

# KENYAN LAW ENFORCEMENT READINESS

## Navigating TB and HIV With a Focus on Human Rights and Gender



### Introduction

The intersection of HIV and TB in Kenyan correctional settings presents a significant public health challenge, exacerbated by the vulnerability of detainees to human rights violations and limited access to healthcare. Individuals with HIV have a 20-30 times higher risk of developing active TB compared to those without HIV<sup>1</sup>.



**1.3 million**  
people live with  
HIV in Kenya<sup>2</sup>

**19%**

prisoners have HIV<sup>3</sup>

**10%**

prisoners have presumptive  
pulmonary TB<sup>3</sup>

**10%**

prisoners have HIV and  
TB co-infection<sup>3</sup>

HIV prevalence among prisoners can be 6-50% higher than the national average<sup>4</sup>, leading to increased morbidity, mortality, and healthcare costs within the correctional system. Women prisoners face a disproportionately higher risk of HIV due to alarming rates of sexual violence and abuse in detention, often compounded by their race, ethnicity, or sexual orientation. In men's prisons, harmful masculinity norms contribute to risky behaviours and a reluctance to seek healthcare, facilitating disease transmission. This is further complicated by a lack of integration between prison health systems and national programmes, coupled with resource constraints.

The Kenya AIDS Strategic Framework (KASF II) aims to significantly reduce new HIV infections and AIDS-related mortality, while also seeking to micro-eliminate viral hepatitis, reduce sexually transmitted infections, decrease HIV-related stigma and discrimination, and increase domestic funding for the HIV response.

KASF II represents a significant step towards addressing HIV and TB in correctional settings. It prioritises the rights of incarcerated individuals and integrates HIV prevention, testing, and treatment services within the correctional system. This framework, along with other policy instruments, aims to strengthen the national response and promote human rights and gender equality in HIV and TB service delivery.

### KASF II Recommended Prevention Package for People in Prisons<sup>5</sup>



Condom and lubricant  
programming



Pre-Exposure  
Prophylaxis



Behaviour change  
interventions



Harm reduction  
interventions for drug use



Sexual and reproductive  
health services,  
including STIs



Community empowerment,  
including vocational  
training and social  
integration programmes



Prevention and  
management of  
co-infections and  
co-morbidities



Addressing stigma,  
discrimination, and  
violence

<sup>1</sup>Moreno et al., 2020; Martinez et al., 2023

<sup>2</sup>Kenya HIV estimates, NSDCC 2024

<sup>3</sup>Mwatenga, S.A et al. Prevalence and associated factors of TB and HIV coinfections among adult inmates with presumptive pulmonary TB in a Kenyan prison. *Trop Med Health* 52, 54 (2024). <https://doi.org/10.1186/s41182-024-00623-2>

<sup>4</sup>Dolan et al., 2015; Telisinghe et al., 2014

<sup>5</sup>National AIDS and STI Control Programme (NASCOP), Ministry of Health. (2020). *Kenya AIDS Strategic Framework II (KASF II) 2020/21-2024/25*. Nairobi, Kenya: NASCOP.

Prisoners in Kenya have a right to health, yet HIV and TB services remain inadequate. Prison officials often lack awareness and commitment to fulfilling these rights. Capacity building is needed for both prison officials and inmates to improve knowledge, address attitudes, and identify barriers to service delivery. This includes focusing on rights awareness, service facilitation, and potential policy changes to ensure prisoners receive adequate and rights-based HIV and TB care.

A study by the National Syndemic Disease Control Council (NSDCC), in collaboration with the Partners for Health and Development in Africa (PHDA), the Kenya Police Service, and the Kenya Prison Services, sought to evaluate the knowledge and attitudes of police and prison officers on HIV and TB-related issues. This evaluation aimed to inform targeted training and interventions to improve service delivery within correctional settings.

### Objectives of the Study

The study aimed to assess police and prison staff's knowledge and attitudes towards human rights issues in TB and HIV response. The specific objectives were:

- To assess the knowledge and attitude of police and prison personnel regarding human rights and gender-related issues pertaining to HIV and TB.
- To understand the practices of prison and police personnel in relation to protecting human rights and addressing gender-specific issues pertaining to HIV and TB within prisons and police station holding cells.
- To outline policy and programme level recommendations that foster awareness of human rights and gender-related issues on HIV and TB among police and prison staff as derived from the practices, knowledge, and attitude gaps identified.



## B Methodology

The assessment employed a cross-sectional descriptive research design, integrating quantitative and qualitative methodologies. The quantitative component focused on establishing causal relationships and evaluating large population samples to produce statistically reliable data, particularly regarding officers' knowledge of human rights and gender issues.

Qualitative research methods elicited detailed insights into the experiences and perspectives of key experts. However, since this approach prioritised in-depth understanding over generalisability, the qualitative results should be interpreted within the specific context of the study. These findings may not apply widely to all police and prison officers in Kenya or other countries.

The study included prison and police officers working in prisons and police holding facilities across Kenya. Using purposive sampling, the study selected 12 counties across Kenya, each representing a different level of HIV burden to capture a diverse range of experiences. Within each county, male and female prisons, as well as police stations with holding cells, were also chosen.

Data collection involved administering questionnaires through digital platforms such as KoBo Collect, alongside key informant interviews. These tools explored policies and procedures within the police and prison services, seeking recommendations for the development of a comprehensive HIV and TB training curriculum.

Data analysis employed both descriptive and inferential statistics for quantitative data and text analysis for qualitative findings. Triangulation ensured that insights from both methods were cross-referenced for consistency and validation.

Ethical approval was obtained from AMREF ESRC, and all participants provided written informed consent, ensuring that the study adhered to ethical standards throughout the research process.

## Profiles of Inquiry: An Exploration of Who We Studied



The study achieved a high response rate of **83.2%** from the prison and police officers, ensuring the findings are highly representative of the intended population.

### TOTAL RESPONDENTS: 639

179  113 

Police Officers

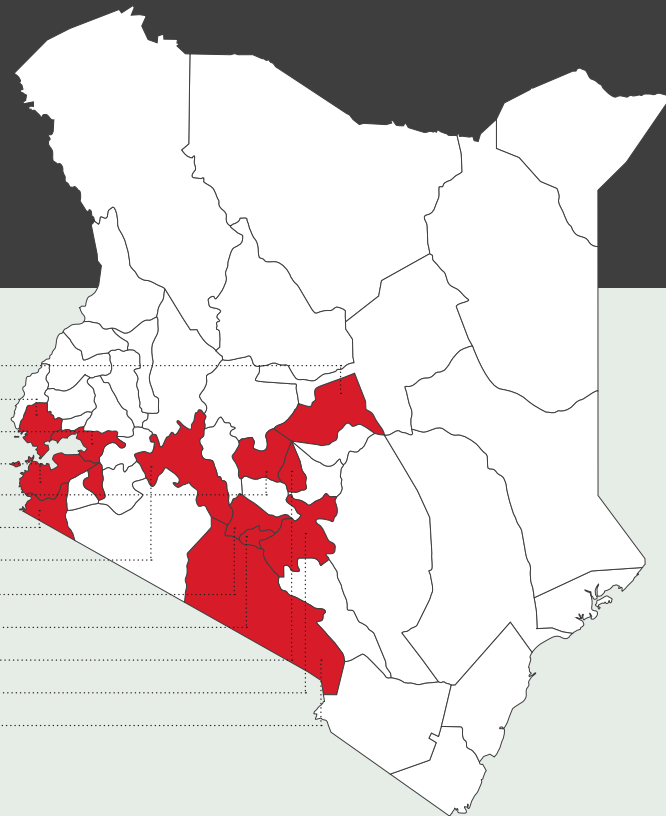
207  139 

Prison Officers

### COUNTY REPRESENTATION:

The study sampled officers from 12 counties across Kenya.

|           |    |
|-----------|----|
| Meru      | 44 |
| Siaya     | 42 |
| Kisumu    | 63 |
| Homa Bay  | 45 |
| Nyeri     | 40 |
| Migori    | 53 |
| Nakuru    | 75 |
| Kiambu    | 64 |
| Nairobi   | 63 |
| Kirinyaga | 37 |
| Machakos  | 40 |
| Kajiado   | 73 |



### AGE AND GENDER:



49% of the officers were aged between 30-39 years. Slightly more male officers participated compared to their female counterparts in both services.

61%  39% 

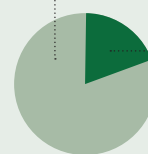
Police Officers

60%  40% 

Prison Officers

### PRISON SECURITY CATEGORIES:

79%  
Medium-security prisons



21%  
Maximum-security prisons

### OFFICER RANK DISTRIBUTION:

The sample predominantly consisted of junior officers.

63% 

Constable

15% 

Corporal

9% 

Sergeant

### WORK DURATION:

The majority of officers served between 6 and 10 years in their respective services.

6-10 years: 32%

Police Officers

6-10 years: 24%

Prison Officers

# C

## What We Learned

### 1. Knowledge and Attitudes on HIV/TB, Gender, and Human Rights

This section examines police and prison officers' awareness of HIV and TB policies, their perceptions of transmission risks within custodial settings, and their knowledge of infection prevention and control practices.

#### 1.1. Knowledge and Awareness on HIV/AIDS and TB Policies and Guidelines

Police and prison officers in Kenya demonstrated good knowledge of general HIV and TB policies, with around 85% of police and 70% of prison officers aware of testing and treatment guidelines. However, their understanding of specific human rights and gender-related policies was limited. For example, only 13% of police officers were aware of guidelines on workplace safety and harm reduction. Inconsistencies in policy knowledge were also observed. Only 11% of police officers were aware of the Harm Reduction Guideline, the lowest among all policies assessed.

Qualitative data further revealed that some police officers were unaware of existing HIV and TB protocols, and prison officers often lacked detailed knowledge of HIV and TB case management.



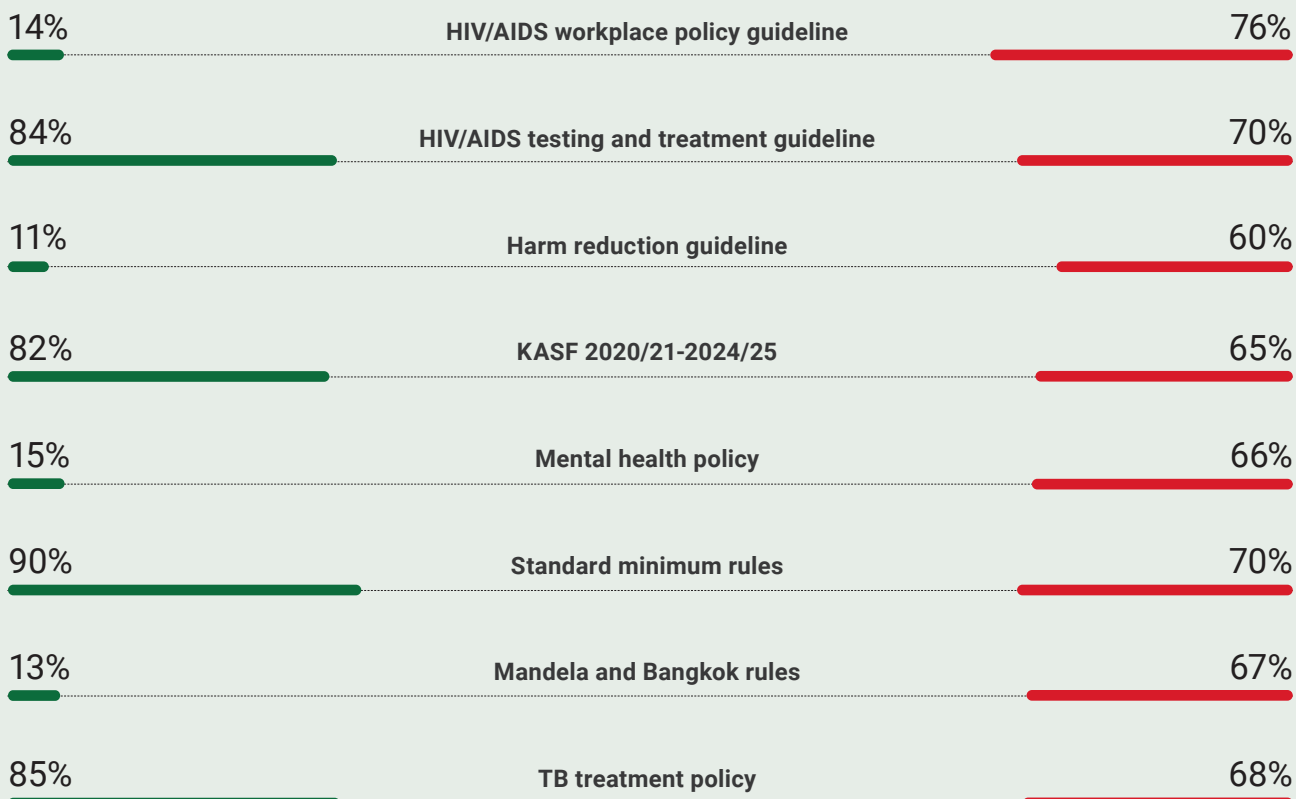
"There's no policies/protocols in regard to HIV and TB because MoH comes as volunteers or when needs arise."

#### Officer Awareness of HRG-Related HIV/TB Policies and Guidelines

% of officers with knowledge on policies and guidelines on HIV and TB related to HRG

##### POLICE OFFICERS

##### PRISON OFFICERS



## 1.2. Understanding of HIV and TB Risks in Custody

Police officers tend to underestimate the risk of HIV transmission in their setting but acknowledge the heightened TB risk. Conversely, prison officers are more aware of HIV and TB risks, likely due to the prolonged incarceration and higher disease prevalence in prisons.

### 1.2.1. HIV risk perception varied among police officers

Only 32% police officers believed pretrial detainees are at increased risk of HIV. This relatively low perception appears linked to several factors, including the typically short detention periods, gender segregation in cells, and strict regulations within facilities. Some officers also attributed this perception to increased awareness about HIV transmission and prevention.



“They don’t stay in the police cells for long.”

“Male and female detainees are put in separate rooms.”

### 1.2.2. Police officers acknowledged heightened risk of TB among detainees

The majority of police officers (90%) acknowledged that detainees face a heightened risk of contracting TB in pretrial detention. This heightened awareness is primarily attributed to the conditions within the detention facilities. Officers cited overcrowding, poor ventilation, and a lack of proper isolation measures, for individuals with suspected or confirmed TB, as significant contributing factors to the spread of the disease.

### 1.2.3. Prison officers perceive a heightened risk of HIV transmission among inmates

A large majority of prison officers (73%) acknowledged the elevated HIV risk of inmates compared to the general population. This perception is linked to factors like unprotected sexual activity, sharing of sharp objects, and inadequate preventive measures within the prison environment.



“Many prisoners engage in sodomy.”

“They share sharp objects like razors.”

### 1.2.4. Prison officers perceive a heightened risk of TB

Prison officers overwhelmingly (98%) recognised the heightened risk of TB among inmates, citing overcrowding, poor ventilation, and inadequate isolation measures as key contributing factors. This high level of awareness likely stems from the prolonged incarceration periods, higher disease prevalence, and the well-known association between TB and the often-challenging conditions within prison environments.





### 1.3. Officer Knowledge on HIV Prevention Strategies

The findings suggest that while a good foundation of knowledge exists, there are still opportunities to strengthen HIV prevention efforts within custodial settings. Awareness of condom effectiveness for HIV prevention was moderate among both police (45%) and prison officers (35%). Prison officers showed greater awareness of access to clean needles and HIV testing and counselling (60% and 99% respectively) compared to police officers (46% and 85% respectively). Both groups strongly recognised the importance of safe sex education and antiretroviral treatment in HIV prevention.

#### Officer Knowledge of HIV Prevention Measures in Custodial Settings

% of officers with knowledge on measures that can help reduce that spread of HIV among detainees and prisoners

##### POLICE OFFICERS

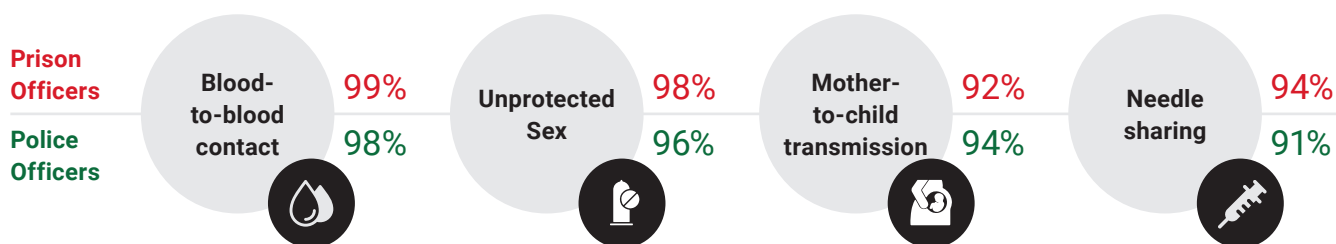
##### PRISON OFFICERS



### 1.4. HIV Transmission Knowledge Among Officers

The study found that both police officers and prison officers possess a high level of awareness regarding the modes of HIV transmission. They overwhelmingly recognise blood-to-blood contact, unprotected sex, mother-to-child transmission, and needle sharing as significant risk factors.

Nearly all officers correctly identify key risk factors.

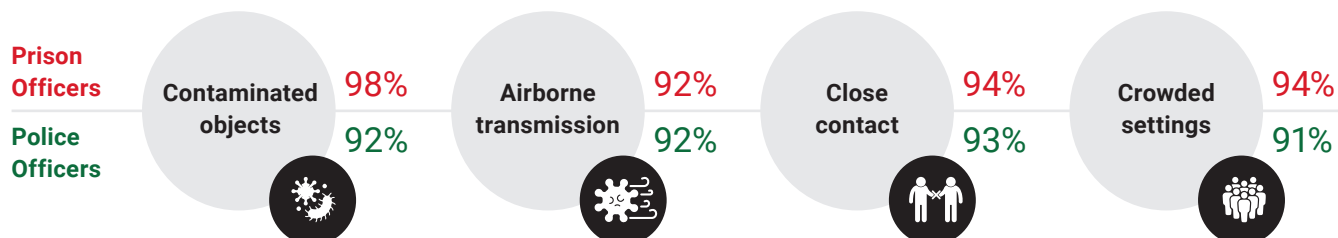


Importantly, 96% of prison officers and 97% of police officers also understand that casual contact does not transmit HIV. This knowledge base highlights their awareness of the primary mode of HIV transmission and dispels common misconceptions.

## 1.5. Awareness of Tuberculosis (TB) Transmission Routes

Similar to their understanding of HIV transmission, both police and prison officers correctly identified several key routes of TB transmission. The vast majority correctly identified respiratory droplets as the primary route of spread (99% of prison officers and 98% of police officers).

High proportion of officers recognise other transmission modes.



This widespread awareness highlights their understanding of how TB spreads in various contexts, particularly within custodial settings.

## 2. Attitudes on Factors Related to HIV and TB in Custodial Settings

This study examined police and prison officers' knowledge of factors that make detainees vulnerable to HIV and TB, necessary safety precautions, and human rights considerations. Findings indicate a need for increased training to ensure a rights-based approach to managing these diseases in custodial settings.

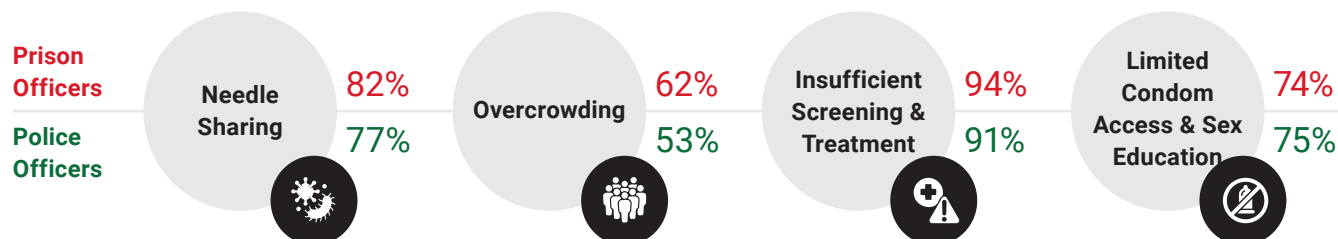
### 2.1. Attitudes towards factors increasing vulnerability to HIV and TB

The study found that officers grasp the interplay of factors increasing HIV and TB risk in custody. They understand the risks associated with needle sharing, inadequate sexual health resources, and the impact of overcrowding and poor ventilation on disease transmission. Importantly, they acknowledge the challenges in providing care, including limited access to healthcare and the pervasive issue of stigma.

#### Officer Awareness: HIV & TB Risks in Custody

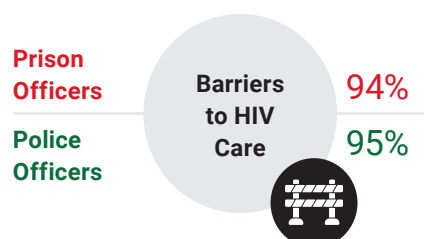
##### HIV Risks

Officers link needle sharing, overcrowding, and restricted access to condoms and sex education as increasing HIV risks.



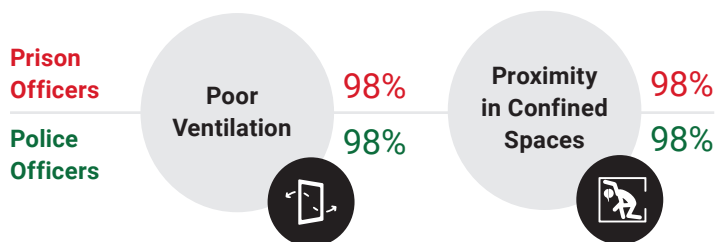
##### Barriers to HIV Care

Officers identified stigma as a major barrier to HIV testing and disclosure.



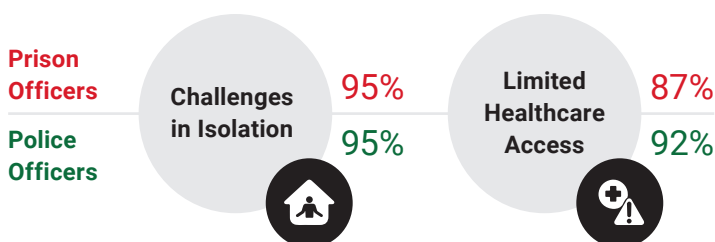
## TB Risks

Officers view overcrowding and poor ventilation as major contributors to TB. They also identified challenges in isolating TB cases and providing timely treatment.



## Barriers to TB Care

Most officers cited challenges in isolating cases and healthcare access as barriers to TB care.



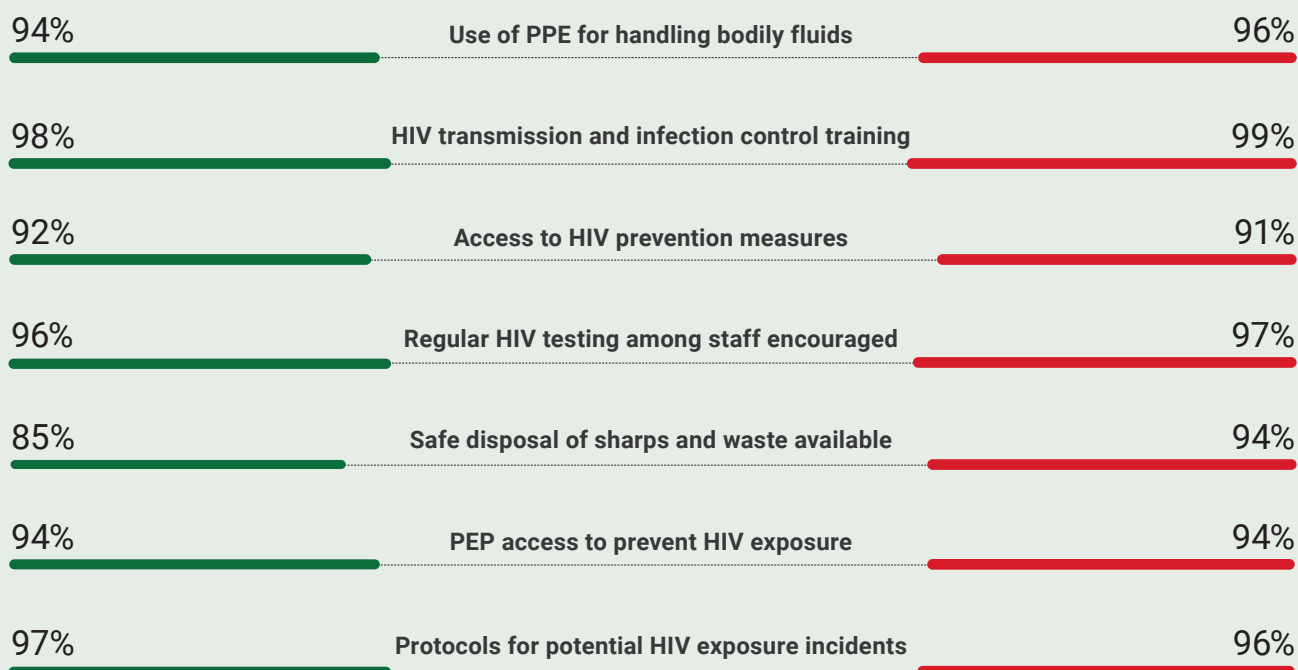
## 2.2. Perceptions on safety precautions for protecting against HIV and TB

Police and prison officers demonstrated strong awareness of safety measures against HIV and TB in custodial settings, including PPE<sup>6</sup> use, training, access to prevention (PrEP<sup>7</sup>, condoms, PEP), routine testing, safe sharps disposal, ventilation, and TB screenings. They placed significant emphasis on providing counselling and support for staff members exposed to TB risks.

### HIV Safety in Custody: Officer Perspectives

#### POLICE OFFICERS

#### PRISON OFFICERS



<sup>6</sup>PPE: Personal Protective Equipment

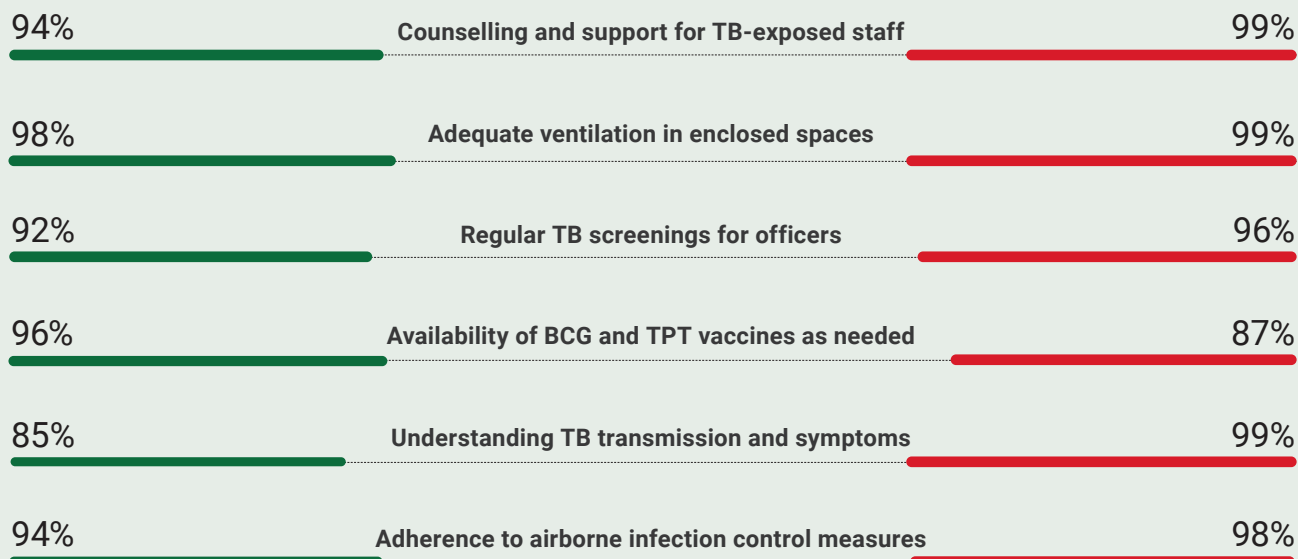
<sup>7</sup>PrEP: Pre-Exposure Prophylaxis



## TB Safety in Custody: Officer Perspectives

### POLICE OFFICERS

### PRISON OFFICERS



Differences in perception emerged between prison and police officers on two key issues.



#### Vaccination

**Prison officers (87%)** were less likely than **police officers (96%)** to recognise the importance of Bacillus Calmette-Guérin (BCG) and TB Preventive Therapy (TPT) vaccination.



#### HIV Exposure Protocols

**Prison officers (96%)** highlighted the need for clear protocols on managing potential HIV exposures, a concern not identified by police officers.



### 3. Attitudes on Human Rights and Gender Issues and Practices in TB and HIV Testing, Prevention, and Treatment Policies

The study examined police and prison officer attitudes towards human rights and gender practices within TB and HIV testing, prevention, and treatment policies.

#### 3.1. Attitudes on Human Rights and Gender Practices in HIV and TB Management

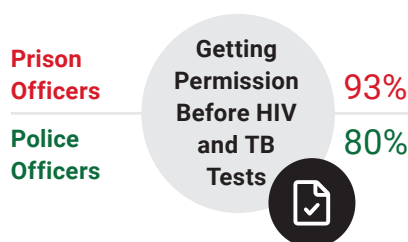
Despite strong agreement among police and prison officers on the importance of ethical practices with regard to HIV and TB services, including informed consent, confidentiality, and non-discrimination, key informant interviews revealed gaps in actual practice. Police stations often lack on-site testing and isolation facilities, relying instead on external healthcare providers. Prisons, in contrast, offer more comprehensive services, including testing, counselling, and linkage to care. Opinions diverge, however, on the provision of harm reduction services like condoms and clean needles.

#### Healthcare Disparity in Detention: Police Stations vs. Prisons

Disparity in practices between police stations and prisons highlight the variations in healthcare infrastructure, disease management protocols, and prevalent attitudes between these detention settings.

#### HIV and TB Testing Practices

Police stations typically refer detainees to hospitals or rely on relatives for medication, as detention is temporary. Conversely, prisons routinely provide comprehensive HIV and TB testing, including pre- and post-test counselling and data management, upon intake and throughout incarceration. “By testing and screening for HIV and TB when admitting new inmates and regularly in the facility, there is a specific room for guidance and counselling, safekeeping of their data”, as reported by a prison officer from Kisumu.

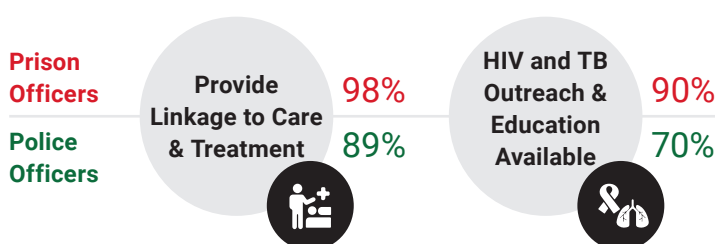


#### Linkage to Care and Treatment

HIV and TB care differs significantly between police stations and prisons. Police stations primarily facilitate access to treatment through referrals or family assistance, but rarely inform detainees about available services unless their status is voluntarily disclosed. Challenges with transportation and linkage to care were also noted.

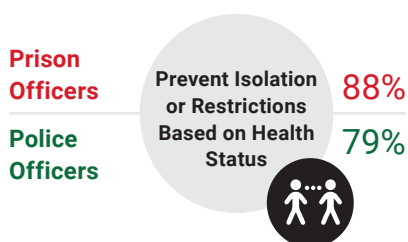
A male police officer from Kiambu noted, “We refer detainees to the county hospitals, but we are experiencing logistics challenges to make proper linkage of the detainees for proper treatment.”

In contrast, prisons actively provide comprehensive services, including routine testing, immediate linkage to care, and ongoing support such as preventative treatment and education. A female prison officer from Meru highlighted the improvements in service access in prisons over time, stating, “Access to standard HIV and TB services has improved over the years, screening is done on time and treatment begins on time, and most are given TPT and do sensitisation on HIV through focus group, to understand their rights and how to deal with HIV prevention and care. They are given information on entry to the prison, in terms of the services offered.”



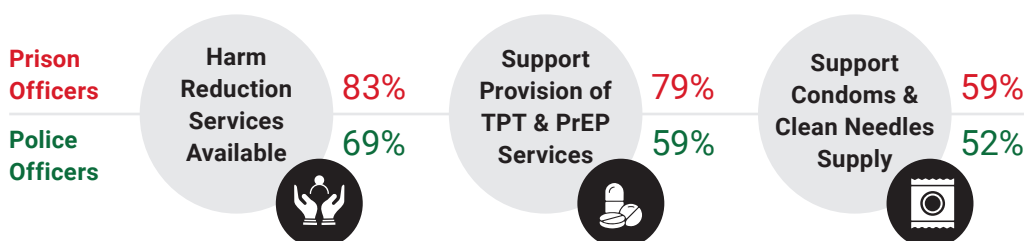
### Isolation Facilities

Isolation practices for detainees with HIV and TB differ significantly between police stations and prisons. Police stations generally lack isolation facilities for HIV-positive detainees and have improvised or referral-based solutions for TB cases. In contrast, prisons commonly isolate individuals with TB, but typically not those with HIV. A male prison officer from Kajiado county noted, "Isolation for people who have TB while they are on medication. For HIV infected detainees, there is no isolation."



### Harm Reduction Services

Harm reduction services are limited in both police stations and prisons. While some police stations have implemented harm reduction strategies, most lack services like Methadone Assisted Therapy for Injecting Drug Users. Prisons may offer services such as condom distribution upon discharge, PrEP, PEP, and TPT, but often face challenges with supply, stock-outs, and funding.



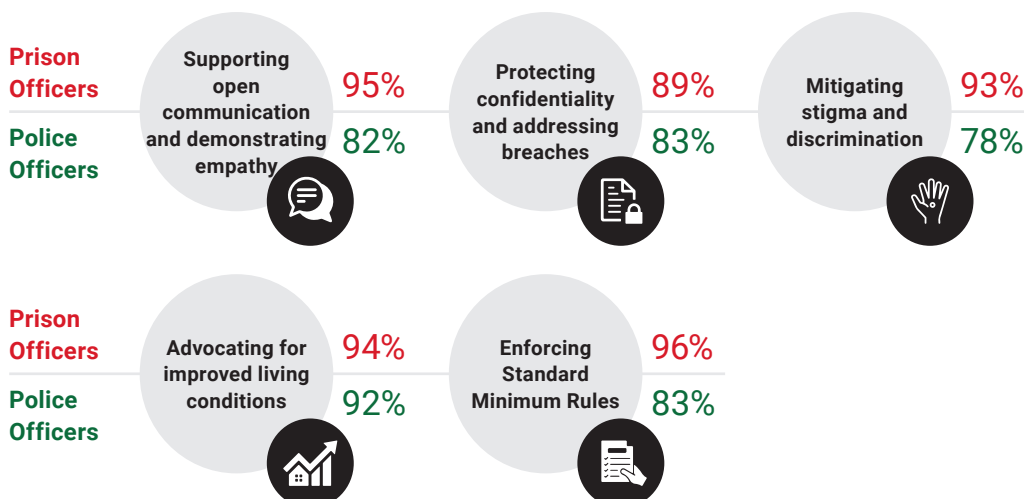
### Gender-Specific Services

Police stations lack on-site gender-specific health services and transfer detainees to hospitals for such care. Prisons often refer female prisoners to external healthcare facilities for specialised services. As mentioned by one female prison officer: "They refer them to Meru level five hospital, no barrier." However, they do offer some gender-specific provisions for women, such as female-conducted searches, provision of sanitary products, and specialised care for pregnant inmates.

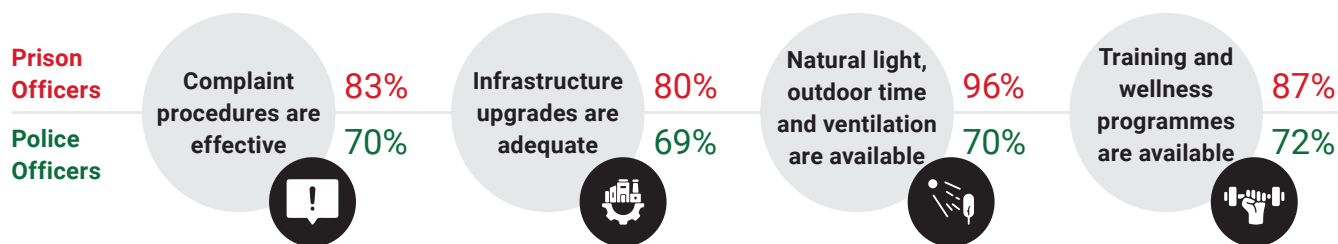
## 3.2. Attitudes on Detainee Experiences with HIV and TB Services

While both police and prison officers strongly support human rights-based HIV and TB care, prison officers consistently show stronger support for these principles.

More than three-fourth of police and prison officers support human rights-focused care for detainees.



While generally positive attitudes prevail, concerns remain regarding officers' views on complaint procedures, infrastructure upgrades, provision of basic amenities, and staff training.



Despite structured procedures, logistical barriers, resource limitations, and reliance on external health services hinder implementation. The lack of on-site isolation facilities for detainees living with HIV raises concerns about infection control and potential discrimination. In prisons, challenges include inconsistent supplies of condoms and other harm reduction materials, potentially undermining efforts to provide comprehensive care.

## 4. Gender-Related Issues in TB and HIV Response within Prison and Police Carceral Settings

This section examines the specific challenges and opportunities related to addressing HIV and TB among male detainees and prisoners in Kenya. The findings emphasise the need for a gender-responsive approach, recognising that men's experiences and needs differ from women's.

### 4.1. Men's Health in Custody: Knowledge, Attitudes, and Practices

This section examines how men's health needs are addressed within Kenyan police and prison settings, drawing on both quantitative and qualitative data.

#### Knowledge and Attitudes

Officers demonstrate a general understanding of factors increasing men's vulnerability to HIV and TB, including needle sharing, unprotected sex, and inadequate access to condoms and education. However, knowledge gaps exist. For instance, 39% of police and 31% of prison officers underestimate the impact of overcrowding on HIV risk, despite recognising its role in TB transmission.

While officers recognise TB transmission risks, with 98% acknowledging the role of overcrowding and poor ventilation, most police officers (57%) report inadequate training on male-specific health needs.

#### Practices and Challenges

Efforts are made to provide healthcare services, but logistical limitations, resource constraints, and reliance on external healthcare providers present challenges. Police stations lack on-site gender-specific health services, necessitating referrals to hospitals for specialised care. While prisons demonstrate a more structured approach, with 59% of officers confirming staff training on male-specific medical care, challenges persist in both settings.

Overcrowding hinders privacy, and limited preventive services, such as condoms and harm reduction materials, pose further challenges to addressing men's specific needs. Concerns also arise regarding continuity of care upon release, with 33% of police officers reporting inadequate efforts to coordinate community linkage.

#### Psychosocial and Socioeconomic Issues

Key psychosocial and socioeconomic areas needing attention include family separation, reintegration challenges, and the influence of masculinity norms. While 65% of police officers believe policies facilitate father-child bonds, gaps remain in mitigating the negative impacts of separation. Reintegration programmes receive mixed responses, with 54% of police officers agreeing they exist and 28% disagreeing.

Regarding gender-sensitive rehabilitation, 56% of police officers support incorporating constructive outlets for "masculine energies," while 24% disagree. In contrast, 88% of prison officers recognise the need for such programmes. Both groups (80%) acknowledge the importance of confidential health access for disclosing sensitive concerns.

## Gender, HIV & TB, and Policing: Officer Perspectives on Male Detainees

|   | POLICE OFFICERS | PRISON OFFICERS |
|---|-----------------|-----------------|
| Staff are trained on medical checks, tests, therapy and care for reproductive health including sexual functioning, prostate, or other male-specific needs.                          | 40%             | 59%             |
| Policies to ensure father-child bonds are facilitated through supervised visits, calls, parenting classes, and other efforts to mitigate the negative effects of family separation. | 65%             | 83%             |
| Linkage to community case management services is coordinated pre-release to enable continuity of HIV and TB services.   | 55%             | 89%             |
| Reporting systems guarantee confidentiality and investigation of male-on-male assault/violence within your facility to overcome stigma, retaliation fears, and power imbalances.    | 82%             | 87%             |
| Reintegration programmes address masculine gender expectations around provider roles, managing vulnerability/stress, rebuilding work qualifications, and positive parenting.        | 54%             | 93%             |
| Gender-sensitive rehabilitation includes constructive outlets for masculine energies alongside anger management, stereotypes reform, and conflict resolution.                       | 56%             | 88%             |
| Confidential health access is ensured on-site or externally so male inmates feel secure disclosing issues around sexual health, trauma, substance abuse, etc.                       | 80%             | 92%             |





## 4.2. Women's Health in Custody: Knowledge, Attitudes, and Practices

This section examines how women's health needs are addressed within Kenyan police and prison settings, drawing on both quantitative and qualitative data.

### Knowledge and Attitudes

Although both police and prison officers employ structured approaches to address women's health needs, 29% in each service report inadequate training. This suggests a potential training gap in understanding and addressing women's unique health concerns in custody.

### Practices and Challenges

Both police (88%) and prison (93%) officers emphasise confidential health access, enabling disclosure of sensitive concerns. Police prioritise female-only searches and adequate bathroom facilities, while prisons utilise external referrals for specialised care and implement measures to manage sexual assault. Prisons also focus on providing sanitary products and special care for pregnant inmates. However, challenges include inconsistent supply of sanitary products, occasional shortages in medical supplies, and transport barriers for specialised treatments.

### Psychosocial and Socioeconomic Support

Discrepancies exist between police and prison officers regarding the effectiveness of reintegration programmes and support services, with prison officers reporting greater confidence in these provisions. While most officers recognise the need for gender-sensitive approaches, more police officers (59%) than prison officers (19%) perceive a lack of focus on gender assumptions in rehabilitation efforts. Positively, both settings have robust reporting systems for female-on-female assault.

### Gender, HIV & TB, and Policing: Officer Perspectives on Female Detainees

|  | POLICE OFFICERS | PRISON OFFICERS |
|--|-----------------|-----------------|
| Staff are trained to meet female health and counselling needs around reproduction, menstruation, and gender-specific issues. | 68%             | 65%             |
| Policies nurture mother-child bonds through visitation and parenting support.  | 72%             | 84%             |
| Linkage to community case management services is coordinated pre-release to enable continuity of HIV and TB services.        | 63%             | 89%             |
| Protocols prevent discrimination and abuse based on sexual orientation.  | 75%             | 85%             |
| Reporting systems ensure investigation of female-on-female assault and overcome stigma.                                      | 86%             | 89%             |
| Re-entry assists with caregiving expectations, vulnerability, work skills, and parenting.                                    | 59%             | 85%             |
| Counselling and support targets imprisoned women's reintegration.  | 65%             | 93%             |
| Rehabilitation addresses gender assumptions around emotions and conflicts.   | 59%             | 90%             |
| Confidential access ensures women disclose health, trauma, or substance abuse concerns.                                      | 88%             | 93%             |



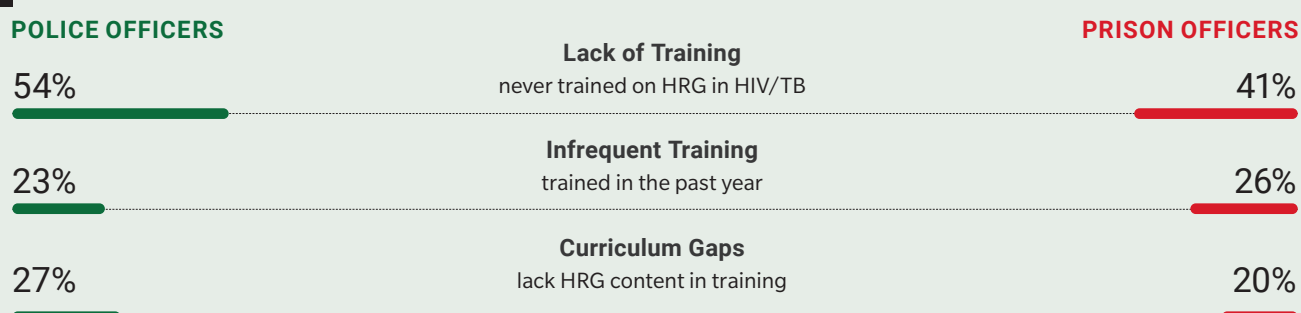
## 5. Training Status and Challenges of Prison and Police Personnel on Human Rights and Gender Issues on HIV and TB

This section examines training on human rights and gender (HRG) in HIV and TB response within Kenyan police and prison services.

### 5.1. Officers' training status on HRG issues related to HIV and TB

Many police and prison officers report never receiving training on human rights and gender (HRG) issues related to HIV and TB. Those who have been trained often lack recent instruction. Furthermore, some officers report that HRG content was missing from their training curricula altogether. This lack of adequate training may hinder officers' ability to handle sensitive situations and ensure equitable healthcare access for all detainees.

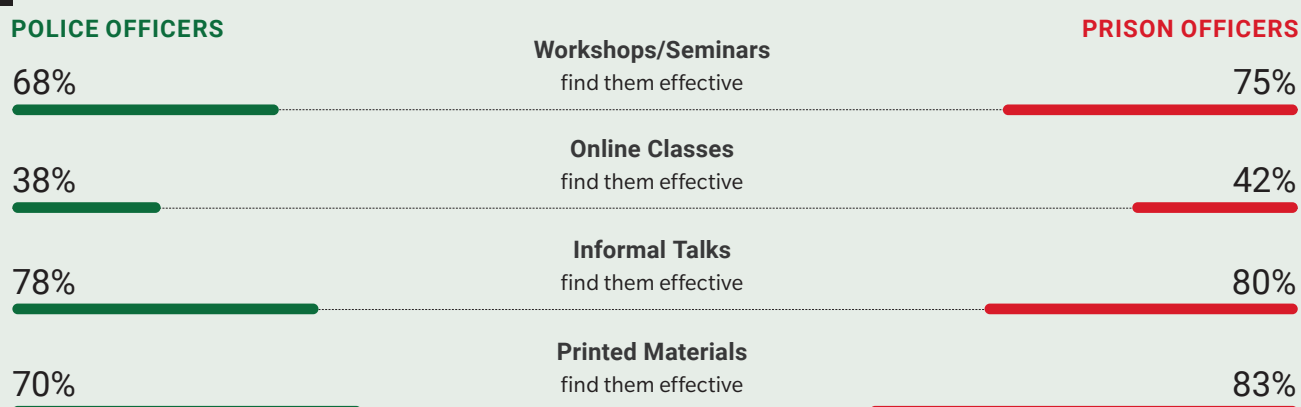
#### Inclusion Gaps: What's Missing in Officer Training?



### 5.2. Training Methods and Challenges

Kenyan police and prison officers utilise diverse training methods, including workshops, online classes, informal talks, and printed materials. While workshops are generally well-received, concerns remain about their clarity and comprehensiveness. Online classes face scepticism regarding their effectiveness for in-depth learning. Sharing real stories and using printed materials are seen as valuable tools for knowledge transfer and attitude change.

#### Training Methods: What Works for Kenyan Officers?



### Inconsistent Training Hinders Effective HIV and TB Response

Qualitative data reveals significant challenges related to training implementation and effectiveness. Despite utilising various training methods, Kenyan police and prison officers face challenges in implementing effective and consistent training on HIV, TB, GBV, mental health, and human rights. These challenges include a lack of systematic and integrated training programmes, reliance on external partners for training provision, limited accessibility and inclusivity of training opportunities, and infrequent training updates, impeding officers' ability to maintain up-to-date knowledge and skills.

## OVERVIEW OF KEY FINDINGS

Key findings from this study inform recommendations for enhancing officer training and revising policies to better address human rights and gender considerations in HIV and TB prevention and care within custodial settings.

### Knowledge on HIV and TB

- While officers generally demonstrate awareness of policies and guidelines, specific knowledge is limited, particularly among police officers.
- Officers demonstrate a high level of awareness regarding key modes of HIV and TB transmission.
- Knowledge gaps exist regarding indirect transmission risks and the nuanced dynamics of HIV and TB transmission within custodial environments.
- Officer attitudes towards risk factors generally align with scientific evidence, though some misconceptions persist.

### Attitudes and practices towards HIV and TB Response

- There is a growing recognition of the elevated risks of HIV and TB transmission within custodial settings.
- Stigma and discriminatory attitudes towards individuals living with HIV or TB persist.
- Some ambivalence remains towards key preventive measures, such as harm reduction services and the provision of condoms and clean needles.
- There is an increasing appreciation for the importance of confidentiality, informed consent, and non-discrimination in facilitating access to care and support.

### Gender-Specific Issues in the Context of HIV and TB Response

- Significant gaps remain in addressing the unique health needs of male detainees and prisoners, particularly in relation to HIV and TB.
- It is essential to address the psychosocial and socioeconomic dimensions of male incarceration, which can significantly impact their vulnerability to HIV and TB.
- While some positive practices exist, ongoing challenges persist in meeting the gender-specific needs of female detainees and prisoners.
- Gender-responsive approaches that go beyond the provision of basic health services are necessary to effectively address the health needs of all detainees and prisoners.

### Capacity Building and Training on HRG Issues in HIV and TB Response

- Officers generally perceive training as effective in enhancing their knowledge and understanding of HIV and TB.
- Current training efforts have significant limitations in reach and scope, particularly regarding human rights and gender considerations.
- The reliance on external partners and NGOs for training raises concerns about the sustainability and institutionalisation of these efforts.
- It is crucial to diversify training modalities and ground capacity-building efforts in a human rights and gender equality framework.



## A CALL FOR SYSTEMATIC ENHANCEMENT

The study reveals a concerning disparity between policy and practice in addressing HIV and TB within Kenyan custodial settings. While police and prison officers generally acknowledge the existence of relevant policies, their specific knowledge and implementation are often lacking, particularly among police officers. This gap translates to inconsistent and potentially inadequate healthcare provision, highlighting an urgent need for improved training and capacity building.

Although there is increasing recognition of the heightened HIV and TB transmission risks within custodial settings, persistent stigma and discriminatory attitudes remain a challenge. Confidentiality breaches, involuntary disclosure, and isolation practices can fuel fear and hinder access to care. Despite growing empathy and a desire to uphold human rights, translating these intentions into consistent practice remains a key challenge.

Critical gaps exist in addressing the unique health needs of both male and female detainees, particularly regarding HIV and TB. A more comprehensive approach is needed, considering the psychosocial and socioeconomic dimensions of incarceration and employing gender-responsive strategies that extend beyond basic healthcare.

A transformative approach to capacity building is crucial to address these challenges. This includes training on human rights and gender equality, effective communication and counselling skills, and culturally competent care for diverse populations. Training should also address the specific health needs of men and women in custody, including sexual and reproductive health, mental health, and substance use disorders.

Investing in frontline officers' knowledge, skills, and attitudes, grounded in human rights and gender equality, is essential. Custodial institutions, with sustained commitment from policymakers, institutional leaders, and development partners, can play a vital role in advancing public health and social justice goals.

By prioritising comprehensive capacity building, grounded in human rights and gender equality, Kenyan custodial institutions can significantly improve the health and well-being of detainees and prisoners, contributing to a more just and equitable society.

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