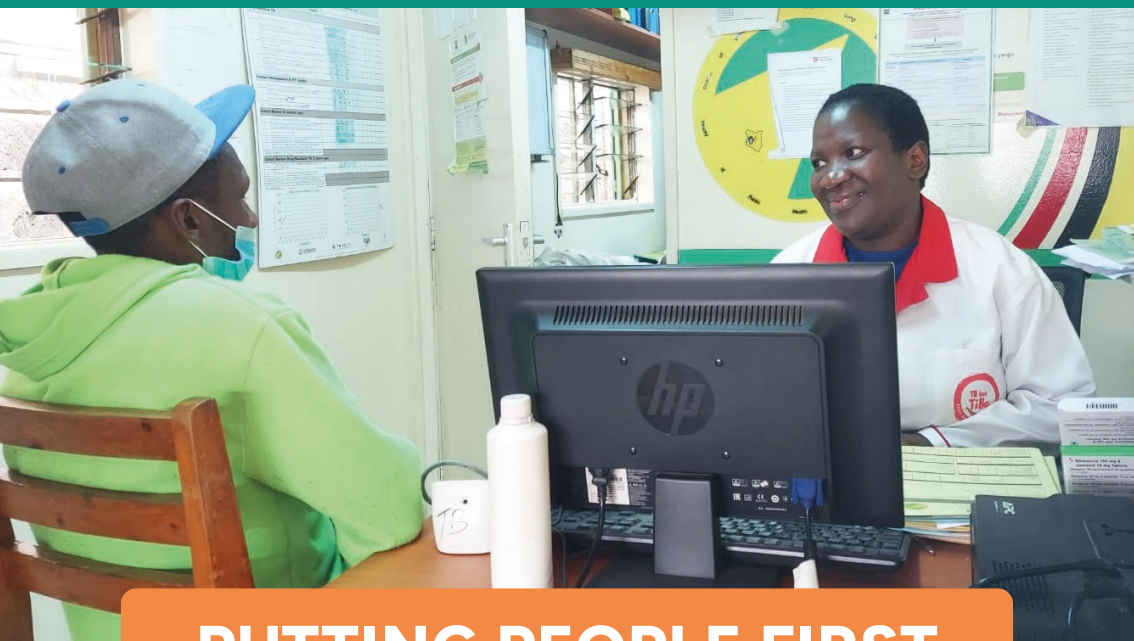


LEAVING NO-ONE BEHIND: TRANSFORMING GENDERED PATHWAYS TO HEALTH FOR TB



PUTTING PEOPLE FIRST



A PARTICIPATORY STUDY WITH TB HEALTHCARE
WORKERS AND POLICYMAKERS IN NAIROBI, KENYA



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Tuberculosis (TB) affected more than 10.6 million* people worldwide in 2022, primarily those living in poverty and those who are marginalised. TB is an infectious disease that is caused by bacteria, most often affecting the lungs, taking the lives of an estimated 1.3 million* people globally every year. Although TB can affect anyone, people on the African continent are disproportionately affected, accounting for close to 2.5 million* new cases of TB and over 300,000* TB-related deaths annually.

**WHO Global Tuberculosis Report 2023*

TUBERCULOSIS IN KENYA



Every day, 350 people developed TB and 70 died because of the disease in Kenya in 2022. Men are most affected, accounting for about 6 in 10 people with TB, followed by women (nearly 3 in 10) and children (more than 1 in 10). About 1 in 4 people with TB are also affected by HIV.

In Kenya, 1 in 3 people with TB miss out on treatment and care. Those accessing health services are widely managed the same way with no attempt to distinguish care according to their circumstances. Kenya's TB policies promote people-centred TB prevention and care for everyone. Person-centredness is about focusing care on the needs of people and providing care that is respectful of and responsive to them. Healthcare workers understand the everyday realities and challenges of TB prevention and care. As much as they are tasked with implementing person-centred TB care, they are rarely involved in the development of such policies.

For that reason, LIGHT Consortium partners in Kenya - African Institute for Development Policy (AFIDEP) and Respiratory Society of Kenya (ReSoK) - set out to understand the policy-practice gap from the perspective of healthcare workers and offer platforms for dialogue to support them to advance person-centred TB care in Kenya.



This booklet is one of a series of four, with one booklet created for each of the participatory action research studies by LIGHT partners in Nigeria, Kenya, Malawi and Uganda.

LIGHT is a six-year cross-disciplinary global health research programme funded by UK Aid, led by Liverpool School of Tropical Medicine working with partners in Kenya, Malawi, Nigeria, Uganda and the UK. The partners are the African Institute for Development Policy (AFIDEP), Malawi Liverpool Wellcome Programme (MLW), Makerere University Lung Institute (MLI), Respiratory Society of Kenya (ReSoK), Zankli Research Centre (ZRC), London School of Hygiene & Tropical Medicine, and the Liverpool School of Tropical Medicine (LSTM).



African Institute for
Development Policy



Malawi Liverpool Wellcome Programme



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SOCIETY OF KENYA

LONDON
SCHOOL OF
HYGIENE
& TROPICAL
MEDICINE



LIVERPOOL SCHOOL
OF TROPICAL MEDICINE





PLACE, PEOPLE & PROCESS

PLACE

This study took place in Embakasi, Kibra/Langata, and Ruaraka sub-counties in Nairobi, Kenya's biggest city. Approximately, 1 in 2 people in Nairobi live in informal urban settlements where they lack improved water and sanitation, security of tenure, durability of housing, and sufficient living areas, among others. We worked with dispensaries and health centres that offer primary healthcare to people in informal urban settlements in the selected sub-counties.

PEOPLE

Participants involved 19 nurses and 10 clinical officers/doctors (20 women and 9 men) from 16 public, 5 faith-based, and 4 private health facilities. Their professional experience ranged from 6 months to 35 years of service. We also engaged 24 TB stakeholders, representing the National TB, Leprosy and Lung Disease Program (1), Nairobi County Health Management Team (18), the Sub-County Health Management Teams (4), and non-governmental organisations (1).



PROCESS

We conducted three participatory workshops (two with nurses and one with clinical officers and doctors) in March 2024. As shown on the next page, the healthcare workers discussed their experiences and challenges in differentiating TB care to people's needs and developed potential solutions. Thereafter, a stakeholder workshop was conducted in April 2024 where participants presented and discussed their findings with TB stakeholders and agreed action.

Pictured above: View of Kibera. Source: Sustainable sanitation, licensed under CC BY 2.0.



Informal settlement

Consulted TB stakeholders
on the study

1



Trained the research team
(participatory method, tools, ethics)

2



Recruited participants
& obtained informed
consent

3



Workshops with
healthcare workers
(W1-3)

4



Defined person-
centred TB care
(W1-3)

5



STEPS IN THIS STUDY



Participants & researchers presented findings to TB stakeholders (W4)

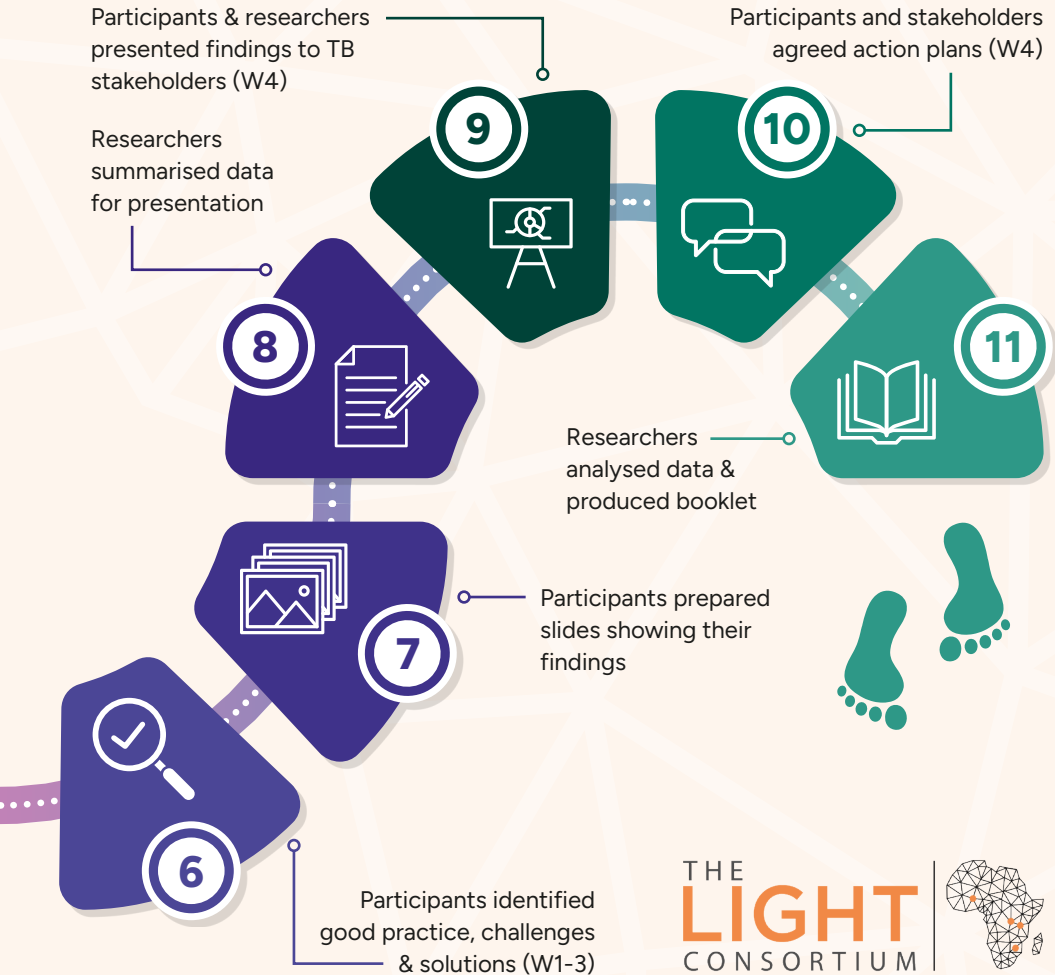
Researchers summarised data for presentation

Participants and stakeholders agreed action plans (W4)

Researchers analysed data & produced booklet

Participants prepared slides showing their findings

Participants identified good practice, challenges & solutions (W1-3)



GLOSSARY OF ICONS



Health leadership
and governance



Health financing



Health infrastructure



Health workforce



Service delivery



Health products



Health technology



Health information
system



Individual



Gender



Family



Community



School



Work



Poverty

GLOSSARY OF LOCAL TERMS AND ABBREVIATIONS

Baraza	Public meeting commonly called by the Senior Chief, a civil servant appointed by the central government for a location to maintain order and prevent crime
Boda boda	Rider who transports people and goods on a motorcycle, mostly men
Chang'aa	Illicit liquor
Matatu	A type of buses and vans offering public transport
Street families	People who are homeless
Tout	Conductor working in a matatu
ART/ARV	Antiretroviral Therapy/Antiretroviral medication used in HIV treatment
CHP	Community Health Promoters
GBV	Gender-Based Violence
LAM	Lipoarabinomannan Urine Test
SACCO	Savings and Credit Cooperative Organisation
TB	Tuberculosis

A busy waiting area at a health facility



PROMOTING STRATEGIES TO PUT PEOPLE FIRST

Healthcare workers identified various groups of people who are likely to miss out on TB care if their unique challenges and needs are overlooked. These findings are presented along the TB care cascade, which describes the sequential stages of care required to achieve successful treatment outcomes for people with TB. Key steps in this cascade include: **health education**, **TB screening**, **TB testing**, and **TB treatment**.

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For different populations, various factors come into play at the different stages of the cascade. For instance, **client's age-related barriers** contribute to the late diagnosis of TB in children, the underrepresentation of youth in care, and the oversight of older people's needs, which require age-specific, gender-responsive models of care.

Client's gender also plays a role in access to TB care. Healthcare workers developed strategies to address the specific barriers that men face, which are often related to their gender, behaviour, and occupation. Women, on the other hand, are often believed to have better access to care, and are more likely to be featured in discussions regarding the health of their children or spouses.

Additionally, **client's other health conditions** matter. Healthcare workers identified some ways to address the challenges they face in diagnosing and treating people with multiple health conditions.

Client's hardships, which are numerous and widespread in the selected sub-counties, undermine access to TB information, diagnosis, and care. Addressing these issues will require leadership and financing from both the government and donors.

Ultimately, healthcare workers emphasised the need for **functioning health systems** to be able to advance person-centred care for TB to reach all men, women, and children.

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CLIENT'S AGE MATTERS

CLIENT'S AGE MATTERS

Healthcare workers identified age-related challenges their clients face in accessing TB care. A primary concern was the **late diagnosis of children** due to health system weaknesses that undermine TB care for children. To address these issues, healthcare workers proposed implementing systematic screening and referrals to increase diagnosis rates, while also lobbying for the expansion of free chest x-ray services to lower-level facilities.

“ *I think there are factors that affect patients that come to the hospital. Like students, the decisions are made by parents or the school, so I (as a student) don't have the right to choose.* ”

Nurse, male, W3

Another focus is on better ways to engage youth in TB care, as they are often underrepresented. Healthcare managers recommended developing **gender-responsive strategies to reach youth** more effectively.

During the workshops there wasn't much discussion on older people. Similarly, the challenges and needs of **older women and men are overlooked** in practice. Healthcare managers emphasised the importance of paying special attention to the unique needs and challenges faced by both older women and men in accessing TB care.

OLDER WOMEN AND MEN ARE OVERLOOKED

Healthcare workers' discussions around age-related challenges in TB care focused primarily on children and youth. However, older adults (aged 65 and above) also require special attention in TB programmes due to their increased vulnerability to developing the disease. Despite this, the needs of older women and men were rarely discussed during the workshops. Yet, older individuals may face distinct barriers in accessing TB information, screening, and treatment services. Healthcare managers highlighted the importance of addressing these unique challenges faced by older women and men in order to cater for their age-specific and gender-specific needs and to ensure equitable TB care across all age groups.



Empty reception area

Persons with disability as well as the elderly, we tend to assume that they don't exist. We have them in our community, rarely do we even have programmes, interventions, and not only in TB, almost across board.

Stakeholder, male, W4

CHILDREN ARE DIAGNOSED LATE

Children are often missing from TB care, as the diagnosis of TB in children is more challenging compared to adults. Children rely on adults to access health information and care, and gaps in screening, testing, and financing, hinder their access to critical diagnostic tools like chest x-rays. These factors contribute to delays in TB diagnosis for children with significant implications for their health outcomes.

“*It is sad that TB diagnosis in children is done during postmortem.*”

Nurse, female, W4

To overcome these challenges, a few health facilities have implemented innovative strategies. They conduct health information sessions in schools and utilise TB diagnostic tools more suitable for children. These include chest x-rays and stool testing using GeneXpert, a medical device that quickly tests for diseases by searching for genetic material of target organisms like *Mycobacterium tuberculosis*. Occasionally, some healthcare workers pay out of their pockets for the transport of mothers and children to get a chest x-ray at a bigger hospital. Healthcare workers also fast-track students who present to the health facility wearing their school uniform and provide TB medications for a full school term to those in boarding schools, minimising the time children spend away from their education. These efforts aim to improve TB diagnosis and care for the paediatric population, who have historically been underserved in this area of public health.

CHALLENGES TO TB DIAGNOSIS IN CHILDREN



Children have limited access to TB information



TB symptoms in children are often different, for instance, sleepiness, headache, and seizures related to TB disease of the brain



Healthcare is delivered in disease-specific silos and healthcare workers' knowledge of TB outside the TB clinics is limited



Children cannot decide on their own to visit the healthcare facility



Chest x-ray is an important tool for TB diagnosis in children but not widely available. Moreover, access to free chest x-ray at selected health facilities has worsened since previous funding for chest x-ray in children and transport to testing sites has ended



Some parents refuse TB diagnosis and go to another facility to seek care



Some children are denied access to school while on treatment

PROPOSED SOLUTIONS TO REACH ALL CHILDREN WITH TB



Systematic screening of all children in the health facility and community like in schools, daycare, and churches



Referral of children with TB symptoms from the community to the healthcare facility



Collaboration with the education sector to increase TB awareness and enforce non-discrimination



Enhancing the capacity for paediatric TB diagnosis and care among healthcare workers through on-the job training, continuous medical education, mentoring, and supportive supervision



Standardised TB screening and testing procedures for children



Transport refund and waiver for chest x-ray among children



Expand chest x-ray services at Level 3 facilities with digital x-ray and skilled staff



Quality improvement teams for paediatric TB

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GENDER-RESPONSIVE STRATEGIES TO REACH YOUTH

Youth (age 18-34 years) are often missing from TB care, as they face limited access to TB-related information and significant barriers to healthcare services. However, there are some good practice examples that demonstrate how these challenges can be overcome.

For instance, a donor-funded health facility runs health talks and TB screening during skills-building sessions for youth, covering topics like computer skills, dance, karate, mental health, and peer support, among others. Another public health facility has organised football matches for girls, boys, and mixed football teams as an opportunity to screen both the players and the fans in attendance.

While these initiatives have shown promise, they are not consistently implemented across all settings. Therefore, healthcare workers proposed a more comprehensive approach to improving youth's access to TB care. This includes strategies like fostering youth participation, enhancing community awareness, promoting intersectoral collaboration, and developing youth-friendly services.

TB stakeholders emphasised the importance of tailoring these strategies to cater to the specific needs of different age groups and genders within the youth population. By taking this more nuanced and inclusive approach, healthcare providers can better engage this underserved demographic and ensure they receive the TB care and support they require.

PROPOSED SOLUTIONS TO REACH YOUTH



Identify existing youth groups for their participation



Offer health education about the importance of youth health in the community through community health promoters



Collaborate with religious and education institutions for TB screening in churches, mosques, schools, and colleges among others



Offer youth-friendly services tailored to the needs of different gender and age groups



Have specific clinic days for the youth to collect TB medication

“We can have youth activities, like pool or other sports. Those are the things we would want to see happening.”

Nurse, male, W1

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CLIENT'S GENDER MATTERS

CLIENT'S GENDER MATTERS

Gender roles - the behaviours, tasks, and expectations that Kenyan society and cultures assign to individuals based on their gender - significantly impact access to TB care and treatment for both men and women.

Discussions predominantly centred on men, with healthcare workers expressing concern that **men are diagnosed late**. To address this issue, there's a desire to empower male champions, implement systematic screening, and introduce incentives to reach men earlier with TB care.

Healthcare workers noted that **men who work often struggle to find time for medical care**, especially casual labourers and industrial workers, due to the risk of lost employment and income. Another challenge is that **men who consume alcohol frequently neglect their TB treatment**. These observations underscore the need for comprehensive care models that bring services closer to men and address both their physical and mental well-being.

While women are generally perceived as more proactive in seeking healthcare compared to men, discussions about women's needs often focused on their role as caregivers rather than patients. However, **women face challenges both as caregivers and income earners**. Consequently, effective practices developed to reach working men should be adapted to better serve working women, recognising their dual roles and unique obstacles in accessing TB care.

MEN DIAGNOSED LATE

Healthcare workers were concerned about the late diagnosis of TB in men, a challenge driven by a complex interplay of individual, health system, and community-level factors. Many health facilities have attempted to reach men through outreach activities in popular gathering places, offering health information and TB screening services. However, these efforts lack consistency.

To improve TB care engagement among men, healthcare workers proposed offering more male-specific services. They also suggested engaging more male community health promoters who can help other men access essential health information and care. Unfortunately, this role has proven unpopular among men, largely due to inadequate compensation.

Healthcare workers recognised the urgent need to develop gendered strategies to address the drivers of late TB diagnosis in men, which significantly impacts disease transmission and health outcomes. While the Nairobi County Health Management Team provides training on gender and human rights, TB clinic staff are often overlooked for these opportunities. In the future, such training should be extended to TB healthcare workers, equipping them to provide gender-responsive care that effectively reaches all women and men.

CHALLENGES TO EARLY TB DIAGNOSIS IN MEN



Many men do not come to the facility and miss out on health education



Insecurity and limited funds for healthcare workers' airtime (mobile phone bundles) and transport hinder outreaches



Some men do not come back to the health facility for their test results if they take long due to shortage of laboratory personnel



Men seek care when they are already very sick; some men deny the TB diagnosis and refuse treatment

PROPOSED SOLUTIONS TO REACH MEN WITH TB EARLY



Appoint and train male champions and employ more men as community health promoters



Targeted outreaches to meet men during social gatherings like baraza and chang'aa dens among others



Offer incentives like free services and fast-tracking

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MEN WHO WORK DON'T HAVE TIME

Men's challenges of late TB diagnosis and disengagement from TB care are driven by gender-related roles and expectations. Men, especially those in casual, informal, or insecure employment, tend to prioritise income generation and providing for their families over their own health needs. They often have limited control over taking time off work, making it harder for them to seek and sustain healthcare.

“*There's a facility in our group that had come up with a way they were engaging the matatu drivers and touts through their SACCOs. They could be able to offer services to them and also reduce the stigma battle. Once you (matatu driver or tout) are diagnosed with TB, you're not fired by ways of rehabilitating you and making sure you have an income.*”

Healthcare worker, male, W4

These individual-level barriers are further exacerbated by health system weaknesses. To address this, some health facilities have implemented targeted outreach efforts, bringing TB education, screening, and testing services directly to men's workplaces, such as boda boda stages and industrial sites. Additionally, health facilities in the Kibra/Langata sub-county have developed collaborations with Savings and Credit

Cooperative Organisations (SACCOs), main employer in the transport sector. Through these partnerships, they are able to provide TB awareness, screening, testing, result communication, linkage to care, and follow-up services to matatu drivers and touts. Healthcare

workers recommended adapting this collaborative approach across all sub-counties with measures in place to protect confidentiality and employment among these men.

To better accommodate the needs of working men, some healthcare facilities have explored innovative approaches. These include delivering TB medications directly to the men's homes or workplaces, as well as offering more flexible drug collection schedules.

Building on these efforts, healthcare workers recommended further integrating psychosocial support services (like emotional support, individual/group therapy, family education, and social protection) into the care models for this population. They also proposed developing alternative drug dispensing methods that can better suit the busy schedules and lifestyles of working men.



Matatu in Nairobi - Kenya's Colorful Transport

Source: Tmaokisa, licensed under CC BY-SA 4.0

CHALLENGES AMONG WORKING MEN



Men prioritise work over healthcare to fulfil their gender roles as income earners



Men who work in industries or as casual labourers have limited power to take time off work



Limited clinic days and opening hours make it more difficult for working men to visit the facility



Working hours of healthcare workers are fixed (8am-5pm) with no compensation for overtime which prevents longer opening hours



Drug stockouts, like in 2023, require people with TB to come more frequently to the TB clinic to collect drugs, which is a major problem for working men



We do have challenges also because [...] we don't work over the weekend; we don't work after 5pm and also on holidays. So that is the challenge with some of our patients.



Nurse, female, W2

PROPOSED SOLUTIONS TO REACH ALL WORKING MEN



Adapt the model of collaboration with SACCOs to other sectors like industries and boda boda associations/stages for screening, referrals, and treatment support



Flexible clinic days and opening hours



Group therapy for men to help them cope with stress



Treatment support for working men through community health promoters delivering drugs and following up



Organise drug pick-up from a nearby 24-hour facility

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MEN WHO CONSUME ALCOHOL FREQUENTLY NEGLECT THEIR TREATMENT

Healthcare workers reported that many men consume alcohol and other drugs, sometimes as a way to cope with stress. This behaviour often impacts treatment adherence as men using drugs or consuming harmful levels of alcohol may miss clinic appointments, forget to take the TB medications, or even lose their medication.

“*Drug abuse becomes a challenge. When life becomes too hard, some men decide to end up into drugs.*”

Nurse, male, W2

To help these men follow their treatment schedules more consistently, some health facilities enrol them in directly observed therapy and offer support groups. A few health facilities have even established collaborations with chang'aa den owners to support their clients' treatment adherence.

A more comprehensive and flexible approach can help overcome the barriers that prevent men with TB from consistently engaging in and completing their treatment. Healthcare workers recommended training male TB champions as a dedicated cadre of lay health workers to provide health education in chang'aa dens and additional supportive services for men struggling with substance use issues. The integration of group therapy for managing stress and rehabilitation services can help reduce harmful alcohol and drug use among men with TB.

WOMEN FACE CHALLENGES AS CAREGIVERS AND INCOME EARNERS

Women use health services more frequently than men but can face unique challenges in accessing TB care not only for themselves but also their families. Workshops highlighted the caregiving role as a responsibility solely for women, not men. Policymakers proposed gender-partnering approaches to TB care. Discussions did not pursue this idea further, nor were potential disadvantages for women considered.

Women's access to TB services can be hindered by their role as income earners. Women who rely on daily income from self-employment, such as market vendors and sex workers, lack time to visit, or wait at, health facilities. Gender-responsive TB care must recognise women's multiple roles and unique obstacles in accessing TB care for themselves and their families.

Building on HIV programs, healthcare workers engage peer educators, like "queens" (senior female sex workers), to raise TB awareness, conduct screenings, and refer women to health facilities. Some healthcare workers deliver drugs directly to women with TB who are too busy to visit the health facility. Occasionally health facilities set up temporary information tents at markets to reach market women. Collaborations with market associations as established with SACCOs can help offer TB screening, referrals, and treatment support to women and men working in markets.



Nairobi, Kenya

Source: Ninara is licensed under CC BY 2.0

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CLIENT'S HEALTH CONDITIONS MATTER

CLIENT'S HEALTH CONDITIONS MATTER

TB frequently coexists with other health issues. For people with chronic conditions like HIV, health education and TB screening are crucial for prevention and early diagnosis. Healthcare workers identified significant **gaps in TB awareness and screening** among those with multiple health problems (multi-morbidity) and proposed strategies to maintain systematic screening for this population.

Moreover, the current organisation of the health system makes **TB treatment challenging** for individuals managing multiple conditions. In response, healthcare workers advocated for a comprehensive health system strengthening approach. This would involve better equipping both medical staff and facilities, ultimately improving the quality of care for patients with multi-morbidity.



GAPS IN TB AWARENESS AND SCREENING

People living with HIV are more vulnerable to developing TB. Healthcare workers leverage regular clinic visits for these patients to provide health education and TB screening, which they consider a beneficial practice. Health facilities have adapted WHO guidelines and integrated diagnostic testing for TB with the Lipoarabinomannan urine test (LAM) in their HIV services.

However, not all people with chronic conditions visit health facilities regularly. Some receive their medication through treatment supporters who deliver it to their homes or workplaces. While this support helps people adhere to their treatment regimens, it may result in missed opportunities for health education and screening, potentially delaying TB diagnosis.

To address this gap, healthcare workers proposed screening clients who don't visit the clinic through phone calls or indirectly via treatment supporters. This approach would require training the supporters, providing them with screening tools and reporting templates, and offering necessary support. A screening app could be a convenient solution for clients with smartphones.

“*There are times where supporters come to take meds for these clients or come for their refill. Let's say it's a couple, the wife is coming to take meds for the husband, you will not have a chance to do the test.*”

Doctor, female, W3

CHALLENGES TO TB TREATMENT

Healthcare workers often treat patients with multiple conditions, including TB. Many felt their medical training has not adequately prepared them to manage multi-morbidity, a challenge compounded by staff shortages. The disease-specific health system structure creates difficulties for patients, such as separate clinic days for different conditions and more frequent appointments during the intensive phase of TB treatment.



Antiretroviral Drugs to Treat HIV Infection

Source: NIAID, licensed under CC BY 2.0

Patients also struggle with the burden of taking multiple medications, especially when TB combination treatments are out of stock. Despite these challenges, healthcare workers strive to ensure that patients with multiple conditions can receive all services in one clinic or at least on the same day through collaboration and coordination within the health facility.

To address these gaps and better serve patients affected by multi-morbidity, healthcare workers proposed strengthening the health system. Their suggestions include increasing the healthcare workforce, improving coordination, offering systematic training, equipping facilities, and reinforcing supply chains. These measures aim to enhance the quality of care for patients with complex medical needs and streamline the healthcare delivery process.

CHALLENGES TO TB TREATMENT



Disease-specific organisation of health services means that people with multiple diseases may have to attend different clinics within the same health facility for the different conditions



Follow-up periods for the different conditions are not aligned, especially during the intensive TB treatment phase that involves weekly appointments for follow-up



The frequency of appointments intensified during the 2023 drug stockout when people had to come more often to the health facility to collect drugs, sometimes daily



Shortage of staff who are trained to manage multi-morbidity exacerbates general staff shortage



High pill burden due to multiple conditions is a challenge to adherence, especially when people had to take even more pills during the 2023 stockout when TB combination treatment was unavailable

PROPOSED SOLUTIONS TO CARE FOR PEOPLE AFFECTED BY MULTI-MORBIDITY



Increase the health workforce



Strengthen the capacity of healthcare workers through targeted on-the-job training, continued medical education, and external training by the Government and partners through targeted on-the-job training, continued medical education, and external training by the Government and partners



Ensure health facilities have the necessary equipment and diagnostic tools to serve people with multiple morbidities



Ensure constant supply of commodities and drugs

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CLIENT'S HARDSHIPS MATTER

CLIENT'S HARDSHIPS MATTER

Many residents in the sub-counties of Embakasi, Kibra/Langata, and Ruaraka face multiple hardships, including lack of transportation, overcrowding, poor housing and ventilation, food insecurity, and safety concerns among others. Healthcare workers summarised these issues under the broad term of poverty.



Financial constraints limit access to health information and care in these settings. Healthcare workers discussed various measures to mitigate the immediate effects of poverty and improve access to TB care. However, these discussions focused typically on short-term solutions rather than addressing the root causes of poverty.

Additionally, healthcare workers considered the needs of people experiencing **homelessness**, commonly referred to as "street families." They recognised that this group requires a comprehensive approach combining both health and support services to address their physical and mental health needs effectively. This holistic perspective acknowledges the complex nature of homelessness and its impact on overall well-being.

CLIENT'S FINANCIAL CONSTRAINTS

Healthcare workers recognised that many of their clients lack access to health information due to poverty, making the education provided during clinic visits particularly valuable. When trust and effective communication are established between healthcare workers and clients, many respond positively to medical advice. To support low-income TB patients, health facilities offer additional services such as treatment supporters, reminder phone calls, and home visits for follow-up, counselling, and health education. However, reaching clients can be challenging when they lack phones, lose phones (sometimes through theft), change numbers, or cannot answer calls while working.

Although TB testing and treatment are free, healthcare workers were aware that many in their catchment areas struggle with transportation and food costs. Some health facilities try to offer small incentives like food and transport assistance to mitigate poverty's effects.

However, these incentives, being donor-funded, are not consistently available across all locations or times. While nutritional counselling would benefit patients, there is a shortage of nutritionists in TB clinics. Stakeholders agreed on the importance of nutrition counselling and providing food packages to those struggling to make a living. Discussions primarily focused on alleviating poverty's immediate effects, with less emphasis on broader social protection, housing, and employment measures that could offer long-term preventive benefits.

CHALLENGES DUE TO POVERTY



Poverty limits people's access to accurate health information



Lack money for transport and lack or loss of phones hinder regular health facility visits and follow-up



People with TB struggle to follow treatment regimens because of food insecurity and lack of nutritional counselling due to shortage of nutritionists

PROPOSED SOLUTIONS TO MITIGATE THE EFFECTS OF POVERTY



Provide incentives like transport refund and breakfast at the TB clinic



Provide food packages for people with moderate to severe malnutrition



Promote mental well-being and stress management through monthly support groups and religious and community leaders



Employ more nutritionists in TB clinics

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Source: Slum Dwellers International,
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REACHING STREET FAMILIES

People experiencing homelessness are vulnerable to multiple forms of poverty, including lack of housing, security, education, and income. While most are young men, healthcare workers referred to them as "street families" due to their tendency to live together in groups.

Homelessness, poverty, stigma, and discrimination create significant barriers for street families in accessing healthcare, including TB services. Healthcare workers found communication challenging, as these groups often develop and use their own language.

However, social support within street families can be beneficial for TB care, with members often bringing each other to health facilities when sick.

Some health facilities have implemented supportive measures, such as instructing guards to allow street families access, fast-tracking their care to reduce stigma, and engaging community health promoters to collect sputum samples off-site when necessary. They also store TB medications for street families and offer daily directly observed treatment at the facility, as these individuals often lack safe storage for drugs.

“Some have to come and take their drugs in the facility because they say they don’t have a place to keep the medication.” Moderator: “You keep the drugs for them in the facility?” Nurse: “Yes. The street boys come in the morning and take the drugs.”

Nurse, female, W2

Despite these efforts, healthcare workers thought more comprehensive care is needed to meet the needs of street families in Nairobi. This includes outreach programmes, counselling, rehabilitation services, peer support, and other incentives. Such an approach would address the complex challenges faced by this vulnerable population more effectively.

CHALLENGES AFFECTING STREET FAMILIES



Street families lack access to quality health information



Security guards may deny street families access to the health facility due to their appearance



Street families experience discrimination and stigma in the community, including from other clients at the health facility



Language barriers between street families and healthcare workers



Street families cannot keep TB medication due to lack of housing



Drug and alcohol use among street families undermine TB treatment



Food insecurity among street families is a challenge to treatment adherence

PROPOSED SOLUTIONS TO REACH STREET FAMILIES



Deliver health education through routine health stops/tents at hotspots



Train and facilitate health champions among street families



Ensure access to health service at any time



Provide comprehensive counselling before and during treatment



Offer directly observed treatment



Assign treatment supporters for delivery of drugs in the community



Provide food, transport, and other essentials like clothes to incentivise clinic attendance



Integrate rehabilitation for people consuming alcohol and/or drugs



Organise support groups and incentivise attendance

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HEALTH SYSTEMS MATTER

HEALTH SYSTEMS MATTER

The study reveals that healthcare workers require well-functioning health systems to provide effective TB care. They identified several key actions to strengthen these systems, which will enhance their ability to tailor TB services for underrepresented populations.

Opportunities for improvement include:



Enhancing leadership and governance



Promoting comprehensive services



Ensuring sustainable health financing



Maintaining consistent provision of medical products



Improving health infrastructure



Expanding health technology



Empowering the health workforce



Utilising health information systems effectively

By addressing these systemic needs, healthcare workers will be better equipped to differentiate care to reach all people affected by TB, particularly those currently underserved by existing TB programmes, ultimately reducing transmission and promoting overall health.

LEADERSHIP AND GOVERNANCE

Healthcare workers emphasised that person-centred TB care requires strong leadership and governance. They stressed the importance of **community engagement and collaboration**. By building robust relationships with key and vulnerable populations, healthcare workers can gain a deeper understanding of their specific challenges, foster grassroots support for tailored TB prevention and treatment initiatives, and extend their reach.

Sustainable intersectoral collaboration is crucial for an effective TB response addressing TB's social determinants. Partnerships with industries, the transport sector, religious institutions, schools, and daycare centres, as well as maintaining long-term relationships with NGOs, government agencies, and other healthcare providers help pool resources and expertise, leading to more impactful TB control efforts. **Effective referral networks and systems** are essential to ensure seamless coordination between different departments, levels of care, and other services so that people with TB receive comprehensive treatment and support.

Healthcare workers recommended **quality improvement teams** who can monitor the implementation of TB prevention and care at health facility and sub-county levels and address gaps in timely and context-specific manners.

Healthcare workers also highlighted the need for **preparedness against unexpected challenges**. Developing contingency plans and flexible systems at the leadership level that can adapt to shocks, such as pandemics or economic crises, ensures continuity of TB care even in difficult circumstances.

HEALTH FINANCING AND INFORMATION SYSTEMS

Healthcare workers and managers recognised that comprehensive TB care requires additional and sustainable health financing. As TB disproportionately affects the most vulnerable populations, maintaining **free TB diagnostic services and treatment** is critical to end TB. Healthcare workers urgently highlighted this need by citing a case where discontinued funding for chest x-rays led to delayed TB diagnosis in children.

TB programmes in Kenya depend largely on donor funding. Drawing inspiration from other sectors that have successfully secured funding, healthcare workers thought **stronger advocacy** is necessary to increase both domestic and international TB funding. To achieve this goal, participants emphasised the importance of effectively using data to support their case. Complete TB registers and data require timely and accurate data entry. **Reliable real-time data** can enhance supply of medication and commodities, strengthen programming and budgeting, and demonstrate the impact of TB programmes for continued and expanded financial support.

“ *Correct data. If you have the data of the number of people with TB this year, you can be able to estimate for next year. Then lobbying for funds from donors, the same way we have support for ARVs, we need more support for TB.* ”

Doctor, female, W3

Healthcare workers understand the need to protect client's **rights to privacy and confidentiality**. More strategies are needed to ensure people with TB know their rights as patients and are empowered to achieve them.

HEALTH WORKFORCE

Healthcare workers stressed various measures to enhance healthcare workers' well-being and abilities towards delivering person-centred TB care. **Increasing the number of well-trained staff** reduces the burden on existing staff and allows for more individualised attention which is essential to meet the diverse needs of women, men, and children with TB.

A more holistic approach to TB care requires **interdisciplinary teams** with a wide range of expertise. These include close-to-community providers, TB champions, laboratory technicians, nutritionists, and mental health professionals, alongside nurses, clinical officers, and doctors to address not only the medical aspects of TB but also the social, psychological, and nutritional needs of women, men, and children with TB.

Healthcare workers emphasised the **critical role of close-to-community providers** like community health promoters, TB assistants, cough monitors, treatment supporters, and peer educators among others to overcome access and retention barriers. Training close-to-community providers and engaging TB champions from key populations can improve trust and communication and provide crucial support and follow-up in homes and communities, extending the reach of care beyond clinical settings.

Motivating healthcare workers through **fair compensation**, including overtime pay and special clinic allowances, will improve job satisfaction and retention. **Ongoing training** should combine latest TB care practices, gender and human rights topics to ensure healthcare workers are better equipped to provide culturally sensitive and equitable TB care addressing the unique needs of men, women, and children.

HEALTH INFRASTRUCTURE AND SERVICE DELIVERY

Proper health infrastructure is crucial for creating an environment where healthcare workers can provide person-centred care that respects patients' rights and dignity. While participants rarely highlighted health infrastructure as a priority, some healthcare workers noted that **more private spaces** for TB services like sputum collection, education, and counselling are needed to ensure quality of TB services and patient-friendly care experience.

Participants shared numerous ideas to improve service delivery. **Comprehensive health education** is essential and must be tailored to different populations to ensure relevance and effectiveness. TB stakeholders emphasised the value of media campaigns using trusted communication channels to reach a wider audience.

Comprehensive and systematic **screening programmes at community level**, such as outreaches in men's workplaces and social gathering places, were seen as vital for improving access to care. **Differentiated treatment models** may include directly observed treatment, in some instances, as well as treatment supporters and services outside regular clinic hours to accommodate various work schedules among both women and men.

Nutrition support and transportation assistance are currently only given to people treated for drug-resistant TB. Healthcare workers proposed expanding such incentives to people experiencing poverty and homelessness to help them access and continue TB care. **Integrated mental health services** will enable healthcare workers to respond to the complex needs of people with TB beyond just their physical symptoms. **Support groups** can provide emotional support, solidarity, and practical advice for navigating treatment challenges.

MEDICAL PRODUCTS AND TECHNOLOGIES

Regular supply of medical products and access to technologies will provide healthcare workers with the necessary tools, resources, and support to deliver more personalised TB care and empower them to better meet the diverse needs of their patients. **Strengthening supply chains** are key to ensure a constant supply of TB medications and essential commodities like sputum collection cups and test cartridges. This requires **active advocacy** from both healthcare providers and TB-affected communities to highlight the importance of uninterrupted supplies. Consistent availability of these materials allows healthcare workers to provide timely and effective care without delays or interruptions in treatment.

Well-equipped facilities are central for efficient diagnosis and treatment. This includes rolling out GeneXpert and digital x-ray systems at lower-level, high-volume facilities.

Alongside the equipment, it is necessary to have the relevant staff, such as laboratory technicians and radiologists, to operate these technologies effectively. This **expansion of diagnostic capabilities** at more accessible facilities can significantly reduce delays in TB diagnosis and treatment initiation.

Targeted health education materials are needed to effectively communicate with diverse patient populations. These materials should be tailored to address the specific needs, literacy levels, and cultural contexts of different groups of men, women, and children. By having access to such resources, healthcare workers can provide more relevant and impactful education to their patients, improving understanding and treatment adherence.

PARTICIPANTS' FEEDBACK AND REFLECTIONS

THE RESEARCH WAS IMPORTANT AND UNIQUE

Our participatory data collection approach was new to many healthcare workers and stakeholders who appreciated the interactions and exchange with colleagues. Healthcare workers felt their views on this matter were heard and that the findings represented their experience and recommendations.

"It was very informative, and I felt my views were captured."

Healthcare worker, female, W4

THE RESEARCH OFFERED A PLATFORM TO LEARN FROM EACH OTHER

Healthcare workers widely appreciated the research for the practical ideas that they were able to generate jointly towards improving TB services. It provided a platform for learning and exchange between health facilities and sub-counties and the opportunity to *"learn best practices from other facilities."*

Healthcare worker, male, W4

"I have learnt that we can be able to attend to TB clients with other co-morbidities within one clinic so that we can improve the quality of care in TB clinic and so that we don't have loss to follow up because of giving the patient different clinic days."

Nurse, male, W2

THE RESEARCH STIMULATED A SENSE OF SOLIDARITY AND PURPOSE

The workshops helped build a sense of solidarity among healthcare workers faced with similar challenges across settings. The study also stimulated an experience of collective commitment to achieve ambitious TB targets as a country.

"Thank you so much for the workshop. And the message here, the small innovation can bring impact. So, we don't need to wait for the big funding, big money so that we can make a difference to community. If we go small, we can make a difference."

Stakeholder, male, W4

THE RESEARCH CAN DO MORE

In addition to highlighting the study's benefits and potential, healthcare workers also recommended ways to improve the study, including scale-up of the research, support towards the implementation of the agreed actions, and follow-up workshops for lesson learning and evaluation of impact.



Pictured: Participants developed potential solutions to the challenges they face in providing person-centred care for people with TB, using the "stepping stones" method (here participatory research workshop 1 with nurses).

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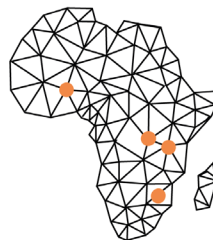
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THE LIGHT CONSORTIUM



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