

2016

**HERAF ANNUAL REPORT
AND FINANCIAL
STATEMENTS**

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List of Abbreviations & Acronyms

AFGH	Action For Global Health
CHWs	Community Health Workers
CIDP	County Integrated Development Plan
CIPE	Center for International Private Enterprise
CSO	Civil Society Organisation
FBO	Faith Based Organisations
GFF	Global Financing Facility
GIZ	German Development Cooperation
HENNET	Health NGOs Network
HERAF	Health Rights Advocacy Forum
HIV/AIDS	human immunodeficiency virus/ acquired immunodeficiency syndrome
HPAF	Health Policy Action Fund
IEA	Institute of Economic Affairs
IEC	Information Education Communication
KCM	Kenya Coordination Mechanism
MNCH	Maternal New-born and Child Health
NACC	National AIDS Control Council
NGO	Non-Government Organisation
NHIF	National Hospital Insurance Fund
NIC	National Industrial Credit Bank
NSSF	National Social Security Fund
OSIEA	Open Society Initiative for East Africa
PLWHA	People Living With HIV/AIDS
RBA	Rights Based Approach
RMNCAH	Reproductive, Maternal, New-born, Child and Adolescent Health
UHC	Universal Health Coverage

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

Kenyan community where health is upheld and enjoyed as a human right

Mission

To empower Kenyans to enjoy the right to health through increased human rights awareness, evidence based policy advocacy, strengthening citizens participation in health sector governance, and budgeting processes.

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. Beatrice Gachambi | Secretary |
| 3. Edward Miano Munene | Member |
| 4. James Kamau | Member |
| 5. Commissioner Winfred Lichuma | Member |
| 6. Beatrice Kuria | Member |
| 7. Dr. Bactrin Killingo | Member |
| 8. Lucy Simiyu | Member |

Members of Staff

- | | |
|----------------------------|---|
| 1. Edward Miano Munene | Executive Director from 01/11/2016 |
| 2. Catriona Mumuli | Acting Executive Director from 01/05/2016 |
| 3. Beatrice Gachambi | Acting Executive Director until 30/05/2016 |
| 4. Teresia Kimani | Assistant, Finance, Administration and Accounts |
| 5. Lumasia Emmanuel Karani | Assistant, Projects |
| 6. Elizabeth Semo | Administration assistant |
| 7. Christine Ajulu | Project Officer Programmes |
| 8. Bernice Kiragu | Partners & Grants Management Officer |

Message from the Chairman

I am honored to submit the 2016 Annual Report for Health Rights Advocacy Forum (HERAF) to the Kenyan citizenry. This report presents the activities and achievements between 1st January, 2016 to December, 2016. The report is a culmination of HERAF mandate towards the progressive realization of the Right to health in Kenya.

My sincere gratitude goes to all those who have been at the forefront in interrogating the relevant authorities including the Ministry of Health officials, health care providers and civil society organisations working on health issues. However, the transition to the devolved system of governance has been complex but ambitious. It is essential that health gains made so far are not lost during this transition. Provisions of the new constitution relating to the Bill of Rights and devolution have far-reaching implications for the delivery of health services, especially in public health facilities, planning and prioritization of health care in the counties, funding and resource allocation for health care and staffing arrangements.

The right to health is grounded on the fundamental respect for human rights including citizen's participation in Community, County and National health strategies. To achieve this, there must be conducive engagement among policy makers, technocrats and stakeholders including the civil society, development partners, private sector and citizens in general. It is during this period that HERAF contributed to the development of health policies and laws including the Health Bill, 2014 that was debated at National Assembly. All the CSOs recommendations on the Health Bill, 2014 were compiled by HERAF and shared for incorporation.

Health sector in Kenya has been faced with a lot of challenges since devolution; among these are the recent doctors' strikes that have greatly affected service delivery in public health facilities. The issues of Human Resources for health should be guided by the WHO recommendations, but as the situation is at the moment, the doctor patient ratio is 1:17,000 which is against the WHO recommendation of 1:1,000. With doctors' strike, it means that most of the patients cannot receive the required health services at given facilities. However, we need to know that most needs are not met by the doctors, but the middle-level health workers and community health workers. This begs for the need to empower community health workers including pushing for legislation to get them paid stipends and have them integrated into the formal health system. Shift in focus to the social determinants of health is equally paramount, for instance improving housing will have a stronger impact on health services delivery at public health facilities in Kenya.

It is of great importance for Citizen's to comprehend the role of County government including the County Executive, County Assembly, county technocrats, and health services providers in health services delivery. Furthermore, there is need to understand the milestones made in devolving the health sector and identify avenues through which the CSOs can complement government's efforts to ensure quality health care services for all. CSOs role in monitoring quality of care and responsiveness includes checking quality of health services, channeling and negotiating patient complaints and claims, giving voice to marginalized groups and promoting equity, representing patient rights in quality of care issues among others.

At HERAF, board members have zeal in executing their mandate which includes; seeing to it that HERAF responsively adheres to requirement in its external environment including provisions of the constitution of Kenya, The Public Benefits Act, and the NGOs Act etc. Besides, the board plays an active and oversight role in the running of HERAF, ensuring that HERAF applies ethical principles in the implementation of any activity, being agents of the stakeholders in HERAF operations, by bringing the secretariat to account in

the delivery of her mandate and lastly hiring and extending support to the Chief Executive Officer (CEO) among other roles.

As HERAF is reviewing her Strategic Plan in line with the Sustainable Development Goals (SDGs), I wish to urge all Kenyans to seize all the opportunities stipulated in the Constitution of Kenya, 2010 as most County governments are yet to fully put in place the systems needed for effective and transparent service delivery. I am calling upon the national government to increase the budgetary allocation towards the health sector in order to meet the 15% Abuja Declaration and its commitments. It is my wish that these allocations be disbursed on a timely manner to enable service delivery at the county level. We look forward to a more strengthened partnership with various stakeholders and other development partners in Kenya's health sector. HERAF promises to strengthen its liaison with like-minded organizations beyond our borders to ensure that the right to health is a prioritized agenda in Kenya and across Africa.

Thank you



Dr. Andrew J. Suleh
Chairman

Message from the Executive Director

In the year 2016, HERAF made remarkable advances towards progressive realization of the Right to health in Kenya. HERAF's organizational strategies both at national and counties levels have enabled Kenyans to enjoy the fundamental right to health as stipulated in the Constitution of Kenya, 2010 in reference to Article 43 (a) on Economic and social rights which states; every person has the right to the highest attainable standard of health care services including reproductive health.

The new constitutional dispensation in Kenya brought about different roles and responsibilities on elected leaders. Therefore, it is paramount for citizen's to comprehend the role of County governments including the County Executive, County Assembly, County technocrats, and relevant services providers in health services delivery. The senate protects the counties, however, there are other roles that are played by the County Assembly including; vetting and approving nominees to hold county public offices, make laws that enable the county governments to perform effectively, the county assembly in Kenya exercises oversight over the county executive committee. It also exercises oversight over any other county executive organs, County Assembly approves the budget and expenditure of the county government, approves the borrowing by county governments, approves county development plans so that county governments should not allocate or spend any funds outside a planning framework among other duties as set out in the Constitution of Kenya, 2010. The issue of public participation should equally be emphasized since it is evident from the county budget making process that there is minimal if not any participation by citizens in the process. This will lead to extravagancy since some spendthrifts who have secured government positions will take advantage of this. There is need to come up with proper mechanisms on the implementation of the constitution that will see to it citizens participation is prioritized.

It is in this regard that HERAF has been improving the welfare of communities close to a decade now. This has been enabled through getting buy-in from Nyeri, Embu, Narok and Kwale county governments for project initiation and implementation. Paying courtesy calls at the County offices and CHMT is key. During these meetings, the project work plans are extensively shared and selection of new health facilities under the project done informed by geographical representation and the health facility's workload. It is then followed by numerous sensitization fora on Human Rights, the Right to health, Right-based approaches and the concept of community monitoring. In other projects, HERAF conducted budget Network Capacity Building workshop, developed budget monitoring tools, organized and conducted budget coalition network meetings with the sole purpose of reviewing the Nyeri County ADP2017/18 and Consolidation of sector proposals, attended Public Participation forum for Nyeri Town Sub County at YMCA Hall and submitted Memorandum of Understanding (MoU) with proposals to the Nyeri County government. Besides, HERAF organized and facilitated dissemination and advocacy forums to provide health education to women, men, families and community to increase awareness of SRHR/FP. HERAF organized and facilitated a capacity training workshop for women living with HIV on human rights, stigma, gender violence and access to SRHR, PMTCT and pediatric services. In addition, 2 mothers' support groups were mentored to enable them share experiences, seek social support, increase knowledge, improve coping skills and increase attendance at follow up visits. All these created avenues for communities to learn about county plans, achievements and the county investment on SRHR issues besides empowering the women on issues around Human rights, gender based violence, stigma and discrimination especially PLWHIV. HERAF has also done great work on data collection and facilitating consensus meetings geared towards the development of facility-specific community score cards.

It is through the concept of 'community monitoring' that HERAF has seen increased partnership between duty bearer's and rights holders in the targeted health facilities. It has enabled community members to comprehend and own up to 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 fora, which in the past had not been fully explored. It is quite evident that there has been increased ownership of health facilities at Itiati dispensary, Warazo Health Centre, Wetima Health Centre, Ichamara dispensary in Nyeri County. In Embu County, the same has been seen at Karurumo Health Centre, Dallas dispensary, Kathanji dispensary and Makima dispensary. In Kwale County there has been increased workload at Magodzoni dispensary and Mkongani Model Health centre which has been attributed to increased ownership of the health facilities. From HERAF meetings, HFMC and other stakeholders are aware on how to plan for money with regards to competing priorities at the health facilities. As both county and national governments are focusing on preventive care to help reduce disease occurrence by about 70%, community health workers are better placed to play a crucial role in the community. This begs for the need to empower community health workers including pushing for legislations to get them paid monthly stipends and have them integrated into the formal health system. They should be provided with safety gear i.e. rain coats, gloves and gumboots to improve on their work. In Nyeri County alone, there are about 2510 community health workers attached to numerous households at the Sub-county level. The Kenyan government is a signatory of '1 million community health workers' campaign by WHO which underlines the importance of primary healthcare and recognises the existence of CHVs.

HERAF envisages increased partnerships, collaborations and networking relationships with relevant stakeholders and other like-minded organizations advocating for Human Rights and the Right to health both nationally, regionally and internationally. I do acknowledge all those who have been instrumental through financial assistance and technical support though not limited to OSIEA. I therefore, urge all of you to contribute towards the progressive realization of the Right to health for the betterment of our country Kenya.

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

In its bid to strengthen the capacity of Kenyan communities on the rights to health by increasing their understanding on human rights and the human rights based approach, HERAF in 2016 engaged in various activities to achieve this strategic area. These entailed empowering people to make the connection between what human rights are and how they apply to everyday life especially in relation to health, by delivering a range of innovative community human rights awareness and empowerment programmes including trainings on the right to health and other related economic, social and cultural rights.

In light of this, HERAF throughout 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.

The organisation was supported to facilitate trainings; in conjunction with the School for International Training (SIT) Study Abroad Kenya trained a group of students from various institutions of higher learning in the USA. The training was aimed at increasing the students understanding of the concepts of human rights, the right to health and implementation of the constitution in Kenya. The students; gained an insight into the concept of and realization of human rights, were able to understand the meaning of the Right to the highest attainable standard of Health care, got information on the Human Rights Based Approach, learned about the implementation of the Constitution in the health sector in Kenya and understood on the overarching values and Principles in Health.

The year 2016 saw increased awareness among community members on the roles of rights holder and duty bearers. It created an urge in community members to constantly seek information regarding the work of their health care workers, with the promises that they would provide the best services possible. The Health care workers in the targeted communities reported cases of informal and formalized queries about what is going-on at the facility by community members, a change which has been attributed to HERAF's intervention.

1.2 Increasing Awareness on HIV prevention, human rights issues and gender-based violence

In 2016, HERAF went on to dedicated its advocacy efforts in strengthening the capacity of adolescents, women living with HIV (WLHIV), Community Health Workers (CHWs) so as to strengthen community initiatives to eliminate new HIV infections among children and keeping mothers alive in Mazeras and Kafunduni community health units of Kinango Sub County, Kwale County in the Coast region of Kenya. HERAF mobilized and conducted two forums in Kwale County which had 26 and 35 participants respectively. The meetings aimed at increasing knowledge and building skills among adolescents, WLHIV and CHWs on human rights and health rights under the Kenyan constitution, HIV and AIDs prevention and control Act 2006, stigma and discrimination related to MTCT, linkages between gender and HIV, sexual and reproductive health rights, Preventing Mother-to-Child Transmission of HIV, and access to paediatric services to children born by WLHIV.

1.3 IEC Materials

HERAF continued to provide accurate and up to date information to its target audience (publics) on the right to health as a fundamental human right. The organization educated and created awareness to healthcare workers, CSOs including other health stakeholders in order to enhance their capacity and understanding of the right to health. This was achieved through production and dissemination of IEC materials namely; one (1) fact sheet (each with 500 copies), and one (1) flyer (with 500). The titles of the IEC materials were My Health My Right Factsheet, and Defining the Right to Health Flyer. Over 100 participants benefitted. The dissemination was done to different target audience in line with each theme which included workshops, training forums, at civil society organizations and to other health stakeholders forums organized during the year.

1.4 Information dissemination on social media

So as to keep up with revolution in the information, communication and technology sector, which has seen the popularity of new media, including websites, blogs, Facebook and Twitter accounts rise extraordinarily. 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. All developed IEC materials were also added to the HERAF website for wider circulation.

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 its 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 center component of the website.

2.0 Health Sector Policy Advocacy

2.1 Health Sector Framework

Having worked in the devolved system for four years, 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 year included Integrated County Development Plans, County Health Sector Strategic, County Investment Plans, Health Policy Framework (2014 – 2030) and the Health Bill, 2014

With reference from some 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 on the 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 2015

During 2016, HERAF contributed to the development of health policies and laws such as the Health Bill 2014 that was debated at National Assembly and the to ensure that the issues of human rights and the right to health are incorporated and well addressed. The organization also attended 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

The Health Bill, 2015 is yet to be finalized and awaits the 3rd reading at parliament for enactment as a law. The Health bill is aimed at governing the design and management of a unified health system, to coordinate the inter-relationship between the national government and county government health systems, to provide for regulation of health care service and health care service providers, health products and health technologies and for connected purposes. This is an area that HERAF seeks to improve hence it was a very strategic and timely move where she used the information and evidence gathered from her various projects to inform on the policy.

2.1.2 The Civil Society and communities CCM Scorecard and Shadow Reports

HERAF was represented at workshop organized by EANNASO in partnership with AAI (Aids Accountability International) to equip civil society and communities with skills to enable them to engage with the CCM Secretariat to plan and schedule the interviews and FGDs. The participants were CSO representatives drawn from 8 countries which were selected to pilot the CCM Scorecard shadow reporting initiative: Ghana, Kenya, Nigeria, Swaziland, Tanzania, Malawi, Uganda and Zambia. The Kenya Team was to undertake a minimum of eight face to face interviews and conduct one focus group discussion of not less than six CCM members, and conduct FGD of 10-12 non CCM members mainly drawn from implementing government and civil society PRs and SRs. From the research, it was apparent that the CCM is well known by the civil society organisations that are in direct contact with the Global Fund (GF).

But other organisations, especially at the grassroots, are not aware of the existence of a coordinating mechanism that provides oversight to concept development and implementation of GF. Strategies need to be put in place to increase the visibility of the CCM to increase participation and interest from other key affected populations. One of the recommendations going forward is that the Secretariat of the CCM works together with PRs and other CSOs to share the work and achievements of the GF in Kenya through reports; this is an advocacy issue that the organization intends to pick up.

2.2 Human Rights Violations

KELIN has been a key partner in 2016 as HERAF has referred all the legal issues that have arisen during the implementation of HERAF's work to KELIN which includes human rights violations. HERAF referred such cases to KELIN who have been following up to ensure that human rights violations are addressed. At HIV ICC meetings KELIN has been identified by CSOs to guide them in electing representatives to Kenya Coordination Mechanism (KCM 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 participated in several stakeholders' fora and gave input on the rights based approach. HERAF was part of a technical working group initiated by PATH that was working towards the development of the Maternal Newborn and Child Health (MNCH) 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.

HERAF was also represented at a stakeholder dialogue based on the draft and interim audit report released by the Ministry of Health, which indicated misappropriation of funds. Among the concerns that were coming up as a result of the report were; double payment of goods, diversion of funds meant for county government, manipulation of Integrated Financial Management System (IFMIS), and payments of millions of shillings to phony suppliers. The dialogue provided space to interrogate the interim audit report and understand what was going on as well as validate the process to understand better the circumstances under which these concerns were being raised and come up with the way forward. Key among the actions from the meeting were to condemn the escalating levels of corruptions and misappropriation of public funds intended for health sector. Towards this, a press conference was held that gave the position of the Civil Society Organizations (CSOs) on this matter. They called for speedy and thorough investigation on the allegations and harsh punishments for those found culpable. It was also resolved that a letter should be written to the council of governors to find out if there was delegation of the county functions and whether there were memorandums to support the same, another letter was also to be sent to parliament to find out how it passed a supplementary budget to allow the National government to implement roles belonging to the county governments, and CSOs to unite and push for the Health Bill to be passed.

3.0 Community Participation in Health Sector Governance and Management

3.1 Community Monitoring

HERAF continued to Increase Community Participation in Governance and Management of Health Services Delivery at County Level in Kenya. The targets were Kwale, Nyeri and Embu Counties and the target health facilities were four (5) dispensaries, and six (5) 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 318 participants as shown in Table 4 below. The forums aimed at educating the communities at the select facilities on the 2010 Constitution of Kenya, implications of Constitution to the health system, human rights, right to health and rights based approach, devolution of the health sector in Kenya, county governments health structures, structure and role of County Health Management Team (CHMT), community monitoring, instruments and skills to demand quality services and improve governance and management at the health facilities, the service charter, its utilization, content and applications measuring the quality of health services and the roles and responsibilities of various groups within the health sector. As a result of the

forums, participants were able to discuss the human rights issues affecting the access to health care services at their various health facilities such as inadequate staff, shortages in drugs supplies, and the delink between the Health Facility Management Committees (HFMC) and the communities they represent. Some solution to the identified issues were identified, for instance, the reactivity of the committee members in engaging the communities they represent at the facilities.

HERAF during the year, also held participatory workshops to review, update and develop facility specific service charters (which is a statement of intent defining the mandate of the community, duties, and obligations of the service providers, rights and obligations of clients) for 6 health facilities in Nyeri, Embu and Kwale counties. The 6 facilities were selected based on their need and as informed by their current status within the devolved government. In collaboration with the CHMT, the organization identified six needy health facilities for their service charters to be reviewed or developed. HERAF supported the review and development of service charters in a participatory manner, by educating the communities on ways of monitoring the quality of health services as based on the human rights and right to health principles. The communities were imparted 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.

As a follow up to the review and development of services charters, the organization reviewed and analysed the existing legislation from the national and county government's commitments to the provision of better health services to the citizens in Kisumu County. Starting from policy, legal and administrative directives as well as existing national, general and customized service charters including service charters of 8 select health facilities in Kisumu County. The organization also in consultation with the Kisumu County Department of Health (CDH) developed guidelines for establishing Service Charters for level 2-5 government health facilities in Kisumu County. The goal of the assignment was to support Kisumu County in enhancing its capacity to provide the highest attainable standards of health. HERAF went on to provide technical assistance to the County Health department (CHD) to develop and standardize guidelines for establishing Service Charters for level 2-5 government health facilities in the County. The guidelines are yet to be approved for adoption in Kisumu County.

3.2 Community Ownership

Community monitoring increased partnership between and among health government officials and communities 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 attended by the community members.

HERAF held 3 trainings for community monitoring facilitators in Embu, Kwale and Nyeri counties. The trainings were aimed at imparting community monitors with skills and knowledge about the use of community monitoring tools including the community score card tool. The use of community monitors is an approach of ensuring that community monitoring exercises at select health facilities are community led and owned.

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. Another instance is that at a certain facility, the community was not aware of the services being offered at the facility and through the participatory review and update of the service charter, they were able to become aware of the services being offered at the health facility.

3.3 Support to governance and management structures

During the year, trained the CHMT from Embu County on the 2010 Constitution, implications of Constitution to the health system, Human Rights, Right to Health and Rights Based Approach, devolution of the Health Sector in Kenya, Embu County government Health Structure, structure and Role of CHMT, social audit, Community monitoring and Roles and responsibilities of various individuals in health service delivery. In engaging in the aforementioned cost sharing activity, the CHMT mentioned that these were areas that they assumed they knew but still had a lot to learn. The CEC for health requested for copies of

the constitution to circulate to her team so that they can always refer to it and refresh their knowledge on what they had been taught.

The organization also trained Health Facility Management Committees and elected from Kwale County on their roles and responsibilities, knowledge about human rights, the right to health and community monitoring of health services. Health Facility Management Committees who were trained on their roles and responsibilities stated that they were empowered and ready to execute their mandate at their given health facilities.

3.4 Health Governance

It is also during 2016 that HERAF continued its partnership with Christian Aid to support it in Narok County on Health Sector governance and aimed at enhancing community member's, community leaders, health care workers, health management committee members and Narok county government officials understanding of human rights, the constitution, health policy framework and the concept of citizens participation in decision making and accountability processes in health sector. It also aimed at achieving improved health for women, people living with HIV, children and men through supporting interventions related to HIV, TB, Malaria and Maternal Child Health (MCH). The targets were Narok County and the target health facilities were two (2) dispensaries, and four (4) health centers. This was 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 were not part of it. 6 community score cards were developed in the select facilities to be used as social accountability tools for improving health services at the select health facilities.

4.0 Promoting Efficient and Sustainable Health Care Financing System

4.1 Participation in the budget process at the County level

Citizen participation lacks in the budget making process in Kenya and more so while we are operating in the devolved governments which have 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.

In recognition of this, HERAF in the course of the year acquired and disseminated the Nyeri, Embu and Kwale County Integrated Development Plans with the identified Civil Society Organizations. This enabled them to understand the County Plans for the various sectors for the period, and as such this informed their sectorial presentations as they were expected to align them to the County plans. HERAF also shared the 2015/2016 Nyeri county budget with the Civil Society Organisations to enable them to comprehend the prioritized issues and how they were budgeted for in last financial year. Gaps were identified and the CSOs came up with proposals to fill the gaps. HERAF invited alternative budget proposals from the identified Civil Society Organizations that would be considered to form part of the Citizen's alternative budget.

The organization went on and held the Embu, Kwale and Nyeri County civil society alternative budget dialogue fora to enable each sector to prioritize and recommend development issues and funding proposals for considerations in 2016/2017 budget. The forums had a total of 115 participants drawn from the sectoral civil society organizations. Out of the forum, proposals to the health, education, trade and education sectors were discussed and prioritized and were agreed upon to form part of the citizens alternative budget.

HERAF in consultation with the Embu, Kwale and Nyeri Civil Society partners compiled 3 reader and user friendly citizen's alternative budgets. The citizen's alternative budgets contain budget proposals in the health, education, trade and agriculture sectors. Specifically, they give the current status of the sectors, provide proposals for consideration in the Embu, Kwale and Nyeri County 2016/2017 budgets and also provide a justification for the proposals. The Citizens alternative budget is a tool that civil society and communities use to engage in the budget making process. It organized the proposals and recommendations to the Embu, Kwale and Nyeri county budgets for the financial year 2016/17. There were recommendation on the health sector in regards to allocating finances to implement the community

health strategy in Embu County specifically towards the compensation of the community health volunteers in Embu County, allocating adequate funds for medical drugs, dressings and non-pharmaceuticals medical items in Kwale County and servicing of the machines and equipment within the Nyeri County level 5 hospital. HERAF continued to track the inclusion of the proposals made to the county budget in the Embu, Kwale and Nyeri County budgets for the financial year 2016/17

In the course of the year, the organization facilitated a training session on the county budget for the three partners in Narok County (NIDP, CHP and TRDP) to enhance their capacity on the budget process so as to be able to support them to carry out their activities under the health governance project. A total of 23 participants were reached. This training was also meant to impart knowledge on the partners to be able to conduct refresher training for community members who had been trained on the same and to offer guidance on the engagement on the budget process.

HERAF was also part of Kwale CSO Advisory Board in Kwale County. The budget coalition formed in Kwale County saw budget proposals being collected from the ward, sub-county and county levels which produced a comprehensive MOU that was submitted to the county. The Chairman of the Budget Committee stated that budget making was a process that has put Kwale county on the map as they organize meetings at the ward level and then call upon participants in open forum to discuss findings from the sub location levels. It was noted that the Kwale County CSOs were working to complement the efforts of the county budget committee. Kwale county CSO had received support from Aga Khan Foundation, MUHURI, Kwale Human Rights Forum, Health Rights Advocacy Forum, LENGGO, HIVOS, and Plan International among others to spear head public participation at the ward level. The chairman further expressed his hopes that there will be an opportunity for the CSOs to present their memorandum to the County government during a public hearing meeting. The year's budget making had seen a great improvement since at the ward level; citizens had been able to differentiate between the functions of the national government and the county government, pre-budget meetings had been done earlier on with the collaboration of the CSOs, and representation during the meetings was good that is; CECs for water, roads, health together with chief officers were present thus enhancing participation and confidence in the county government.

4.4 Promoting transparency and accountability in county governments' budgets

HERAF during 2016 with the support of Center for International Private Enterprise CIPE has been scaling up and strengthening the participation of civil society organizations and communities in the County budget making process. This envisioned the engagement of more than 250 grassroots civil society organizations in the budget making process through empowerment with information on the budget making process, coordination of the consolidation of their inputs and proposals into the county budget making process and also facilitation to access avenues of the budget making process in 5 targeted counties (Nyeri, Kilifi, Makueni, Elgeyo Marakwet and Migori Counties). This was a partnership that was formed after the 2014 and 2015, CIPE partners (Chemi Chemi Ya Ukweli, MUHURI, IPF, KCCDHR, and HERAF) project aimed that aimed at enhancing civil society organizations to participation in the budget making process in the select five Counties. The previous activities provided an avenue for organized participation by grassroots civil society organizations in the County budget making processes and the development of Citizens Alternative Budgets. The key achievements were that the partners were strengthened on their institutional capacity, sustainability and management skills of Kenya's Civil Society Organizations, and enhanced their ability of respective county coalition partners to advocate for budget reforms.

The organization has also been promoting transparency and accountability in Nyeri County government's budgets. In this regard, HERAF, NCHAT and NTA formed a Nyeri County Budget coalition Network to spearhead the budget advocacy issues in Nyeri County. From the circulated ADP 2017/18, HERAF circulated the document to the coalition members for their review and drafting of sector proposals that guided the CSOs input into the 2017/18 budget making process. HERAF organized for a one day budget coalition network meeting held on the 10th of October 2016 at YMCA hall. The main objectives of the meeting were to Review the Nyeri County ADP2017/18 and Consolidation of sector proposals. The output of the meeting was a coalition recommendation document to be disseminated to the county government.

As a follow up to these activities, HERAF organized for a Public Private Dialogue (PPD) forum for Nyeri County Citizens. The purpose of the meeting was to disseminate the coalition recommendation document made by the Nyeri County Budget Coalition Network for consideration in the 2017/2018 Nyeri County Budget under the Health services, Infrastructure Development, Land Housing and Special Programmes, Agriculture, Water and Environment, and the Education, ICT, Trade and Industrialization sectors. The meeting targeted the Nyeri County MCAs, MCE, civil society, the private sector, and the media. The objectives of the exercise were: to disseminate the coalition recommendation document in form of a Memo, and to get feedback on the progress of the budget. The outcome of the meeting was a revised Memo with input from the MCAs and MCE which was submitted to the Clerk of the Assembly and the CEC Finance to provide input to the Nyeri County 2017/18 budget.

5.0 Institutional Strengthening

5.1 Internal System Strengthening

HERAF in 2016, embarked on reviewing the implementation of the organizational manuals on governance, organization planning, resource mobilization, finance management, project management, and monitoring and evaluation. The organisation has improved in all areas of operations from the implementation of the organizational manuals. 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 and one can confidently say that HERAF has systems and structures in place to realize her mandate.

5.2 Staff capacity development

HERAF in 2016 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:

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