

2022

ANNUAL REPORT

Transforming health system
through strengthened
'voice' and accountability

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LIST OF ACRONYMS

CIDP	County Integrated Development Plan
CSC	Community Score Card
CSOs	Civil Society Organizations
GBV	Gender-Based Violence
HCWs	Health Care Workers
HERAF	Health Rights Advocacy Forum
ICT	Information and Communication Technology
KEMSA	Kenya Essential Medicines Supply Agency
MERL	Monitoring, Evaluation, Research and Learning
NGO	Non-Governmental Organization
NHIF	National Health Insurance Fund
NHIF	National Health Insurance Fund
PFMA	Public Finance Management Act
PHC	Primary Health Care
RBA	Rights Based Approach
SA	Strategic Area
TWG	Technical Working Group

CHAIRMAN'S STATEMENT

I am pleased to invite you to our end of the year annual report. This was an election year, that was nonetheless characterized with relative stable working environment for civil society actors. We were able to effectively play our part in complementing government's efforts in promoting development initiatives in our target counties but most important we lived to our expectation. That is, galvanizing the power of citizens to organize, mobilize and take actions. We ensured the voices of the people were heard and informed legislative, policy, plans and strategies for the health and related sectors and in electing the country leadership of the next five years.

Our Constitution is firm, and provides all citizens and non-state actors with opportunities for holding the government including elected leaders to account. The purpose of this constitutional provision cannot be under-estimated. It gives civil society actors the arsenal for calling out processes and ensuring governments remain truthful to the spirit of the constitution and commitments they promise. This is an interesting and fulfilling area that as an organization we pride in, despite the mounting challenges of accessing correct and timely information. I call for more concerted efforts by all non-state actors in holding the government to account.

The year witnessed a lot of changes at international level and nationally as influenced by COVID-19 pandemic. There emerged numerous development partners re-alignments that had great impact on operations of NGOs in Kenya. HERAF was not left behind. These changes provided opportunities to rethink institutional sustainability. We thank all our partners who supported us, collaborated and shared their learnings that enabled us to successfully conclude the year on a high note.

I thank all of you and welcome you to read our annual report.

Dr. Andrew Juma Suleh
Chairman

EXECUTIVE DIRECTORS'S STATEMENT

The year 2022 was a success for the organization. We were able to enlighten the citizens on their human rights, the rights-based approach to development including the right to health. As a result, we witnessed increased number of citizens claiming their space, organizing and sharing their views with government officers in decision, policy and legislative processes. An analysis of some of these documents and policies revealed some of their contributions were taken positively, a great encouragement for continued engagement in further processes.

Mental health advocacy was one of the key activities during the year. The effects of COVID–19 pandemic escalated the conditions necessitating concerted efforts by all stakeholders to address the challenges. We are happy we made our mark that included raising more awareness, supporting integration of mental health services into community and primary health care services through capacity development. This improved the link between community and health care facilities, a major obstacle that hindered access. A lot more should be done and we hope to scale up these works further in coming years.

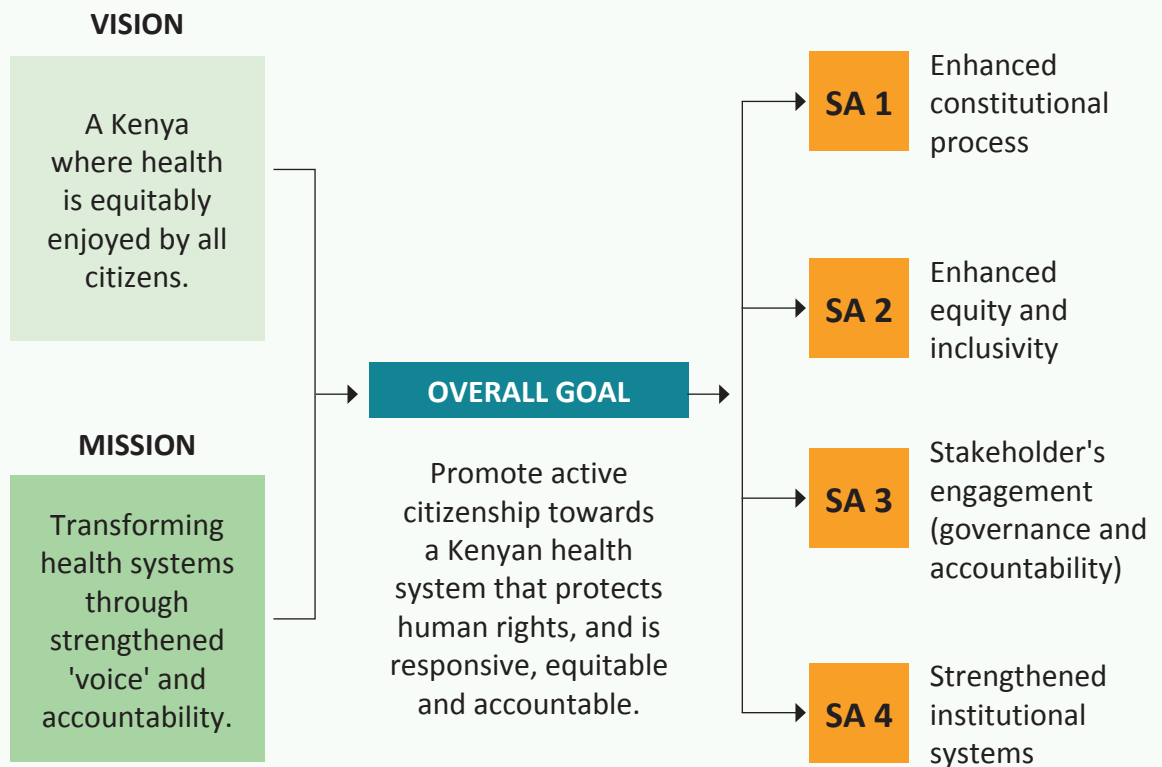
Resourcing for the health sector has always been a nightmare for the government. The funding for both national and county government is hardly sufficient to meet the demands for the sector. We however, reckon that concerted advocacy efforts calling for sufficient and prudent utilization of the available resources has borne fruits. Mobilizing and organizing individual citizens and organized groups to participate and engage government in planning and budget making processes contributed to remarkable changes. We witnessed a more transparent process from both national and county government. These processes should be sustained at all costs to ensure health sector priorities are always on the front line.

Thank you and welcome.

Edward Miano Munene
Executive Director

ABOUT HERAF

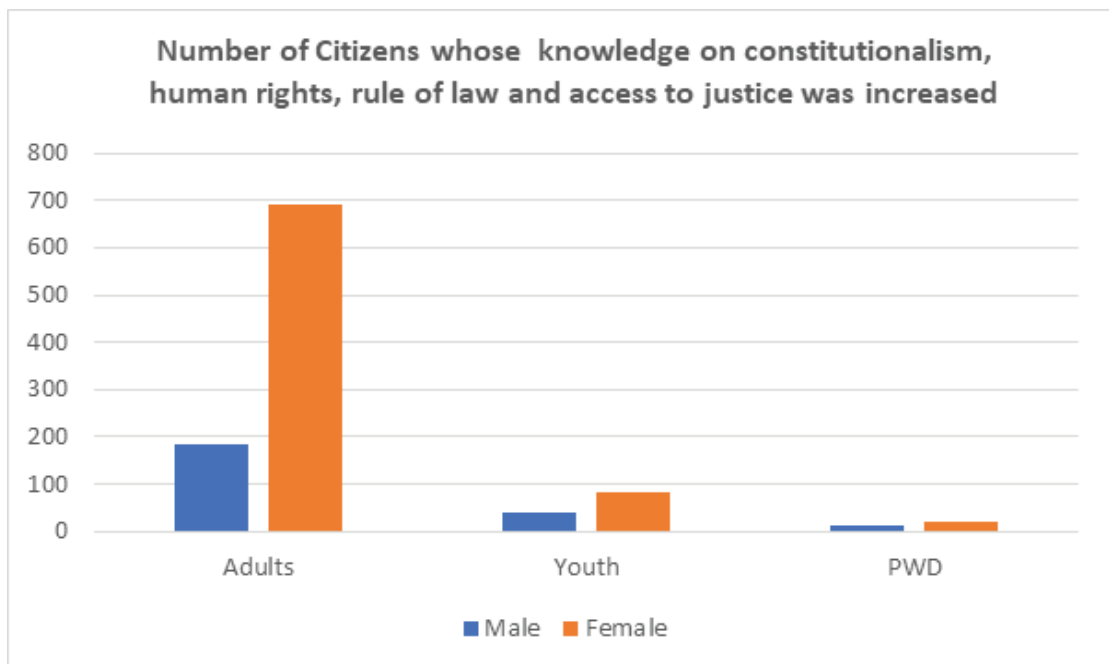
Health Rights Advocacy Forum (HERAF) is a national non-governmental organization that aims at transforming health system through strengthened 'voice' and accountability. It was registered in Kenya by the NGO Coordination Board in 2007.



2.0: PROGRAMME AREAS:

2.1: CONSTITUTIONALISM AND HUMAN RIGHTS

1. **Increased knowledge on constitutionalism, human rights, rule of law and access to justice.** Over 197 civic education sessions were conducted in Kivaa, Ekalakala, Masinga Central and Ndalani Wards to increase organised community groups knowledge on constitutional provisions that secure their human rights; importance of public participation in all public matters affecting citizens including planning, budgeting, utilisation and oversight in use of public resources; alternative dispute resolution mechanisms and feedback mechanisms; and participatory monitoring of service delivery.



2. **Increased capacity of 7 community based groups of PWDs and widows in Machakos to advocate for equal rights in access to property and opportunities.** At least 10 widows initiated the succession process towards securing land rights through inheritance, 3 PWDs appointed/elected to various committees at Ward level.

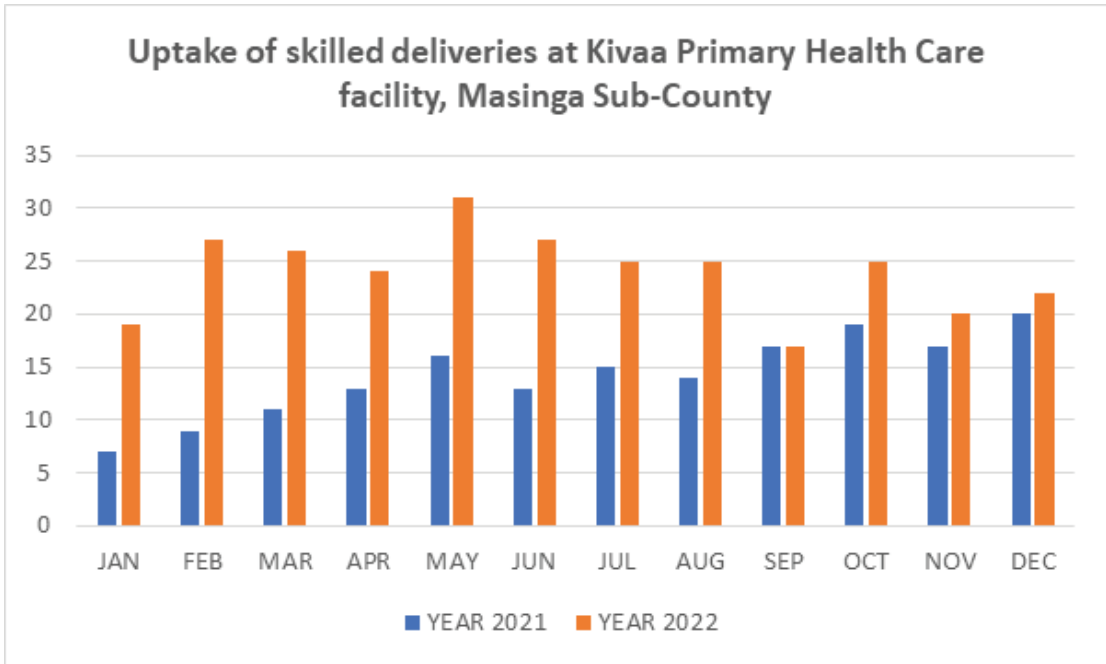
3. Contributed to integration of mental health stakeholders in decision making processes. These included appointment of 3 PWD in into Ward Development Committees in Masinga Sub County and in Court Users Committees (CUC) in Nyeri County.

4. Increased uptake of public participation among target citizens; 36 memos were submitted by organisation of persons with mental health conditions and CSO networks in Isiolo, Nyeri and Kilifi. 8 ward level memos were submitted in Masinga and Yatta subcounties to inform planning and budgeting for 2022/2023 financial year and CIDP III.

5. Strengthened capacity of 5,541 marginalized groups of women, youth and PWDs in Machakos county to participate in electoral and political processes. This enabled them to register as new voters and participate in the 2022 General Election in Kenya. The knowledge gained is instrumental in enabling them to participate in community electoral process in including those for health facility and community health committees.

2.2: EQUITY AND INCLUSIVITY IN THE PROVISION OF QUALITY HEALTH CARE SERVICES

1. Improved uptake of MCH services. HERAF contributed to reduced risk of maternal and new born morbidity and mortality through increased uptake of skilled deliveries at Kivaa PHC facility following continuous and targeted training of ANC mothers, women in the reproductive age bracket and community leaders on dangers of home deliveries to both the child and mother and general health outcomes. Health facility data indicated increased deliveries by approximately 10 per month from 171 by end of Dec 2021 to 288 by Dec 2022 as indicated by graph 2 below.



Source: Analysis of Kivaa Health Centre Services Data

2. Integrated mental health into community mental health system. Contributed to enhanced access of mental health services at community level through increased capacity of 335 Community Health Volunteers (CHVs), Community Health Assistants (CHAs) and Traditional Healers on Quality Rights, Mental Health Gap (MH Gap) and Problem Management Plus (PM+) to offer community education on prevention, detection and response including delivery of psychosocial first-aid, monitoring adherence to mental health treatment, reporting and referral for mental health services as shown by table 2 below.

Further mental health champions and civic educators were trained on safeguarding, social protection, psychological first aid and key messaging on mental health. This increased the resource pool of community level actors contributing to timely interventions, referral and de-stigmatization of mental illness.

Table 1: Number of Primary Healthcare (PHC) actors trained on reporting on mental health services delivery

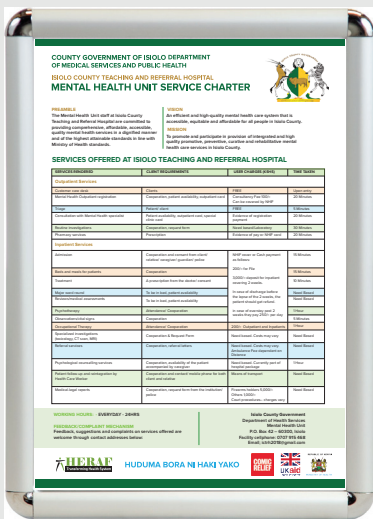
METAL HEALTH ACTORS	COUNTY		
	Kilifi	Nyeri	Isiolo
No. of CHVs trained on community mental health services/ PM+/ mHGAP, human rights quality rights	55	30	40
No. of CHVs reporting on mental health monthly basis	55	15	30
No. of mental health patients attended to by CHVs	275	90	240
No. of mental health patients referred to health facilities by CHVs	265	33	150
No. of mental health patients referred to CHVs from health facilities	100	28	150
No. of HCWs trained on human rights, quality rights	60	75	75
No. of persons with mental health conditions /users trained on human rights, quality rights	15	120	100

3. Sustained advocacy contributed to county funding for conducive environment for mental health services provision. Nyeri, Kilifi and Isiolo County Referral Hospitals mental health units were funded in the year to undertake repair and maintenance works, a direct result of sustained advocacy. Some of the mental health units received a new coat of paint, expanded dining areas for inpatients while others expanded spaces for offering mental health services including consultation, counselling, social worker rooms and installed therapeutic aids such as television sets in the mental health units. Further, Nyeri County Government established two specialist psychiatric clinics in Karatina and Mukurwe-ini level 4 hospitals leading to an increase in the delivery of specialized mental health services.

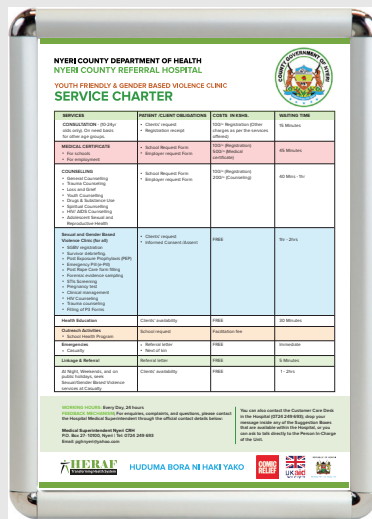
4. Contributed to realisation of evidence-based planning in Kilifi following logistical and technical support to SCHMT and mental health practitioners to develop a county specific mental health reporting tool. This resulted in improved rationalisation and availability of mental health commodities as facility orders were informed by reported mental health data disaggregated by condition, age, gender and referral for related services. Community mental health data capture was also enhanced through training and orientation of CHVs on adequate mental health reporting using available tools e.g. MOH 513 and 514 capturing mental health conditions prevalence by households and service delivery related to mental health respectively.

5. Disability mainstreaming for mental health in social protection programs; sustained advocacy targeting key decision and policy makers resulted in inclusion of severe mental health cases in social protection upon assessment. This promoted equity and inclusivity ensuring access to government stipends, medical cover and benefit in government procurement opportunities earmarked for persons with disability.

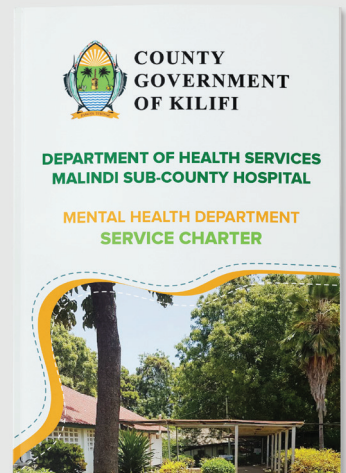
6. Strengthened Health Services Charters. Provided technical support to 6 health facilities and departments to develop and disseminate health services charter, code of conduct and grievance re-address mechanisms. As a result, increased number of patients and clients are more aware of services they are entitled to and demanding for them from health care workers.



Isiolo Service Charter

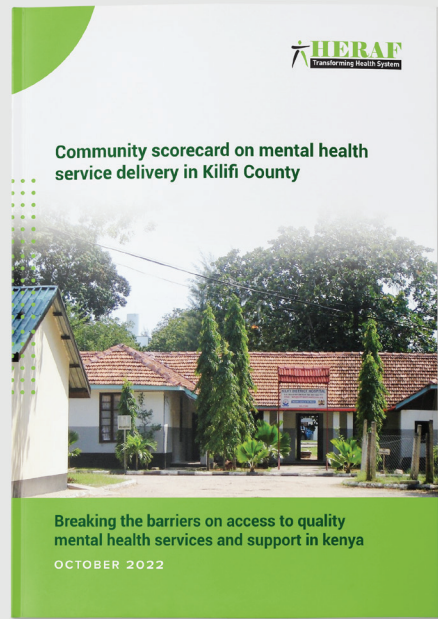
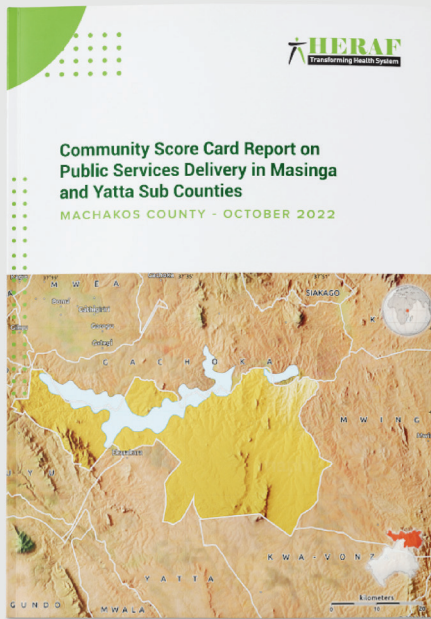


Nyeri Service Charter



Kilifi Service Charter Flyer

7. Enhanced responsiveness of government officials to citizen-led monitoring initiatives resulting in better service provision. Adoption of key actions outlined in community score cards led to facility management committee's responsiveness including installation of a suggestion box in Kivingoni dispensary and provision of hot water showers at Itunduimuni health centre increasing skilled deliveries at the facility to community needs.



8. Enhanced establishment and revival of mental health community-based support groups. Over the period, organisations for persons with mental health and psychological conditions, CHVs, and grassroots civil society organisation capacity was enhanced on how to revive support groups for persons with mental health conditions.

9. Contributed to increased awareness of the local administrators and media to champion accurate mental health information dissemination in the community including information on manifestation of mental disorders, prevention strategies and opportunities for referral mechanisms.

10. Contributed to integration of traditional and faith healers into the formal health system. The initiative saw a marked increase in the number of patients being referred to hospitals from medicine men, faith healers, herbalists and intercessors in Isiolo and Kilifi. In return the traditional and faith healers receive recognition from the county governments as agents of change and drivers of total community wellbeing.

2.3: STAKEHOLDER'S ENGAGEMENT IN HEALTH GOVERNANCE AND ACCOUNTABILITY PROCESSES

During the year, HERAF was at the forefront of building the capacity of the communities to actively engage in citizen-led advocacy. This included enabling community groups to mobilize, acquire information and knowledge on policy, budget and public engagement issues and advocacy.

1. HERAF contributed to the amendment of 3 key laws impacting mental health.

We hosted 16 stakeholder meetings to brainstorm and compile expert recommendations, assess risk and benefits, and health impacts of each law. Additionally we developed and disseminated educational materials, and hosted stakeholder's information and educational meetings on each of the laws.



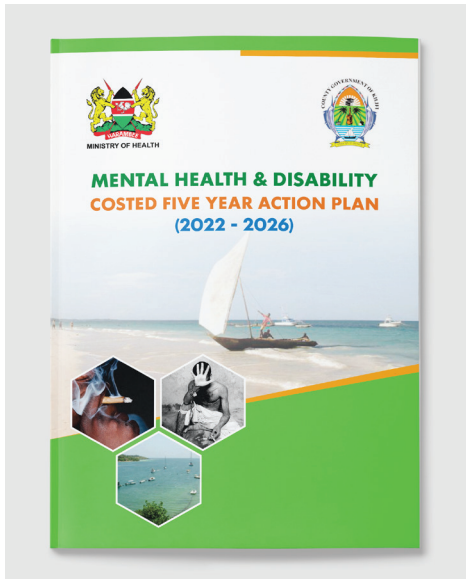
1. The NHIF (Amendment) Act, 2022 mandated the state parastatal (NHIF), to offer universal health coverage for all.

2. The Mental Health (Amendment) Act, 2022 establishes the mental health board and mental health councils at county level to strengthen mental health leadership and coordination.

3. The Narcotics, Drugs and Psychotropic Substances (Control) (Amendment) Act 2022 calls for stiffer penalties relating to trafficking of narcotics, drugs and precursor chemicals. These substances were identified as key drivers of mental ill-health particularly among youth.

2. Strengthened CSOs Engagement in Governance, Planning and Budgeting processes:

a) Supported establishment of 4 multi-stakeholder Technical Working Groups (TWGs) /technical working committees in Nyeri, Isiolo, and Kilifi Counties to champion and coordinate mental health programmes, policy and legal issues.



b) Provided technical support to Kilifi County to develop and disseminate five year costed mental health action plan.

c) Strengthened CSOs capacity in Kilifi, Nyeri, Isiolo and Machakos to advocate for adequate resourcing for mental health, human resource for health, health infrastructure and equipment, drugs, and supplies as well as access to water, road works and earth dams in the development of the third generation County Integrated Development Plans (CIDPs).



Installed water tank at Itunduimuni health centre

d) Contributed to increased civic awareness for community led advocacy. Community led advocacy actions resulted in the provision of a single 10,000 Litres tank by Machakos County Government at Itunduimuni Health Centre improving access to reliable water supply. An opportunity for rain water harvesting greatly increasing the quality of service and reducing the burden of portable water on inpatient services.

e) Enhanced security at Kivaa Health Centre following fencing works. During the community score card processes at the facility, the service providers and users agreed on the risk posed by the broken fence; including trespassing, break in, theft and difficulty in effective patrol by the security personnel. The leadership of the facility were tasked and used the available resources to fix the broken sections of the fence; within three months.

3.0: ORGANIZATIONAL CAPACITY STRENGTHENING

During the year HERAF strengthened her institutional capacity on the following areas:

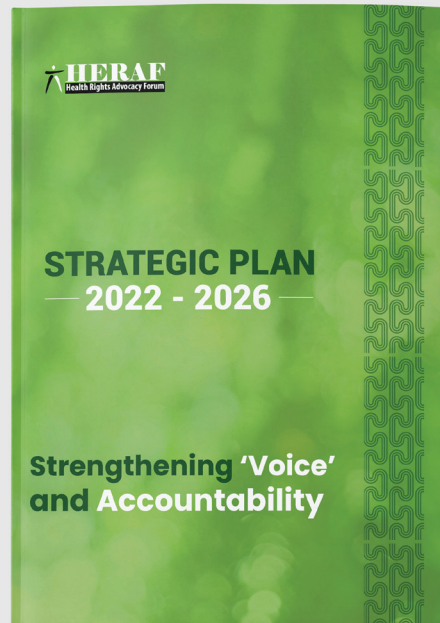
Strategic Plan 2022-2026

Monitoring, Evaluation,
Reporting and Learning
(MERL) Framework

ICT Upgrade to Office 365

Safeguarding and Child
Protection Policies
reviewed and updated

Institutional and Financial
Management Systems Audit



4.0: FINANCE STATEMENT

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2022		
	2022 (KSH)	2021(KSH)
Grant income	34,734,808	31,676,541
Other Income	161,435	208,967
TOTAL INCOME	34,896,243	31,885,508
Programmes expenditure	21,400,941)	(21,328,333)
Administration expenses	(2,087,309)	(1,990,943)
Employment cost	(10,132,879)	(7,972,768)
Surplus for the year	1,275,114	593,464
Other comprehensive income for the year	-	-
Total comprehensive income for the year	1,275,114	593,464

5.0: PARTNERSHIPS AND COLLABORATION

The organization established and maintained useful connections and linkages with national and county governments, funding partners, professional associations, CSOs and advocacy networks. Below is an outline of key partnerships and networks that were instrumental for success of 2022 activities.

IMPLEMENTING AND COLLABORATIVE PARTNERS



MEMBERSHIP NETWORKS & COALITIONS



FUNDING PARTNERS







Health Rights Advocacy Forum (HERAF)

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P.O Box 100667 – 00101,

Nairobi, Kenya

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