2014

HERAF ANNUAL REPORT AND FINANCIAL STATEMENTS

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List of Abbreviations & Acronyms

CHMT	County Health Management Teams
CIC	Commission for the Implementation of the Constitution
CIDP	County Integrated Development Plan
CSO	Civil Society Organisation
FBO	Faith Based Organisation
HAI	Health Action International
HERAF	Health Rights Advocacy Forum
HIV&AIDS	Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome
HPAF	Health Policy Action Fund
ICC	Inter-agency Coordinating Committee
IEA	Institute for Economic Affairs
KANCO	Kenya Aids NGOS Consortium
KCM	Kenya Coordinating Mechanism
KELIN	Kenya Ethical and Legal Issues Network
MTEF	Medium Term Expenditure Framework
NACC	National Aids Control Council
NCD	Non-Communicable Diseases
NGO	Non-governmental Organisation
NTA	National Transition Authority
OSI	Open Society Budapest Foundation
OSIEA	Open Society Institute of East Africa
RBA	Rights-Based Approach
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TA	Transitional Authority
TB	Tuberculosis
UHC	Universal Health Coverage
USAID	United States Agency for International Development
AFGH	Action For Global Health
CIPE	Center for International Private Enterprise
GIZ	German Development Cooperation
NHIF	National Hosptial Insurance Fund
NIC	National Industrial Credit Bank
NSSF	Natioal Social Security Fund
PAI	Population Action International
PLWHA	People Living With HIV/AIDS
UN	United Nations
UNDP	United Nations Development Programme

Who we are

Health Rights Advocacy Forum (HERAF) is a non-governmental organization that works through strategic partners in the form of Health Professionals Bodies and Associations, Non-Governmental Organizations (NGOs), Patients' Organizations, Faith Based Organizations (FBOs), Research Institutions and Universities involved in health issues, Health, HIV&AIDS and Human Rights Networks to promote human rights based approach in health care delivery. It was established in 2006 and registered as a Non-Governmental Organization (NGO) in Kenya by the NGO Coordination Board in 2007.

Vision

Healthy citizens

Mission

To empower Kenyans to influence health sector policy, governance and management decisions at county and national levels.

Core Values

We strive to reflect these core values in all our work:

- Upholding human dignity
- Equity and inclusivity
- Accountability and transparency
- People-centered

Strategic Objectives

1. Create awareness, inform and educate health professionals, civil society and communities on health as a fundamental human right.
2. Influence Kenya's health policies to guarantee promotion, respect and protection of the right to health.
3. Provide leadership among health professionals, civil society and the local masses in identifying and addressing emerging health rights issues in Kenya.
4. Advocate for an efficient health financing system that ensures equity, accountability and sustainability of Kenya's health care system.
5. Institutional Development

Board of Directors

1. Dr. Andrew J. Suleh	Chairperson
2. Edward Miano Munene	Secretary
3. Judy Ngugi	Treasurer
4. James Kamau	Member
5. Isabella Mbai	Member
6. Commissioner Winfred Lichuma	Member

Members of Staff

1. Edward Miano Munene	Executive Director
2. Beatrice Gachambi	Officer, Programmes
3. James Chege	Officer, Finance and Administration
4. Margaret Mbugua	Officer, Programmes
5. Milkah Chege	Officer, Programmes
6. Josephine Kinyanjui	Officer, Programme
7. Beatrice Mwangi	Human Resource Assistant
8. Catriona Mumuli	Assistant, Projects
9. Faith Karimi	Assistant, Finance, administration and accounts
10. Erick Bosire	Assistant, Projects
11. Emmanuel Lumasia Karani	Assistant, Projects
12. Rita Ragi	Intern
13. Repher Amindo	Administration assistant
14. Christine Ajulu	Project Officer Programmes

Message from the Chairman

Since independence in 1963, centralisation has been at the core of Kenyan governance, with power concentrated in the capital. As a result, Kenya has been marked by spatial inequalities during this period of time. It is against this backdrop that healthcare devolution is taking place. Article 174 of the Kenya Constitution articulates the rationale behind devolution as, among other reasons, self-governance, economic development and equitable sharing of national and local resources. Towards this end HERAF worked with other stakeholders to compliment the duty bearers (government's) efforts in ensuring swift transition of health devolution in the 47 counties.

Many Kenyan citizens represented in health workers' unions expressed their concerns on health devolution. Moreover, their concerns were the effects of the rushed process of conforming to the constitutional requirement and ignoring the laws in place to guide this process. The governor's council and the senate took a hard stance on devolution of health. They wanted the functions transferred as soon as possible, with no regard to the process but in the spirit of the constitution, leaving the health workers in defending their version of events having genuine fears in the devolution of health. The custodians of the process; the commission for the implementation of the constitution (CIC) and the Transitional Authority (TA) grossly fell short in their mandate to provide support for the process of realizing the constitutional basis of health devolution.

Devolution of the health sector in 2014 clearly faced several challenges. These challenges include but are not limited to the lack of clarity in the due process for the transfer of health care workers in between counties, the gazettement of Health facility management Committees as were elected towards the end of the year 2013, and the financing of Level 5 health facilities. In addition, there is minimal understanding among stakeholders in the health sector on the devolution process in the health sector. Health related policies and regulations will need to be revised in order to help the government attain its goal of strengthening the national healthcare system, particularly at the county and community levels.

With this in mind, HERAF in 2014 embarked on efforts to increase the understanding amongst stakeholders on how devolution in the health sector is supposed to be realised. In addition HERAF ensured civil society organisations partner with specific county government health management teams to facilitate periodic meetings and engagement forums to sensitize activities on the legal policy framework. In so doing, stakeholders, the CHMT and the HCWs included, had a good understanding of the systemic challenges in the health sector, including their root causes, parties and offices responsible, and possible solutions for further action. HERAF calls upon all health stakeholders to rise up to the challenge and urgently address the issues at hand. Continued formal and meaningful engagements at various levels will ensure that the right to health as stated in the constitution becomes a reality.

This year's success could not have come to fruition without the support from Open Society Institute of East Africa (OSIEA) and the Open Society Budapest Foundation (OSI), Institute for Economic Affairs (IEA), USAID through the FANIKISHA project, Christian Aid, Action Aid, and Health Policy Action Fund (HPAF).

We look forward to a more strengthened partnership with them, other development partners and various stakeholders in Kenya's health sector. We also hope to strengthen our alliances with like-minded organizations beyond our borders to ensure that the right to health is a prioritized agenda in Africa as a whole.

Thank you

Dr. Andrew J. Suleh
Chairman

Message from the Executive Director

With health being fully devolved, in 2014 HERAF put more effort in promoting informed participation of health sector stakeholders including healthcare workers, civil society organizations (CSOs) and the public in general in development and implementation of laws and policy frameworks for the realization of the right to health in Kenya's Constitution. The organization was instrumental in empowering Kenyans to enjoy the right to health through increased human rights awareness, evidence based policy advocacy, strengthening citizens participation in health sector governance, and the budgeting processes.

Participation of health sector stakeholders including healthcare workers, civil society organizations (CSOs) and the public in general in development and implementation of laws and policy frameworks is fundamental for the realization of right to health. It is therefore for these aims that during the year HERAF embarked on increasing health sector stakeholders' levels of awareness on rights and responsibilities in the Constitution in devolution of health, development and implementation of health legislations, policies and guidelines required by the Constitution. This was achieved through development and dissemination of reader friendly and targeted information, education and communication materials; fact sheets, fliers, posters and newsletters, website, media, social accounts, workshops and organized discussion forums to disseminate information on health devolution as stated in the Constitution, and the progress of health legislations and policies.

Through the year, the organization continuously monitored the key health laws, legislations and policies in the sector making her a one stop source for information for CSOs on the progress of the development of health laws, legislations and policies. This was very important as it ensured all stakeholders in the sector were up to date on the progress of the documents hence their vivacious engagement in the processes. HERAF as well organized and held consultative forums to discuss the key health laws, legislations and policies' making certain that policy advocacy was evidence based.

HERAF worked with 10 health facilities in Nyeri, Embu, Narok, and Kwale counties so as to strengthen community participation in health sector governance. This was done by Scaling up community participation in monitoring health services delivery, planning and accountability in management of health budgets at county and national levels. It was achieved by engagement with the community through courtesy call meetings, community dialogue forums, trainings, focus group discussions and participating in organized community health action days in targeted facilities.

Within the year, advocating for an efficient health care financing system remained influential. It was achieved by circulating information and promoting participation of health stakeholders in the budget making process in the national and county governments. Moreover, the process was done for especially the Annual Operation Plans and the Medium Term Expenditure Framework (MTEF), analysis and expenditure monitoring and tracking. There was also advocacy efforts carried out for transparency and accountability in the planning, allocation and management of resources allocated to the health sector in both the national and county governments.

In 2014, HERAF got several opportunities to engage and participate in meetings, workshops and other forums organized by members and partner organizations. HERAF seized these opportunities to establish partnerships, collaborations and networking relationships with other human rights organizations working in the health sector and related areas.

I am lastly grateful to all our development and collaborating partners that supported us technically and financially so as to record these achievements. Specifically, I pass our gratitude to the Government of

Kenya, Open Society Institute of East Africa (OSIEA) and the Open Society Budapest Foundation (OSI), Institute for Economic Affairs (IEA), USAID through the FANIKISHA project, Christian Aid, Action Aid, and Health Policy Action Fund (HPAF).

Thank You

Edward Miano Munene
Executive Director

1.0 Increasing Awareness on the Right to Health

1.1 Awareness on the Right to Health in the Constitution

The sense of devolution of power to local authorities by a central government; is based on bringing services, responsibilities and accountability to the people. Devolution of health functions is a constitutional requirement for Kenya. President Uhuru Kenyatta defended the constitution and stated that Kenyans passed a constitution and must follow it. Devolution was a reality, the health function was devolved, and the process was irreversible. The health system in 2014 went through a trying moment for the 47 Counties as they fully took on the health function of their specific Counties. In light of this HERAF during the year participated in partnerships and collaborative meetings organized by her strategic partners, both national and county governments and made presentations on the right to health in 5 different counties (Narok, Nyeri, Embu, Kwale, and Nairobi). HERAF was able to expand to Narok County where the community was very receptive and grateful for the fact that they were taught on their health rights and responsibilities.

The organisation was supported to facilitate trainings, targeting Health Facility management committees in Makima area, and the Embu County Health care workers, specifically staff from Manyatta and Runyenjes sub counties; where they were taught on human rights, right to health and the criteria for measuring its realization, structure of the Constitution of Kenya, devolved health care structure, budget making processes in Kenya, introduction to the concepts of community monitoring and social accountability and their methodologies.

The year 2014 saw increased awareness among community members of the roles of rights holder and duty bearers. It created an urge in community members to constant seek information about the work of their health care workers, with the promises that they would the best services possible. The Health care workers in the targeted communities reported cases of informal and formalized queries about going-on at the facility by community members, a change which has been attributed to HERAF.

1.2 Information dissemination on social media

The current revolution in the information, communication and technology sector has seen the popularity of new media, including websites, blogs, face book and twitter accounts rose unprecedently. HERAF, in her case has not been left behind in such developments and has accounts on each of the aforementioned media channels, which are consistently updated, with project activity reports and articles.

Further, HERAF has also published articles on various issues in the health sector and discussed health in the context of devolution on her website and blog while at the same time sharing reports on our trainings on human rights; the human rights based approaches, the right to health, and devolution in the health sector and social accountability in the resources centre component of the website.

HERAF is proud to note that following the posting of an article on medical negligence in Kenya, an academician from the Moi University, Kenya, requested for more information on the same, specifically data on such cases, with the intention of writing an academic paper on how medical negligence has been addressed in the Kenyan context

2.0 Health Sector Policy Advocacy

2.1 Health Sector Framework

With the new structures, frameworks, and mechanisms for implementation that came with devolution in the health sector, the organisation took interest in the following structures; County Health Management Teams, Sub-County Health Management Teams, Commission for the implementation of the Constitution, Health Civil society organizations, Health NGOs Network, and the International Budget Office. Some of the frameworks that were of interest to HERAF during the rear included Integrated County Development Plans, and County Health Sector Strategic and Investment Plans, Health Policy Framework (2014 – 2030) and the Health Bill 2014. Undoubtedly, during the year, the country countersigned an increase in the development and review of its legal and policy instruments and establishment of new structures and frameworks to guide implementation of equality-oriented, citizen-cantered development.

In various Articles in the Constitution including Article 10 and 118, the Constitution requires that the people of Kenya participate in the process of implementing the Constitution including participation in the process of law making. It is with this regard that HERAF's health policy advocacy initiatives were grounded in Rights-Based Approach (RBA), recognizing the principle roles and responsibilities of the power and right holders and value for contributions and participation of citizens in the shaping choices and decisions, design, formulation, execution and monitoring. That the principles and standards of human rights are integrated in policy making and management of health programs with the objective of promoting accountability, transparency, empowerment, non-discrimination and equality.

2.1.1 The Health Bill

During 2014, HERAF using its advocacy strategy ensured its advocacy initiatives were meaningful to the country. HERAF facilitated civil society organizations to engage the national government, national assembly and constitutional implementation commission and other stakeholders in finalization and implementation of the health law and health policy framework for Kenya's health sector. The organisation were empowered and facilitated civil society organizations and citizens to advocate for and engage in the timely development and implementation of health sector legislations, policies, standards and guidelines for the realization of the devolved health system in Kenya. HERAF also monitored the implementation of the health provisions in the constitution which are majorly the bill of rights and the devolved government structures. However, by the end of the project, the health policy framework and the health bill had not been finalized and this necessitated HERAF to continue with the efforts to prevent the loss of the gains made by the project.

It is worth noting that at the national level, the laws and policies aimed at defining the devolved health structures are yet to be passed despite the many challenges that have faced the sector as a result of devolution. The Health Bill 2014 is yet to be finalized and debated at parliament for enactment as a law while the Health Policy Framework 2014 – 2030 is yet to be approved by the cabinet despite been finalized. This as a result has led to more challenges and confusion in the health sector especially bearing in mind the fact that health is one of the functions that was almost fully devolved.

HERAF during the year also held consultation meetings with Health Action International (HAI) Africa and Commission for Implementation of Constitution (CIC) on proposed Health Bill 2013. A consultant was tasked to analyse the Bill and identify gaps that civil society should be able to advocate for.

2.1.2 Maternal and new child health bill

HERAF was part of a technical working group initiated by PATH and working towards the development of the Maternal and new child health bill that is aimed at governing the design and management of MNCH programmes. This is one of the areas that HERAF seeks to improve with the project and hence it was a very strategic and timely move where she used the information and evidence gathered from the project to inform policy.

2.1.3 Legislation on the Governance and Management of the Level 5 Hospitals

In an effort to enhance her advocacy in development and implementation of health policies and legislations to implement the constitution within the health sector and as such ensure the realization of the right to health, HERAF collaborated with the Kenya Aids NGOS Consortium (KANCO) to assess the impact of the conditional grant offered to level 5 hospitals in Nyeri and Embu counties. The initiative was aimed at informing the legislation on the governance and management of the level 5 hospitals which act as regional referral hospitals and yet it is not yet clear how they will be funded.

2.1.4 Kenya National Aids Strategic Framework

HERAF collaborated with NACC to develop the Kenya National Aids Strategic Framework which aims at Contributing to achieving Vision 2030 through universal access to comprehensive HIV prevention, treatment and care for all. HERAF was part of the HIV prevention task team where she ensured that the human rights issues in prevention were taken into consideration including the need to ensure that

prevention options are available for all Kenyans without discrimination in terms of age, gender, and race. HERAF is also a member of HIV ICC chaired by NACC.

2.2 Partnership for successful devolution of health functions

During the year, HERAF was a source of information and coordination for health CSOs and she was very instrumental in passing information on the laws and policies to various stakeholders. For instance, HERAF mobilized CSOs and health stakeholders to attend a stakeholders meeting organized by the Commission for the implementation of the Constitution (CIC) and submit their inputs and proposals into the health bill. Through the forum, participants were able to submit proposals and inputs into the health bill that had been developed.

HERAF also participated in the development of the Ministry of Health strategic and investment plan 2014 – 2018 that gives the strategic direction to the health sector for the next 5 years.

The organisation also participated in the development of the County's health strategic and investment plans for Embu, Nyeri and Kwale Counties. HERAF's views were sought and incorporated into the plans as a key health stakeholder in the Counties. An example is the Embu County health strategic and investment plan where one of the key performance indicators was the review and development of service charters for all the health facilities in the county which was a key input from HERAF. This will ensure that the communities have a basis for monitoring the quality of health services offered by the health facilities as provided for in the service charters.

At the national level HERAF participated in the development of health policies and laws such as the Kenya Aids Strategic Framework development meetings that she participated to ensure that the issues of human rights and the right to health are well addressed; meetings organized by the county governments of Kwale, Nyeri and Embu to develop and disseminate health policies and also meetings organized by civil society organizations where her main objective has been to put the right to health agenda at the fore front. HERAF also contributed to regional newsletters by submitting articles on social accountability and transparency in the new structure of governance

In addition HERAF has maintained key contacts within the Ministry of Health, National Assembly and the Commission for the Implementation of the Constitution (CIC) who provide timely updates on the status and progress of the development of the various health policies and laws. HERAF has also cultivated and maintained a good working relationship with the County health departments in the Counties that it works in and as such the results and advocacy issues picked from the initiatives are discussed with them and hence more effective advocacy that have yielded to results.

2.2.1 Human Rights Violations

KELIN has been a key partner in 2014 as HERAF has referred all the legal issues that have arisen during the implementation of HERAF's work to KELIN. This includes human rights violations such as a case where a mother lost her new born baby soon after delivery in Nyeri Hospital as a result of negligence by the nurses on duty. HERAF referred the case to KELIN who have been following up to ensure that this violation is addressed. At HIV ICC meetings KELIN has been identified by CSOS to guide them in electing representatives to Kenya Coordination Mechanism for Global Fund. That is overseeing the elections for NGO, Communities of TB, Malaria and HIV representatives to KCM.

2.3 Health Sector Stakeholders Forum

During the year, HERAF organized a stakeholder's forum targeting Nyeri County government health officials and civil society working in Nyeri County. The forum provided the County Department for Health with the opportunity to discuss the county health plans in reaching Universal Health Coverage (UHC). It emerged from their discussions that Non Communicable diseases such as mental health, alcohol and drug abuse, road accidents and injuries are a major priority for the county. They called upon stakeholders such as HERAF to help in advocating for development and implementation of NCD policies and funding.

As a result of this stakeholders meeting, a mental health patients association was established in Tetu Sub County, with the goals of increasing access to better mental health services and commodities and reducing stigma on the same. This is in line with human rights which entails communities being able to take charge of the health decisions and as such monitor the quality of services offered to them.

Other advocacy issues that attention was drawn to include timely delivery of drugs and commodities at health centre and dispensary levels, avaiingl mental health drugs in areas where patients live, timely sharing of information and reflection of citizens outputs in pubic budget forums, government to communicate directives to the health facility management committees in a concise and clear manner, and the gazettement of Health Facility Management Committees backdated to September 2013 when they were appointed.

3.0 Community Participation in Health Sector Governance and Management

3.1 Community Monitoring

HERAF continued to scale up scale up community participation in monitoring health services delivery, planning, and accountability in management of health budgets at County and National levels. The targets were Kwale, Nyeri and Embu Counties and the target health facilities were four (4) dispensaries, and six (6) health centers.

During the year, HERAF organized and held 10 community sensitization forums on the right to health and community monitoring. The participants for the forums were drawn from the 10 facilities in Nyeri, Embu and Kwale Counties that were selected to benefit from the project making a total of 399 participants. The forums aimed at educating the communities at given facilities on human rights, the right to health and ways of monitoring the quality of health services at the health facilities; empower communities with instruments and skills to demand quality services and improve governance and management at the health facilities and also impart communities with information on service charter, its utilization, content and applications measuring the quality of health services. As a result of the forums, participants were able to discuss the human rights issues affecting the access to health care services and come up with solutions to address the issues

3.2 Community Ownership

Community monitoring increased partnership between and among duty bearer's and rights holders in the targeted facilities. It enabled community members to comprehend and own their responsibilities of monitoring services provision, electing health facility management committees into office, demanding for quality health services, and attending community health action days and dialogue forum, which in the past had not been partaken by the community members.

Some of the human rights issues that emerged during the forums organised by HERAF included drugs stock out that were experienced at health facilities after devolution. For instance, in Embu County, drugs had not been supplied to the health facilities for the past year because of the delays in disbursement of county budgetary allocations to the health sector among other sectors as a result of the impeachment of the Embu County Governor. The impeachment of the governor really affected the operations of the Embu County government and money from the county treasury could not be accessed as it needed final approval from the County assembly and the governor. From the discussions at the facility specific dialogue forums, the facilities through the support of HERAF were able to organise themselves and arrange for a meeting with the county health department. As a result, there was more pressure to deliver the drugs and supplies to the health facilities. One month after the dialogue forums drugs and supplies were delivered to the health facilities which was a clear indication of the impact of community voices and the crucial role that community monitoring of quality of services play in ensuring the realization of the right to health amidst the devolved government structures especially considering the fact that health is one of the functions that is almost fully devolved to the Counties.

In a bid to minimize the negative perceptions among communities that rights were theirs to seek/demand, the facilitators took note to highlight the responsibilities of rights holders, and the rights of duty bearers in line with the human Rights Based Approach (RBA). At the end of each forum, participants reported being

more informed about human right, the services to expect at health centres and dispensaries, and community monitoring. As a result of this, community members are expected to be more vigilant in monitoring health services delivery, use of resources and governance at community and county government levels

3.3 Support to community theatre groups

Community theater groups were used as a key communication strategy to ensure targeted information dissemination within the community. In using community theatre groups as a channel for information dissemination, HERAF experienced the effectiveness of the groups as they are mobile, versatile and popular among community members.

HERAF supported three community theatre groups to make performances aimed at educating the communities on the right to health and the community monitoring concept. The support was inform of capacity trainings to enable comprehend the concept of human rights and its linkage to health, technical support on how to develop simple and concise messages for dissemination to public through music, songs, role plays, drama etc. Some of the messages that the community theatre groups passed include the need for communities to seek health services in a timely manner and also the need to complete doses given to them at the health facilities. The theatre groups also passed messaged on the services available at the respective health services in an effort to create more demand for health services and also correct the negative image that communities over the past have had on public health facilities.

3.4 Support to needy health facilities

The Ministry of Health service charter is an example of a human rights instrument that communities can use to monitor the provision of quality health services at health care facilities. However, only a few people are aware of the service charter and its content. This is partly because, in some instances, the services charters were not developed in a participatory manner, involving the communities, resulting in lack of community interest in the same. In other instances, the services charters are outdated and not reflective of changes in the health sector such as the issuance of a presidential directive on free services delivery in dispensaries and health centres, and the promotion of some health facilities to higher level of services delivery.

Informed by this, HERAF in 2014 held participatory workshops to review and develop facility specific service charters for 6 health facilities in the three counties and involved a total of 279 participants. The 6 facilities were selected based on their need and as informed by their current status within the devolved government. Counties had upgraded the dispensaries to health centres but the facilities had not reviewed their service charters to reflect the same. As such, the process was very timely in addressing this gap and supporting the review and development of service charters in a participatory manner.

In having the services charter participatory forums, HERAF sought to educate the communities on ways of monitoring the quality of health services as based on the human rights and right to health principles. The goal of the meetings was to impart the communities with knowledge on the use of the services charter as a tool for demanding for quality health services and improved governance and management at the health facilities.

The process led the stakeholders at each facility in a SWOT analysis of the existent services charter and as such the development of an up-to-date service charter. It is worth acknowledging that the service charters are more owned by the communities and the health facilities as they were engaged in their development as opposed to what used to happen where the service charters were developed at the national level and facilities only displayed them to comply with orders from above. A total of 6 service charters were developed and only remains to be mounted on the walls of the health facilities.

In developing the service charters, HERAF used a participatory approach which entailed engaging various health stakeholders at the facility level including the health care workers, the health facility management committee members, community representatives and county health officials to ensure ownership of the facilities. A presentation of an ideal service charter was made to the participants in an

effort to ensure that everyone was well aware of what to expect and look out for in the development of the service charters. The participants were then engaged to identify and state what should be featured in the facility service charters. They obtained a consensus on this and as such the final product of a facility specific service charter was one that was owned and accepted by all.

The HERAF's participatory approach in engaging the community in the development of service charters has been highly approved by the County Health Management Teams. In deed in Embu county several CHMT members were dispatched by the county government to study the HERAF approach in order to replicate it in other facilities. Prior to these facility in-charges were merely copy pasting what is provided for by the government as a performance indicator without engaging the public.

3.5 Training on social accountability and use of community score cards

HERAF in 2014 organized and held trainings for community monitoring facilitators in three target counties (Nyeri, Kwale, and Embu). The trainings were aimed at deepening the community monitoring facilitators understanding on expected standards of health service delivery, governance and management of health centres and dispensaries; impart them with skills and knowledge about the use of community monitoring tools including the community score card tool and also orient them on the use of the community monitoring tool that they will later use. A total of 91 participants were reached through the trainings. It is expected that early next year; the monitors will be very instrumental in collecting data for the score card development process.

The process equipped the community monitors with information on the concept of community monitoring and also orient them on the tools that they would use in data collection.

3.6 Survey on Governance and Management of Health Sector

It is also during 2014 that HERAF entered into a partnership with Christian Aid to support her partners in Narok, Siaya, Kiambu, and Isiolo counties on sensitizations on human rights and the right to health, governance and management of the health sector and also community monitoring on the quality of health services. This is a partnership that was informed by the lesson learnt from HERAF's community monitoring work and can actually be termed as a scale up of the project to other counties that are not part of it.

3.7 Community monitoring partnership

During the year, HERAF continued with her collaboration with ihub who are supporting HERAF in designing and utilizing creative technology platforms for communicating and mobilizing engagement on accountability in health. IHUB has participated in the community sensitization meeting at Embu County and given very good feedback on how to better HERAF's engagement with the communities. IT is expected that in the next phase, IHUB will work with HERAF in developing a more user friendly, efficient and technologically adept tool.

4.0 Promoting Efficient and Sustainable Health Care Financing System

4.1 Participation in the budget process at the National and County levels

The lack of effective citizen participation in the budget making process in Kenya and more so now when we are operating in the devolved governments has been blamed among others on the lack of access to information on budget making calendar and dates for budget stakeholders at health facility, county and national level by grassroots organisations, community based organisations and other health sector stakeholders. There has been a lot of confusion as a result of devolution whereby communities are not fully aware on the county and national functions and as such are not able to effectively engage in the budget making process.

In recognition of this, HERAF in the course of the year sought to mobilize citizens to engage in national and county government budget making processes in the three (3) counties; Nyeri, Embu, and Kwale. This

was by facilitating our partners on the ground such as Mathira Gwitu, the Centre for Health Solutions (Central Region), and the Mt. Kenya Focus Group on HIV/AIDs to attend the meeting by dispatching the information in a timely manner on the dates and locations of meetings. In sending the partners and hence communities to the meetings, HERAF made a point of sharing budget documents that she had acquired to each of the partners through Email. The documents were very instrumental in the partner's presentations during the public budget hearings organised.

In an effort to acquire the budget documents in a timely manner, HERAF conducted courtesy call meetings to the budget and finance offices at the county level all in an effort to build a good working relationship that would enable her acquire necessary budget documents in a timely manner to facilitate her effective engagement in the budget making process.

During the year, we were also part of a budget engagement initiative organized by KANCO that aimed at understanding the budgetary allocations to the level 5 hospitals in Embu and Nyeri Counties. The findings from the initiative were to be used to inform advocacy initiatives on how the level 5 hospitals would be financed and managed considering the fact that they were regional referral hospitals and as it is now, it is not yet clear how the financing of the same will be done. This in the overall will affect the delivery of services to communities and therefore the need to come up with factual information on the same and concrete recommendations based on facts on the ground.

However, it is worth noting that engagements with the county budget making processes have been challenging due to the fact that the counties are also learning on how to develop the budgets . Most of the counties especially Nyeri County has had a lot of delays in following the budget calendars and actually to date, the budget calendar /circular which was supposed to be released to the public is yet to be released hence making it hard for communities and the civil society to know when and how to engage. It is hoped that this will improve as the county governments learn on the budget making processes

4.2 Health Financing Advocacy on UHC

HERAF in 2014 was instrumental in promoting UHC in Kenya. The initiative entailed making a series of presentations both locally and at the international level. In the month of July 2014 HERAF participated in a workshop on health financing for advocacy on UHC at Country level – Health Financing in Africa, Challenges and opportunities for CSOS advocacy. It emerged from the workshop that allocation of financial resources into the health sector is a political decision that all stakeholders including civil society must be involved in. It was clear that CSOS should be engaging with the government especially Ministries of Finance in order to build cases on why health should be prioritised. In order to build a movement in Africa that can spearhead the discussions around UHC at country level HERAF was involved in another meeting during the month of October to discuss Africa Platform for UHC, held in Madrid, Spain.

The Madrid meeting paved the way for launch of UHC in each of the targeted counties. Towards these, financial support was provided by WHO for each of the countries to conduct activities geared towards creating awareness on importance of UHC. As part of this occasion HERAF conducted a one day forum that targeted Kajiado County government to launch the Universal Health Coverage campaign. From the meeting, it was very clear that achieving universal health coverage is not just about increasing budgetary allocations to the health sector but also addressing the health system strengthening and addressing health in totality ranging from adequate and equitably distributed human resources for health, drugs and medical supplies to equipping health facilities so as to deliver quality health services and thus realise the realization of the right to health.

4.3 County budget forums

HERAF and its coalition partners planned and implemented three key activities aimed at influencing the budget making process in Nyeri County. Reviewed /updated the database of sectoral civil society organisations involved or interested in Nyeri county level budget making processes for use in mobilising, reaching out, sharing information and requesting for alternative budget proposals. Organised and carried out courtesy call to the Nyeri county government finance and planning department in preparation for the participation of CSOs in 2015/2016 Nyeri County budget making process. This was followed by the

gathering of the preparatory documents for the project including the CIDP and budget documents. All these were conducted to ensure participation of CSOs and health related stakeholder from Nyeri County in the 2015/2016 Nyeri County budget making process.

4.4 NTA

HERAF during 2014 continued collaborating and partnering with the National Taxpayers Association in her budget engagement and community monitoring work. Specifically, in engagement in the Nyeri County budget work, HERAF has worked very closely with the NTA Nyeri office especially in accessing county budget documents. Further, NTA has supported HERAF in reviewing the community monitoring work and the two organizations continue to learn from each other on how to monitor the quality of health services more effectively and efficiently.

5.0 Institutional Strengthening

5.1 Internal System Strengthening

HERAF in 2014 with support from MSH-FANIKISHA implemented an institutional strengthening project with an aim of strengthening HERAF's and its Affiliates structures for sustained leadership in community health response in Kenya. The project came to an end in June 2014. The project left a big impact on HERAF's systems and structures despite the premature closure of the project. In governance, the board is more involved in the affairs of the organization through committees that are formed comprising of the board members and the staff thereby enabling them effectively and efficiently play their oversight role in the organization. In organization planning, the project supported the review and update of the strategic plan. This was quite timely as it came at a point where the health structures were been devolved to the counties and therefore the need for HERAF to align herself to the devolved health structures. This has been a marketing tool for the organization and it has led to strategic partners and even donor organizations seeking to collaborate, partner and fund HERAF to promote the realization of the right to health amongst the devolved health structures.

Under resource mobilization, HERAF has diversified resource mobilization strategies which entail not only responding to calls for proposals but also seeking for appointments and paying physical visits to donors and establishment of the consulting arm of HERAF namely the HERAF Institute for the sustainability of the organization. In finance management, HERAF has seen a tremendous improvement in the way she handles her finances thanks to the mentorship and technical support of the FANIKISHA project. As a result, the number of questions by the various donors on finance reports has significantly reduced.

In project management, HERAF has a project management guideline developed through the project that guides the design, implementation and closure of projects. The guideline has equipped the staff with project management skills which are evident from the quality work that each one of them delivers in implementation of projects. As a result, there is more demand by the beneficiaries especially the communities at the county level for more services by HERAF including human rights and the right to health trainings. Prior to the project, monitoring and evaluation was a new concept to the organization. Through the technical support by the project, HERAF has made monitoring and evaluation a key component of her works with a Monitoring and evaluation framework in place to monitor the implementation of her strategic plan. This has in turn enhanced the credibility of HERAF's work as we are now able demonstrate the impact of the work that we carry out to both our donors and strategic partners.

Generally, HERAF has really improved in all areas of operations from the mentorships, trainings and development of policies and manual. HERAF is now a bigger, better, more efficient and experienced NGO that is strategically placed to take health rights a notch higher and for others to learn from. It is evident in the way projects are designed and implemented since FANIKISHA came on board and one can confidently say that HERAF has systems and structures in place to realize her mandate.

5.2 Staff capacity development

HERAF in 2014 ensured that the staff capacity was also developed as one of the Institutional Strengthening objectives. HERAF staffs were able to attend a number of training workshops key among them included:

5.2.1 HPAF Learning and sharing meeting in Berlin Germany

One of HERAF staff represented HERAF at the International Conference – Health in the Post 2015-Process" from the 2nd – 6th of June 2014 at the EU Commission Representation, in Berlin. The meeting brought together different stakeholders working on the post-2015-process to discuss the importance of health in the new agenda. The aim was to strengthen the position of health in the current processes of the German Government, the EU and the Open Working Group.

5.2.2 Regional workshop on UHC Financing in Ethiopia

From the 7th to 9th of July 2014, HERAF was represented at the "Health Financing in Africa: Challenges and Opportunities for CSO's advocacy" to be held in Addis Ababa, Ethiopia organized by the Management Sciences for Health, in collaboration with World Health Organization. Several organizations in Africa doing advocacy work at country level attended. With the aim of promoting a more equitable and efficient health funding systems, the objectives of the workshop revolved around improving the knowledge on health financing mechanisms to implement UHC, strengthening health financing strategies at national/regional and global level among CSO, building up channels of collaborations among civil society organizations at regional level and improve their capacities by sharing experiences and know how, and sharing experience of successful healthcare financing schemes from selected African countries.

5.2.3 Rights and Empowerment In-person meeting in Washington DC

On April 3rd – 4th 2014 one of our staff attended Family Planning 2020 (FP2020) Rights & Empowerment Working Group meeting at the United Nations Foundation in Washington, DC. The meeting focused on FP2020's objective of providing access to 120 million additional users of family planning. A crucial focus was to address the full range of barriers that prevent many women, from using family planning. The Rights & Empowerment Working Group provided technical advice and support to FP2020 to: ensure that all activities of FP2020 are underpinned by a rights-based approach and that women's and girl's perspectives and rights are observed in all programs and activities; support the development of approaches to address the full range of barriers that prevent and limit women's and girls' ability to make reproductive decisions/choices for modern methods of family planning and to act on these decisions; and to provide PME, Market Dynamics, and Country Engagement Working Groups with materials, information, research, best practices and proposals for indicators that will strengthen their work.

5.2.4 UHC workshop in Spain

HERAF was represented at the annual Barcelona Course on Health Financing, held from 10 to 14 March 2014. The theme - Universal Health Coverage, was to review policy instruments to improve health systems performance through better health financing policy, focusing on revenue collection, pooling, purchasing and benefit design. It also explored themes related to universal coverage and the impact of the financial crisis on health systems, and placed emphasis on policy instruments to achieve efficiency gains. The course offered many examples and practical experiences from the WHO European Region.

6.0 Annual Report and Financial Statements for the Year Ended 31 December 2014

6.1 Management Committee

Dr. Andrew Juma Suleh	-	Chairman
Judy Ngugi	-	Treasurer
Edward Miano Munene	-	Executive Director
Isabella Mbai	-	Member
James Kamau	-	Member
Winfred Lichuma	-	Member
Dr. Bactlin Kilingo	-	Member
Beatrice Kuria	-	Member

6.1.1 Management Committee Report

The Management Committee submit their report and the audited financial statements for the year ended 31 December 2014, which disclose the state of affairs of the organisation.

Health Rights Advocacy Forum (HERAF) is a non-governmental organization that works through strategic partners in the form of Health Professionals Bodies and Associations, Non-Governmental Organizations (NGOs), Patients' Organizations, Faith Based Organizations (FBOs), Research Institutions and Universities involved in health issues, Health, HIV&AIDS and Human Rights Networks to promote human rights based approach in health care delivery. It was established in 2006 and registered as a Non-Governmental Organization (NGO) in Kenya by the NGO Coordination Board in 2007.

HERAF Vision

Healthy citizens

HERAF Mission Statement

To empower Kenyans to influence health sector policy, governance and management decisions at county and national levels.

PRINCIPAL ACTIVITIES

The organization principal activity is to promote, protect and empower Kenyans to enjoy the right to health at all times.

RESULTS FOR THE YEAR	**2014**	2013
	Kshs	Kshs
Grant income	**22,899,040**	34,546,841
Expenditure	**(21,442,439)**	(35,917,493)
Surplus/(deficit) for the year transferred to general fund	**1,456,601**	(1,370,653)

AUDITORS

The organisation's auditor, DMC Associates has expressed its willingness to continue in office in accordance with NGO Coordination Act.

BY ORDER OF THE BOARD

……..……
DIRECTOR
……2/3/2015……

6.1.2 Statement of Management Committee Responsibilities

The NGO Coordinating Act requires the Management Committee to prepare financial statements for each financial year that give a true and fair view of the state of affairs of the organization as at the end of the financial year and of its profit or loss for that year. It also requires the Management Committee to ensure that the organization maintains proper accounting records that disclose, with reasonable accuracy, the financial position of the organization. The Management Committee is also responsible for safeguarding the assets of the organization.

The Management Committee accept responsibility for the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error. They also accept responsibility for:

i) Designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statements;
ii) Selecting and applying appropriate accounting policies; and
iii) Making accounting estimates and judgements that are reasonable in the circumstances.

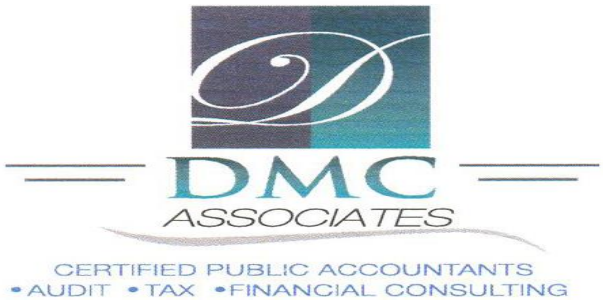
The Management Committee are of the opinion that the financial statements give a true and fair view of the state of the financial affairs of the organization as at 31 December 2014 and of its profit and cash flows for the year then ended in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the NGO Coordination Act.

Nothing has come to the attention of the directors to indicate that the company will not remain a going concern for at least twelve months from the date of this statement.

Approved by the Management Committee on ……2/3/2015…….. and signed on its behalf by:

……. …… ……. ……..

Chairperson **Executive Director**



6.2 Report of the Independent Auditor to Members of

6.2.1 Report on the financial statements

We have audited the accompanying financial statements of Health Rights Advocacy Forum set out on pages 6 to 14 which comprise the statement of financial position as at 31 December 2014, statement of comprehensive income and expenditure, statement of changes in equity, and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes.

6.2.2 Directors' responsibility for the financial statements

The Management Committee are responsible for the preparation and fair presentation of these financial statements in accordance with the International Financial Reporting Standards and the requirements of the NGO Coordination Act. This responsibility includes: designing, implementing and maintaining internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

6.2.3 Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the company's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Management Committee, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

6.2.4 Opinion

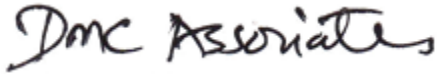
In our opinion the accompanying financial statements give a true and fair view of the state of financial affairs of the organization as at 31 December 2014 and of its financial performance and cash flows for the year then ended in accordance with the International Financial Reporting Standards and the NGO Coordinating Act.

6.2.5 Report on other legal requirements

As required by the NGO Coordination Act we report to you, based on our audit, that:

i) we have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
ii) in our opinion proper books of account have been kept by the organization, so far as appears from our examination of those books; and
iii) the organization's statement of financial position and statement of comprehensive income and expenditure are in agreement with the books of account

The engagement partner responsible for the audit resulting in this independent auditor's report is **CPA Joseph Macharia Chege-P/NO. 1555.**



DMC Associates
Certified Public
Accountants
Nairobi
……23/03/2015……

6.3 Statement of Income and Expenditure

		2014	2013
Income	**Note**	**Kshs**	Kshs
Grant income	4	**20,545,476**	32,673,406
Amortisation of capital gains		**1,438,268**	1,240,933
Other income	5	**915,296**	632,502
		22,899,040	34,546,841
Expenditure			
Health Rights Education		**566,150**	744,191
Evidence-Based Advocacy for Reforms in Health Policies		**499,500**	2,939,092
Promoting Health Sector Management and Governance		**4,044,021**	1,939,933
Promoting an efficient health care financing system		**1,728,254**	823,113
Organizational development		**3,699,542**	15,077,811
Staff expenses		**7,697,252**	10,920,575
Administration		**1,769,452**	2,231,845
Depreciation		**902,033**	704,698
Amortisation		**536,235**	536,235
		21,442,439	35,917,493
Surplus/(deficit) for the year transferred to fund accounts		**1,456,601**	(1,370,652)

6.4 Statement of Financial Position

	Note	2014 Kshs	2013 Kshs
ASSETS			
Non-current assets			
Property, plant and equipment	7	**1,758,607**	1,891,635
Intangible assets	8	**1,608,706**	2,144,941
		3,367,313	4,036,576
Current assets			
Receivables	9	**372,838**	425,000
Cash and bank balances	10	**3,729,568**	2,675,411
		4,102,406	3,100,411
TOTAL ASSETS		**7,469,719**	7,136,987
FUNDS AND LIABILITIES			
Fund accounts			
General fund		**702,221**	(754,380)
Capital fund		**3,367,311**	4,036,574
		4,069,532	3,282,194
Current liabilities			
Deferred income	11	**3,033,591**	2,521,265
Payables	12	**366,596**	1,333,528
		3,400,187	3,854,793
TOTAL FUNDS AND LIABILITIES		**7,469,719**	7,136,987

The financial statements on pages 6 to 14 were approved for issue by the Management Committee on ……2/3/2015…… and were signed on its behalf by:

… … CHAIRPERSON … ... EXECUTIVE DIRECTOR

6.5 Cash flow Statement

	Notes	**2014** **Kshs**	2013 Kshs
Cash generated from operations			
Surplus/(deficit) for the year		**1,456,601**	(1,370,653)
Adjustments for:			
Capital grant receipts		**769,005**	4,874,965
Changes in working capital:			
- Change in trade and other receivables	9	**52,162**	247,075
- Change in trade and other payables	12	**(966,933)**	464,708
- Change in deferred income	10	**512,327**	(894,056)
Cash generated from /(absorbed by) operations		**1,823,162**	3,322,039
Investing activities			
Purchase of property, plant and equipment		**(769,005)**	(2,193,789)
Purchase of intangible assets		**-**	(2,681,176)
Net cash generated from investing activities		**(769,005)**	(4,874,965)
Net increase / (decrease) in cash and cash equivalents		**1,054,156**	(1,552,927)
Movement in cash and cash equivalents			
At start of year		**2,675,411**	4,228,338
At end of year	9	**3,729,568**	2,675,411

STATEMENT OF CHANGES IN GENERAL FUND ACCOUNTS

	General fund	Capital fund	Total
	Kshs	Kshs	Kshs
Year ended December 31 2014			
At start of year	(754,380)	4,036,574	3,282,194
Surplus for the year	1,456,601	-	1,456,601
Assets capitalized	-	769,005	769,005
Grants amortized for the year		(1,438,26)	(1,438,26)
At end of year	**702,221**	**3,367,311**	**4,069,532**
Year ended December 31 2013			
At start of year	616,273	402,543	1,018,816
Deficit for the year	(1,370,653)	-	(1,370,653)
Assets capitalized	-	2,193,789	2,193,789
Intangible assets capitalized		2,681,176	2,681,176
Grants amortized for the year		(1,240,934)	(1,240,934)
At end of year	(754,380)	4,036,574	3,282,194

6.6 Notes to the Financial Statements

1. General Information

Health Rights Advocacy Forum (HERAF) is a non-governmental organization that works through strategic partners in the form of Health Professionals Bodies and Associations, Non-Governmental Organizations (NGOs), Patients' Organizations, Faith Based Organizations (FBOs), Research Institutions and Universities involved in health issues, Health, HIV&AIDS and Human Rights Networks to promote human rights based approach in health care delivery. It was established in 2006 and registered as a Non-Governmental Organization (NGO) in Kenya by the NGO Coordination Board in 2007.

2. Basis of preparation and summary of significant accounting policies

These financial statements have been prepared on a going concern basis and in compliance with the International Financial Reporting Standards issued by the International Accounting Standards Board. They are presented in Kenya Shillings (Shs). The measurement basis used is the historical cost basis except where otherwise stated in the accounting policies below.

a) Revenue recognition

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

b) 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

c) Property, plant and equipment

Items of property, plant and equipment, are measured at cost less accumulated depreciation and any accumulated impairment losses.

Depreciation is charged so as to allocate the cost of assets less their residual values over their estimated useful lives, using the straight line method. The following annual rates are used for the depreciation of property, plant and equipment:

Furniture and fittings	12.50%
Office equipment	20.00%
Computers	33.33%

If there is an indication that there has been a significant change in depreciation rate, useful life or residual value of an asset, the depreciation of that asset is revised prospectively to reflect the new expectations.

On disposal, the difference between the net disposal proceeds and the carrying amount of the item sold is recognised in statement of income and expenditure.

d) Impairment of non-financial assets

At each reporting date, property, plant and equipment and investments in associates are reviewed to determine whether there is any indication that those assets have suffered an impairment loss. If there is an indication of possible impairment, the recoverable amount of any affected asset (or group of related assets) is estimated and compared with its carrying amount. If estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised immediately statement of income and expenditure

Similarly, at each reporting date, inventories are assessed for impairment by comparing the carrying amount of each item of inventory (or group of similar items) with its selling price less costs to complete and sell. If an item of inventory (or group of similar items) is impaired, its carrying amount is reduced to selling price less costs to complete and sell, and an impairment loss is recognised immediately in statement of income and expenditure.

If an impairment loss subsequently reverses, the carrying amount of the asset (or group of related assets) is increased to the revised estimate of its recoverable amount (selling price less costs to complete and sell, in the case of inventories), but not in excess of the amount that would have been determined had no impairment loss been recognised for the asset (group of related assets) in prior years. A reversal of an impairment loss is recognised immediately in statement of income and expenditure.

e) Financial liabilities

Trade payables are obligations on the basis of normal credit terms and do not bear interest. Interest bearing liabilities are subsequently measured at amortised cost using the effective interest method.

f) Intangible assets

Software costs are stated at historical cost less accumulated ammortisation and any accumulated impairment loss. Amortisation is calculated using the straight line method to write down the cost of the software to its residue value over the estimated useful life at an annual rate of 33.33%.

g) Retirement benefits costs

The organization is a member of CFC Life defined contribution pension scheme for its employees. The Organisation also contributes to the National Social Security Fund (NSSF), contributions are determined by the local statute and are currently limited to Ksh 200 per employee per month. Contribution made to the two schemes are charged in the statement of comprehensive income in the year of contribution.

h) Employee entitlements

The monetary liability for employees' accrued annual leave entitlement at the statement of financial position is recognised as an expense accrual.

i) 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.

3. Key sources of estimation uncertainty

No significant judgements have been made by the magement committee in preparing these financial statements.

		2014	2013
		Kshs	Kshs
4	**Grant income**		
	OXFAM HPAF	**938,751**	1,327,900
	UN Women	**-**	398,400
	Open Society Initiative for East Africa	**7,545,984**	4,920,114
	USAID FANIKISHA	**8,182,764**	18,750,482
	UNDP-Amkeni wakenya	**787,550**	3,462,450
	Population Action International	**-**	3,277,551
	Iinstitute of Economic Affairs	**257,910**	92,090
	Action for Global Health	**-**	444,419
	CHRISTIAN AID	**2,629,067**	-
	Center for International Private Enterprise	**203,450**	-
		20,545,476	33,305,908
5	Rental Income	**436,949**	498,379
	Interest income	**478,347**	134,123
		915,296	632,502
6	**Staff costs**		
	Salary and wages	**7,092,676**	8,795,156
	Medical insurance	**388,064**	951,219
	Pension Contributions	**188,700**	1,132,200
	NSSF Contributions	**27,812**	42,000
		7,697,252	10,920,575

7 Property, plant and equipment

	Computers	Furniture & fittings	Office equipment	Total
	Kshs	Kshs	Kshs	Kshs
Year ended 31 December 2014				
Cost				
At start of year	1,374,976	944,549	1,668,984	3,988,509
Additions	514,005	-	255,000	769,005
At end of year	1,888,981	944,549	1,923,984	4,757,514
Accumulated depreciation				
At start of year	960,309	416,764	719,802	2,096,874
Charge for the year	399,168	118,069	384,796	902,033
At end of year	1,359,477	534,833	1,104,598	2,998,907
Carrying amount				
At end of year	**529,504**	**409,716**	**819,386**	**1,758,607**
Year ended 31st December 2013				
Cost				
At start of year	814,476	467,360	512,884	1,794,720
Additions	560,500	477,189	1,156,100	2,193,789
At end of year	1,374,976	944,549	1,668,984	3,988,509
Accumulated depreciation				
At start of year	707,476	298,695	386,006	1,392,177
Charge for the year	252,833	118,069	333,796	704,697
At end of year	960,309	416,764	719,802	2,096,87

				4
	Carrying amount			
	At end of year	414,667	527,785	949,182	1,891,635

		2014	**2013**
		Kshs	Kshs
8	**Intangible Asset**		
	Year ended 31 December 2013		
	Cost;		
	At start of year	**2,681,176**	**-**
	Additions	**-**	**2,681,176**
	At end of year	**2,681,176**	**2,681,176**
	Amortisation;		
	At start of year	**536,235**	**-**
	Charge for the year	**536,235**	**536,235**
	At end of year	**1,072,470**	**536,235**
	Carrying amount;		
	At end of year	**1,608,706**	**2,144,941**

This relates to computer software acquired.

		2014	2013
		Kshs	Kshs
9	**Receivables**		
	Other receivables	**372,838**	425,000
10	**Cash and cash balances**		
	Cash at bank	**3,728,463**	2,669,960
	Cash in hand		

	1,105	5,451
	3,729,568	2,675,411

1 Revenue grants

Donor	At start of year Kshs	Receipts Kshs	Expended in the year Kshs	At end of year Kshs
OSIEA	-	7,788,626	(7,545,983)	242,643
UNDP-Amkeni wakenya	787,550	-	(787,550)	-
OXFAM	-	938,750	(938,750)	-
FANIKISHA	1,580,804	6,600,959	(8,181,763)	-
IEA	152,910	105,000	(257,910)	-
CHRISTIAN AID		5,374,265	(2,629,067)	2,745,198
CIPE		249,200	(203,450)	45,750
UHC	-	259,764	(259,764)	-
	2,521,264	**21,316,564**	**(20,804,237)**	3,033,591
Deferred income			**3,033,591**	2,521,264

2 Payables

Other payables	**366,596**	1,333,528

APPENDIX

SCHEDULE OF DIRECT COSTS AND OTHER OPERATING EXPENDITURE

	2014	2013

		Kshs	Kshs
1	**DIRECT COSTS**		
	Health Rights Education	**566,150**	744,191
	Evidence-Based Advocacy for Reforms in Health Policies	**499,500**	2,939,092
	Promoting Health Sector Mnagement and Governance	**4,044,021**	1,939,933
	Promoting an efficient health care financing system	**1,728,254**	823,113
	Organizational development	**3,699,542**	15,077,811
	Staff expenses	**7,697,252**	10,920,575
	Adminstration	**1,769,452**	2,231,845
	Depreciation	**902,033**	704,698
	Amortisation	**536,235**	536,235
		21,442,439	35,917,493