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“Promoting Health Rights in Kenya”



Pictures

1. Miano Munene, HERAF Coordinator addresses participants at the HERAF Conference held at the Savelberg Retreat Centre, Nairobi
2. Maina Kiai, Chairman, Kenya National Commission for Human Rights registers at the HERAF Conference held at the Savelberg Retreat Centre, Nairobi
3. Jackson Ngari (ACK, Embu Diocese) and Sarah Kalloch (PHR) at a dinner hosted by HERAF
4. Members of the HERAF steering committee at the CSOs health financing workshop held at the PCEA Guest House, Nairobi
5. Participants follow proceedings during the International Human Rights Day at Jeevanjee Gardens, Nairobi
6. PHR team with students from University of Nairobi School of Medicine
7. A section of participants wait for the beginning of a session during the HERAF conference at the Savelberg Retreat Centre, Nairobi



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INTRODUCTION

Health Rights Advocacy Forum (HERAF) is an advocacy initiative that brings together health professionals, NGOs, FBOs and PLWHA organizations to campaign for recognition of health as a fundamental human right in Kenya. It was established in 2006, with support from Physicians for Human Rights (PHR) USA through a grant from Bill and Melinda Gates Foundation.

HERAF operates under the auspices of Kenya Human Rights Commission (KHRC) a registered NGO in Kenya since 1994 and whose mission is to promote, protect, and enhance the enjoyment of all human rights by all Kenyans.

Vision

A Kenya where health is recognised as a fundamental human right, with access to equitable, affordable health services for all

Mission

To monitor and advocate for the provision of equitable health services through community and health provider partnerships through a rights-based approach

Goal

To advocate for recognition of health as a fundamental right in Kenya

Strategic Objectives

1. To provide knowledge and information on health as a fundamental right to all human beings
2. To influence Kenyan HIV&AIDS and health policies to ensure the promotion and protection of the right to health
3. To campaign for an efficient health financing system that ensures equity, accountability and sustainability of Kenya's health care system

LIST OF ABBREVIATIONS

| | |
|---------------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| AG | Attorney General |
| AGM | Annual General Meeting |
| APHRA | African Public Health Rights Alliance |
| AU | African Union |
| CREDO | Centre for Research, Education and Development in Africa |
| CSOs | Civil Society Organizations |
| FBOs | Faith Based Organizations |
| FIDA-K | The Federation of Women Lawyers Kenya |
| GDP | Gender Development Project |
| HAI | Health Action International |
| HERAF | Health Rights Advocacy Forum |
| HIV | Human Immunodeficiency Virus |
| HPI | Health Policy Initiative |
| IEA | Institute for Economic Affairs |
| IFHHRO | International Federation of Health and Human Rights Organisations |
| IFI | International Financial Institutions |
| ILO | International Labour Organisation |
| IMF | International Monetary Fund |
| IGWG | Inter-Governmental Working Group |
| KANCO | Kenya AIDS NGOs Consortium |
| KBEF | Kenya Budget Engagement Forum |
| KCOA | Kenya Clinical Officers Association |
| KENWA | Kenya Network of Women with AIDS |
| KHRAN | Kenya Health Rights Advocacy Network |
| KHRC | Kenya Human Rights Commission |
| KICC | Kenyatta International Conference Centre |
| KMA | Kenya Medical Association |
| KMTC | Kenya Medical Training College |
| KNCHR | Kenya National Commission on Human Rights |
| MDG | Millennium Development Goal |
| MTEF | Medium Term Expenditure Framework |
| NACC | National AIDS Control Council |
| NEPHAK | Network of People with HIV&AIDS in Kenya |
| NGOs | Non Governmental Organisations |
| NNAK | National Nursing Association of Kenya |
| ODM | Orange Democratic Movement |
| ODM-K | Orange Democratic Movement-Kenya |
| PNU | Party of National Unity |
| PEPFAR | U.S. President's Emergency Plan For AIDS Relief |
| PLWHA | People living with HIV/AIDS |
| PHR | Physicians for Human Rights |
| TB | Tuberculosis |
| TRIPs | Trade-Related Aspects of Intellectual Property Rights |
| UCCATM | United Civil Society Coalition on AIDS, Tuberculosis and Malaria |
| UNCTAD | United Nations Conference on Trade and Development |
| USA | United States America |
| USAID | United States Agency for International Development |
| WWWC | Women Won't Wait Campaign |

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1.0 INTRODUCTION

The year 2007 was a significant period for HERAF even as the organization experienced enormous growth, not only in membership but also in the scope of activities. Over the one year period, HERAF has been able to create linkages with several stakeholders in the health and human rights sectors, including health professionals, non-governmental organizations, organizations of people living with HIV&AIDS, faith based organizations, research institutions and universities involved in health issues, and networks of health, HIV&AIDS and human rights. Over the past one year, HERAF has also worked very closely with the Ministry of Health (MOH) and Ministry of Finance (Treasury) in various forums.

The HERAF work plan for 2007 focused on building a health professional movement for health, HIV&AIDS and human rights and a functional HERAF governance and management structure. The other focus area was to engage in health policy, funding and programming through various campaigns, and to develop "Right to Health" frameworks in Kenya which would facilitate discussion and action from human rights perspective. Most of the HERAF activities for 2007 were successfully completed, with most providing a solid foundation for the 2008 work plan.

Finally, HERAF is indebted to both Physicians for Human Rights (PHR), USA and KHRC for the support received during 2007. Our gratitude also goes to the members who have been part of our success in the past one year.

2.0 MESSAGE FROM THE CHAIRMAN

When the Kenya Health Rights Advocacy Network (KHRAN) was initiated in April 2006, it was inconceivable to see the organization hold its first annual general meeting. Over the past one year, there has been complete metamorphosis, with KHRAN acquiring a new name, the Health Rights Advocacy Forum (HERAF).

Our major focus in 2007 was to establish a functional secretariat and membership mobilization. So far, there exists a secretariat which comprises of three members of staff; an executive steering committee comprising of 5 members, whose role is to oversee the management and governance of the Forum as stipulated by the constitution. Currently, the Forum is in the process of seeking legal registration as a non-governmental organization.

In this year's AGM, I will give an outline of HERAF's achievements and challenges in line with the strategic objectives as outlined at the beginning of the project. Key on its agenda was to influence Kenyan AIDS and health policy, funding and programming through the following campaigns: health financing, health workforce development and stigma reduction. HERAF also set out in its objectives the development of the "Right to Health" Frameworks to facilitate discussion and action from a human rights perspective.

Promoting a rights-based approach in the health sector is not an easy feat. Challenges abound and they include ignorance on rights-based approaches in health among stakeholders, inadequate funding allocations to the health sector, weak human resources for health policy, and lack of political will to fast-track various government policies that will ensure the achievement of the right to health in the



Dr. Andrew J. Suleh - Acting Chairperson

country. However, as HERAF members we are called upon to rise up to the challenge and urgently address the issues at hand. Continued formal and meaningful engagements at various levels will ensure that what we believe in as health rights advocates will bear fruit.

HERAF acknowledges the Physicians for Human Rights (PHR) and the Kenya Human Rights Commission (KHRC) who have been very supportive since the inception of the project. We look forward to continued collaboration with them and other development partners.

Dr. Andrew J. Suleh
Acting Chairperson
25th April 2008



3.0 PROGRAMMES REPORT

3.1 STRATEGIC OBJECTIVE ONE: MEMBERSHIP AND NETWORK BUILDING

The first objective of the project is to build a health professional movement for AIDS and health rights through outreach and coalition building among health professionals and civil society organizations interested in health and human rights advocacy, and ensure that their voice is heard by policy makers both nationally and internationally.

3.1.1 Secretariat

The strategy entailed establishing a secretariat that is currently hosted by Kenya Human Rights Commission (KHRC), which is one of the founder organizations. Currently HERAF has 3 full time members of staff:

1. Miano Munene – Coordinator
2. Lucy Simiyu – Program Officer
3. Lisena DeSantis – Program Associate seconded to HERAF by PHR
4. Peter Kibiru – Part time Accountant
5. Caroline Kabiru – Intern

The KHRC Administration and Finance department handles all administrative and financial issues.

The members have put in place a management and governance structure which includes an Executive Steering Committee of 5 members who oversee the management and governance of the Forum as provided for in the constitution. The current Executive Committee Members are:

1. Dr. Andrew J. Suleh: Acting Chair
2. Beatrice Kuria: Treasurer
3. James Kamau: Member
4. Isabella Mbai: Member
5. Sarah Kalloch: Member
6. Miano Munene: Secretary/Ex officio member

In 2007 the Executive Steering Committee held six meetings that discussed various governance, management and programme issues. One of the key governance issues deliberated upon was the importance of registering HERAF with the NGOs Coordination Board. The application for registration was accepted by the NGOs Coordination Board on 18th October 2007 and the documents are still being processed.

3.1.2 Membership Outreach

In 2007, HERAF staff and committee members played a key role in mobilizing members to join or participate in HERAF activities. Staff and steering committee members conducted activities and outreaches in several regions, including

Nairobi, Eldoret, Embu, Nyeri and Kisumu. During these outreach missions, the teams were able to meet with various health workers, as well as private and non-state actors. These included government officials in the Ministry of health, such as the Provincial Medical Officers of Health for Eastern, Central and Nyanza provinces. Others included Medical Officers of Health, Kenya Medical Association officials, as well as representatives of the private sector, NGOs, PLWHA organizations and FBOs. In total, HERAF contacted over 80 organizations countrywide during the year 2007.

Outreaches were also made to CSOs involved in HIV and AIDS and health issues. These included contact meetings with PLWHA organizations, health NGOs, policy makers, and human rights organizations (Annex 1).

3.1.3 Members' Engagement

In order to strengthen partnerships with members, HERAF was able in 2007 to participate in various members' forums. These included the Kenya Medical Association (KMA) Scientific Conference in Kisumu, National Nurses Association of Kenya (NNAK), Kenya Human Rights Commission (KHRC), the Federation of Women Lawyers (FIDA), Kenya AIDS NGOs Consortium (KANCO), Health Action International (HAI), and the Ministry of Health among others. The forums centred on issues related to health, HIV&AIDS and human rights, with most of these organizations inviting HERAF to talk about human rights in relation to health. On its part, HERAF was able to invite target members to participate in all its activities, including making presentations and leading discussions.

3.1.4 Outreach and Engagement of Health Students

In 2007 HERAF was engaged in mobilizing and engaging health professional students from the University of Nairobi and Moi University Schools of Medicine and the Kenya Medical Training Colleges in Eldoret and Nairobi. HERAF held a series of meetings with the institutions' administration and student leadership to explore modalities of partnerships in promoting human rights in health. These meetings culminated in the first collaborative activity between HERAF and medical students at the University of Nairobi. This was the annual International Students' Conference, whose theme was *HIV&AIDS African Pandemic*. HERAF made a presentation on HIV&AIDS and Human Rights.

Students from the University of Nairobi, in conjunction with those from KMTC, planned and participated in the first Students' AIDS Week of Action under the theme, *"Health Students Uniting Towards Excellence in the*

Health Workforce.” The students were able to share their experiences on planning and executing the Week of Action on the Physicians for Human Rights’ student website.

In addition the students received training on advocacy skills and an assessment of the training sessions indicated that most health professional students are interested in building their skills in various aspects of advocacy which include communication skills. These are skills that do not form part of their academic curricula and hence the need to address certain capacity gaps relevant to health, HIV&AIDS and human rights.

Medical Interns

In early 2007, the government hinted it would not automatically absorb the new doctors completing their internships in Kenya. The move raised many queries among health stakeholders on the government’s commitment to health rights in Kenya. These queries were raised in the local media as well as international discussion forums. HERAF was able to solicit views from the Kenya Medical Association and shared the report with local and international health rights advocates who made varying comments and urged the government to recede the directive. The directive was repealed and newly trained doctors continued to be employed.

3.2 STRATEGIC OBJECTIVE TWO: HIV&AIDS AND HEALTH POLICY, FUNDING AND PROGRAMMING

The second strategic objective of HERAF was to influence Kenyan AIDS and health policy, funding and programming through:

1. Health financing campaign to increase the health budget allocation, utilization and accountability.
2. Health workforce development campaign to encourage the government and development partners to increase the number of health workers in Kenya and improve working conditions so health workers can provide the best care for their patients.
3. Stigma reduction campaigns to reduce stigma and discrimination in health settings, in the workplace and in communities.

Under this strategic objective HERAF was able to steer 3 campaigns: Health Financing, Health Workforce Development and Stigma Reduction.

3.2.1 Health Financing Campaign

The project’s entry in the health sector finance campaign began with a situation analysis of the members and major

stakeholders’ capacity to engage in the budget campaign. Through consultations and discussions with members it emerged that the capacity of members to engage constructively in the budgeting process is very low and will need to be constantly enhanced.

The project organized the first health financing workshop to promote and assist health professionals and CSOs in understanding the effects of budget policies on health care delivery in order to elicit their participation in the country’s budget process. The workshop brought together 42 participants drawn from the health workforce, professional health students, representatives from the Ministry of Health, players in the medical insurance sector, and civil society.

The second capacity building workshop targeted health professionals and CSOs to routinely monitor government expenditure on HIV and AIDS and to track budgets in order to engage more actively in the national budget process. It was attended by 46 members.

The health and HIV/AIDS financing campaign has also witnessed emergence of various coalitions and collaborative initiatives whose interest is to advocate for more resources into the health and HIV/AIDS sectors. HERAF was an active member of these initiatives and played crucial roles in championing their goals. These included the following:

a) Debt2Health Campaign

Debt2Health aims to free up domestic resources through debt relief that can then be invested in urgent public health needs, such as the fight against HIV&AIDS, TB and malaria. Due to its strategic positioning and past activities, HERAF was invited to participate in discussions on how Kenya can benefit from debt conversion in support of health and HIV/AIDS programmes. The meetings took place in Nairobi, Kenya and in Berlin, Germany, and were facilitated by the Global Fund and Debt2Health officials. As a result, the German government committed to convert part of the debt owed by Kenya in support of the health sector.

b) International Finance Institutions (IFI)

The project aims to improve economic literacy among the organizations involved in financing campaigns in order to enable them to understand international financing agencies’ policies—such as those of IMF and World Bank—and their impact on social sectors, including health. HERAF is a member of the steering committee in Kenya. In 2007 the project accomplished 3 major activities, including a training workshop and several public events leading to the Week of Global Action against Debt and the IFIs. In addition, HERAF used the project to train health professional students at

University of Nairobi on IMF policies and their impact on the health sector.

c) **The 15% Now Campaign**

In collaboration with the Centre for Research, Education and Development Africa (CREDO), HERAF was able to organize the Africa Public Health Rights Alliance's "15% Now!" campaign rally as part of the World Social Forum in Nairobi, Kenya, with the theme "Importance of Public Health to Africa's Development." The forum appealed to African Union Heads of State to implement without further delay the 2001 Abuja Summit pledge to allocate 15% or more of national budgets to the health sector.

d) **Institute of Economic Affairs**

HERAF participated in 2 meetings organized by the Institute of Economic Affairs to discuss the Citizens' Alternative Budget, and the launch of the Citizens Handbook on the Budget Process, 2nd edition for fostering citizen's interest and engagement in the budget process, which is the very basis for democratic and transparent management of public finances in Kenya. The institute also championed the establishment of the Kenya Budget Engagement Forum (KBEF) to harness efforts in ensuring participation of civil society organizations in the budget making processes in Kenya.

3.2.2 Health Workforce Development Campaign

The health workforce campaign focused on addressing the many challenges facing health workers in Kenya. The campaign began with a desk review of the situation of the health workforce in Kenya. The consultants produced a detailed report that enumerated the various challenges confronting health workers in Kenya. One of the critical observations was the lack of a policy to guide training, recruitment and retention of health workers in Kenya. This recommendation has formed a major campaign issue for the 2008 work plan.

HERAF organized and facilitated four regional health workforce forums addressing "Challenges to achieving the Kenya National Health Strategic Plan, Millennium Development and PEPFAR Goals in Kenya." The forums were held in Embu, Nyeri, Eldoret and Kisumu and brought together over 200 health workers from these regions. During the forums, government officials from headquarters were provided with an opportunity to interact with grassroots health workers, discussing the challenges they face at the regional levels.

3.2.3 Stigma Reduction Campaign

The levels of stigma and discrimination at health care providers' levels were also of concern to HERAF in 2007. Regional forums and national workshop discussions indicated that aside from stigma leveled against patients, there was stigma leveled against health care providers with most preferring to seek treatment, care and support away from their work stations while others suffered in silence. The need to increase the understanding of HIV and AIDS-related stigma and discrimination and to develop concrete strategies that would facilitate the reduction of this vice in health care settings also emerged as a major concern. There is urgent emphasis for the Ministry of Health (MOH) to fast track the implementation and dissemination of the MOH HIV&AIDS Workplace policy in healthcare settings to provide health workers with the security and safety accorded to workers in other sectors.

3.3 STRATEGIC OBJECTIVE THREE: DEVELOP RIGHT TO HEALTH FRAMEWORKS

The third strategic objective was to create "Right to Health" Frameworks in Kenya by formulating information and education tools and policy briefs that can facilitate discussion and action from a human rights perspective, as well as support other organizations doing work focused on the right to health.

Under this strategic objective, HERAF was able to champion the right to health through organizing and participating in several activities that deliberated on health, HIV/AIDS and human rights policies. To sensitize and educate health professionals, CSOs, and the public on the right to health, HERAF undertook the following activities:

3.3.1 Materials on Human Rights, Health and HIV&AIDS

Brochure

The HERAF brochure was designed in 2007. About 1,000 copies of the brochure were produced and distributed to members and stakeholders. The brochure gives an overview of HERAF mandate, membership criteria, activities and collaborative programmes.

HERAF Newsletter

The project in 2007 produced 2 editions of the newsletter **Health Rights Today**. The first edition was an electronic version while the 2nd edition was both print and electronic. A total of 1,000 copies were produced and distributed to members and key stakeholders.

Other IEC Materials

The project was also able to develop and distribute 14 copies of facts sheets on human rights, health and HIV&AIDS to members and other stakeholders, as well as establish book shelves for materials on human rights, health and HIV&AIDS. By the end of 2007 there were 25 books, 94 booklets, 3 video tapes, 4 DVDs, and 16 CD-ROMs.

3.3.2 HERAF Website

The HERAF website: www.heraf.or.ke was established in 2007. It is loaded with relevant information on health, HIV&AIDS and human rights.

3.3.3 First HERAF Conference on Right to Health

The Health Rights Advocacy Forum (HERAF) organized its first Annual Conference from the 14th to 15th November, 2007 at the Savelberg Retreat Centre in Nairobi. The conference sought to assess Kenya's commitment to health as a fundamental human right, which is in line with HERAF's vision of promoting the recognition and realization of health rights in Kenya.

The Conference addressed five sub-themes in realization of the right to health in Kenya, including: emerging issues in the right to health; health workforce policies, programmes and partnerships; budgeting for health and HIV&AIDS in Kenya; stigma and discrimination in the health setting; and influencing the gender agenda in Kenya's health care setting.

The 2-day Conference brought together 83 participants from Kenya, as well as international participants from Uganda and the United States. The Conference culminated with the creation of seven key resolutions needed to improve realization of the right to health in Kenya. These resolutions have heavily influenced HERAF's advocacy priorities and campaigns for 2008.

These are:

- *The right to health.* The conference recognized that the awareness of the right to health is low among health professionals and other CSOs hence there is need to continue providing information, education and creating awareness on the right to health among health professionals, NGOs, and all key stakeholders. It was also noted that the right to health is not recognized under the Kenyan constitution making it difficult to hold the government accountable.
- *Human resource for health policy.* Human resource for Health policy was applauded as ultimate was applauded as the ultimate solution to health workers challenges in Kenya and it is unfortunate that the draft

human resource for health strategic plan is still pending completion and implementation. It was agreed that the government should moves fast to complete and implement the strategic plan, disseminate and educate health workers and all stakeholders about the policy.

- *Health and HIV/AIDS financial allocation.* The amount of financial resources allocated to health and HIV&AIDS is an indication of how committed the government is to the realization of the right to health. The government budget is still below 15% of the Abuja 2001 commitment. Participants called on HERAF to engage more in both national and international forums and advocate for the government to commit more resources into the health sector. Further, the conference observed the need to build the capacity of health professionals and CSOs to adequately engage and participate in the budget making (MTEF) process from the grassroots to national levels.



Shelf of HERAF resource materials

- *Influence policy in health and HIV/AIDS.* It was noted that HIV&AIDS and health policy in Kenya is inadequate. Consequently all stakeholders should be engaged in advocating for the development and implementation of health and HIV&AIDS policies.
- *Stigma and discrimination.* Stigma was recognized not only as a great impediment to the realization of the right to health but it was also rampant among health care providers. The importance of continuing with awareness creation and education of health workers including providing them with skills of overcoming the vice were underscored.
- *Women's rights, HIV/AIDS and access to health care.* Women's and girls' vulnerability to HIV infection as a result of the various socialization processes, economic and socio-political status was noted. The Conference invited all stakeholders to show commitments in advocating for the development and implementation of policies that would improve the status of women in society and empower them to seek protection against HIV infection.

4.0 NETWORKING AND COLLABORATIONS



Participants follow proceedings during the International Human Rights Day at Jeevanjee Gardens, Nairobi

4.1 UNITED CIVIL SOCIETY COALITION ON AIDS, TB AND MALARIA (UCCATM)

HERAF is a member of UCCATM, a loose coalition of civil society organizations with a special focus on HIV and AIDS, TB and Malaria. The coalition is involved in advocating for issues around the three diseases. In 2007, UCCATM meetings were hosted by Health Policy Initiative (HPI) and through the coalition, HERAF was able to accomplish the following:

1. Organize and facilitate a stakeholders' forum to review the ongoing epidemics of HIV, TB and malaria in Kenya, including the status of some of the policy and funding issues directly affecting them.
2. Successfully advocated against the proposed amendments to the Intellectual Property Act, 2001—which were eventually dropped—enabling the country to continue importing life-saving generic drugs.
3. Played a lead role in establishing a coalition of human rights organizations, including the Kenya National Commission on Human Rights (KNCHR), as well as HIV and health organizations to advocate for the implementation of the HIV

and AIDS Prevention and Control Act, 2006. Consultative strategic planning meetings were held with all stakeholders, including the National AIDS Control Council (NACC), the Judiciary and Ministry of Health officials, to discuss modalities that would ensure that the commencement date is gazetted, and that the AG's office develops rules and regulations for its implementation.

4.2 AFRICAN HEALTH STRATEGY

HERAF organized the Civil Society Consultative Meeting on the proposed African Union Health Strategy in Nairobi, Kenya. The purpose of the meeting was to inform Kenyan CSOs about the proposed African Union Health Strategy, discuss the relevance of the strategy to Kenya, and identify gaps and areas of emphasis to lobby Kenya's Minister of Health.

The meeting agreed that, though the strategy was relevant to Kenya, there were major gaps that needed to be addressed in order for it to be more effective and applicable in the Kenyan context. Kenyan CSOs requested the Minister of Health to ensure that the suggested recommendations were made during the AU African Health Ministers' and Partners' meeting held on 9th to 13th April 2007 in Johannesburg, South Africa. A representative from HERAF was one of the 4 Kenyan CSO representatives that

attended the AU meeting to strengthen the Kenyan case. The recommendations made specifically focused on the following critical areas in the health sector: Brain Drain, pharmaceutical manufacturing, debt relief, health financing, partnerships, health information and research, procurement, alternative medicine, monitoring and evaluation, leadership and political goodwill.

4.3 AFRICAN CIVIL SOCIETY COALITION ON THE INTERGOVERNMENTAL WORKING GROUP (IGWG)

HERAF attended the first regional meeting of the African Civil Society Coalition on the Intergovernmental Working Group (IGWG) on Intellectual Property, Innovation and Health in Nairobi, Kenya. In addition, HERAF attended the Commonwealth Secretariat National Workshop on TRIPS & Public Health in Mombasa, Kenya. The workshop was organized by the Commonwealth Secretariat in collaboration with the UNCTAD to deliberate on the TRIPS Agreement, its principles and objectives and the underlying issues with respect to Public Health.

4.4 WORLD SOCIAL FORUM

Project staff members were able to participate in the 2007 World Social Forum, enabling interaction and linkages with global stakeholders on health, social, economic, cultural and political issues. Among the issues discussed on the health sector included the right to reforms as the right to health. That is, the best reform that can take place should encompass reforms in the health sector, as it is only when one is healthy that he/she can enjoy all the other rights. There were also discussions on gender and sexuality, gender justice and women's rights, and turning HIV and AIDS into a development activity.

As an observation, there were few activities centred on the theme of Health and HIV/AIDS compared to civic, political, social, cultural and economic rights—an indication that

there are fewer organizations globally working on health rights.

4.5 G8 INTERNATIONAL PETITIONS

During the G8 Summit, HERAF participated in two petitions to G8 leaders demanding increased funding for health systems development as a whole, including key measures for supporting the health workforce throughout sub-Saharan Africa. Participation in international joint actions such as these petitions helps raise the profile of health rights in Kenya on the international agenda, and mobilizes Kenyan health workers, CSOs, FBOs, PLWHA organizations and others to act jointly towards the realization of the right to health in Kenya.

4.6 WORLD AIDS DAY CAMPAIGN

HERAF participated in the World AIDS Day Campaign, together with other CSOs involved in health and HIV/AIDS, at KICC on December 1, 2007. As part of World AIDS Day and Human Rights day, on December 10, 2007 HERAF participated in the WAC procession, which visited the 3 main political offices (ODM-K, ODM & PNU) and issued a statement calling upon the country's political leaders to provide leadership on issues of access to HIV prevention, treatment, care and support. In addition, health professional students at the University of Nairobi completed a statement to United States Congressmen, urging them to provide leadership in the fight for universal access, and address critical gaps that affect access to health care and HIV/AIDS treatment in Kenya.

4.7 HUMAN RIGHTS DAY CELEBRATIONS

HERAF participated in the Human Rights day celebrations organized by KHRC on December 10, 2007 at Jeevanjee Gardens, Nairobi. HERAF issued a statement that called on political leaders to realize commitments to health and HIV/AIDS. Members of the public were urged to hold political leaders accountable for realizing the right to health.

4.8 WOMEN WON'T WAIT CAMPAIGN

Women Won't Wait is an international coalition of organizations and networks from the global South and North committed to, and working for many years to promote women's health and human rights in the struggle to comprehensively address HIV and AIDS and end all forms of violence against women and girls.

HERAF is a member of the steering committee that is overseeing the campaign in Kenya, with the secretariat stationed Action AID International Kenya. In 2007 HERAF was able to participate in 3 forums, 2 planning meetings, 1 campaign strategy workshop and 1 meeting to launch the findings of a study on the intersection between violence against women and girls, and HIV. The Campaign is a 3-year project and HERAF will be looking at the advocacy issues raised and address them from a rights-based perspective.

4.9 STOP AIDS NOW! GENDER DEVELOPMENT PROJECT

Stop AIDS Now, Netherlands, aims to transform gender-based attitudes, behaviors and norms through dealing with HIV and AIDS issues among women and girls. HERAF is one of the coalition partners in Kenya—on behalf of KHRC—and implements the Gender Development Project (GDP) through

support from Stop AIDS Now under coordination of Women Fighting AIDS in Kenya (WOFAK). In 2007 the project was able to document gender-based perception and attitudes that lead to violence against women and make them vulnerable to HIV infection. The project was also able to participate in 2 community dialogue forums in Thika and Sagana.

4.10 LINKAGES WITH THE KENYA HUMAN RIGHTS COMMISSION

The project worked closely with the KHRC resource centre to continually update the HIV and AIDS shelf as part of IEC development to the HIV program at the Commission. So far there are a total of 30 books, 2 journals and 3 CD-ROMS addressing HIV/AIDS and human rights. In addition, the HERAF office has a file with newspaper clippings on health and HIV and AIDS issues drawn from the KHRC archives.

4.10.1 HIV Workplace Policy

The project staff provided technical support in the development of the HIV and AIDS workplace policy for KHRC. The process included a series of meetings among the staff and the committee on HIV&AIDS. HERAF also facilitated 2 training workshops on this policy for KHRC staff.



Dr. Stephen Okeyo (KMA Kisumu), Dr. Andrew Suleh (Chair, HERAF), Prof. Dan Kaseje (VC Great Lakes University of Kisumu) and Lucy Simiyu (Program Officer HERAF) during a session with health care workers in Kisumu



Members of HERAF and PHR at the HERAF conference



Jane Onyango, Executive Director FIDA makes a presentation at the HERAF conference

5.0 ACHIEVEMENT OF OVERALL DELIVERABLES



Dorothy Onyango and Hellen Otieno of WOFAK with the team from PHR

5.1 MEMBERSHIP AND NETWORK BUILDING

- Mobilizing members into joining or participating in HERAF activities. By end of 2007 HERAF had managed to contact over 83 organizations countrywide.
- Participated in 12 member's forums and activities including KMA Scientific Conference in Kisumu, Ministry of Health workshops and forums and fellow CSOs.
- Established working relations with University of Nairobi and Moi University Medical schools to promote the human rights in health.
- Supported the first Students' AIDS Week of Action, under the theme "Health Students Uniting towards Excellence in the Health Workforce."

5.2 HEALTH RIGHTS AWARENESS AND EDUCATION

- Produced and distributed IEC materials on Human Rights, Health and HIV & AIDS.

- Identified documents and filed information on health, HIV&AIDS, and human rights.
- Conducted exhibitions during local and international forums to distribute materials, and provide and exchange information with other stakeholders about health, HIV&AIDS and human rights issues.
- Produced two editions of the quarterly newsletter "Health Rights Today," as a networking tool for members.
- Established the HERAF website (www.heraf.or.ke), which has up-to-date resources on health and human rights issues among other activities of the organization.
- Organized the first HERAF Conference on the right to health.
- In collaboration with key partners, prioritized the realization of economic, social and cultural rights during the 2007 electioneering period, the World AIDS Day celebrations and International Human Rights Day. Demanded for accountability from politicians through participation in petitions, demonstrations, face to face meetings, and other events with key political leaders.



PHR team with students from University of Nairobi School of Medicine

5.3 HEALTH, HIV AND AIDS POLICY DEVELOPMENT AND ADVOCACY

- Conducted a situation analysis on the involvement of CSOs in the District Health Stakeholders Forums, which are designed to provide a platform for discussion and dialogue on health-related issues.
- Established constructive partnerships, networks and collaborations to raise the profile of health rights amongst communities, as well as among government officials.
- Played a lead role in organizing the CSOs forum on HIV and AIDS Prevention and Control Act 2006 to engage with the National AIDS Control Council (NACC) in order to give the Act priority in lobbying the Minister to give the Act a commencement date. The forum also discussed and came up with roles and responsibilities for all stakeholders in advocating for the implementation of the Act.
- Organized Civil Society Consultative Meeting on proposed African Union Health Strategy in Nairobi and successfully advocated for inclusion of the meeting's recommendations into the proposed African Union Health Strategy.

5.4 HIV&AIDS AND HEALTH FINANCING CAMPAIGN

- Participated in planning and resource allocation forums organized by the National AIDS Control Council (NACC), Ministry of Health and Treasury under the MTEF budget process.
- Organized training forums to build the capacity of CSOs and other stakeholders on the budget making process in order to adequately engage and participate in the MTEF process including making budget proposals to Treasury for consideration in the national budget
- Participated in public sector hearing forums and provided input into the budget and advocated for sufficient resource allocation in the health sector.
- Active member of health financing coalitions and played crucial roles in championing their goals. Among them include:
 - Debt2Health Campaign
 - International Financing Institutions (IFI)
 - The 15% Now Campaign
 - The Kenya Budget Engagement Forum (KBEP)

5.5 HEALTH WORKFORCE

- Conducted and produced a report on the situation of health workforce in Kenya that enumerated the various challenges that confront health workers in Kenya.
- Organized and facilitated regional health workforce forums on challenges of achieving the objectives laid out in the National Health Strategic Plan, the Millennium Development and PEPFAR Goals in Kenya.
- Organized training workshops on understanding HIV and AIDS related stigma and discrimination and developed strategies for reducing stigma in health care settings.

5.6 COLLABORATIVE ACTIVITIES

- Initiated collaborative initiatives including Millennium Development Goals (MDGs), Women Won't Wait Campaign (WWWC), Stop AIDS Now! Gender Development Project, Debt2Health Campaign, 15% Now Campaign, the African Civil Society Coalition on the International Working Group on Public Health Innovation and Intellectual Property (IGWG), International Financial Institutions (IFI), and the Kenya Budget Engagement Forum (KBEF).

5.7 PROGRAMMES' SUPPORT

- Continued to work hand in hand with the Government of Kenya and development partners for technical support in ensuring that the right to health is recognized and respected in Kenya. The current technical support has been provided by Physicians for Human Rights (PHR) USA and Stop AIDS Now, Netherlands.
- Worked closely with Oxfam Kenya, Action AID International Kenya, Concern World Wide, Kenya AIDS NGOs Consortium (KANCO), Health Policy Initiative (HPI) and Health Action International.



Dr. Suleh responds to questions from a local news reporter during the HERAF conference

6.0 OPPORTUNITIES AND CHALLENGES



Participants wait for the beginning of a legal aid clinic held for persons with disabilities in Othaya, Nyeri under the auspices of the Gender Development Project

6.1 OPPORTUNITIES

- An expectant community with a lot of demands on right to health knowledge and practice.
- Existence of interested health professional organizations and students. This has enabled the Forum to acquire a hands-on steering committee.
- Already organized forums giving the Forum an opportunity to advocate for right to health and collaborate in organizing activities thereby making some savings.
- Conducive political atmosphere including acceptance by government officials.
- Improved communication and openness by the government including sharing of documents and reports.

6.2 CHALLENGES

- Implementation of the work plan as initially spelt out proved difficult due to over crowding of related activities targeting the same participants. This called for the merging of some activities sometimes and requests for budget shifts in order to achieve the expected goal(s).
- There was need to establish an effective governance and management structure including the need to re-define the roles, duties and responsibilities of the secretariat staff. The HERAF constitution was put in place to guide the operations of the Forum.
- Improved communication with Forum members, especially those not used to email communication.
- Inadequate workforce at the secretariat to cope with the high demand for services.
- Inadequate space at KHRC raising the need to source for independent office space.

FINANCIALS

IALS FINANCIALS FINANCIA
NIALS FINANCIALS FINANCIA



**HEALTH RIGHTS ADVOCACY FORUM
ORGANIZATION INFORMATION
FOR THE YEAR ENDED 31 DECEMBER 2007**

The organization was established with the support from Physicians for Human Rights (PHR) USA, in 2006 to address human rights issues in relation to HIV & AIDS and health in Kenya.

REGISTERED OFFICE

The Organization operates under the auspices of Kenya Human Rights Commission (KHRC) which is registered under NGO Coordination Act and its offices are:

Kenya Human Rights Commission
Valley Arcade, Gitanga Road
P.O. Box 41079 – 00100
NAIROBI

BANKERS

National Industrial Credit Bank
NIC House,
Masaba Road
P.O. Box 44500- 00100
NAIROBI

AUDITORS

Kimani Kerretts & CO.
P.O.Box 46335- 00100
Nairobi

**HEALTH RIGHTS ADVOCACY FORUM
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 DECEMBER 2007**

| | Note | <u>2007</u> Kshs |
|--------------------------------|------|---------------------|
| INCOME | | |
| Grant Income | 2 | 6,564,957 |
| Amortisation of Capital grants | | 137,853 |
| Interest income | | 30,927 |
| | | ----- |
| | | 6,733,737 |
| | | ----- |
| EXPENDITURE | | |
| Building a movement | | 1,716,876 |
| Influencing policy | | 760,029 |
| Change the discourse | | 504,056 |
| Gender development | | 49,429 |
| Staff costs | 3 | 3,092,827 |
| Administrative costs | | 497,740 |
| Depreciation | | 137,853 |
| | | ----- |
| Total Expenditure | | 6,758,810 |
| | | ----- |
| DEFICIT FOR THE YEAR | | (25,073) |
| | | ===== |

**HEALTH RIGHTS ADVOCACY FORUM
BALANCE SHEET
AS AT 31 DECEMBER 2007**

| ASSETS | Note | 2007 Kshs |
|--|-------------|---------------------------|
| NON-CURRENT ASSETS | | |
| Equipment | 4 | 314,565 ----- |
| CURRENT ASSETS | | |
| Sundry Debtors | 5 | 45,330 |
| Cash and bank balance | | 1,375,088 ----- |
| | | 1,420,418 ----- |
| TOTAL ASSETS | | 1,734,983 ===== |
| FUND BALANCES AND LIABILITIES | | |
| GENERAL FUND | | |
| | 6 | (25,073) ----- |
| NON-CURRENT LIABILITIES | | |
| Capital grants | 7(b) | 314,565 ----- |
| CURRENT LIABILITIES | | |
| Deferred Income | 7(a) | 1,145,206 |
| Creditors and accruals | 8 | 300,285 ----- |
| | | 1,445,491 ----- |
| TOTAL FUND BALANCES AND LIABILITIES | | 1,734,983 ===== |

The financial statements were approved by the Management Committee on **24 - 4- 2008** and signed on their behalf by:-

Muhh

..... Chairperson

J. Thore

..... Coordinator

**HEALTH RIGHTS ADVOCACY FORUM
CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2007**

| | <u>2007</u> |
|---|------------------|
| | Kshs |
| CASH FLOW FROM OPERATING ACTIVITIES | |
| Deficit for the year | (25,073) |
| Adjustment for: | |
| Capital grant receipts | 40,774 |
| | ----- |
| Operating surplus before working capital changes | 15,701 |
| Sundry debtors | (45,330) |
| Creditors and accruals | 300,285 |
| Deferred income | 1,145,206 |
| | ----- |
| Cash flow from operating activities | 1,415,862 |
| | ----- |
| CASHFLOW FROM INVESTING ACTIVITIES | |
| Purchase of non-current assets | (40,774) |
| | ----- |
| Net cash flow used in investing activities | (40,774) |
| | ----- |
| CASH AND CASH EQUIVALENTS AT 31 DECEMBER 2007 (Note 9) | 1,375,088 |
| | ===== |

**HEALTH RIGHTS ADVOCACY FORUM
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2007**

1. ACCOUNTING POLICIES

a) Basis of accounting

The financial statements are prepared on the historical cost basis of accounting. They are prepared in accordance and comply with International Financial Reporting Standards.

b) Income / funding

Income/funding comprise grants from various donors. Revenue grants are recognized as income in the year it is expended. Capital grants are amortized to income over the useful life of the related fixed assets.

c) Expenditure

Expenditure comprises costs incurred directly for Organisation activities. These are recognised when payments are made. Appropriate accruals are made for expenditure incurred and not paid for at the year-end and for prepaid expenses.

d) Property and Equipment

Property and equipment are stated at cost less accumulated depreciation

Depreciation is calculated on the straight line basis over the estimated useful lives of the assets. The annual rates of depreciation are as follows:

| | |
|------------------------|--------------------|
| Equipment | 20% |
| Computers | 33 $\frac{1}{3}$ % |
| Furniture and fittings | 12 $\frac{1}{2}$ % |

e) Retirement benefits costs

The organization is a member of the Kenya Human Rights commission defined contribution pension scheme for its employee. The Organisation also contributes to the National Social Security Fund (NSSF), contributions are determined by the Local statute and are currently limited to Kshs 200 per employee per month. Contributions made to the two schemes are charged in the income and expenditure account in the year of contribution.

f) Employee entitlements

The monetary liability for employees' accrued annual leave entitlement at the balance sheet is recognised as an expense accrual.

g) Deferred income

A grant received in the current year for which related expenses are to be incurred in the future period is deferred to that future period.

**HEALTH RIGHTS ADVOCACY FORUM
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2007...../ (Contd)**

| | |
|---|-------------|
| | <u>2007</u> |
| | Kshs |
| 2. GRANT INCOME | |
| PHR | 6,556,302 |
| WOFAK | 49,429 |
| | ----- |
| | 6,605,731 |
| Less: Amounts Utilized for capital acquisition (Note 4) | 40,774 |
| | ----- |
| | 6,564,957 |
| 3. STAFF COSTS | |
| Salary | 2,765,200 |
| Leave accrual | 56,000 |
| Medical Insurance | 107,627 |
| Provident Fund Contributions | 159,600 |
| NSSF contributions | 4,400 |
| | ----- |
| | 3,092,827 |

4. EQUIPMENTS

Year ended 31 December 2007

| | Office Equipments Kshs | Computers Kshs | Furniture & Fittings Kshs | Total Kshs |
|-----------------------|------------------------------|-------------------|---------------------------------|---------------|
| COST | | | | |
| At 1 January 2007 | 44,580 | 281,696 | 215,066 | 541,342 |
| Additions | 40,774 | - | - | 40,774 |
| | ----- | ----- | ----- | ----- |
| At 31 December 2007 | 85,354 | 281,696 | 215,066 | 582,116 |
| | ----- | ----- | ----- | ----- |
| DEPRECIATION | | | | |
| At 1 January 2007 | 8,916 | 93,899 | 26,883 | 129,698 |
| Charge for the year | 17,071 | 93,899 | 26,883 | 137,853 |
| | ----- | ----- | ----- | ----- |
| At 31 December 2007 | 25,987 | 187,798 | 53,766 | 267,551 |
| | ----- | ----- | ----- | ----- |
| NET BOOK VALUE | | | | |
| At 31 December 2007 | 59,367 | 93,898 | 161,300 | 314,565 |
| | ===== | ===== | ===== | ===== |

Year ended 31 December 2006

| | | | | |
|--------------------------|--------|---------|---------|---------|
| COST | | | | |
| Acquired during the year | 44,580 | 281,696 | 215,066 | 541,342 |
| | ----- | ----- | ----- | ----- |
| DEPRECIATION | | | | |
| Charge for the year | 8,916 | 93,899 | 26,883 | 129,698 |
| | ----- | ----- | ----- | ----- |
| NET BOOK VALUE | | | | |
| At 31 December 2006 | 35,664 | 187,797 | 188,183 | 411,644 |
| | ===== | ===== | ===== | ===== |

**HEALTH RIGHTS ADVOCACY FORUM
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2007...../ (Contd)**

| | | | | | |
|-----|---|-------------|-----------|-------------|------------|
| 5. | SUNDRY DEBTORS | | | | 2007 |
| | The sundry debtor balances are made up of the following: - | | | | Kshs |
| | Prepaid expenses | | | | 45,330 |
| | | | | | ===== |
| 6. | GENERAL FUND BALANCE | | | | |
| | Balance brought forward | | | | - |
| | Deficit for the year | | | | (25,073) |
| | | | | | ----- |
| | Balance carried forward | | | | (25,073) |
| | | | | | ===== |
| 7. | GRANTS | | | | |
| | Grant income and receipts are analyzed as follows:- | | | | |
| (a) | Revenue Grants | | | | |
| | | Balance at | Receipts | Expended | Balance at |
| | | 1 Jan. 2007 | | in the year | 31Dec.2007 |
| | | Kshs | Kshs | Kshs | Kshs |
| | Donor | | | | |
| | PHR | 691,686 | 6,833,066 | 6,556,302 | 968,450 |
| | WOFAK | - | 226,185 | 49,429 | 176,756 |
| | ----- | ----- | ----- | ----- | ----- |
| | | 691,686 | 7,059,251 | 6,605,731 | 1,145,206 |
| | | ===== | ===== | ===== | ===== |
| | | | | | |
| | The end of the year balances above are disclosed in the balance sheet as follows: | | | | |
| | | | | | 2007 |
| | | | | | Kshs |
| | Deferred income | | | | 1,145,206 |
| | ===== | | | | |
| (b) | Capital grants | | | | |
| | Balance as at 1 January 2007 | | | | 411,644 |
| | Additions (note 4) | | | | 40,774 |
| | | | | | ----- |
| | | | | | 452,418 |
| | Less: Amortisation | | | | 137,853 |
| | | | | | ----- |
| | Balance as at 31 December 2007 | | | | 314,565 |
| | | | | | ===== |
| 8. | CREDITORS AND ACCRUALS | | | | |
| | These are made up of the following | | | | |
| | Audit fees | | | | 40,000 |
| | Other accrued expenses | | | | 126,613 |
| | Due to KHRC | | | | 133,672 |
| | | | | | ----- |
| | | | | | 300,285 |
| | | | | | ===== |

**HEALTH RIGHTS ADVOCACY FORUM
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2007...../ (Contd)**

9. CASH AND CASH EQUIVALENTS

For purposes of the cash flow, cash and cash equivalents comprise of: -

| | |
|------------------------|----------------------------|
| Bank and Cash balances | Kshs 1,375,088 ===== |
|------------------------|----------------------------|

10. CURRENCY

The financial statements are presented in Kenya Shillings (Kshs).



Contacts: The Coordinator, Health Rights Advocacy Forum,
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Website: www.heraf.or.ke