REPUBLIC OF KENYA

MINISTRY OF HEALTH

Multi-Sectoral Accountability Framework to Accelerate Progress to End Tuberculosis in Kenya by 2030






2022

NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM

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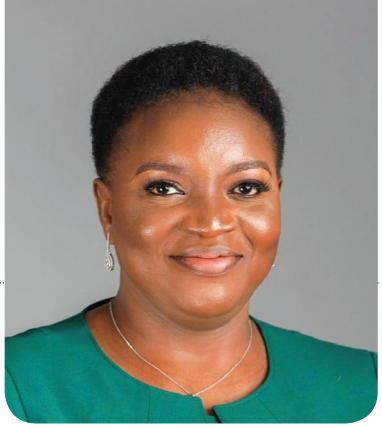
FOREWORD



Tuberculosis remains a major public health and economic problem despite the numerous interventions. There are still a lot of challenges faced as we approach the 2030 End TB milestone. An estimated 10 million people fell ill (1.1 million children), and 1.5 million died from TB in 2020 despite TB being preventable, treatable, and curable. Kenya is among 30 nations with a high TB disease burden, which contribute 86% of the global population with TB.

TB is the fifth leading cause of death in Kenya. In 2021, the country reported and treated 77,854 TB patients with children accounting for 9.6% (7,474). The number of persons with drug-resistant TB reported in 2021 were 804. The 2016 TB Prevalence Survey showed that the healthcare system was missing more than 40% of people with TB annually, despite the diagnosis; medicines and nutritional support being offered free of charge in all government and faith-based health facilities. The implication is that as a country, we need to double our efforts to find all the missing people with TB to reduce continuous spread and put those at risk of TB on Tuberculosis preventive therapy (TPT).

In the UN High-Level Meeting on TB held in New York in September 2018, one of the recommendations was to develop and implement the Multi-Sectoral Accountability Framework for TB (MAF-TB) to accelerate progress towards ending TB where the President of the Republic of Kenya endorsed the commitments. The MAF-TB should contribute to faster progress towards the targets and milestones for Kenya Vision 2030, the End TB Strategy (2019) and the Sustainable Development Goals (SDG).

The Ministry of Health through the Division of National TB Leprosy and Lung Disease Program (DNTLD-P), requires a multi-sectoral approach to end TB through commitments from other sectors to address the social determinants of health in relation to TB. Exploring opportunities for engagement with various sectors on TB issues, offers viable solutions to achieving the End TB strategy, on areas of leverage such as good governance, leadership structures, resource mobilization, harnessing the diagnostic and treatment infrastructures among others.

The MAF-TB developed jointly by various stakeholders, seeks to accelerate progress to End Tuberculosis in Kenya by 2030. The development process has seen the participation of various partners, the private sector, faith-based organizations, non-state actors, government ministries, departments, agencies, commissions, state corporations, counties, the council of governors, the informal sector (*Jua kali*), civil societies, the World Health organization, development and implementing partners amongst others.

The harnessed synergistic approach by sectors will help address the investments and actions that are falling short of those needed to reach the targets and milestones of the End TB Strategy. United together, we can invest more towards ending TB, saving lives and ensuring no one is left behind.

Nakhumicha S. Wafula
Health Cabinet Secretary
Ministry of Health

ACKNOWLEDGEMENT

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In addition, the Ministry recognizes the stewardship and guidance provided by Division of National Tuberculosis, Leprosy and Lung Disease Program (DNTLD-P) and the MAF-TB Secretariat and Steering Committee.

Dr. Josephine Mburu, Ph.D
Principal Secretary
State Department for Public Health and Professional Standards,
Ministry of Health

ACRONYMS

AMR	Antimicrobial resistance
ART	Antiretroviral Therapy
CBO	Community-Based Organizations
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHAI	Clinton Health Access Initiative
CHS	Center for Health Solutions - Kenya
CME	Continuing Medical Education
COG	Council of Governors
CSO	Civil Society Organization
CoEs	Committee of Experts
CSR	Corporate Social Responsibility
CXR	Chest X-Ray
DOTS	Directly Observed Treatment Short-Course
DNTLD-P	Division of National Tuberculosis Leprosy & Lung Disease program
DR-TB	Drug Resistant Tuberculosis
EAC	East Africa Community
el-MIS	Electronic Laboratory Management Information System
EMR	Electronic Medical Record
FBO	Faith-Based Organization
GoK	Government of Kenya
HCWs	Health Care Workers
HIV/AIDS	Human Immuno-Deficiency Virus / Acquired Immunodeficiency Syndrome
ICT	Information, Communication and Technology
IEC	Information Education Communication
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic and Social Rights
ICERD	International Convention on the Elimination of All Forms of Racial Discrimination
IGR	Inter-Governmental Relation
IGTRC	Inter Governmental Relations Technical Committee
ILO	International Labor Organization
IPC	Infection Prevention Control
KEPSA	Kenya Private Sector Alliance
KHIS2	Kenya Health Information System
LoDDCA	Long Distance Drivers and Conductors Association
LTBI	Latent Tuberculosis Infection
M&E	Monitoring and Evaluation
MAF	Multisectoral Accountability Framework
MDA	Ministry, Department and Agency
MDR	Multi Drug-Resistant
MDGs	Millennium Development Goals
MoE	Ministry of Education
MoFPED	Ministry of Finance, Planning and Economic Development
MoGLSD	Ministry of Gender, Labor and Social Development
MoH	Ministry of Health
MoHFW	Ministry of Health and Family Welfare, Government of Kenya

MoLG	Ministry of Local Government
MoU	Memorandum of Understanding
NCD	Non-communicable diseases
NGO	Non-governmental Organization
NHIF	National Health Insurance Fund
NSP	National TB Strategic Plan
NTP	National TB Program
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PS	Principal Secretary
PPM	Public-Private Mix
RESOK	Respiratory Society of Kenya
SAGAs	Semi-Autonomous Government Agencies
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
TB	Tuberculosis
TB/DM	Tuberculosis/Diabetes Mellitus
TB ICC	Tuberculosis Inter agency Coordinating Committee
TBHSWG	Tuberculosis Health Sector Working Group
TORs	Terms of reference
TPT	TB Preventive Therapy
TSC	Teachers Service Commission
TSR	Treatment Success Rate
TWGs	Technical Working Group
UDHR	Universal Declaration of Human Rights
UHC	Universal Health Coverage
UNAIDS	United Nations program on HIV AIDS
UN-HLM	United Nations – High-Level Meeting
UNGA	United Nations General Assembly
USAID	United States Agency for International Development
WHA	World Health assembly
WHO	World Health Organization
WIBA	Work Injury Benefits Act
XDR	Extensively drug resistant

EXECUTIVE SUMMARY

Tuberculosis (TB) is a major public health threat and a setback to Kenya's social and economic development. Approximately 140,000 people fall ill with TB every year in Kenya. The infected and affected people go through a lot of stigma and discrimination that contributes to the loss of job opportunities, reduced productivity and interruption of education among school going children, affecting the current and future workforce. TB response should target social determinants in all sectors that complement the current intervention in the health sector.

The MAF-TB represents a shift from a purely health sector response to a multisectoral dimension. It recognizes the opportunities each sector has in response to TB to collectively accelerate elimination of TB by 2035. It is a guide for policymakers and a call-to-action for communities, civil society, private sector, other ministries, partners and stakeholders. It identifies the key areas and mechanisms of alignment and presents a concrete roadmap for harnessing existing expertise across sectors and institutions.

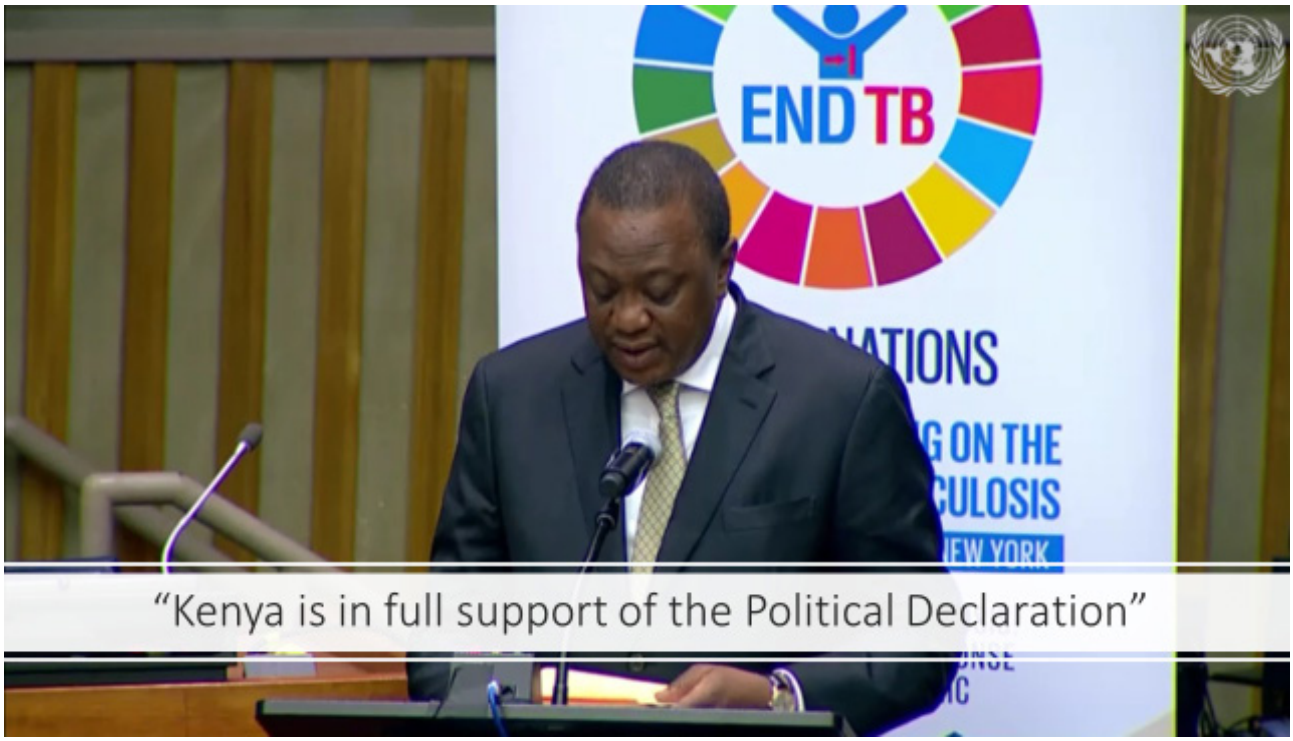
The key objective is to achieve policy convergence and adopt an integrated approach by multiple sectors. The multisectoral action framework highlights the following goals:

1. To identify all people with TB in Kenya through joint sustainable actions by sectors and stakeholders.
2. To create an environment towards achieving zero TB infections by undertaking preventive measures and addressing the socio-economic determinants.

The Framework also identifies the key crosscutting functions to support specific sector actions under the strategic areas. Mechanisms for implementation along with a structure for accountability and monitoring progress is proposed. The roles of various stakeholders are elaborated, providing guidance-for-action to decision-makers across sectors. Examples from Kenya's progress on engaging sectors as well as best practices from other countries are featured for illustrating collaborative principles of multisector solutions.

Multisector coordination has the potential to accelerate elimination of TB through collaborative approaches that increase access to TB services and pool resources towards optimizing the quality of health for communities. This framework will thus provide guidance to the sectors to collaborate with the Ministry of health towards addressing social determinants of health that facilitate transmission of TB.

This framework is aligned to the Kenya Vision 2030, End TB strategy and SDGs towards TB response.



His Excellency President Uhuru Kenyatta at UN-HLM (New York, 2018) making a political commitment on Ending TB Epidemic by 2030.

OPERATIONAL DEFINITIONS OF TERMS

Accountability: Involves giving beneficiaries and stakeholders the power to hold to account in ways that influence organization's policies, priorities, and actions at local, national and global levels through information sharing, feedback, complaints and participation.

Framework: It is a structure or plan that increases understanding of the program goals and objectives, defines the relationships between factors key to implementation and articulates the internal and external elements that could affect the program's success.

Accountability Framework: It describes the initiative, its purpose and intended results, how the initiative's performance will be monitored and whether or not an evaluation is planned.

Multi-sectoral: Different players of the economy and related parts of government intentionally collaborating to accomplish set health goals.

TB Prevention: This involves stopping new infections and progression of TB infection to disease through medical and non-medical interventions.

Social determinants of Health: These are the conditions in which people are born, grow, live, associate, work and age that influence one's health status.

TB Awareness: Giving information with facts on TB to an individual or a group of people in order for them to make informed choices over their health related issues.

TB Screening: The systematic identification of people presumed to have TB, from symptoms presented in a predetermined target group, using tests, examinations or other procedures that can be applied rapidly.

Committee of Experts (COE): Homogenous group of people with technical skills and experience in a subject matter coming together to enhance implementation to achieve desired outcomes.

Social Mobilization/Community Engagement (Used Interchangeably): Bringing together all societal and personal influences to raise awareness of and demand for health care, assist in delivery of resources and services, and cultivate sustainable individual and community involvement.

Infection Prevention Control (IPC): An approach that prevents further transmission of TB to people through various interventions.

End TB Strategy: Global plan of action guiding interventions towards eliminating TB. It serves as a blueprint for countries to reduce TB incidence by 80%, TB deaths by 90% and to eliminate catastrophic costs for TB affected households by 2035.

CHAPTER 1:
INTRODUCTION

1.1 TB Situation in Kenya

Tuberculosis (TB) continues to be a significant public health threat, contributing to approximately 1.4 million deaths annually, and it is the fourth leading killer among infectious diseases globally. TB affects men of reproductive age 15-44 years more than women of the same age bracket; Kenya ranks high in the list of the 30 countries that carry the highest burden of TB and TB HIV in the world. In Africa, Kenya is ranked 4th after South Africa, Nigeria, and Ethiopia, among the high TB burden countries. With a TB prevalence of 426 per 100,000 (Kenya Prevalence survey, 2016), the country lost close to 33,000 people to TB in that year alone (World Health Organization, TB report 2020, Kenya). Many patients were left jobless due to ill health caused by the disease.

In 2021, 77,854 drug-sensitive Tuberculosis (DSTB) cases were reported, representing a 6.7% increase as compared to the previous year. The country's TB incidence was estimated at 140,000, implying that at least 44% of incident TB cases were either missed or not reported during the year. Men accounted for 66% of all cases notified, while those between the ages of 20 and 45 years had the majority of the TB burden, while children under the age of 15 years constituted 9.6% of all notified cases. The treatment success rate (TSR) for all forms of TB was 84% in the 2020 cohort which was a 1.2% decline compared with the previous year. Similarly, the country reported 804 Drug Resistant TB (DRTB) cases during the year (Annual Tuberculosis report 2021). Failure to complete treatment and death of patients with TB remain the most significant challenge to attaining the targeted outcomes of treatment. This points to the need to focus holistically on the quality of care, patient linkage and retention mechanisms. In addition, Kenya is one of the countries in Africa that has reached the 2020 milestone of TB incidence reduction by 20% and TB mortality reduction by 35% between 2015 and 2020. The country is no longer on the Multidrug resistant TB (MDR TB) burden list.

4th

Kenya's rank, after South Africa, Nigeria, and Ethiopia, among the high TB burden countries in Africa.

77,854

Drug-sensitive Tuberculosis (DSTB) cases reported in 2021, representing a **6.7%** increase as compared to the previous year.

140,000

Estimated Kenya's TB incidence, implying that at least **44%** of incident TB cases were either missed or not reported during the year.

804

Drug Resistant TB (DRTB) cases reported in Kenya during the year (Annual Tuberculosis report 2021)

84%

The treatment success rate (TSR) for all forms of TB in the 2020 cohort, which was a **1.2%** decline compared with the previous year.

1.2 Background

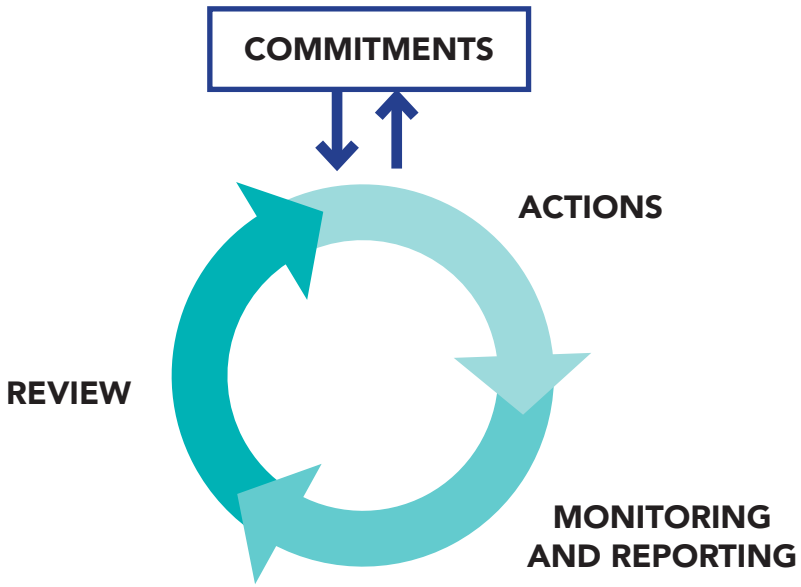
Kenya committed to the United Nations High-Level Meeting (UNHLM) and Moscow's political declaration that form the basis of establishing a country's multisectoral accountability framework to end TB that will help foster multisectoral collaborations. This provides the platform for engaging stakeholders in various sectors to play a role in ending TB. These stakeholders include and are not limited to the national and county governments, civil society organizations, faith-based organizations, community organizations, political leaders, private sector and communities. An accountability framework defines key responsibilities, commitments and actions by sectors, as well as governments (National and County) level, and how they will be held to account, defining a mechanism for reviews, monitoring and reporting.

The WHO AFRO region proposed the multisectoral approach to TB response months before the United Nations High-Level Meeting (UNHLM, 2018) and subsequently developed a dashboard to monitor implementation. Kenya reaffirms commitment to end the TB epidemic by 2030 as envisaged in the Agenda 2030 for SDGs, WHO's End TB Strategy and the Stop TB Partnership Global Plan to End TB, through its National Strategic Plan 2019- 2023. The National TB Program has supportive policies that seek to advance the TB response in the country in achieving these declarations on ending TB through the commitment to increase multisectoral action and enhance accountability. Further, the National TB Program continues to engage the civil society Organizations (CSOs), TB affected and infected communities, private sector, Ministries, Departments, Agencies (MDAs), Commissions and County governments in TB prevention and control activities.

To guide the development of MAF-TB for Kenya, a steering committee was established by the DNTLD-P. The committee comprises of members drawn from the National TB Program, CSOs, public and private sectors, faith-based organizations, TB communities among others. The committee engaged non-health and health stakeholders in various forum.

1.3 Elements of MAF-TB

The key elements of the MAF-TB are commitments, actions, monitoring and reporting, and review. Monitoring and reporting are used to track the results of commitments and progress, while review is used to evaluate outcomes and recommend additional actions.



1.4 Rationale

Tuberculosis is influenced by a wide range of determinants that include; health, economic, social-cultural, and environmental factors. Addressing the disease therefore requires action by different sectors to drive the required momentum towards achieving the set targets, strengthen the accountability for the national response and enable faster progress towards the milestones of the End TB Strategy and the SDGs related to Tuberculosis. The MAF-TB outlines the multisectoral actions required to address the risk factors and social determinants of TB (poverty, malnutrition, access challenges, stigma and discrimination, poorly ventilated houses, indoor pollution) and provides an opportunity for screening in different MDAs and treatment support.

Multi-sectoral approaches herein refer to the collaboration between organizations, institutions, and departments in different areas of policy (e.g., health, social, environment) and different sectors (e.g., public, private), as well as communities and people working together to achieve policy outcomes. The approaches involve holistic inter-organizational and inter-agency efforts across sectors to address common and specific goals concerning TB. Effective approaches do not develop by happenstance but require deliberate and detailed allocation of responsibilities to each partner, outlining clear indication of roles (Armstrong et al., 2006). Stakeholder engagement is widely accepted as an important methodology for improving clinical, scientific, and public health policy decision-making.

Integrating and incorporating TB interventions in various existing policies is a practical approach to meeting challenges faced, it can provide a basis on which to combine health and social goals with that of economic growth and development while managing potentially conflicting interests. This can better support relationships across all sectors, improving public health outcomes, by encouraging the health sector to work with other sectors to offer and facilitate the development of common goals, which seek outcomes that are beneficial to all parties (WHO, 2014).

The MAF-TB will enable the review and monitoring of implementation while providing a systematic approach to determine additional actions required in achieving the SDGs related to TB and End TB Strategy milestones and targets. The accountability framework will also build upon evidence, independent analysis and constructive collaboration among all players in the country.

1.5 Guiding Principles and Target Audience

The following principles will guide effective collaboration:

a. Sectoral stewardship and accountability, with monitoring and evaluation.

b. Strong coalition with civil society organizations and affected communities.

c. Protection and promotion of gender and human rights.

d. Adaptation of the strategy and targets at country level, with global collaboration.

The various stakeholders as outlined below will utilize the guidance provided in this accountability framework:

a. Ministries, Departments, Agencies and Commissions at National and County Governments.

b. Professional associations.

c. Civil society/non-governmental organizations.

d. Private sector.

e. Cultural and religious leaders.

f. Communities.

g. Local and international development and implementing partners.

h. Research institutions and institutions of higher learning.

1.6 Vision, Goals and Objectives

Vision

TB-Free Kenya through accelerated and comprehensive multi sectoral response by 2030

Goal

To provide a platform that brings together individuals, CSOs, FBOs, and private and public sectors at the national and county levels to respond to ending TB in Kenya by 2030.

Specific Objectives

a. To identify and engage stakeholders while building and or strengthening the multi-sectoral systems and partnerships in TB response at the national and county levels.

b. To create an enabling environment to ensure zero TB infections by undertaking preventive measures in the diverse sectors.

c. To develop an accountability framework to monitor and document progress on milestones towards the End TB Strategy through convergence at policy, program and implementation level across various ministries of the National and County Governments of Kenya.

d. Prioritize TB resource mobilization and allocation by national and county governments including various sectors involved in the End TB efforts at the national and county levels.

1.7 Pillars and Components

End TB strategy has identified the following pillars and components;

1.7.1 Integrated, patient-centered care and prevention

a. Early diagnosis of TB including universal drug–susceptibility testing, and systematic screening of contacts and high-risk groups.

b. Treatment of all people with TB including drug-resistant TB, and patient support.

c. Collaborative TB/HIV activities, and management of comorbidities.

d. Preventive treatment of persons at high risk, and vaccination against TB.

1.7.2 Bold Policies and Supportive Systems

a. Political commitment with adequate resources for TB care and prevention.

b. Engagement of communities, civil society organizations, and public and private care providers.

c. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control.

d. Social protection, poverty alleviation and actions on other determinants of TB.

1.7.3 Intensified Research and Innovation

a. Discovery, development and rapid uptake of new tools, interventions and strategies.

b. Research to optimize implementation and impact, and promote innovations.

CHAPTER 2:

MULTI-SECTORAL GOVERNANCE AND COORDINATION

WHO describes health systems in terms of 6 core components or "building blocks" as herein below: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance. Leadership, governance, and coordination are increasingly recognized as critical components of health systems, especially concerning TB. In health policy development and implementation, leadership, governance, and coordination is a mandatory inclusion with the key objective of creating and strengthening ownership, commitment and accountability.

The Constitution of Kenya 2010 introduced a devolved system of governance which provides for a two-tier system of National and County governments with distinct roles and responsibilities. Health is a fully devolved function where the role of the national government is health policy formulation, capacity building, and technical assistance. The Counties are tasked with providing primary health care services.

Articles 10 (2) and 73 of Kenya's Constitution outline critical elements of good governance and leadership. The Ministry of Health is mandated to ensure that all citizens have access to the highest attainable standards of health. It is also responsible under Article 6(3), to ensure reasonable access to its services in all parts of Kenya.

2.1 Leadership and Governance

Leadership and governance herein, will ensure that this framework is fully implemented and combined with effective oversight, coalition-building, regulation, system design and accountability. These will be achieved through commitment and ownership by the various stakeholders. Leadership involves the management of relationships between different stakeholders in TB programming. Governance is about developing and implementing effective rules in the various health and/or TB institutional and/or stakeholders for policies, programs, and activities related to fulfilling the TB control goals as part of the broader health sector objectives. These will ensure proper implementation and elimination of duplication.

WHO describes health systems in terms of:

6 core components or "building blocks" as herein below:

1. Service delivery,
2. Health workforce,
3. Health information systems,
4. Access to essential medicines,
5. Financing, and;
6. Leadership/governance.

The implementation of this framework is anchored on the following principles:

a. Evidence-based policymaking.

b. Efficient and effective TB service provision arrangements, regulatory frameworks, and management systems.

c. Client-centered approach and responsiveness to public health needs- considering diversity.

d. Transparency in policy making, including resource allocation and utilization.

e. Responsible leadership to address public health priorities including TB.

f. Meaningful involvement and inclusion of the citizenry.

g. Institutional commitment and accountability.

h. Clear and enforceable accountability.

2.2 Leadership, Governance and Coordination Structure

Roles	Structures	Stewardship
1. Policy Level	Multi Sectoral Coordinating Committee	Ministry's office
	The National Tuberculosis, Leprosy, and Lung Disease Program Committee	Ministry of Health
	County Government Executive Committees	County Department of Health
2. Technical Strategic Team	Implementing Partners	Ministry of Health
	Development Partners	
	Civil Society Organizations	
	Technical Stakeholders Committee	
3. Support System	County Headquarters Health Technical Stakeholder's Committee	Public Health Officers
	Multi Sectoral Technical Committee	Ministry's office
4. Implementation Management	Sub County Management & Technical Committees	Public Health Officers
	Community Health Committees	Community Strategy Focal Points
	Community Unit	

2.3 Roles and Responsibilities of Various Stakeholders

DNTLD-P operates within a collaborative environment that involves existing coordinating mechanisms; TB, HIV and Malaria Health Sector Working Groups and Committees of Experts (CoEs). It is anchored to the government leadership structure where different ministries are expected to provide leadership and an enabling environment for partners and stakeholders to contribute towards ending TB in Kenya. For proper and effective leadership in implementing this framework, the focus will be on the critical aspects of the roles and responsibilities of various stakeholders.

Table 2.1: Roles and Responsibilities of Various Stakeholders

Unit	Roles and Responsibilities
Office of the President	• Provide organization and coordination of government business towards ending TB • Makes commitments on behalf of the Kenyan state on health matters. • Ensure international obligations for health including those of Tuberculosis are fulfilled by the country • Mobilize resources for health towards meeting government obligations to the citizens and other international commitments • Assign roles and responsibilities in health ministries and other supporting departments • Receive progress reports from the ministries and state departments.
Ministry of Health	• Provide overall technical and administrative guidance in the strategic programming of TB • Coordinate the development and implementation of various national policies and guidelines for TB • Mobilize and prioritize resource allocation at the national level • Facilitate health sector partnerships and coordination • Provide capacity building and technical assistance to counties • Integration of TB services in existing health infrastructure and across ministries and sectors.
Other Ministries and Non-State Actors	• Coordinate the implementation of TB related policies and guidelines at the ministerial units • Create TB awareness and infection prevention control • Report and document implementation progress • Prioritization and allocation of resources for the implementation of TB related policies at the ministerial levels.
Political Platforms (Parliament/ Senate/County Assemblies Health Committees)	• Development of policies and laws for the provision of a conducive environment for TB response. • Deliberate and resolve issues of concern of the people of Kenya on matters relating to TB • Influence budgetary allocation for TB response • Exercise oversight of state organs on health matters including TB response.

Division of National Tuberculosis, Leprosy, and Lung Disease Program (DNTLD-P)	• Provide and be the technical lead in the implementation of the national strategic plan • Ensure relevance and commitment of TB partners and stakeholders in the implementation of TB interventions • Ensure effective strategic multi-sectoral leadership for the response to TB • Create awareness, infection prevention control and demand for TB services • Provide strategic information and advocacy for prioritization and resource mobilization • Develop and review national policies, strategies, regulations and guidelines relevant to TB response in collaboration with partners and stakeholders • Coordinate national and global stakeholders at the national level • Explore new and innovative approaches to TB interventions and achievement of the NSP objectives • Provide technical support policy formulation, dissemination and capacity building to counties and other stakeholders.
County Governments-County Executive Committee for Health	• Provide effective leadership and support for the county level multi-sectoral TB response • Ensure prioritization and commitments of various departments in the county in regard to TB response • Provide performance progress report in regard to TB program implementation • Through the county health management teams, establish and oversee the county TB interventions and ensure a conducive environment for TB programming • Develop and champion enabling county level policies, legislation or guidelines for TB response • Advocate and mobilize adequate resources allocation for TB response.

2.4. Legal and Policy framework

2.4.1 Global and International Laws and Policies

Legal and Policy framework

The Multisectoral Accountability Framework for TB (MAF-TB) has been anchored on the principles of the law and Human Rights. The MAF-TB herein recognizes the various existing policies and international conventions, which are majorly designed to approach development issues from human rights perspective. It is on this recognition that the MAF-TB is built on principles emanating from the legal and policy framework enshrined herein:

2.4.2 International Laws and Policies

a) The United Nations Human Rights Instruments

The MAF-TB was guided by these instruments which emphasize on the proper implementation and realization of all human beings and which include the component of meaningful inclusion, commitment and involvement of state partners in achieving the various objectives outlined in the Instruments as follows:

a. Universal Declaration of Human Rights (UDHR);

b. International Covenant on Economic and Social Rights (ICESR);

cI. International Covenant on Civil and Political Rights (ICCPR);

d. International Convention on the Elimination of All Forms of Racial Discrimination (ICERD);

e. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);

b) Global Conventions

Moscow Declaration to End TB: reaffirms the commitment of state partners to end the TB epidemic by 2030 as envisaged in the Agenda 2030 for Sustainable Development and its SDGs through a Multisector approach among other considerations.

Discrimination (Employment and Occupation) Convention, 1958 (No. 111): This is a convention under the International Labor Laws that promote the meaningful engagement of employers and employees in upholding the wellbeing of human beings.

Occupational Safety and Health Convention, 1981 (No. 155): This convention provides for occupational safety, occupational health and the working environment for workers.

2.4.3 National Laws and Policies

a) The Constitution of Kenya:

The Constitution lists equality, participation and inclusion as part of the essential values upon which to base governance. This is given legal force and emphasis by Article 10 of the Constitution, which provides the national values and principles of governance, which include, among others:

- Article 10(2a) the rule of law, democracy and participation of the people; and
- Article 10(2b) human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalized populations.

b) The Health Act, 2017:

Guides on health matters of all the citizens as enshrined this Act of Parliament under Article 43 of the Constitution

c) The Public Health Act, CAP 242:

This Act provides for the protection of public health in Kenya and lays down rules relative to, among other things, notifiable infectious diseases that apply to all forms of Tuberculosis.

d) The Intergovernmental Relations Act:

It is an Act of Parliament to establish a framework for consultation and co-operation between the national and county governments and amongst county governments; to establish mechanisms for the resolution of intergovernmental disputes pursuant to Articles 6 and 189 of the Constitution, and for connected purposes. This Act emphasizes on the principle of meaningful involvement of stakeholders on matters pertaining governance.

e) The Employment Act of 2007:

It is an Act of Parliament to, declare and define the fundamental rights of employees, to provide basic conditions of employment of employees, to regulate employment of children, and to provide for matters connected with the foregoing

f) The Occupational Safety and Health Act, 2007:

This is an Act of Parliament to provide for the safety, health and welfare of workers and all persons lawfully present at workplaces, to provide for the establishment of the National Council for Occupational Safety and Health and for connected purposes

g) The Public Finance Management Act:

This Act contains various provisions on public participation in Kenya that relate to Chapter 12 of the Kenyan Constitution on Public Finance.

h) The County Governments Act:

The provisions on public participation in Kenya contained in this Act affect the county governments. Section 113: Makes public participation in county planning processes compulsory. Section 87: Stipulates the principles of public participation. They include timely access to information and reasonable access to planning and policymaking process

i) The Kenya Health Policy, 2014–2030:

It gives directions to ensure significant improvement in the overall status of health in Kenya in line with the Constitution of Kenya 2010, the country's long-term development agenda, Vision 2030 and global commitments. It demonstrates the health sector's commitment, under the government's stewardship, to ensuring that the country attains the highest possible standards of health, in a manner responsive to the needs of the population

j) The Kenya Health Sector Partnership & Coordination Framework, 2018–2030:

The Health Sector Partnership and Coordination Framework highlights the need to align better partner support towards a joint strategy and investment plan that the government leads. The framework aims at enhancing aid effectiveness through a sector-wide approach to health service delivery. It recognizes the numerous and different types of partners supporting the health sector in Kenya at different levels and in various capacities and proposes a framework for coordinating and harmonizing the investments and actions of all partners to ensure that the best use is made of all available resources to address sector priorities to achieve results.

k) The Kenya Health Sector Strategic Plan, 2018-2023:

The Strategic Plan provides the health sector with the medium-term focus, objectives and priorities needed to enable the country to move towards achievement of the health goals as described in the constitution. It provides a detailed description of the desired health outcomes, the priority health investments needed to achieve the outcomes, the resource implications and financing strategy, and the organizational frameworks required to implement the Plan.

l) The National Strategic Plan for Tuberculosis (TB) Leprosy and Lung health (NSP), 2019-2023:

The National Strategic Plan provides the framework for a multi – sector partnership for Kenya to overcome TB and leprosy as public health and social challenges. It presents the full aspiration of the country, including outcome and impact targets that align with international goals, and the full portfolio of activities needed to reach the End TB goals.

2.5 Coordination

DNTLD-P operates within a collaborative environment that involves existing coordinating mechanisms; TB, HIV and Malaria Health Sector Working Groups (HSWGs), Committees of Experts (CoEs), One health and health sector working group. The Ministry of Health, through the National TB Program (NTP), will coordinate the implementation of the MAF-TB. By leveraging on the strengths of the international partners, including the United Nations, African Union (AU), East Africa Community (EAC) secretariat, WHO, the MAF provides an avenue to strengthen the capacity for multisectoral response to TB.

In Kenya, other mechanisms exist for engagement of key stakeholders within counties, non-health sector players, which would play a key role in advancing the MAF approach. These include the Council of Governors (CoG), Inter-Governmental Relations Technical Committee (IGRTC), Kenya private sector alliance (KEPSA) annual forums, and annual devolution conference. Implementing a multisectoral response will require the active participation of non-health stakeholders to help achieve objectives.

CHAPTER 3:

IMPLEMENTATION

The chapter on implementation outlines the eight strategic thematic areas that have been prioritized based on an initial mapping exercise of diverse sectors and feedback provided from national multi-stakeholder workshops. Brief descriptions of the interventions are followed by the crosscutting functional areas where health sector leadership is necessary to support strategic multi-sectoral action. A mechanism for monitoring the implementation of the multi-sectoral action is also proposed in the subsequent chapter, hinged on the UNHLM 2018 targets.

3.1 Guide to Mainstreaming TB in Sectors

Systematic mainstreaming of TB in sectors will facilitate implementation, monitoring and evaluation of the sector TB responses and the overall contribution to the national strategy. The MAF-TB therefore, provides guidance on how to mainstream TB in all sectoral plans and budgets. It outlines the multi-sectoral actions required to address the risk factors and social determinants of TB, which include but are not limited to Provision of comprehensive and high-quality TB services.

a) Prevention

- Creation of awareness
- TB Screening
- Infection Prevention Control Measures
- TPT

b) TB Patient Care

- Diagnosis
- Patient Support Services
- Social Protection and Nutrition
- Treatment and Follow-up

Implementation of work place policies that support patients who are infected with TB (invoke and integrate the TB workplace policy during the implementation of this framework)

c) Research and Innovation

d) To foster stakeholder engagement in the implementation of TB interventions in the country

e) Capacity building

- Dissemination of policies and guidelines

f) Resource Allocation

- Resource Mobilization

g) Documentation, monitoring and evaluation of multi-sectoral engagements in TB response

The table below outlines specific thematic areas for intervention, commitments and actions that are key for implementation of the Multisectoral approach in the END TB Strategy. The intervention areas were agreed upon following mapping and analysis of various sectors beyond health and feedback from previously engaged stakeholders in TB response .Other sectors can reference the actions in the table above and customize them to their respective sectors in TB response. In addition, Table 3.6.1 below highlights the respective sectors and their focus areas.

Table 3.1: Table outlining key performance areas, Interventions, Commitments, Actions and Performance Indicators

Domain (key performance areas)	Intervention Area (Purpose)	Commitment (sub purpose)	Actions (Activities)	Performance Indicators
1. Prevention	1. Advocacy	• Engagement in TB policy and planning processes at national and county levels	• Participation in TB related policy identification, development and review • Leverage on existing policy structures for TB integration • Strengthen buy in from the institution management and political class • Strengthen avenues and platforms for public private partnership engagements • Engage partners working in the respective sectors to support TB response • Support, develop and distribute TB educational and information materials	• Number of stakeholders participating in TB related policy formulation and guideline development processes • Number of sectors integrating TB in their respective policies and strategies • Number of sectors integrating awareness and demand creation
TB diagnosis, treatment and follow up	2. Sustained quality of TB care	• Integration of TB response in the organizational strategic planning • Adapt to the social and behavior change and communication guidelines	• Management engagement for buy in and sustainability of TB response • Promote TB awareness and demand for TB services • Provide enabling environment for continuous dissemination of information on TB	• Number of TB awareness activities conducted annually • Number of persons identified with TB

Domain (key performance areas)	Intervention Area (Purpose)	Commitment (sub purpose)	Actions (Activities)	Performance Indicators
		• To identify, support and link to care persons with TB	• Provide for continuous identification of persons with TB (screening), linkage to TB testing and treatment facilities • Linkage for Universal Health Coverage services	
Capacity Building	3. Strengthened enabling environment for TB response	• Provision of updated policies and guidelines • Identification and allocation of needed resources	• Skills transfer • Capacity building • Accountability • Mentorship and technical support • Linkage for Social protection • Integrate into the corporate social responsibility strategies	• Number of TB related sensitization forums conducted
M & E	4. Tracking and Reporting	• Reference to the Monitoring and Evaluation Framework	• Recording and reporting on TB indicators using the standard template • Periodic review of implementation of TB MAF	• Availability of standard reporting and tracking tools • Frequency of data review forums
Resource Allocation for TB response	5. Resource Mobilization	• Commit technical and financial resources towards TB response	• Prioritize the resources for TB screening, diagnosis and treatment for persons with TB	• Budget prioritized and utilized for TB response • Type of non-monetary resource allocated for TB response
Human rights and gender integration	6. Human Rights and Gender Mainstreaming	• Integrate TB response at workplaces in line with the Workplace policy on TB in Kenya	• Adoption and implementation of tahe TB workplace policy • Provide psychosocial support for TB patients • Reduce discrimination and stigma in TB patients	• Number of human rights identified and referred for action • Sectors that are mainstreaming gender aspects
Research and Innovation	7. Research and Innovation	• Identify and prioritize opportunities for learning and collaboration with research institutions	• Identification of Operational Research areas • Scaling up and sharing of best practices • Prioritization of resources allocation towards research • Knowledge utilization and dissemination on research	• Number of operational research conducted • Number of scientific papers presented • Number of publications

Domain (key performance areas)	Intervention Area (Purpose)	Commitment (sub purpose)	Actions (Activities)	Performance Indicators
Legislation for TB response	8. Oversight of the TB multi sectoral engagement	• Formalized commitments and targets for national End TB response (e.g.,bipartite/ tripartite; collaborations, Performance Contracting, etc. • Involvement of governing structures on MAF - TB HSWG, CoEs	• Domiciling the MAF (Cabinet Memo, Commission and identification of responsible office) • Strengthen MAF coordination, leadership and governance (TB ICC, TWGS, COEs, Inter-ministerial and Intergovernmental Forums, Stakeholders forums, etc. • Tracking implementation of MAF across sectors	• Number of formalized collaborations • Number of performance contracts that include TB response at National and County levels

3.2 Key Elements for Assessment of Multisectoral Engagements

1. Formalized commitments and targets for national End TB response (e.g., law, decree);
2. Up-to-date National Strategic Plan for TB response, budget, & budget allocation;
3. Status of adoption/roll-out of WHO guidelines;
4. Civil Society/affected communities' engagement enabled across all components of accountability framework;
5. National report on TB response, with executive summary and associated advocacy;
6. High-level review mechanism established or used to review the End TB response (including formal TORs, ministerial and CS engagement, recommendations reported and operational-level coordination mechanisms).

3.3 Opportunities for sector engagement in TB response

How to collaborate and support persons affected and infected by TB

TB adversely affects the poor and marginalized population the most as they battle poverty, malnutrition, poor hygiene, stigma, loss of employment or wages, poor housing and working conditions among many other issues.

Social welfare programmes that exist under various institutions in both public and private sectors, can offer protective services to people affected and infected by TB.

Depending on the critical areas of need in different geographies, institutions may choose to implement an optimal package of support necessary for the integrated support to the common beneficiaries. In addition, civil society organizations and Corporates through their Corporate Social Responsibility (CSR) programmes can act as agents for psycho-social support through facilitation of skill development, livelihood opportunities, nutritional support etc.

CHAPTER 4:

MONITORING FRAMEWORK

This M&E plan is developed in line with the NSP (2019-2023) and will be integrated to subsequent TB National Strategic Plans. It is intended to provide a framework for monitoring and evaluating MAF-TB implementation in Kenya. The program has a comprehensive M&E plan for monitoring the implementation of the TB strategic plan. This M&E plan is therefore an annex of that particular M&E plan. It details out how key performance areas of MAF will be measured and spells out other evaluations that are specific to the multi- sector interventions in TB control.

The M&E strategy focuses on the performance and achievement of results in terms of outputs, outcomes and impacts as illustrated in Figure 4.1 below.

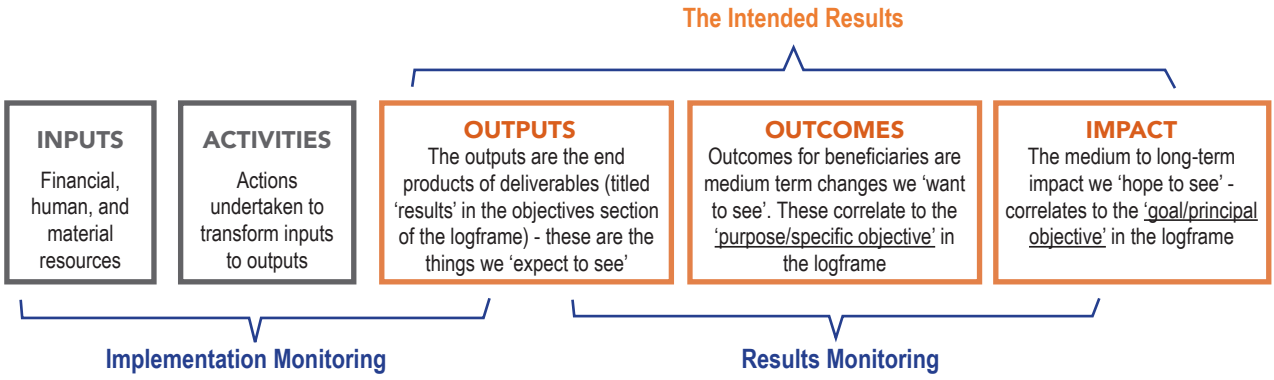


Figure 4.1: M&E Plan

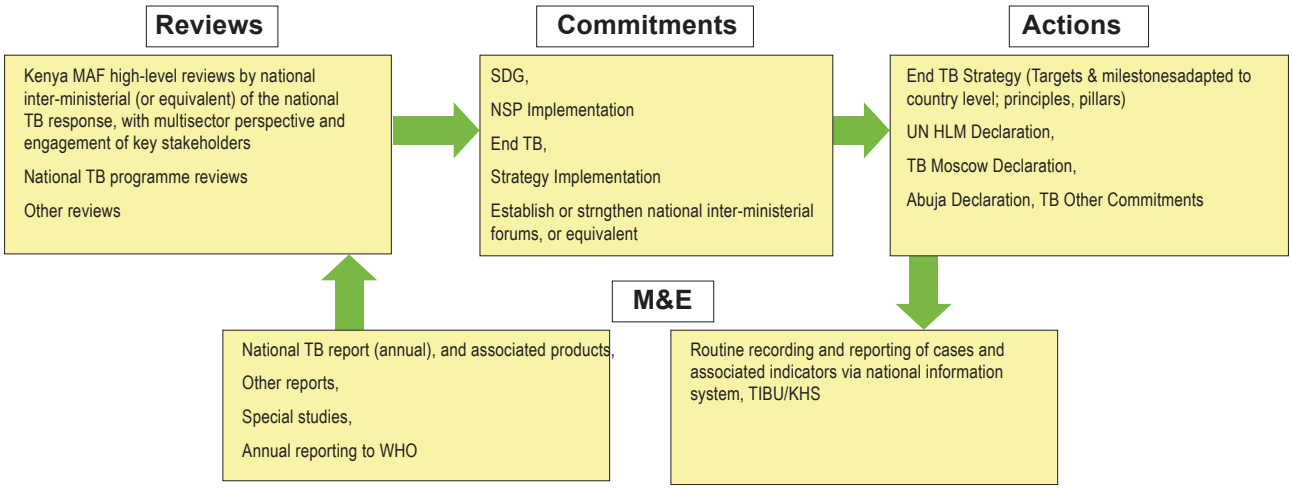


Figure 4.1.2: MAF-TB M&E Framework

4.2 TB National Reporting System

MAF-TB aims to improve the coordination of TB prevention and control, including improving case finding and notification with monitoring of treatment outcomes. The National Tuberculosis Program has a robust reporting system for monitoring and reporting outputs of interventions from the facility up to the national level.

Kenya uses two electronic systems called TIBU and Kenya Health Information System 2 (KHIS2), whereby TIBU is case-based with over 600 users (347 are TB coordinators) and covers about 4,700 health facilities. TIBU has multiple modules on DS-TB, DR-TB, Laboratory, pharmacovigilance, supervision, and payment system. KHIS2 is based on the District Health Information System 2 (DHIS2) platform collecting and storing aggregated data. The reporting and reporting system is updated regularly to conform to international minimum standards as guided by WHO.

At a given time during implementation, NTP develops and maintains an M&E Plan in line with TB and health sector plans. All the sectors contributing to TB control should draw their M&E from this plan and customize it to suit their environment. The document sets up minimum indicators for monitoring performance, including targets, data sources, and responsibilities.

The NTP conducts routine and scheduled performance reviews at the National and Sub National levels, Annual County Performance Review meetings (PRMs), and annual national stakeholders' forums. Through these forums, stakeholders will receive the progress of MAF-TB indicators and discuss action plans to guide continuous improvement. Kenya also conducts an epidemiology review and a Mid Term Review within each National TB Strategic Plan lifespan to track the achievements of the strategic interventions, including MAF-TB. As part of the review and dissemination of performance, the M&E team will be part of the MAF-TB coordination committee meetings to ensure that sectors are aware of the results and key action areas.

The diagram below summarizes the data flow from the source, which is usually the health facilities, with various steps in reporting. This system is supported for data quality by routine supervisions, technical assistants, review meetings, and periodic data quality assessments.

Figure 4.2.1 MAF-TB Data Flow

4.3 MAF Monitoring and Evaluation indicators

Indicator	Target
Number of people with Tuberculosis diagnosed and treated	700,000 people, including 140 ,000 children, and 12,500 people with drug-resistant Tuberculosis notified over the period 2023 – 2027
Number of people reached with treatment to prevent Tuberculosis (TPT)	At least 1 million people, including 150,000 children under 5 years of age, 250,000 other household contacts of people affected by Tuberculosis and 400,000 people living with HIV and AIDS, over the period 2023–2027
Mobilization of locally sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of Tuberculosis	As costed in the national strategic plan
Mobilization of locally sufficient and sustainable financing for Tuberculosis research	As costed in the national strategic plan

MAF-TB Monitoring and Evaluation Plan

Key Performance Areas (Domain)	Intervention Area (Purpose)	Commitment (Sub purpose)	Core Activities	Key Performance Indicators (Objectively Verifiable Indicators)	Frequency	Persons Responsible
Prevention	Advocacy	Engagement in TB policy and planning processes at national and county levels	• Participation in TB related policy identification, development and review • Leverage on existing policy structures for TB integration • Strengthen buy in from the institution management and political class • Strengthen avenues and platforms for public private partnership engagements • Engage partners working in the respective sectors to support TB response • Support, develop and distribute TB educational and information materials	• Number of stakeholders participating in TB related policy formulation and guideline development processes • Number of sectors integrating TB in their respective policies and strategies • Number of sectors integrating awareness and demand creation	Annually Annually Annually	TBD sector specific

Key Performance Areas (Domain)	Intervention Area (Purpose)	Commitment (Sub purpose)	Core Activities	Key Performance Indicators (Objectively Verifiable Indicators)	Frequency	Persons Responsible
TB diagnosis, treatment and follow up	Sustained quality of TB care	• Integration of TB response in the organizational strategic planning • Adapt to the social and behavior change and communication guidelines • To identify, support and link to care persons with TB	• Management engagement for buy in and sustainability of TB response • Promote TB awareness and demand for TB services • Provide enabling environment for continuous dissemination of information on TB • Provide for continuous identification of persons with TB (screening), linkage to TB testing and treatment facilities • Linkage for Universal Health Coverage services	• Number of TB awareness activities conducted annually • Number of persons identified with TB	Annually Quarterly	TBD sector specific
Capacity Building	Strengthened enabling environment for TB response	• Provision of updated policies and guidelines • Identification and allocation of needed resources	• Skills transfer • Capacity building • Accountability • Mentorship and technical support • Linkage for Social protection • Integrate into the corporate social responsibility strategies	• Number of TB related sensitization forums conducted	Annually	TBD sector specific
M & E	Tracking and Reporting	• Reference to the Monitoring and Evaluation Framework	• Recording and reporting on TB indicators using the standard template • Periodic review of implementation of TB MAF	• Availability of standard reporting and tracking tools • Frequency of data review forums	Year 1 of MAF-TB implementation TBD	TB HOP
Resource Allocation for TB response	Resource Mobilization	• Commit technical and financial resources towards TB response	• Prioritize the resources for TB screening, diagnosis and treatment for persons with TB	• Budget prioritized and utilized for TB response • Type of non-monetary resource allocated for TB response	Annually Annually	TBD sector specific

Key Performance Areas (Domain)	Intervention Area (Purpose)	Commitment (Sub purpose)	Core Activities	Key Performance Indicators (Objectively Verifiable Indicators)	Frequency	Persons Responsible
Human rights and gender integration	Human Rights and Gender Mainstreaming	• Integrate TB response at workplaces in line with the Workplace policy on TB in Kenya	• Adoption and implementation of the TB workplace policy • Provide psychosocial support for TB patients • Reduce discrimination and stigma in TB patients	• Number of human rights identified and referred for action • Sectors that are mainstreaming gender aspects	Quarterly Annually	TBD sector specific
Research and Innovation	Research and Innovation	• Identify and prioritize opportunities for learning and collaboration with research institutions	• Identification of Operational Research areas • Scaling up and sharing of best practices • Prioritization of resources allocation towards research • Knowledge utilization and dissemination on research	• Number of operational research conducted • Number of scientific papers presented • Number of publications	Mid-term, End-term Annually Annually	TB HOP
Legislation for TB response	Oversight of the TB multi sectoral engagement	• Formalized commitments and targets for national End TB response (e.g., bipartite /tripartite; collaborations, Performance Contracting, etc. • Involvement of governing structures on MAF - TB ICC, CoEs	• Domiciling the MAF (Cabinet Memo, Commission and identification of responsible office) • Strengthen MAF coordination, leadership and governance (TB ICC, TWGS, COEs, Inter-ministerial and Intergovernmental Forums, Stakeholders forums, etc. • Tracking implementation of MAF across sectors	• Number of formalized collaborations • Number of performance contracts that include TB response at National and County levels	Annully Annually	TBD sector specific

ANNEX 1

List of Contributors

1. Dr Jacqueline Kisia - NTP
2. Dr Lorraine Mugambi - TB ARC II
3. Dr Eunice Omesa - WHO
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28. Dr Willson Kimani - Ministry of Labour and Social Protection
29. Felisters Muma - Nyamira County TB Coordinator
30. Moriasi Gari - Ministry of Education - Early Learning
31. Gladys Toywa - Teachers Service Commission
32. Gachuiri Grace - Kenyatta University
33. William Wandera - Federation of Kenya Employers
34. Damaris Muhika - Central Organization of Trade Unions
35. Jacinta Simalo - Ministry of Devolution
36. Antony Mutua - LODDCA
37. Stephen Macharia - Ministry of Health - Planning
38. Paul Rumosia - Ministry of Foreign Affairs
39. Marion Lootu - Ministry of Education –TVET
40. Trizza Ireri
41. Ernest Kimutai - Prisons Department
42. Peris Njibu
43. Kennedy Tegeret - Ministry of Interior and Coordination of National Government
44. Dr. Wilfred Kimani - Ministry of Labor and Social Protection
45. Stephen Ndung'u - Ministry of Labor and Social Protection
46. Dr. Joseph Mbai - Council of Governors
47. Peris Njibu - Council of Governors
48. Julius Mutiso - National Treasury
49. David Thiru - Football Kenya Federation
50. Otieno Oduor - Kenya Health Federation
51. Dr. Ego Agere - TB Champion
52. Jacinta Simali - State Department for Devolution
53. Antony Mutua - Long Distance Drivers and Conductors Association of Kenya (LODCA)
54. Stephen Macharia - Ministry of Health
55. Stephen Mwangi - Ministry of Education
56. Marion Lootu - Ministry of Education

57. Joseph Macharia - Ministry of Foreign Affairs
58. Trizza Muinde - Ministry of Interior and National Coordination
59. Anne Njeru - Ministry of Interior and National Coordination
60. Peter Kiilu - Ministry of Transport, Infrastructure, Housing, Urban Development and Public Works
61. Nelson Nyagah - Ministry of Defence
62. Peter Nyambok - Ministry of Public Service and Gender
63. Samuel R Nthenge - Ministry of Education
64. John Wanyungu - Ministry of Health
65. Hilda Kaaria - National Treasury
66. Daniel Sepu - Judiciary of Kenya
67. William Wandera - Federation of Kenya Employers
68. Grace Gachuiri - Kenyatta University School of Nursing
69. Dr Evelyn Kimani - County Government of Kiambu
70. Bryan Okiya - NACC
71. Nyamai Wambua - Federation of Jua Kali Association

ANNEX 2

MOU Addendum - Prototype for Ministry of Education

MEMORANDUM OF UNDERSTANDING

is hereby made between

THE GOVERNMENT OF KENYA

MINISTRY OF EDUCATION

P.O. BOX ……..

NAIROBI

and

THE MINISTRY OF HEALTH – TB PROGRAM

Cathedral Road"

This Memorandum of Understanding is entered into this.....day.....of 2021 between: The Ministry of Education - of Post Office Box 30040 – 00100, Jogoo House B, Harambee Avenue, Nairobi, Kenya, herein referred to as 'MOE'

and

The Ministry Of Health –National TB program, of Post Office Box Number..... referred to as "MOH – NTP END TB STRATEGY"

WITNESSETH:

WHEREAS The Ministry of Education, Kenya (MOE) derives its mandate from the Constitution of Kenya, 2010. Its mission is to provide, promote and coordinate quality education, training and research; and enhance integration of Science, Technology and Innovation into national production systems for sustainable development. MOE is responsible for national policies and programs that help Kenyans access quality and affordable, school education, post-school, higher education, and academic research. The Constitution of Kenya provides for the right to education and the right to free and compulsory basic education, respectively, making sure no child is left behind. The Kenya Sector Policy for Learners and Trainees with disabilities (2018) aligns the

provision of education and training to the Constitution of Kenya 2010, the Basic Education Act (2013), as well as the Sustainable Development Goal No. 4 on Equitable, quality Inclusive Education and lifelong learning for all. The policy emphasizes the need for all learners to learn together in an inclusive environment.

WHEREAS The Ministry of Health –National TB program (MOH-NTP) works with communities, organizations, local and national government bodies to end TB in Kenya by 2030.

WHEREAS, the Parties desire to partner to support the end TB strategy as per the political commitment that was made by the Kenya president in the United Nations High level meeting (UNHLM -2018) through educational and social inclusion of children, youth with disabilities in Kenya and the institutions of learning leadership.

NOW, THEREFORE, the parties agree as follows:

ARTICLE 1: ROLES & RESPONSIBILITIES OF THE PARTIES

1.1 MOE shall be responsible for:

i. Delegating officers to participate at all levels of project design and implementation.

ii. Providing technical advisory and quality assurance for MAF supported projects.

iii. Providing Policy direction and guidance to ensure designed interventions are aligned with and complement government education priorities.

iv. Granting access through approval for MOH-NTP supported projects targeting institutions of learning consistent with the statements in the preamble of this MOU.

v. Allow consultation for growth and expansion of both current and newly developed implementation areas.

vi. Recognizing and acknowledging the partnership with TAF and contribution to education sector – speeches, and visibility materials.

1.2 TAF shall be responsible for the following:

1.3 Depending on emerging needs, MOE and MOH shall explore further areas of collaboration that are consistent with their respective mandates and areas of expertise.

ARTICLE 2: DURATION

2.1 The Term of this MoU shall RUN to 2030 to support the vision 2030 of the END TB strategy effective from the date the Parties append their signatures.

2.2 The parties will conduct a mid-term review of activities and objectives under this MoU at or around the second anniversary of the effective date.

2.3 The parties will also conduct an evaluation of results and learning from the partnership and implemented projects at the end of the seven years' period. The parties may agree to review the MoU for an additional five-year term up to 2035.

ARTICLE 3: SUSTAINABILITY INITIATIVES

3.1 The Parties will collaborate on the following initiatives to promote educational and social inclusion of children and youth with disabilities in Kenya

a. Capacity building for teachers, MOE staff members, Boards of Management, Parents/ Care givers, and Schools Clubs in core areas informed by needs assessment;

b. Rolling out of the Sector Policy implementation guidelines;

c. Strengthen public-private cooperation through multi-disciplinary approach among local and international organizations in advancing inclusive education agenda

ARTICLE 4: FURTHER AREAS OF COLLABORATION

4.1. Further to the achievement of the objectives in section 1, the parties intend to collaborate in the following areas:

i. Joint Supportive oversight and Quality Assurance of the Ministry of Health supported projects.

ii. Collaboration with MoE, other line ministries and relevant SAGAs for capacity building, dissemination and Implementation of fun and learning support resources.

iii. Linkages and Technical guidance on mapping interventions to government education policies and guidelines.

iv. Report sharing and best practice exchange strategies amongst targeted institutions.

v. Blended partners conference to enhance networking and collaboration.

ARTICLE 5: COSTS

5.1 Each party shall bear its own costs in connection with this MOU.

5.2 For the avoidance of doubt, MOE shall bear related costs not captured in the approved collaboration that are essential for improving access to quality inclusive education in target institutions of learning. Such costs may include but are not limited to infrastructure and human resource development as per government plans and contractual arrangements with service providers and referral mechanism and management of TB patients.

5.3 Subject to availability of funding, MOH- NTP shall bear costs as per approved budget plan and entered into agreement with the implementing agency.

ARTICLE 6: DISPUTE RESOLUTION

In the event of any dispute between the parties, the same shall be resolved amicably through negotiations between the two parties. Should any provision of this Agreement be or become void, the validity of the other provisions will not be affected thereby. The void provision shall be replaced by the legally admissible provision which most effectively serves the desired economic purpose of the void provision. The same shall apply in the event of a gap.

ARTICLE 7: NON–BINDING NATURE OF MoU

7.1. This MOU is not intended to create any legal or binding obligations.

7.2 The parties intend that no party shall be legally bound by any covenant or agreements until and unless the parties enter into a definitive agreement.

7.3. No liability shall result from delay in performance or non-performance, in whole or in part, by either of the Parties to the extent that such delay or non-performance is caused by an event of Force Majeure. "Force Majeure" means an event that is beyond a non-performing Party's reasonable control, including acts of God, strikes, lockdowns or other industrial/ labor disputes, war, riot, civil commotion, terrorist act, malicious damage, epidemics, quarantines, fire, flood, storm or natural disaster. The Force Majeure Party shall, within fourteen (14) days of the occurrence of the Force Majeure event, give written notice to the other Party stating the nature of the Force Majeure event, its anticipated duration and any action being taken to avoid or minimize its effect. Any suspension of performance shall be of no greater scope and of no longer duration than is reasonably required and the Force Majeure Party shall use best endeavors without being obligated to incur any material expenditure to remedy its inability to perform; the Parties shall meet and discuss in good faith any amendments to this Agreement to permit the other Party to exercise its rights under this Agreement. If the Parties are not able to agree on such amendments within thirty (30) days and if suspension of performance continues, such other Party may terminate this MoU immediately by written notice to the Force Majeure Party, in which case neither Party shall have any liability to the other.

ARTICLE 8: CONFIDENTIALITY

Each party recognizes during this MOU they will come into possession of information that is confidential and proprietary to the other. Both parties agree the information will be used solely for the purpose for which it was disclosed and not in any way directly or indirectly detrimental to the other party. Each party acknowledges and agrees that it will have access to Trade Secrets and Proprietary Information peculiar to the other party and its business, and that the disclosure or unauthorized use of such information will injure the disclosing party's business. Each party agrees they will not, at any time, without the prior written consent of the other party, use, reveal or divulge any Trade Secret of the other party. Each party agrees that it will use the same reasonable efforts to protect the other's proprietary information as it uses to protect its own proprietary information now and, in the future, regardless of the outcome of this MOU.

ARTICLE 9: DISPUTE RESOLUTION

Any dispute, disagreement or misunderstanding arising from the interpretation and/or implementation of this MOU shall be resolved amicably by negotiations between the parties.

ARTICLE 10: GOVERNING LAW

This MOU shall be governed by and construed in accordance with the laws of Kenya. Any activities as a result of this MOU will be carried out in accordance with the laws of Kenya.

ARTICLE 11: ADDRESSES/CORRESPONDENCE

This agreement shall come into effect upon the appending of signatures by authorized representatives of the two Parties. The properly signed agreements shall bear the official

seal/stamp of each of the parties.

IN WITNESS WHEREOF the undersigned duly authorized to cause this MOU to be signed on the date hereinabove first written:

SIGNED BY:

For Ministry of Education, Kenya

Name: .....

Title: .....

(Signature) .....

WITNESS:

Name: .....

Title: .....

For The Ministry of Health –National TB Program – (MOH-NTP)

Name: .....

Title: .....

(Signature) .....

WITNESS:

Name: .....

Title: .....

REFERENCES

Agenda 2030 on sustainable development and its sustainable development goals

End TB Strategy, 2014

Moscow Declaration on Ending TB, 2017

World Health Organization, 2020 report

TB National Strategic Plan, 2019-2023

United Nations High Level Meeting, 2018

Commission on Social Determinants of Health: A conceptual framework for action on the social determinants of health. Available at: *http://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf. Accessed February 16, 2010)*

Stop TB Partnership Global Plan to End TB 2016-2020

Public Private Mix Action Plan, 2021

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