

STRATEGIC PLAN



2015 -2019

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FOREWORD



KELIN's strategic plan 2015 – 2019 is a document informed by our lived experiences in addressing the legal and ethical issues relating to HIV & AIDS over a period of two decades. The promulgation of the Constitution of Kenya 2010, which has brought about significant changes in the health and governance sector in the country, has been a key driver in forming the shape and direction of this strategic plan.

Our strategic plan 2009 - 2014 focused on addressing the legal and ethical issues raised by HIV & AIDS and promoting the use of a right-based approach in the delivery of HIV related services. In the current strategic plan we have expanded our focus to include the realization of the right to health, while building on the existing success of KELIN's work in the field of HIV and the law. This has seen us adopt a new vision and mission in line with our new strategic direction.

We have adopted four thematic areas namely; HIV & TB; women, land and property rights; sexual and reproductive health rights and key and affected populations. The aspects of the right to access to information, access to medicine and palliative care will cut through these four thematic areas. The recognition of health as human right at Article 43(1)a of the Constitution of Kenya 2010, the adoption of various global health strategies, including the Sustainable Development Goals and the decentralization of health in Kenya has greatly informed the difference between our old and new strategy. The changing donor funding landscape has also been key in persuading KELIN to realign its new strategy at the national, regional and global area matters relating to the right to health.

With this new strategic direction we expect KELIN to advocate for the implementation of the right to health as is enshrined in the Constitution of Kenya 2010 and in other regional and global instruments and frameworks. This will be achieved through monitoring laws and policies to ensure they incorporate human rights principles; empowering communities to know their rights and claim them; facilitating access to justice for those who have faced human rights violations; building partnerships with other stakeholders at all levels to ensure delivery of our mandate and to ensure that we have a strong and effective institution that efficiently delivers on the mandate of KELIN. I would like to sincerely acknowledge KELIN's stakeholders including the board members, staff, partners, communities of people living with and affected by HIV, and TB survivors - whose views were crucial in the formation of this strategy.

A handwritten signature in black ink, appearing to read 'Ambrose Rachier', with a stylized flourish at the end.

Ambrose Rachier
Chairman, KELIN

ACKNOWLEDGEMENTS



We are pleased to share our strategic plan 2015 – 2019, which seeks to steer KELIN and its stakeholders towards the full enjoyment of health related human rights for all for the next five years and beyond.

We are grateful to all our partners who supported our strategic plan 2009 - 2014. The lessons learnt from its implementation have greatly informed the development of the current strategy. We remain grateful to the partners who have contributed to the development of the new strategic plan.

The feedback from communities of people living with HIV, TB survivors, members of key and affected populations, development partners, government agencies at the national and county level, was immensely useful. It ensured that our strategic plan took into account the needs of the people we seek to serve and partner with. Feedback, from the KELIN board members and staff of KELIN at various stages of the development of this strategic framework, was exceptionally useful to ensure we develop a document that rallies behind a shared understanding of our ultimate vision as an organization.

We acknowledge the input of Dr. Ruth Aura, who developed the first draft of the strategic plan that provided a good foundation to shape it into a document that took into account the needs of our stakeholders. We remain committed to the promotion and protection of health related rights for all.

A handwritten signature in black ink, appearing to read 'Allan Maleche', written in a cursive style.

Allan Maleche,
Executive Director

EXECUTIVE SUMMARY

This document sets out KELIN's Strategic Framework for advocating for implementation of the right to health as espoused in the Constitution of Kenya 2010. Covering the period 2015- 2019, the Strategic Plan was developed through a participatory process involving the KELIN team and other stakeholders.

It is informed by KELIN's previous strategy (2009-2014), by the emerging global direction on HIV and other health related concerns, and by the current constitutional dispensation in Kenya. The overall strategic direction was initially defined through a series of internal consultations, which were then discussed with various partners, including a select number of national, regional and global partners with an interest in health and human rights. Once consensus was reached, a consultant was engaged to help articulate and organize the plan.

The contextual background for this Strategy includes (i) KELIN's success in delivering the objectives in the strategy and Work plan 2009 to 2014, which has contributed to major achievements in the area of HIV and AIDS; (ii) the challenges associated with narrowly focusing on HIV and AIDS without addressing underlying, interrelated issues using a health rights perspective; and (iii) current opportunities for advocating for the right to health in Kenya.

A key source of opportunity is Kenya's supportive Constitution, which guides important political and financial commitments towards achievement of the right to health. While citizen demand creates an obvious opportunity, there exists an alarming lack of awareness among citizens about their right to health, and this information gap presents a major obstacle to effective implementation. In this strategy KELIN champions the right to health of the disadvantaged, the vulnerable and the impoverished. We believe that this approach will deliver more and better out- comes for the beneficiaries of its work on:

1. HIV and TB;
2. Women, land and property rights;
3. Sexual and reproductive health rights;
4. Key and affected populations.

Access to medicines, the right to access information, and palliative care will all be addressed as crosscutting issues with relevant partners throughout the lifetime of the Strategy. The Strategic Plan is therefore geared towards increasing recognition that the right to health and the right to information are both critical factors in efforts to reduce or eliminate health-related problems. The Plan recognizes that there are more opportunities than ever before to promote and protect the right to health at national and county levels. This can be achieved by defending every individual's right to health, especially those who are strategically positioned to promote the right to health and to identify alleged violations.

Chapter one reviews KELIN's strategic engagement since 2009 and highlights the key objectives of this revised strategy. The organization's decision to move away from a narrow focus on HIV and AIDS towards wider issues of health and human rights is explained as an attempt to deepen rather than to dilute that original focus. This chapter also explains the context of the strategic review, which includes;

1. The Kenyan Constitution's recognition of health as a human right together with the domestication of ratified international treaties on the right to health;
2. The devolution of government in Kenya, which brings a unique multiplicity of duty bearers to the implementation of the right to health, and
3. The expansion of KELIN's thematic areas from HIV and AIDS to four key areas for the purpose of enhancing delivery on HIV related issues.
4. Chapter two focuses on KELIN's institutional context and discusses its evolution from an institution that operated under the patronage of other establishments into a greatly expanded entity. This analysis also focuses on strengths, weaknesses, opportunities and threats facing the institution.

Chapter three lays out KELIN's strategic direction 2015-2019. This includes its revised vision, "the full enjoyment of health related human rights for all," and its mission to promote and protect health related rights for all. The objectives of the strategy are;

1. Compliant national and county policy and legislative frameworks;
2. Access to justice for violated health rights;
3. Community empowerment and capacity building on health and human rights;
4. Strategic partnerships at county, national, regional and global levels for better delivery on KELIN's mandate; and
5. Institutional strengthening to ensure that the vision is achieved.

The chapter also introduces the thematic areas on which this strategy will focus: namely HIV and TB, women, land and property rights, sexual and reproductive health rights, and key and affected populations. It includes a stakeholder analysis that identifies the key groups and institutions with which KELIN will work and outlines the nature of these partnerships. The obligations of national and county governments under the Constitution and in respect of international frameworks are also considered.

Chapter four outlines KELIN's implementation approach, emphasizing commitment to the rights-based approach to programming and service delivery in all facets of its work. The roles and responsibilities of the institution's operational and human resource structures are clearly defined, as is the manner in which they contribute to delivering the overall strategy. KELIN is committed to results-based programming, where its priorities will be set and implemented and the organizational resources and performance will be monitored periodically. Finally, the matrix and log-frame of the broad plan is included as an annex.

CHAPTER 1

1.1 Institutional Background

KELIN is an independent Kenyan non-governmental organization that was established to tackle the legal and ethical issues relating to HIV. KELIN's first strategic plan (2009 to 2014) focused on advocacy and leadership to ensure a rights-based approach to HIV strategies and programmes. Experience soon showed that carrying out this work required dealing with a number of factors not directly provided for in this strategy but which nevertheless related to and impacted our work. In response KELIN adopted a holistic approach, advocating for the promotion and protection of health rights while still maintaining a focus on HIV.

KELIN began in 2009 as a young, lean organization staffed only by an Executive Director, two programme officers and two administrative assistants. It has now grown into an organization with a staff of twelve that is working on broader health and human rights issues.

1.2 Justification for the Review of the Strategic Plan

The strategic plan 2015–2019 was developed during a crucial time for Kenya. The country is currently undergoing a transition in governance, shifting from a centralized to a decentralized system, following the promulgation of the new Constitution in 2010. The Constitution, in Article 43, now recognizes health as a human right, while Article 2 recognizes ratified international treaties as part of Kenyan law. Furthermore, Article 10 obligates duty bearers to integrate key values and principles in service delivery. The right to access information, key to achieving the right to health, is also recognized in Article 35.

Along with the national government, devolution has resulted in 47 distinct but interdependent county governments. Implementation of the health function will now be undertaken at two levels of government: the national government will be responsible for developing national health policy, setting standards for health service delivery, providing technical support for implementation of health services and taking charge of national referral facilities, while county governments will deliver health services at the county level.

KELIN's new strategy reflects this restructuring. It is built on the premise that the full implementation of health as a human right will more effectively protect the communities with which KELIN works. To fully deliver on our mandate we have shifted our strategic focus from narrow interventions based on redressing legal and ethical violations of the rights of those living with HIV and AIDS towards a broader, long-term approach that addresses health rights (which encompass issues of HIV) more comprehensively.

KELIN will advocate for sound, constitutional, rights compliant policies and legislative frameworks on the right to health; for community empowerment strategies to bring about broader engagement on the right to health; and for increased engagement in activities that facilitate the right to access justice for vulnerable, marginalized and key populations. This strategy also promotes engagement in meaningful partnerships as a way of strengthening sustainable outcomes. These outcomes include access to palliative care, information and medicines.

This strategy is a living document that recognizes the new global direction with the adoption of the Sustainable Development Goals, the global strategies on health, how these impact the rights relating to HIV and TB, women's land and property rights, reproductive health rights, and the rights of key and affected populations, included are persons living with disability (PWDs), women, children, adolescents and youth; sex workers; injecting drug users (IDUs); and men who have sex with men (MSM).

1.3 Situation Analysis

This section provides a brief but comprehensive situational analysis of each of the thematic areas KELIN plans to implement under the strategy.

1.3.1 Situation on HIV and TB

The Kenya AIDS Strategic Framework (2014/2015-2018/19) estimates that 1.6 million people are living with HIV in Kenya. Total new HIV infections have declined by an estimated 15 percent in the last five years, from 116,000 in 2009 to approximately 98,000 in 2013. As at 2014, new HIV infections have stabilized at an estimated average of 89,000 cases among adults and about 11,000 cases among children annually. Over 80 percent of total new infections in the country are among adults, with 49 percent among women, 37 percent among men and 21 percent among young women. Children contribute to 11 percent of new infections.

In terms of regional variations, 65% of infections occur in 9 of the country's 47 counties. Notably, the HIV epidemic in Kenya shows a pattern of stabilization of infections at a high level, thus presenting an increased challenge to reverse. Globally Kenya is ranked fourth in terms of HIV infections and is among the top five sub-Saharan African countries with the highest HIV burden.

Tuberculosis (TB) remains one of the world's deadliest communicable diseases. Globally in 2013, an estimated 9 million people developed TB. Some 1.1 million (13 percent) of them were HIV-positive. Around 1.5 million people died from the disease that year; of whom 360,000 were HIV-positive. Nevertheless, tuberculosis prevalence is on the decline. An estimated 37 million cases were prevented between 2000 and 2013 through effective diagnosis and treatment.

1. According to the World Health Organization's Global Tuberculosis Report 2014, about 60 percent of TB cases and deaths occur among men. The burden of disease among women is equally high. In 2013, an estimated 510,000 women, more than one-third of whom were HIV-positive, died as a result of TB. There were 80,000 deaths from TB among HIV-negative children in the same year.
2. The Kenyan National Strategic Plan for Tuberculosis, Leprosy and Lung Health (2015-2018) consistently refers to human rights and the rights-based approach.
3. It takes cognizance of how a human rights lens affects the TB treatment and commits to ensuring that human rights principles are taken into account. In accordance with the Public Health Act, the national strategic plan also discusses isolation and confinement of TB sufferers, but it does not take a stance on the issue. It does, however, recognize that the number of isolation facilities within county hospitals is limited.

1.3.2 Situation on Women, Land and Property Rights

The legal framework governing women's land and property rights in Kenya has been undergoing significant changes since the promulgation of the Constitution in 2010. Relevant provisions include:

- A Bill of Rights recognizing the right of women to equal treatment under the law and prohibiting gender-based discrimination;
- Devolution of services – including land-related services – to the county level;
- Recognition of traditional dispute resolution mechanisms and prohibition of the use of such mechanisms in ways that contravene the Bill of Rights;
- The requirement for legislative implementation of the principle that women make up at least one-third of the members of elected or appointed political bodies;
- A set of land laws actualizing the Constitution -- the Land Act, the Land Registration Act, and the National Land Commission Act -- was approved in 2012;
- A new set of marriage laws, the Matrimonial Property Act 2013 and the Marriage Act 2014, recently replaced an older framework that included seven different marriage laws but which did not include explicit provisions governing customary marriages;
- Other legislative reforms, including Community Land and Evictions and Resettlement Bills, are currently under development and debate before parliament;
- Despite a progressive legal framework, the land rights of Kenyan women continue to lag behind those of men. Customary law, which often discriminates against women and limits their land and property rights, governs at least 65 percent of land in Kenya. The patriarchal nature of Kenyan society often limits the rights of even those women not living on land governed by custom. Estimates indicate that as little as one percent of land is titled in the names of women and that only five to six percent of land is titled jointly by both women and men.

- In order to safeguard the rights of women living with HIV, KELIN has developed a strategic plan that reflects the organization's keen interest in enhancing the legal and policy frameworks governing land, marriage, divorce, and inheritance.

1.3.3 Situation on Sexual and Reproductive Health Rights

Sexual and reproductive rights are human rights. They are a public health concern that all governments must strive to fulfill. Worldwide, reproductive health rights are guaranteed in both international and regional treaties and instruments, such as the International Covenant on Economic, Social and Cultural Rights; the Protocol to the African Charter on the Rights of Women in Africa (Maputo Protocol); and the 1994 Programme of Action from the International Conference on Population Development.

In Kenya, Articles 26(4), 43(1)(a) and 43(2) of the Constitution are pivotal. They outline the obligation of the state to protect, promote and fulfill the right to the highest attainable standard of health, including reproductive health. This is further enumerated in several enabling pieces of legislation, including the Sexual Offences Act, the Prohibition Against Female Genital Mutilation Act, the Prohibition Against Domestic Violence Act, the Counter-Trafficking in Persons Act and the Penal Code.

Nonetheless, gender and equality biases, reflected in gender-assigned roles and other customs, still contribute to the differential treatment of women in Kenya. These inequalities suppress the ability of most women to decide if and when to exercise their sexual and reproductive health rights. This disempowerment is exacerbated by crimes such as rape, defilement, incest and female genital mutilation. The 2014 Annual Police Crime Report, for instance, recorded 893 cases of rape, 3,685 cases of defilement and 240 cases of incest. Moreover, the Kenya Demographic and Health Survey 2008–2009 indicated that about 45 percent of women aged 15 to 49 have experienced either physical or sexual violence despite the enactment of more stringent laws.

To better support all Kenyan women and girls to attain their sexual and reproductive rights, KELIN has broadened its scope to tackle issues pertaining to access, knowledge, and capacity to fully exercise these rights. The programme seeks to contribute to the reduction of maternal mortality, by amongst other things, contributing towards an enhanced legal and policy environment for reproductive health and rights.

1.3.4 Situation on Key and Affected Populations

Key and affected populations are groups that are at a heightened risk of being infected or affected by HIV & TB. They include sex workers, persons who use drugs, men who have sex with men (MSM) and transgender persons. In the case of TB, this population includes prisoners, people living with HIV, migrants, refugees and indigenous persons.

According to the Kenya HIV Prevention Revolution Road Map, 3.8 percent of new HIV infections result from drug use, 15.2 percent are among MSM and 14.1 percent is due to sex work. The country has a heavy dual burden of TB and HIV. The latter remains a key driver of the TB epidemic, with six in one hundred (5.6 percent) of Kenyans aged 15 to 64 years infected with HIV. People living with HIV have weakened immune systems and an increased vulnerability to TB infection.

Working with these key populations is thus vital for an effective and sustainable response to HIV. However, while significant progress has been made towards realizing access to HIV prevention, as well as to treatment and care, key populations remain vulnerable to human rights violations because of systemic social, legal and institutional rejection and discrimination. These challenges raise barriers and limit access to the services these populations need and deserve. For example, while the Constitution provides for access to health services for all (Article 43), various punitive laws and policies (such as the Narcotic Drugs and Psychotropic Substances (Control) Act 1994 and Section 162, 163 and 165 of the Penal Code) continue to negate this provision, hampering access to healthcare, among other human rights violations. There is thus a need to challenge these laws (either to have them repealed or amended) and to sensitize key populations about their rights in a sustained manner.

1.4 Operating Context

KELIN seeks to work at the National, Regional and Global level through strategic partnerships. This section discusses how KELIN will work at each of these levels

1.4.1 National

Article 43 of Kenya's Constitution (2010) recognizes the right to the highest standard of health, including reproductive rights. It also recognizes the right to emergency treatment and other social and economic rights that are interrelated with the right to health, including the right to clean water and adequate sanitation, the right to food, the right to housing and the right to education, among others.

Article 46 provides for the protection of consumer rights to health and safety. The Constitution requires the state to put in place policy, legislative and other measures, including standards for implementing the right to health. It further recognizes ratified international treaties, thus enhancing the number of rights available to Kenyans. These include provisions outlined in Article 12 of the UN Committee on Economic, Social and Cultural Rights (UNCESCR), Article 24 of the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women. In line with UNCESCR's General Comment Number 14, the key parameters for determining implementation of the right to health will include the availability, accessibility, acceptability and quality of health services.

The duty bearers – those responsible for the delivery of health rights – include the national government and the 47 distinct county governments. Due to this new governance structure, implementers will vary depending on the health related issue being addressed. KELIN will therefore need to determine how to strategically engage with the national government, including;

1. The National Assembly, the Senate and the national executive departments and agencies (including parastatals) in charge of implementing the right to health and related rights;
2. The independent constitutional oversight bodies, especially those commissions with mandates on human rights and equality; and
3. The judiciary and tribunals.

At the county level, KELIN will need to engage county government agencies, including county executives, county assemblies and relevant county agencies. KELIN currently works in five counties and will increase this number as it raises more resources and engages more partners. Given that the Kenyan system of devolved government is inter-dependent, KELIN will also engage with relevant intergovernmental mechanisms to advocate for and monitor implementation of the right to health. Additionally KELIN will work with civil society organizations, networks of PLHIV, TB survivors, key population and academic institutions that carry out work at national and county level on health and human rights related matters.

1.4.2 Sub-regional and Regional Engagement

The East African Community is a sub-regional inter-governmental cooperative mechanism that makes key policy and legislative decisions on the various sectors, including the health sector. As the health situation across the sub-region tends to be similar, sub-regional strategies and frameworks are sometimes called for. Furthermore, given the cultural and socioeconomic similarities in African countries, KELIN will take a keen interest in both sub-regional and regional activities pertaining to the health sector.

The organization will seek strategic partnerships to influence the sub-region and the region to adopt rights compliant health policies and laws and to integrate the human rights approach in decisions to do with health and related human rights. Regionally, KELIN will work closely with various departments of the African Union, with the Office of the Special Rapporteur on the Rights of Women in Africa and the region's treaty monitoring body, the African Commission on Human and Peoples' Rights. KELIN will also work with civil society organizations, networks of PLHIV, TB survivors, key population and academic institutions that carry out work at a regional level on health and human rights related matters.

1.4.3 Global Engagement

KELIN will participate in global partnerships and decision making forums to advocate for recognition and inclusion of the rights-based approach in global decisions affecting the right to health. KELIN will engage strategically with international treaty bodies as they relate to state party reports on the implementation of the right to health. It will seek to bring into global conversations the national, regional and sub-regional perspectives on the management of health. KELIN will advocate for investing in rights-based approaches to health, and will push for access to health justice. KELIN will seek to play a key role in taking forward programmes that seek to make Sustainable Development Goal 3 – Good Health and Well-being – a reality at the regional and national level. KELIN will work with civil society organizations, networks of PLHIV, TB survivors, key population and academic institutions that carry out work at a global level on health and human rights related matters.

CHAPTER 2

2.1 Institutional Context

KELIN has grown from operating under the patronage of other institutions into an independent entity with dedicated departments for effective delivery of its programs. Staff size has grown from four to twelve; we anticipate a twofold expansion during the lifetime of this strategy. As KELIN reorganizes to scale up the scope of its programmatic areas, it will be supported by a team with expertise in litigation, advocacy, communications, and project monitoring and evaluation. The human rights-based approach will be embodied in KELIN's internal work culture. Staff, consultants and partners shall be supported to deliver their work in a manner that promotes accountability and teamwork.

2.2 SWOT

STRENGTHS	WEAKNESSES
<ol style="list-style-type: none"> 1. KELIN is privileged to have Board Members that are well versed in the legal and human rights issues relating to health and HIV. Its Board Members have experience working in key national institutions that continue to shape implementation of the right to health in Kenya. Three of KELIN's Board Members have served in key national human rights institutions; two have served on the newly created HIV Tribunal, while another serves on a legislative body. Their expertise will enhance KELIN's advocacy strategies. 2. KELIN has developed key organizational systems and a wide network in the health and justice sectors, and also enjoys partnership with key academic, professional and civil society organizations. KELIN has cemented meaningful partnerships with UN agencies, the judiciary, police, health sector implementers and other national and international entities who are key stakeholders in the HIV sector. 3. KELIN has a strong knowledge base and experience with the legal and ethical issues surrounding health and human rights. KELIN has developed a database of local and international experts that support its strategic thinking. 4. KELIN believes in its ability to take advantage of new opportunities. Its team is always ready to learn and adapt to change. KELIN's record of continuous delivery on planned activities and projects has instilled faith in donors, government and the general community that resources invested in the organization will be put to good use. 5. KELIN has unrivalled operational and resource management systems that ensure that resources received are well used and properly accounted for. 6. KELIN works within a strong legal and policy framework on the right to health that is anchored in the country's Constitution. This allows for a wide range of innovative interventions on health rights. 	<ol style="list-style-type: none"> 1. KELIN's ability to reach out to more clients and expand its geographical and thematic reach is constrained by resource limitations. 2. Staff capacity is limited. While the number of staff has grown significantly in the past two years, their capacity to ensure timely, high quality programme delivery must be enhanced. 3. Resource mobilization has been largely carried out by the Executive Director; however, efforts are underway to enhance the capacity of key programme staff to undertake resource mobilization, guided by the resource mobilization strategy.
OPPORTUNITIES	THREATS
<ol style="list-style-type: none"> 1. KELIN's ability to reach out to more clients and expand its geographical and thematic reach is constrained by resource limitations. 2. Resource mobilization has been largely carried out by the Executive Director; however, efforts are underway to enhance the capacity of key programme staff to undertake resource mobilization, guided by the resource mobilization strategy. 	<ol style="list-style-type: none"> 3. The crackdown on civil society and human rights defenders who bravely fight for human rights. 4. The lack of respect for the rule of law. 5. Decreased donor funding on HIV and rights related issues.

CHAPTER 3

3.1 KELIN'S Strategic Direction

Vision: Full enjoyment of health-related human rights for all				
Mission: To promote and protect health-related human rights				
Core Values: Integrity, Equality & Non-Discrimination, Justice & Fairness, Excellence, Respect & Dignity				
2015– 2019 THEMATIC AREAS				
HIV & TB	Women, Land and Property rights	Sexual and Reproductive health rights	Key and affected populations	
2015 – 2019 STRATEGIC OUTCOMES				
Outcome 1: Health policies, laws and operational frameworks at the county and national government levels that are protective of human rights and have embraced the rights-based approach.				
Outcome 2: Persons experiencing health related human rights violations have access to justice.				
Outcome 3: Communities are empowered on health related human rights.				
Outcome 4: KELIN is initiating and participating in strategic partnership for better delivery.				
Outcome 5: KELIN is a strong institution that is effectively and efficiently delivering on its mandate.				
2015 – 2019 KEY OBJECTIVES				
Advocate for the integration of human rights and the rights-based approach in policies, laws and operational frameworks/ regulations relating to the thematic areas.	Facilitate access to justice in respect of human rights violations affecting persons within the thematic areas.	Develop capacities of PBOs and CBOs working on the KELIN thematic areas.	Initiate and participate in strategic partnerships nationally, regionally and globally for the strengthening of the RBA across the thematic areas.	Grow an organization that operates in an effective, efficient, professional and accountable manner.

3.2 Operational Strategies

This section will provide information on how the respective key objectives will be realised to achieve the overall strategy.

3.2.1 Under Objective 1

KELIN recognizes the fact that public policies, laws and administrative policies are the primary tools for either facilitating the protection of rights or for excluding and discriminating against certain populations. The strategy to advocate for rights respecting, rights protecting frameworks is therefore a key factor in achieving health rights. The following strategies will therefore be adopted for Objective 1:

1. Advocate for the development of county, national and intergovernmental policies and legislative frameworks on health, particularly those relating to HIV and TB, women's land and property rights, sexual and reproductive rights and the rights of key and affected populations in Kenya.
2. Identify key violations in policies and laws relating to health, especially on HIV and TB, women's land and property rights, sexual and reproductive health rights, and the rights of key and affected populations and advocate for review of these violations.
3. Monitor implementation of health services in KELIN's thematic areas and advocate for rights-based approaches.
4. Undertake strategic litigation to challenge laws and policies that have provisions that may violate health and human rights.
5. Participate in sub-regional, regional and global processes to develop health related frameworks, including resolutions, declarations, conventions/treaties in order to advocate for the adoption of human rights and for the inclusion of issues affecting vulnerable, marginalized and the most affected populations.

3.2.2 Under Objective 2

KELIN will adopt strategies for facilitating greater access to justice on health related human rights as another way of advocating for a rights-based approach and for an inclusive service delivery system. Initiatives will include the:

1. Training lawyers on health and human rights who will join the KELIN database of legal aid lawyers that serve affected individuals and communities.
2. Organizing legal aid clinics to provide advice and opportunities to represent individuals and communities that experience human rights violations.
3. Providing legal aid for individuals whose health rights have been violated.

4. Engaging in public interest litigation to shape public policy for greater access to health and human rights for all and for protection against systemic health related human rights violations.
5. Working with traditional dispute resolution mechanisms and widows' support groups to redress rights of widows whose land and property related human rights have been violated.
6. Work with judicial officers and Court Users Committees (CUCs) to safeguard the protection of the property rights of widows and their children.

3.2.3 Under Objective 3

KELIN recognizes the power of an informed citizenry to claim access to their rights. KELIN will therefore seek to increase citizens' knowledge of their rights as another strategy to increase the demand for better service delivery from duty bearers. The following strategies will be adopted:

1. Capacity building for civil society organizations (CSOs), especially those working on HIV and TB, women's land and property rights, sexual and reproductive rights and on the health and human rights of key and affected populations.
2. Organizational mentoring for community based organizations to increase community sensitization on health and human rights.
3. Sensitization of community organizations to support their improved participation in the public processes that shape or influence health issues that affect them.
4. Development of capacity building, training and sensitization materials on health and human rights.

3.2.4 Under Objective 4

KELIN believes that strategic partnerships are vital to any effort to enhance the realization of health and human rights. KELIN will thus pursue Objective 4 by:

1. Partnering with organizations and groups working with key and affected populations at the county and national level to identify the barriers to health and human rights.
2. Taking advantage of the constitutional requirement of all state organs to facilitate public participation to engage in strategic partnerships with national and county executives in Kenya, judiciary and the national and county legislatures and independent public institutions. Advocacy will be undertaken with these duty bearers for the inclusion of rights in the implementation of health services.
3. Partnering with academic and international institutions and public implementation bodies to organize high level consultative and capacity building forums for implementers and other actors.
4. Working with intergovernmental, regional and global NGOs to advocate for rights compliant global, regional and sub-regional health frameworks and instruments.

3.2.5 Under Objective 5

To prepare for effective delivery of this strategy, KELIN will reorganize its structure. It will seek to bring on board staff who are not only qualified to undertake KELIN's technical mandate but are also willing to be part of a team that models the rights approach. KELIN's institutional policies will be reviewed to enhance a human rights culture and to ensure accountability in the delivery of its programmes. Management tools will be put in place and utilized for better service delivery.

3.3 Litigation, Communication and Monitoring and Evaluation

To ensure full support to the organization's four strategic objectives, KELIN will adopt robust litigation, communication, monitoring and evaluation, among other measures, as follows:

3.3.1 Litigation

KELIN will develop a litigation strategy, to be implemented by its litigation unit, which will support litigation research and case preparation to the highest standards. This unit will work with all four thematic areas to identify any opportunities and cases that can be litigated to enhance opportunities for greater respect, protection and fulfillment of health as a human right. The unit will also be responsible for the management of the cases assigned to pro bono lawyers and maintain relationships between the organization and the pro bono lawyers.

3.3.2 Planning, Monitoring and Evaluation

Over the period of this Strategic Plan, KELIN will revamp its M&E strategy to facilitate an integrated, systemic approach to tracking performance across all programmes and ensure that programmes and projects contribute to the overall results of the organization.

The M&E framework will guide both quantitative and qualitative performance results at output and outcome levels. Key data collection, analytical and reporting tools will be developed to measure the impact. These include tools that will facilitate progressive tracking of performance and periodic reviews for better implementation at different stages.

As part of the process of monitoring outcomes and performance, KELIN will also design a research programme to further develop and promote health related human rights indicators. KELIN will provide a platform for enhancing partnership, networking and collaboration with key stakeholders in monitoring and evaluation, and will strive to address both internal and external reporting requirements.

3.3.3 Communication

KELIN values the role of communication in advancing the impact of its initiatives. In this regard, a new communication strategy will be developed to support KELIN's new direction, mission and vision. Through this strategy, KELIN will speak in one voice and ensure effective engagement with her stakeholders: communication tools and platforms in both mainstream and social media will be utilized to achieve this. The strategy will be core in positioning KELIN as the organization that promotes and protects health related human rights.

CHAPTER 4

4.1 Implementation of the Plan

The successful implementation of this plan is dependent on the following:

1. An effective organizational management system.
2. Mobilization of adequate financial resources.
3. A professional staff that is committed to the strategy and able to work as a team that shares in KELIN's vision.
4. The ability to anticipate and identify risks, and to mitigate or manage these risks in a manner that promotes the strategy.

4.2 KELIN's Organizational Structure

KELIN ORGANOGRAM 2015 - 2019



4.2.1 Board of Trustees

The role of the Board of Trustees includes policy review and leadership, financial regulation and oversight and management of high level relationships.

4.2.2 The Board

Board Members are responsible for reviewing the strategy and tracking its implementation, guiding institutional governance, approving annual work plans and budgets, and fundraising support. Its chairperson will convene its meetings and provide guidance for its deliberations. The Board will meet at least once every quarter to review the organization's progress and approve the funding of projects. Where necessary, meetings will be convened more frequently. Key decisions anticipated each year include:

- A review of annual plans prepared by the KELIN team, with their associated outputs, targets and budget allocation.
- A review of the funding base and sources for increased funding.
- Review and adoption of quarterly and annual progress reports.
- Convene key stakeholder forums.

4.2.3 The Executive Director

The Executive Director will provide strategic direction for the institution and shall be responsible for overall management. He or she will ensure that KELIN is achieving its objectives and set targets. The Executive Director will be responsible for the day-to-day management of all aspects of the institution. In addition, this office will be responsible for spearheading KELIN's fundraising strategy and the development and maintenance of strategic partnerships.

4.2.4 The Deputy Executive Director

The Deputy Executive Director will deputize the Executive Director. He or she will be responsible for coordinating and supervising all teams in developing and effecting the strategy's implementation tools.

4.2.5 Programme Managers

The managers of the four thematic areas and the technical teams will lead the thematic teams in the implementation of the strategy. The management of each thematic team will reflect the need to achieve team-specific goals as well as the interdependence of all four thematic areas. This will also include individual and team planning on monitoring and evaluation. Other programme team members will be assigned tasks with a view toward supporting mentorship. Every staff member will operate in a manner that ensures adequate investment of time and delivery of quality products.

4.2.6 The Finance and Administrative Support Team

Finance and administrative support team will ensure that KELIN's internal operational frameworks can effectively deliver on this strategy. This team will enhance financial, administrative and logistical support systems to ensure efficiency, transparency and accountability. Administrative services shall be of exemplary quality and will espouse rights-based approaches. The administrative team shall, in consultation with the technical team, develop activities to enhance staff cohesiveness and overall performance.

4.3 Staff Training

KELIN will invest in the training of staff whenever necessary and based on the availability of resources. The management team will be supported to develop institutional implementation tools and provide mentorship to colleagues. The fundraising strategy is part and parcel of this effort. KELIN will also invest and leverage its partnerships to enhance the objectives of this particular aspect of the overall plan.

4.4 Operational Approach

KELIN will use a rights-based approach to programming within the organization and will be driven by the need to deliver high quality professional products for its beneficiaries. The institutional operational culture will endeavor to enhance the human rights principles of equality and non-discrimination and will be transparent and accountable to those that KELIN serves. The organization also will undertake its programmatic mandate in a manner that will emphasize the inclusion of minorities and excluded population groups.

Public interest litigation cases will be prepared in the most professional manner, focusing on the constitutional rights of those affected. KELIN will provide guidance to duty bearers on implementation; litigation will only be undertaken as a last resort. To implement this five-year strategy, KELIN will draft annual operational plans that will identify the activities of a given year based on the budgets available. The operational plans will comprise activities that will be aligned to our strategic objectives. Reporting on the delivery of this plan will be done on a quarterly basis.

Annex 1 – KELIN Broad Workplan 2015 - 2019

BROAD WORK PLAN		
OBJECTIVES	OUTPUT RESULTS	ACTIVITIES
OUTCOME 1: HEALTH POLICIES, LAWS AND OPERATIONAL FRAMEWORKS AT THE COUNTY AND NATIONAL GOVERNMENT LEVELS THAT PROTECT HUMAN RIGHTS AND EMBRACE THE RIGHTS-BASED APPROACH		
THEMATIC AREA: HIV & TB		
1.1 Advocate for the integration of human rights and the rights-based approach in policies, laws and operational frameworks/ regulations relating to TB and HIV	<p>1.1.1 Policies on administering HIV & TB treatment and services are reviewed/ developed and have integrated human rights principles</p> <p>1.1.2 Laws and regulations affecting the management of HIV & TB are reviewed/ developed and have integrated human rights principles</p>	<p>1.1.1.1 Analyze national policies relating to HIV, identify gaps in compliance with human rights principles, prepare a report of recommendations and advocate for the integration of human rights into the policies</p> <p>1.1.1.2 Analyze county policies on administration of HIV & TB related services (Nairobi, Mombasa, Kilifi, Kisumu, Homa Bay, Kakamega, Uasin Gishu, Bungoma, Nakuru Counties), identify gaps, prepare a report of recommendations, advocate for the integration of human rights</p> <p>1.1.2.1 Analyze national laws, bills and regulations on the management of HIV & TB, identify gaps, prepare a report of recommendations on how to advocate for the integration of human rights</p> <p>1.1.2.2 Analyze county bills/laws and regulations on the management of HIV & TB, identify gaps, and prepare a report of recommendations on how to advocate for the integration of human rights</p>
THEMATIC AREA: WOMEN, LAND AND PROPERTY RIGHTS		
1.2 Advocate for the integration of human rights and the rights based approach in policies, laws and operational frameworks relating to women's land and property rights	<p>1.2.1 Policies relating to women's land and property have integrated human rights principles</p> <p>1.2.2 Laws and regulations relating to women's land and property have integrated human rights principles</p>	<p>1.2.1. Analyze national policies on women's land and property rights, identify gaps, prepare a report of recommendations on how to advocate for the integration of human rights</p> <p>1.2.1.2 Analyze county policies on women's land and property rights, identify gaps, and prepare a report of recommendations on how to advocate for the integration of human rights</p> <p>1.2.2.1 Analyze national laws/bills and regulations on women's land and property rights, identify gaps, prepare a report of recommendations on how to advocate for integration of the relevant human rights</p> <p>1.2.2.2 Analyze county bills/laws and regulations on women's land and property rights, identify gaps, prepare a report of recommendations on how to advocate for the integration of human rights</p>

BROAD WORK PLAN

OBJECTIVES	OUTPUT RESULTS	ACTIVITIES
THEMATIC AREA: SEXUAL AND REPRODUCTIVE HEALTH RIGHTS		
<p>1.3 Advocate for the integration of human rights and the rights based approach in policies, laws and operational frame works/regulations relating to reproductive health</p>	<p>1.3.1 Policies on reproductive healthcare have integrated human rights principles</p> <p>1.3.2 Laws and regulations affecting reproductive health have integrated human rights principles</p>	<p>1.3.1.1 Analyze national policies on reproductive health, identify gaps, prepare a report of recommendations on how to advocate for integration of the relevant human rights</p> <p>1.3.1.2 Analyze county policies on reproductive health, identify gaps, prepare a report of recommendations on how to advocate for integration of the relevant human rights</p> <p>1.3.2.1 Analyze national laws/bills and regulations on reproductive health, identify gaps, prepare a report of recommendations on how to advocate for the integration of relevant human rights</p> <p>1.3.2.2 Analyze county bills/laws and regulations on reproductive health, identify gaps, prepare a report of recommendations on how advocate for the integration of the relevant human rights</p>
THEMATIC AREA: KEY AND AFFECTED POPULATIONS		
<p>1.4 Advocate for integration of the human rights of key and affected populations, including IDUs, PWDs, MSMs, prisoners, and sex workers in health policies, laws and operational frameworks/ regulations</p>	<p>1.4.1 Health policies have included the needs and integrated the human rights of key and affected populations, including IDUs, PWDs, prisoners, and sex workers</p> <p>1.4.2 Health laws and regulations have included the needs and integrated the human rights of key and affected populations, including IDUs, PWDs, prisoners, and sex workers</p>	<p>1.4.1.1 Conduct operational research to determine laws and policies affecting sex workers, MSMs, IDUs, PWDs, and prisoners</p> <p>1.4.1.2 Analyze existing national health policies, identify gaps and prepare recommendations on how to advocate for inclusion of the needs of and how to integrate the human rights of key and affected populations, including IDUs, PWDs, prisoners, sex workers and MSMs</p> <p>1.4.1.3 Analyze existing county health policies, identify gaps and prepare recommendations on how to advocate for inclusion of the needs of and how to integrate the human rights of key and affected populations, including IDUs, PWDs, prisoners, sex workers and MSMs</p> <p>1.4.2.1 Analyze existing national health laws and regulations, identify gaps and prepare recommendations on how to advocate for inclusion of the needs of and how to integrate the human rights of key and affected populations, including IDUs, PWDs, prisoners, sex workers and MSMs</p> <p>1.4.2.2 Analyze county health laws and regulations, identify gaps and prepare recommendations on how to advocate for inclusion of the needs of and how to integrate the human rights of key and affected populations, including IDUs, PWDs, prisoners, sex workers and MSMs</p>

BROAD WORK PLAN		
OBJECTIVES	OUTPUT RESULTS	ACTIVITIES
OUTCOME 2: PERSONS EXPERIENCING HEALTH RELATED HUMAN RIGHTS VIOLATIONS HAVE ACCESS TO JUSTICE		
THEMATIC AREA: HIV & TB		
2.1 Facilitate access to justice to redress the human rights violations of persons affected by TB and HIV	2.1.1 Persons violated in respect of TB related human rights have access to justice	2.1.1.1 Provide legal advice, aid and litigation support to persons whose TB related human rights have been violated
		2.1.1.2 Undertake public interest litigation to influence policy and provide long-term redress on TB related human rights violations
	2.1.2 Human rights violations of persons affected by HIV are redressed	2.1.2.1 Provide legal advice and aid to persons whose HIV related human rights have been violated
		2.1.2.2 Undertake public interest litigation to influence policy and provide long-term redress on HIV related human rights violations
THEMATIC AREA: WOMEN, LAND AND PROPERTY RIGHTS		
2.2 Facilitate access to justice in respect of human rights violations on the land and property rights of women living with and affected by HIV	2.2.1 Human rights violations on land and property rights of women are redressed	2.2.1.1 Provide legal aid to women affected with HIV who need redress regarding human rights violations on land and property
		2.2.1.2 Undertake public interest litigation to influence policy and provide long-term redress to the violation of women's land and property related human rights
		2.2.1.3 Work with traditional dispute resolution mechanisms and widows' support groups to redress the rights of widows whose land and property related human rights have been violated
		2.2.1.4 Work with judicial officers and court users committees (CUCs) to safeguard the protection of the property rights of widows and their children
THEMATIC AREA: SEXUAL AND REPRODUCTIVE HEALTH RIGHTS		
2.3 Facilitate access to justice in respect of human rights violations relating to sexual and reproductive health	2.3.1 Human rights violations relating to reproductive health are redressed	2.3.1.1 Provide legal aid to persons whose reproductive health rights have been violated
		2.3.1.2 Undertake public interest litigation to influence policy and provide long-term redress on human rights violations relating to sexual and reproductive health
THEMATIC AREA: KEY AND AFFECTED POPULATIONS		
2.4 Facilitate access to justice in respect of violations of the health related rights of key and affected populations, including IDUs, PWDs, prisoners, and sex workers.	2.4.1 Violations of the health related rights of key and affected populations, including IDUs, PWDs, prisoners, and sex workers are redressed	2.4.1.1 Provide legal aid to facilitate access to justice for key and affected populations, including IDUs, PWDs, prisoners, sex workers and MSMs, whose health related rights have been violated
		2.4.1.2 Undertake public interest litigation to influence policy and provide long-term redress on health related human rights violations relating to key and affected populations, including IDUs, PWDs, prisoners, sex workers and MSMs

BROAD WORK PLAN		
OBJECTIVES	OUTPUT RESULTS	ACTIVITIES
OUTCOME 3: COMMUNITIES ARE EMPOWERED ON HEALTH RELATED HUMAN RIGHTS		
THEMATIC AREA: HIV & TB		
3.1 Develop the capacities of PBOs and CBOs working on TB and HIV and of affected communities on their health rights relating thereto	3.1.1 PBOs, CBOs and affected communities are effectively demanding respect, protection and implementation of their TB and HIV related human rights	3.1.1.1 Mapping of community and grassroots organizations and their assessing capacities
		3.1.1.2 Undertake and facilitate capacity building of PBOs and CBOs working on TB and HIV
		3.1.1.3 Carry out sensitization forums for communities of persons affected and infected with TB and HIV (youth born with and living with HIV, women living with HIV, TB patients)
		3.1.1.4 Document human rights violations
THEMATIC AREA: WOMEN'S LAND AND PROPERTY RIGHTS		
3.2 Develop capacities of PBOs and CBOs working on women's land and property rights	3.2.1 PBOs, CBOs and affected communities are effectively demanding respect, protection and implementation of women's land and property rights	3.2.1.1 Undertake capacity building and sensitization of PBOs and of CBOs working on and communities affected by violations of women's land and property rights
		3.2.1.2 Carry out sensitization forums for communities of women and orphans affected by violations of women's land and property rights
		3.2.1.3 Organize legal aid clinics for communities of women and orphans affected by violations of women's land and property rights
THEMATIC AREA: SEXUAL AND REPRODUCTIVE HEALTH RIGHTS		
3.3 Develop capacities of PBOs and CBOs working on sexual and reproductive health rights	3.3 .1 PBOs, CBOs and affected communities are effectively demanding respect, protection and implementation of the reproductive health rights	3.3.1.1 Undertake capacity building and sensitization of PBOs, CBOs working on and communities experiencing violations of reproductive health rights
		3.3.1.2 Carry out consultative and sensitization forums with and for communities of persons affected by violations of sexual and reproductive health rights
		3.3.1.3 Organize legal aid clinics for communities of persons affected by violations of sexual and reproductive health rights
THEMATIC AREA: KEY AND AFFECTED POPULATIONS		
3.4 Develop the capacities of PBOs and CBOs working with key and affected populations, including IDUs, PWDs, prisoners and sex workers on related health and human rights	3.4.1 PBOs and CBOs working with IDUs and affected communities are effectively demanding respect, protection and implementation of their health related human rights	3.4.1.1 Undertake and facilitate capacity building of PBOs, CBOs working with IDUs, PWDs, prisoners, sex workers and MSMs
		3.4.1.2 Carry out consultative and sensitization forums with and for communities of IDUs on their health rights
		3.4.1.3 Organize legal aid clinics for communities of IDUs on their health rights
		3.4.1.4 Undertake capacity building and sensitization of PBOs and CBOs working with MSMs

BROAD WORK PLAN		
OBJECTIVES	OUTPUT RESULTS	ACTIVITIES
	3.4.2 PBOs and CBOs working with PWDs and affected communities are effectively demanding respect, protection and implementation of their health related human rights.	3.4.1.5 Carry out consultative and sensitization forums with and for communities of MSMs on their health rights
		3.4.1.6 Organize legal aid clinics for communities of MSMs on their health rights
		3.4.2.1 Undertake capacity building and sensitization of PBOs, CBOs working with PWDs
		3.4.2.2 Carry out consultative and sensitization forums with and for communities of PWDs on their health rights
		3.4.2.3 Organize legal aid clinics for communities of PWDs on their health rights
	3.4.3 PBOs and CBOs working with prisoners and affected communities are effectively demanding respect, protection and implementation of their health related human rights	3.4.3.1 Undertake and facilitate capacity building of PBOs, CBOs working with prisoners
		3.4.3.2 Carry out consultative and sensitization forums with and for communities of prisoners on their health rights
		3.4.3.3 Organize legal aid clinics for communities of prisoners on their health rights
	3.4.4 PBOs and CBOs working with sex workers and affected communities are effectively demanding respect, protection and implementation of their health related human rights	3.3.4.1 Undertake capacity building and sensitization of PBOs, CBOs working with and led by sex workers
		3.4.4.2 Carry out consultative and sensitization forums with and for communities of sex workers on their health rights
		3.4.4.3 Organize legal aid clinics for communities of sex workers on their health rights
	BROAD WORK PLAN	
OBJECTIVES	OUTPUT RESULTS	ACTIVITIES
OUTCOME 4: KELIN IS INITIATING AND PARTICIPATING IN STRATEGIC PARTNERSHIPS FOR BETTER DELIVERY ON HEALTH RIGHTS		
THEMATIC AREA: HIV & TB		
4.1 Initiate and participate in strategic partnerships nationally, regionally and globally to strengthen the rights based approach in TB and HIV	4.1.1 TB and HIV related rights are increasingly respected and integrated due to national, regional and global strategic partnerships initiated by KELIN and in which KELIN participates	4.1.1.1 Initiate and participate in strategic partnerships at national, regional and global levels to deliver results to enhance respect for and protect the rights of those affected by TB and HIV
		Examples of Sub-activities
		4.1.1.1.1 Participate in national, sub-regional and regional strategic partnerships to advocate for access to medicines for the treatment of TB, HIV and palliative care
		4.1.1.1.2 Participate in strategic partnerships to enhance the knowledge of judicial officers on HIV and human rights

BROAD WORK PLAN		
OBJECTIVES	OUTPUT RESULTS	ACTIVITIES
OUTCOME 4: KELIN IS INITIATING AND PARTICIPATING IN STRATEGIC PARTNERSHIPS FOR BETTER DELIVERY ON HEALTH RIGHTS		
THEMATIC AREA: HIV & TB		
		4.1.1.1.3 Participate in strategic partnerships to enhance the knowledge of law enforcement officers on HIV and human rights
		4.1.1.1.4 Participate in strategic partnerships to enhance the knowledge of healthcare workers on HIV and human rights
		4.1.1.1.5 Participate in strategic partnerships to enhance the knowledge of national human rights institutes on HIV and human rights
THEMATIC AREA: WOMEN'S LAND AND PROPERTY RIGHTS		
	4.1.2 Women's land and property rights regimes are increasingly improving at the national, regional and global levels due to improved strategic partnerships for addressing current human rights concerns	4.1.2.1 KELIN is initiating and participating in strategic partnerships at the national, regional and global levels to enhance respect for and protection of WLPR
THEMATIC AREA: SEXUAL AND REPRODUCTIVE HEALTH RIGHTS		
	4.1.3 Reproductive health rights regimes are increasingly improving at the national, regional and global levels due to improved strategic partnerships for addressing current human rights concerns	4.1.3.1 KELIN is initiating and participating in strategic partnerships at the national, regional and global levels to enhance respect for and protection of reproductive health rights
THEMATIC AREA: KEY AND AFFECTED POPULATIONS		
5.1 Review KELIN's institutional policies and align them to the new strategic framework, which is itself aligned with Kenya's new constitutional framework and its devolved system of governance	4.1.4 Rights of key and affected populations, including IDUs, PWDs, prisoners and sex workers are increasingly respected and integrated into health service delivery as a result of improved strategic partnerships initiated at the national, regional and global levels	4.1.4.1 KELIN is initiating and participating in different strategic partnerships at the national, regional and global levels to enhance the respect and protection of the rights of key and affected populations, including IDUs, PWDs, prisoners and sex workers
	5.1.1 KELIN's operational policy frameworks have been reviewed and are aligned to the revised strategic framework	5.1.1.1 KELIN's constitution is revised to align it with the new strategic framework
		5.1.1.2 KELIN's Board manual is revised to align with the new strategic framework

BROAD WORK PLAN		
OBJECTIVES	OUTPUT RESULTS	ACTIVITIES
OUTCOME 4: KELIN IS INITIATING AND PARTICIPATING IN STRATEGIC PARTNERSHIPS FOR BETTER DELIVERY ON HEALTH RIGHTS		
THEMATIC AREA: KEY AND AFFECTED POPULATIONS		
		5.1.1.3 KELIN's human resource manual has been reviewed and is aligned to the revised strategic framework
		5.1.1.4 KELIN's finance manual has been reviewed and is aligned to the revised strategic framework
		5.1.1.5 KELIN's RM manual has been reviewed and is aligned to the revised strategic framework
		5.1.1.6 KELIN's communications manual has been reviewed and is aligned to the revised strategic framework
		5.1.1.7 KELIN's M&E strategy has been reviewed and is aligned to the revised strategic framework
KELIN's HUMAN RESOURCE		
5.2 To recruit staff who are competent and able to deliver on the strategy	5.2.1 KELIN staff is competent, practice the values and principles of the organization and are delivering the strategy in an effective, efficient and timely manner	5.2.1.1 Carry out a job evaluation to inform the restructuring of KELIN to deliver effectively on its strategy
		5.2.1.2 Restructure KELIN and recruit for relevant positions
		5.2.1.3 Train KELIN staff on the strategy; make clear what is expected from staff
		5.2.1.4 Develop and organize the signing performance contracts with all KELIN staff
		5.2.1.5 Monitor individual staff and overall KELIN performance in respect of its mandate.
KELIN WORK CULTURE		
5.3 Develop a work culture that reflects the values of the organization	5.3.1 KELIN staff carry out their tasks in a manner that respects the principles of human rights and the values and principles of the organization	5.3.1.1 Train all KELIN staff on the right based approach to service delivery, Investment in Excellence and on KELIN's values and principles

Annex 2 – KELIN Broad Logical Framework

Objectives	Activities	Output	Indicators	Sources of Verification	Risks/ Assumptions
Advocate for the integration of human rights and the rights approach in policies, laws and operational frameworks/ regulations relating to the thematic areas	Analyze the laws, policies, operational frameworks and regulations that relate to the thematic areas at the national and county level Identify gaps in compliance with human rights principles and prepare recommendations	National and county laws/policies/ regulations relating to the thematic areas analyzed Gap analysis and recommendations produced	No. of laws and policies integrating human rights approaches No. of advocacy meetings held at national and county level No. of policy makers reached	Gap analysis reports Activity reports	The operating environment may not be favorable, especially if the reviews challenge political and cultural norms There will be adequate human and financial resources to facilitate the analyses and advocacy initiatives
Facilitate access to justice in respect of human rights violations affecting persons within the thematic areas	Provide legal advice and aid to persons within the thematic areas Undertake public interest litigation to influence policy and provide long-term redress for human rights violations in the related thematic areas	Legal aid clinics established Victims of violations, institutions and communities given legal aid and advice Strategic litigation on health and human rights violations undertaken	No. of people reached with legal advice No of institutions reached with legal advice No. of strategic litigation cases instituted in court	Activity reports Case analysis reports Court proceedings	Beneficiaries whose rights are violated will come forward to seek legal services Beneficiaries will be willing to participate in the litigation process The operating environment may not be favorable to some high level public interest litigation cases, especially if they challenge social and political norms

Objectives	Activities	Output	Indicators	Sources of Verification	Risks/ Assumptions
Develop the capacities of PBOs and CBOs on health and human rights issues	<p>Map community and grassroots organizations</p> <p>Conduct a needs and capacity assessment of relevant CBOs and PBOs</p> <p>Facilitate sensitization forums and dialogue sessions for communities of persons affected within the thematic areas</p> <p>Document human rights violations</p>	<p>A database of CSOs and PBO developed</p> <p>Sensitization forums and dialogue sessions undertaken with PBOs, CBOs and the community</p> <p>Cases of human rights violations documented</p>	<p>No. of sensitization forums and dialogue sessions</p> <p>No. of PBOs and CBOs participating in the sessions</p> <p>No. of cases documented</p>	Activity Reports	<p>Beneficiaries will willingly attend the sensitization and dialogue sessions</p> <p>Funds will be available to conduct the capacity building sessions</p> <p>Victims will be willing to report human rights violations</p>
Initiate and participate in strategic partnerships nationally, regionally and globally to strengthen the thematic areas	<p>Attend strategic meetings and conferences at county, national, regional and international levels</p> <p>Develop a database of partners at county, national, regional and international levels</p>	<p>KELIN represented in strategic meetings and conferences at county, national, regional and international levels</p> <p>A database of partners developed</p>	<p>No. of meetings and conferences attended</p> <p>Number of partners documented</p>	<p>Database/ list of partners</p> <p>Travel duty/ activity reports</p>	<p>KELIN will be invited to strategic partnership meetings and conferences</p> <p>There will be financial and human resources to aid KELIN's representation at strategic meetings and conferences</p>

(Endnote)

1 Ministry of Health “National Strategic Plan for Tuberculosis, Leprosy and Lung Health (2015-2018)” available at <http://www.nltp.co.ke/docs/NationalStrategicPlan2015-2018.pdf>.



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