer	1	1	1
4	Advisor, Worship places, Volunteer	1	1	1
5	Advisor, Congregate places, Volunteer	1	1	1
6	Advisor, Sports places, volunteer	1	1	1
7	Advisor, Travel/Transport settings, volunteer	1	1	1
8	Advisor, Migrant populations, volunteer	1	1	1
9	Advisor, Special settings, volunteer	1	1	1
10	Working Group Assistant Coordinators, volunteers	4	1	4
11	County Assistant Coordinators, volunteers	47	1	47
Sub-total volunteers				**60**
Total staff and volunteers				**116**

Community organization and management: The following communities are targeted in this strategic plan: (1) Families, including extended families and their clans; (2) Village; (3) Estate; (4) Neighborhood; (5) Learning institutions; (6) Working communities; (7) Congregate communities; (8) Sports community; (9) Travelers community; (10) Visitors; (11) Migrant communities; (12) special communities; (13) Ward communities; (14) Constituency communities; (15) Kenyans at home; and (16) Kenyans abroad (Kenyan diaspora).

Through Milestone 9 as many as possible of the following elements of community strength will be affirmed, promoted and supported in each community: (1) Individuals' readiness to sacrifice benefits to themselves for the benefit of the community (as reflected in degrees of generosity, individual humility, personal sacrifice, communal pride, mutual supportiveness, loyalty, concern, camaraderie, sister/brotherhood) (Element of altruism/selflessness). (2) Members feeling that community interests supersede the interests of individual members (Element of common values). (3) Ensuring that all members have access to, and contribute to the upkeep of, facilities and services (Element of communal services). (4) Willingness to communicate (needing tact, diplomacy, willingness to listen as well as to talk) within the community, and between itself and outside [roads, electronic methods (e.g. telephone, radio, TV, Internet), printed media (newspapers, magazines, books), networks, mutually understandable languages, literacy and the willingness and ability to communicate in general] (Element of communication). (5) Confidence shared among the community that the community can achieve whatever it wishes to do, (indicated by positive attitudes, willingness, self-motivation, enthusiasm, optimism, self-reliance rather than dependency attitudes, willingness to fight for its rights, avoidance of apathy and fatalism, a "vision" of what is possible (Element of confidence). (6) Supportive leaders, workers, laws, legislation, regulations and procedures (favorable political and administrative arrangements) (Element of enabling environment). (7) Effective and useful data, information, knowledge and wisdom found among key individuals and within the community (Element of information). (8) Extent and effectiveness of mobilizing, management training, awareness raising, stimulation to strengthening the community using local resources (Element of intervention). (9) Leadership that not only has power, influence, and the ability to move the community, but follows the decisions and desires of the community as a whole, taking an enabling and facilitating role (Element of leadership). (10) Extent to which community members, especially leaders, know persons (and their agencies or organizations) who can provide useful resources that will strengthen the community (Element of networking). (11) Different members of the community seeing themselves as each having a role in supporting the whole (in contrast to being a mere collection of separate individuals), with organizational integrity, structure, procedures, decision making processes, effectiveness, division of labor and complementarity of roles and functions (Element of organization). (12) Community participates in national, county, ward, and settings decision making (political power). (13) More members having the ability to get things done through technical, management, organizational, and mobilization skills (Element of skills). (14) Members of the community trust each other, especially their leaders and workers, which in turn is a reflection of the degree of integrity (honesty, dependability, openness, transparency, and trustworthiness) within the community (Element of trust). (15) Community members willing to tolerate their differences (religious, class, status, income, age, gender, ethnicity, clans) to cooperate and work together with common purpose and shared values (Element of unity). (16) Community as a whole (in contrast to individuals within it) has control over actual and potential resources, and the production and distribution of scarce and useful goods and services, monetary and non monetary (including donated labor, land, equipment, supplies, knowledge, skills) (Element of wealth).

5.4 Arrangements for Resource Mobilization, Allocation and Channeling

5.4.1 Resource mobilization

Resources to be mobilized or leveraged include financial, technical, material, logistical, spiritual, ICT and others. These resources are primarily meant for prevention, control and care for TB, and with time, to support other poverty related diseases for a healthy and prosperous Kenya.

(1) Source of funds: The following are the anticipated sources of financial resources:

(a) Funds contributed by individuals: All Kenyans, including Diaspora, will be invited and requested to regularly contribute, according to their ability, to the national STOP TB Partnership Kenya fund (to be known as Healthy and Prosperous Kenya Fund) or to their selected local setting fund. STOP TB Partnership Kenya will advocate for tax deduction for contributions made to the Healthy and Prosperous Kenya Fund (HPKF).

(b) Fund contributed by companies and philanthropic organizations: All companies and philanthropic organizations, especially those owned by Kenyans locally and abroad, will be invited and requested to make regular contributions to HPKF. STOP TB Partnership Kenya will advocate for tax deductibility to companies and organizations that make contributions to HPKF.

(c) Funds generated by the specific settings: Workplace settings could allocate a proportion of profits and/or personnel remuneration to make the workplace healthy and prosperous and this does not stop them from making their contribution to HPKF. Learning institutions could request Parents-Teachers Associations to allocate funds to character formation and interventions against drug and other substance abuse. Worship places could allocate tithes and offerings to interventions to make their members healthy and prosperous. Places of congregations, such as Bars and Restaurants, could charge a levy towards making such places healthy and prosperous through construction alterations and empowerment of patrons through information and work of Healthy and Prosperous Settings Volunteers. Sports settings could charge a gate fee or other fees for interventions that make the sports venues and patrons healthy and prosperous. Transport, Travel and Tours settings could allocate income to making the setting healthy and prosperous for their operators and customers

through information and support to the Healthy and Prosperous Settings Volunteers.

(d) Funds allocated by County and National Governments to each target setting: Each ministry will be invited and requested to make regular contributions to HPKF for the settings that correspond to their mandates. Such funds may be leveraged instead of being channeled to the HPKF.

(e) Funds mobilized through proposal writing: STOP TB Kenya Partnership in partnership with other organizations will write proposals to funding organizations, including bilateral and multi-lateral organizations. Funds mobilized this way may be earmarked for specific results spelt out in the proposals.

(f) Funds generated through specific events: STOP TB Partnership Kenya will organize and facilitate fund-raising events at County, National and Diaspora levels. Funds raised will be pooled. Fund-raising events will also be avenues for promoting the STOP TB Partnership Kenya platform and for recruiting more partners and members.

(2) Technical resources: Companies, organizations and institutions with unique know-how will be invited and requested to solve problems, overcome challenges, or achieve planned results of the Partnership.

(3) Material and logistical resources: Companies, organizations, institutions and individuals will be invited and requested to make material contributions and transport them to where they are needed. STOP TB Partnership Kenya recognizes that many companies, organizations and institutions deal with goods and services that directly enhance health and prosperity of Kenyans. STOP TB Partnership Kenya will advocate for such materials and logistic resources to bear the logo and messages for a healthy and prosperous Kenya free of TB and other poverty-related diseases, for purposes of visibility of the Partnership.

(4) Spiritual resources: Spiritual resources are those that appeal to higher and divine authority for people's fundamental moral and ethical values. STOP TB Partnership Kenya will invited and request faith-based organizations to incorporate healthy and prosperous interventions and services into their core business and to make available their settings for promotion, protection and fulfillment of health and other social interventions and services that address the root causes of ill-health and mitigate their short- and long-term effects.

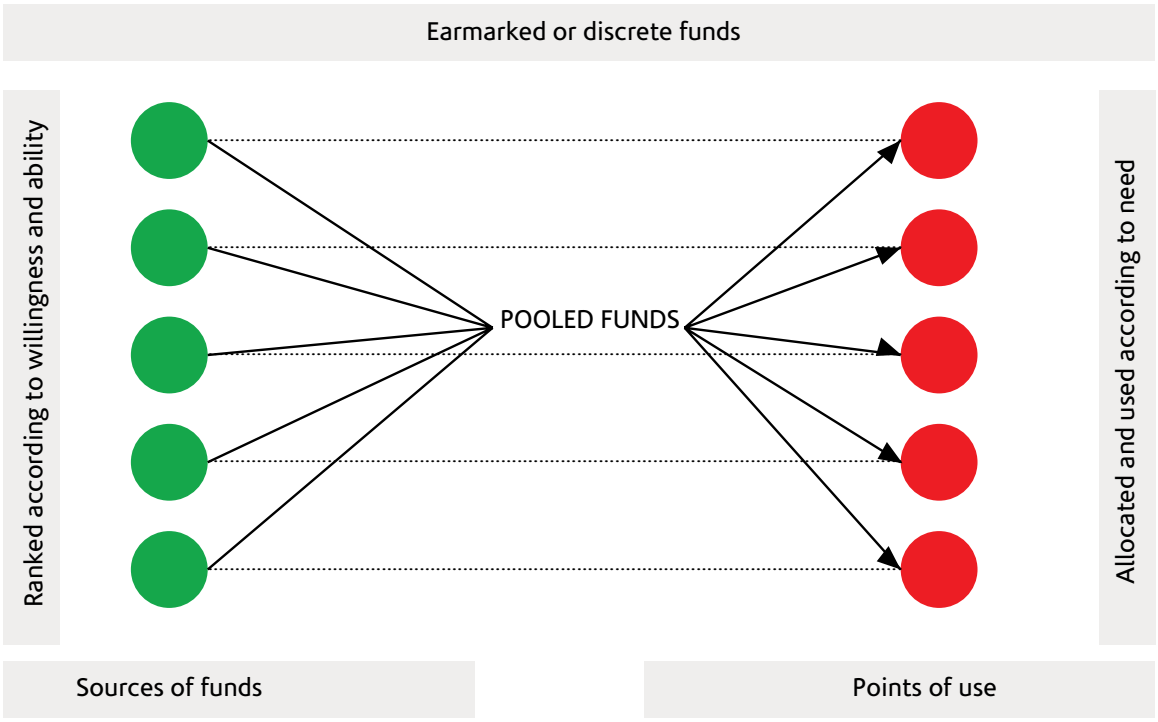
(5) ICT resources: In addition to having its own website and other internet-based resources, STOP TB Partnership Kenya will invite and request other companies and organizations to promote, protect and fulfill the vision, mission, and expected results of the Partnership.

(6) Other forms of resources: STOP TB Partnership Kenya will request the national and county governments, companies and individuals to donate or purchase land for the construction of offices for the Partnership. Other forms of resources include: concessions for otherwise charged products and/or services, such as billboards; offer of free air-time or free SMS; offer of space in daily newspapers or magazines; offer of time for information prior to key events, etc.

5.4.2 Allocation and channeling of financial resources

Financial resources will be channeled and allocated according to need. Figure 4 shows the two routes of channeling resources: funds will either be pooled and disbursed from the pool or directly disbursed from the source to the point of need. Pooled resources will be used to enhance equity and allocative efficiency. Directly disbursed funds will be those earmarked for specific results in specific settings.

Figure 4: Pooled and earmarked modes of channeling financial resources



Settings that generate their own funds will be allowed to retain 40% of funds. Sixty per cent will be forwarded to the pooled HPKF from which the setting will get amounts commensurate to their needs. It is envisioned that 60% or more of all resources availed or leveraged for the STOP TB Partnership Kenya will be allocated to preventive interventions and 40% or less to curative interventions. However, needs, current and emerging, will determine the actual utilization profile.

5.5 Framework for Performance Planning, Monitoring, Evaluation, Review and Reporting

(1) Framework: Each milestone has strategic interventions and expected results considered relevant and adequate to achieve the vision and mission of the Partnership. Consequently, each of the 10 target settings, each level of organization, each community at the corresponding level of organization, and each health and well-being initiative integrated into the platform has to plan, monitor, evaluation, review and report on the strategic interventions and expected results.

(2) Progress review and reporting of expected results: The following will be progressively covered during programme reviews: (1) List of the expected results with their key performance indicators, baseline and targets as originally stated. (2) Results achieved against each planned target over the period under review, noting: (a) contributions from government and all implementing partners; (b) specific contributions of the implementing partner and (c) overall progress rating using color scheme and summarized as in Table 18.

Table 18: Format for reporting on progress on results

Milestones	**Number and % of results:**					**Total**
	Achieved	On track	Constrained	No progress	Repro-grammed/ Dropped	
Partnership development, organization and management;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Governance, leadership, collaboration and partnership;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Evidence-generation and knowledge management;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Policies, norms and standards;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Resource mapping, mobilization and channeling;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Systems and capacity building;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Products and services;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Advocacy, communication, social mobilization and public relations	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Community Engagement and Empowerment	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Disaster and emergency preparedness and responses	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Planning, monitoring, review, evaluation and reporting	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Total	**n(%)**	**n(%)**	**n(%)**	**n(%)**	**n(%)**	**n(100%)**

(3) Analysis of the gap between targets and actual achievements to identify barriers, challenges and constraints. (4) Analysis to understand manifestations, immediate, underlying, basis and root causes and immediate, short-term and long-term effects of selected barriers, challenges and constraints. (5) Review of political and policy commitment (favorable or unfavorable, if unfavorable, how and why?). (6) PESTER analysis (see Section 2.2), noting significant events over the period under review. (7) Political mapping (individuals, institutions or organizations for, neutral or against the Partnership or planned results). (8) Analysis of integrated or competing health and wellness programs (see Section 2.3); (9) Review of individual (rights-holders and duty-bearers) and institutional capacity assessment (see Section 2.6). (10) Review of risk factors and their mitigation measures (see Chapter 6). (11) SWOT analysis of the setting or implementing partners (see Section 2.4). (12) Lessons learned and identification of best practices; (13) Resource mobilization and expenditure review; (14) Way forward/ steps for next planning horizon to achieve results; and (15) Acknowledgement and expression of gratitude to funders and supporters.

(3) Progress monitoring and reporting of strategic interventions and key activities: The status of each key activity under the strategic intervention in each milestone should be assessed whether achieved, on track, constrained, no progress or dropped or re-programmed. Reasons for activities dropped, reprogrammed, constrained or with no progress should be stated and actions needed to get them on track or achieved outlined and included in the next planning horizon. The color scheme gives a rapid assessment of progress by focusing on activities rated red, yellow or black. A summary should be presented for all activities under each milestone (Table 19).

Table 19: Format for summary reporting of progress on activities

Milestones	**Number and % of results:**					**Total**
	Achieved	On track	Constrained	No progress	Repro-grammed/ Dropped	
Partnership development, organization and management;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Governance, leadership, collaboration and partnership;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Evidence-generation and knowledge management;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Policies, norms and standards;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Resource mapping, mobilization and channeling;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Systems and capacity building;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Products and services;	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Advocacy, communication, social mobilization and public relations	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Community Engagement and Empowerment	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Disaster and emergency preparedness and responses	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Planning, monitoring, review, evaluation and reporting	n(%)	n(%)	n(%)	n(%)	n(%)	n(100%)
Total	**n(%)**	**n(%)**	**n(%)**	**n(%)**	**n(%)**	**n(100%)**

Chapter 6

Risk and Risk Management

Table 20 presents the risk and risk management for the STOP TB Partnership Kenya.

Table 20: Anticipated risks and mitigation measures

Risk	Risk Explanation	Likelihood of occurrence	Degree of Impact	Overall impact	Mitigation measures
1. Resources	Inadequate resources to operate and maintain the offices.	High	High	High	• Aggressive resource mobilization • Scale down operations • Leverage policies • Advocacy and lobbying for budget allocations at all levels • Report regularly at all forums
2. Political and social stability	Lack of political and social stability and security in counties, sub-county, wards, village, estate or neighborhood	Medium	High	High	• Use local Champions, Ambassadors and Advocates to reach out to Key partners • Predict and prevent incidences • Acquire commensurate security and operational measures • Report regularly at all forums
3. Industrial disputes	Prolonged and unresolved industrial disputes between management and employees in the target settings	Medium	Medium	Medium	• Include in contingency plans for emergencies • Promote individual level actions • Ensure business continuity • Closely monitor all potential disputes and prevent escalation
4. Lack of enabling environment	Senior management of the setting not providing an enabling environment for planning and reviews to use evidence	Low	High	Medium	• Undertake one to one resolution first • Seek peer support • Remind of basic partnership agreement • Deliberate neglect • Closely monitor potential settings and prevent escalation
5. Negative publicity/ bad reputation	Reports receiving negative publicity in the mass or social media; Bad reputation of the Partnership.	Low	Medium	Medium	• Enforce in-house quality control measures, including single-point of accountability for external communication • Seek one to one resolution with source and the source to issue or publish corrective statements • Issue corrective press releases, if source does not correct the mistake

6. Poor handing over	Inadequate hand-over when policy or programme managers change	Medium	Low	Medium	• Propose protocol for handing over to all key positions • Promote preparation of notes for record for all formal and informal agreements or consensus
7. Misappropriation of funds	Corruption and misappropriation of funds and other resources.	Low	High	Medium	• Undertake risk assessment of all implementation partners • Undertake risk control measures, including capacity building • Increase frequency of audits and other measures • Practice zero tolerance to corruption
8. Volunteerism	Demand for monetary compensation by volunteers.	Medium	Medium	Medium	• Promote high level recognition and profiling of volunteers • Facilitate out of duty station travels • Provide high value non-monetary benefits • Plan and implement succession plans
9. Decisions not informed by evidence	MPs and Senators do not referring to reports in exercising their oversight function on the target sectors	Low	Medium	Low	• Closely monitor • Institute preventive measures as part of routine operations • Provide succinct summaries of less than 500 word with key actions highlighted • Use multiple channels to communication the same messages
10. Ineffective meetings	Inconsistent attendance by members; Meetings dominated by few individuals; Meetings become talk-shops; Members motivated by other things other than making Kenya healthy and prosperous free of TB and other poverty-related diseases	Medium	Low	Low	• Closely monitor • Institute preventive measures as part of routine management and leadership updates • Promote after action reviews in all undertakings of the partnership

Chapter 7

Financing, Funding and Indicative Budget

This strategic plan will be financed and funded from sources indicated in Table 21.

Table 21: Financing and funding sources for healthy and prosperous Kenya fund

Source	Process
1. Funds generated by the setting	• Allocated from the setting's budget • Generated by charging fees to the setting's facilities, goods, services, and/or goodwill • Generated through fund-raising events • Regular free will donations from settings partners at home and abroad • Tax deductions for contributions to make Kenya healthy and prosperous (when achieved)
2. Business and corporate community	• Joint development of social investment programs including partnering with hospital and NGOs to reach the most at risk and vulnerable and those in hard-to-reach areas
3. Direct contributions	• Kenyans at home and abroad making regular contribution to a Healthy and Prosperous Kenya Fund (HPKF).
4. Budget allocations	• Presentation of annual work plan and budget for financial support by national and county governments.
5. Fund-raising events	• Organization of events at home and abroad to raise funds towards the Healthy and Prosperous Kenya Fund.
6. Resources leveraged by the setting	• Integration of funded and unfunded activities • Provision of evidence for allocative efficiency • Design of funded activities that has synergistic or multiplicative effects • Participating and influencing settings decisions in favor of policy, programmatic and tactical actions that make the setting more healthy and prosperous free of TB and other poverty-related diseases
7. Donors	• Responding to request for applications or submitting proposal to donors to capitalize the Partnership and for specific results.
8. Savings	• Advocating for allocation of saved health care and financial costs saved by investing in preventive interventions.

Five-year indicative budget for STOP TB Partnership Kenya is USD10.1 million as shown Table 22.

Table 22: Indicative Five-Year Budget

Milestones	Year 1	Year 2	Year 3	Year 4	Year 5	Total (USD)
Milestone 1: Partnership development, organization and management	323,569	3,907	3,907	3,907	3,907	339,197
Milestone 2: Governance, leadership, collaboration and partnership	1,193,818	1,201,096	1,184,761	1,052,409	1,052,409	5,684,493
Milestone 3: Evidence-generation and knowledge management	106,664	131,316	102,827	82,257	102,827	525,891
Milestone 4: Policies, norms and standards	60,466	137,078	17,512	17,512	17,512	250,079
Milestone 5: Resource mapping, mobilization and channeling	20,256	8,114	6,242	6,242	6,242	47,095
Milestone 6: Systems and capacity building	88,236	106,374	102,416	14,179	14,179	325,384
Milestone 7: Products and services	49,798	349,507	253,286	253,286	253,286	1,159,163
Milestone 8: Advocacy, communication, social mobilization and public relations	91,095	96,933	98,677	125,653	87,607	499,965
Milestone 9: Community Engagement and Empowerment	363,943	391,763	322,513	21,833	21,833	1,121,886
Milestone 10: Disaster and emergency preparedness and responses	2,449	32,419	27,740	2,449	2,449	67,505
Milestone 11: Planning, monitoring, review, evaluation and reporting	17,806	20,391	25,537	17,817	17,817	99,369
Total	2,318,100	2,478,897	2,145,417	1,597,544	1,580,067	10,120,026

Annex 1: Summary of the Strategic Planning Process

This strategic plan was developed through (a) an extensive review of global TB control plans and the global STOP TB Partnership Kenya arrangements; (b) alignment to the Constitution of Kenya 2010, Vision 2030, Kenya Health Sector Strategic and Investment Plan (KHSSP), National Tuberculosis, Leprosy and Lung Disease Unit (NTLD-Program) Strategic Plan (2011 – 2015), Global Stop TB Partnership, and the emerging draft national strategic plan (NSP) for TB control (2014-2018); (c) interview of key informants in public and private sector involved in the initiation and development of the Partnership; (d) document review on TB control in Kenya and on STOP TB Partnership - Kenya; (e) holding two strategic planning workshops: one for design (Coordinating Board Retreat, May 29-31, 2014, Tafaria Castle, Nyahururu) and another for validation (Stakeholders' Forum June 24-25, 2014, Sarova PanAfric Hotel, Nairobi); (f) presentation to the 2nd Stakeholders' meeting for the development of the national strategic plan for Tuberculosis, Leprosy and Lung Health, 2015-2017, held at Crowne Plaza, Nairobi, July 16-17, 2014; and (f) wide circulation of the draft strategic plan and endorsement by Government, Business Community, Patients Community, and peoples' representatives. At various stages of the strategic plan meetings of the Strategic Plan Formulation Team and Reference Group were held to endorse emerging issues and the final version of the strategic plan.

Key Informants for this strategic plan were:

1. Dr. Jeremiah Muhwa Chakaya, KAPTLD
2. Dr. Joseph K. Sitienei, Division of Communicable Disease Prevention and Control
3. Dr. Jackson Kioko, NTLD-Program, MoH
4. Samuel Misoi, NTLD-Program, MoH/STOP TB Partnership Secretariat
5. Dr. Grace Njeri Gitonga, KAPTLD/STOP TB Partnership Secretariat
6. Margaret Mungai, AMREF
7. Julius Tome, AMREF
8. Chris Apollo, Intro Networks – Africa
9. Mr. Isaac Kiema, FKE
10. Dr. Hellen Magutu Amakobe, ILO
11. Dr. Jane Nabongo, KEMRI
12. Sylvia Khamati – Logendo, Kenya Red Cross
13. Evelyn Kibuchi, KANCO
14. Dr. Paul Wekesa, CHS
15. Dr. Samuel Kinyanjui – CHS
16. Rose Wandia, CHS/STOP TB Partnership Secretariat

Printed by
the Tuberculosis Accelerated Response and Care (TB ARC) Activity
with support from USAID

Stop TB Partnership
KENYA

STOP TB Partnership, Kenya, Secretariat
C/o Kenya Association for Prevention of Tuberculosis and Lung Diseases
Hurlingham, Woodlands Road
P.O. Box 27789-00506, Nairobi, Kenya