

KELIN STRATEGIC PLAN

2009 - 2013



ABBREVIATIONS

ACHPR	African Charter on Human and People’s Rights
ACRWC	African Charters on the Rights and Welfare of the Child
ADR	Alternate Dispute Resolution
AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on Elimination of Discrimination Against Women
CEDAW	The Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRC	Convention on the Rights of the Child
CRPWDS	Convention on the Rights of Persons With Disabilities
GIPA	Greater Involvement of Persons living with HIV & AIDS
GoK	Government of Kenya
HIV	Human Immuno-deficiency Virus
ICCPR	International Covenants on Civil and Political Rights
ICESCR	International Covenants on Economic Social and Cultural Rights
IDU	Injecting Drug Users
KANCO	Kenya Aids NGO’s Consortium
KAVI	Kenya Aids Vaccine Initiative
KELIN	Kenya Ethical and Legal Issues Network
KMA	Kenya Medical Agency
KNAS	Kenya National Aids Strategy
KNASP	Kenya National HIV/AIDS Strategic Plan
MSM	Men Who Have Sex With Men
NACC	National Aids Control Council
NASCOP	National Aids/STD Control Program
NEPHAK	National Empowerment Network of PLWHA in Kenya
PLWHA	People Living With HIV/Aids
SW	Sex Worker
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Program
UNGASS	United Nations General Assembly Special Session on HIV & AIDS
WHO	World Health Organization
WOFAK	Women Fighting Aids in Kenya

CONTENTS

ABBREVIATIONS	II
1. INTRODUCTION	1
1.1 Background	1
1.2 Approach and Methodology	1
1.3 Overview of the Health, Human Rights & HIV/ AIDS as relates to KELIN'S Programming	2
2. CONTEXT AND ANALYSIS	3
2.1 Macro Environment	3
2.2 Effects	4
2.3 Opportunities	5
2.4 Strengths	6
2.5 Weaknesses	6
2.6 Stakeholder Analysis - Collaborators and Complimenting Agencies	7
3. FIVE YEAR STRATEGY	8
3.1 KELIN Objectives	8
3.2 Vision, Mission and Core Values	8
3.3 Strategic results	8
4. RESULT AREAS	11
OUTPUTS	11
OUTPUTS	12
OUTPUTS	13
OUTPUTS	14
5. MONITORING & EVALUATION	16
6. MANAGEMENT	17
7. KELIN MANAGEMENT STRUCTURE	19
8. PASUNE	20

1. INTRODUCTION

1.1 BACKGROUND

Kenya Ethical and Legal Issues Network on HIV and AIDS (KELIN) traces its origins to 1993, when participants in a United Nations Development Program (UNDP) meeting convened in Ghana, made a resolution to establish a human rights, legal and ethical network on HIV and AIDS in their respective countries.

Initially KELIN was funded and managed by UNDP until 1996 when the funding period came to an end - resulting in the activity reduction, visibility, and a decline in membership. A few members however continued with an agenda that focused mainly on advocacy and litigation. They also ensured that KELIN was registered as a non-governmental organization in December 2001

KELIN's objectives at inception were as displayed alongside.

In 2008, an institutional assessment of KELIN highlighted the need to:

- a. Concretise the purpose for which it exists in order to upscale and effectively deliver on its mandate;
- b. Determine its long term vision as well as develop a strategy on which comprehensive programmes would be designed;
- c. Strengthen internal organizational capacity.

1.2 APPROACH AND METHODOLOGY

This Strategic Plan is based on the outcome of the assessment. The Plan is the outcome of several one-to-one interviews, discussions and planning sessions with key stakeholders. It is further informed by KELIN's past activities and practical experience in addressing ethical, legal and human rights issues in HIV and AIDS. A total of 25 persons participated in the formulation of this Strategy.

The process entailed several steps - the overall institutional assessment, i.e. KELIN's activities and structure since 1993. Both Strengths and weaknesses were assessed.

This was followed by the strategic planning session which entailed the analysis of the ethical, legal and human rights challenges facing persons living and affected by HIV and AIDS, and the availability of health services for this group. Based on the causal analysis, possible solutions were identified, and strategic areas for programming and the best fit for KELIN in the next five years selected. Also, the vision and mission were reviewed and strengthened, and new strategic areas defined.

The final stage involved critiquing the strategic choices and approaches, and articulating expected results during the plan period, details of which are contained the strategic plan for the period 2009 -2013.

KELIN's objectives at inception

Objectives of KELIN at Inception¹

Advocacy: to lobby for an enhanced focus on HIV and AIDS by the GOK; for the enactment of legislation dealing with HIV/AIDS and for the protection and non-discrimination of people infected with and living with AIDS in Kenya.

Education: Advise and educate PLWHA in Kenya on how to respond and deal with instances of discrimination and rights violation; sensitize and educate the general populace on the facts about HIV/AIDS to diminish the stigmatization and improve handling of, and relations with, PLWHA and to check the spread of the epidemic; Popularize national and international declarations and recommendations amongst the citizenry and to encourage the GoK to ratify such conventions so as to enhance the status of PLWHAs.

Service Delivery: Offer legal counsel and counselling services to PLWHA and to facilitate experience sharing; liaise with the National AIDS Control Programme and other relevant NGOs to jointly fight the virus and its effects in any manner appropriate; Collect data and present instances of rights violations vis-à-vis people with HIV/AIDS to policy makers and provide possible solutions.

This Plan provides the framework for KELIN and its stakeholders to contribute to the process of ensuring that the human rights of persons living with HIV and AIDS are respected and enshrined in the health sector and in society at large.

1.3 OVERVIEW OF THE HEALTH, HUMAN RIGHTS & HIV/ AIDS AS RELATES TO KELIN'S PROGRAMMING

Human rights encompass civil, political, economic, social and cultural rights. These are enshrined in international law, through treaties and declarations, such as the Universal Declaration of Human Rights. In addition, there are useful standards such as the International Guidelines on HIV/AIDS and Human Rights and the Declaration of Commitment on HIV/AIDS, adopted at the UN General Assembly Special Session on HIV/AIDS (2001).

The interaction between HIV/AIDS and human rights is most often illustrated through the impact on the lives of individuals of neglect, denial, and violation of their rights in the context of the HIV/AIDS epidemic.

Human rights are fundamental to any response to HIV/AIDS. Indeed human rights and public health share the common goal of promoting and protecting the well-being of all individuals.

The promotion and protection of human rights are necessary to empower individuals and communities to respond to HIV/AIDS, to reduce vulnerability to HIV infection and to lessen the adverse impact of HIV/AIDS on those affected.

HIV continues to spread throughout the world, shadowed by increasing challenges to human rights, at both national and global levels. The incidence and spread of HIV/AIDS are disproportionately high among groups who already suffer from a lack of human rights protection, and experience discrimination. This includes groups that have been marginalized socially, culturally and economically because of behavior, race, ethnicity, sexual orientation, gender, or social characteristics that are stigmatized in a particular society - for example, injecting drug users (IDUs), sex workers and men who have sex with men (MSM). People living with HIV/AIDS (PLWHA) or those affected by it will not seek counseling, testing, treatment and support as a result of stigma, discrimination, and lack of confidentiality or other negative consequences.

2. CONTEXT AND ANALYSIS

Environmental or context analysis is critical to the development of an effective strategic plan. This involves the understanding and assessment of both external and internal environmental factors that are likely to facilitate, enhance or hinder the any organization's performance, in fulfilling its mandate. It therefore;

- Provides a common perception of the environment within which the partners operate.
- Identifies strengths, weakness, threats and opportunities.
- Assists in creative thinking about new requirements to further enhance work.

During the various strategic plan planning sessions with KELIN, the problem of human rights in HIV and AIDS was discussed to enable participants to better understand the core problem and the underlying issues, within the Kenyan context, in order to determine key intervention areas. Several factors were identified as contributing to limited or no access to health and HIV rights. In so doing the macro and micro environments were analyzed.

2.1 MACRO ENVIRONMENT

At the macro level the following were identified as threats;

2.11 Threats

Limited inclusion of human rights within the policies specifically on HIV / AIDS

Although Kenya is a signatory to various international instruments on human rights, which provide the guiding principles for the protection, respect and fulfillment of human rights for citizens. They have not been domesticated leading to ad hoc implementation of, or a separation of human rights from health and other activities, while in the real sense human rights are intertwined with health as well as HIV/AIDS. This is exacerbated by the fact that there is limited advocacy in social and economic rights

Inadequate provision on right to health and related rights within the Constitution of Kenya.

- Inefficient and inadequate health systems that adequately respond to HIV/AIDS - Health services, especially in the rural have suffered from limited investments in both development and recurrent costs for the last fifteen to twenty years. As a result, populations in these regions face the challenges of access due to long distance one needs to cover to access the nearest health facility, limited medical equipment, medicine, nurses and doctors – research has shown that the doctor to patient ratio in Kenya is one trained doctor to three thousand Kenyans.

International Guidelines on HIV/AIDS and Human Rights

1. The Right to Non-Discrimination, Equal Protection and Equality Before The Law.
2. The Right to Life.
3. The Right to the Highest Attainable Standard of Physical and Mental Health.
4. The Right to Liberty and Security of Person.
5. The Right to Freedom of Movement.
6. The Right to Seek and Enjoy Asylum.
7. The Right to Privacy.
8. The Right to Freedom of Opinion and Expression and the Right to Freely Receive and Impart Information.
9. The Right to Freedom of Association.
10. The Right to Work.
11. The Right to Marry and to Found a Family.
12. The Right to Equal Access to Education.
13. The Right to an Adequate Standard of Living.
14. The Right to Social Security, Assistance and Welfare.
15. The Right to Share in Scientific Advancement and its Benefits.
16. The Right to Participate in Public and Cultural Life.
17. The Right to Be Free from Torture and Cruel, Inhuman or Degrading Treatment or Punishment.

Consolidated Version 2006, Developed jointly by the Office of the United Nations High Commissioner on Human Rights and the Joint United Nations Programme on HIV/AIDS.

- There is further limited political will to increase the funding levels from the current 7% to the recommended 15% as recommended in the Abuja Declaration.
- Inadequate and/or inappropriate implementation of policies especially in the health and VCT centres. Policies in health, VCT and other similar centres are either silent or not responsive to human rights. For example, the treatment of sexually transmitted infections in public hospitals often requires one to present their partner to receive treatment. This policy is misused or not well understood and ends up violating the very persons it is expected to protect. This is mainly caused by limited awareness and insensitivity of personnel due to lack of training in school and sufficient experts in the field.

The above factors are as a result of the level of stigma around the discussion of sex. It has been observed that sex is not discussed openly in the society and that sexual health is not perceived as a public issue, but rather a personal issue.

The redress mechanisms for human rights violation within health systems are not adequate or effective - information and knowledge on human rights is limited among the patients and the institutions offering medical services. For example: when a patient is tested for HIV/AIDS without the doctor informing the person then the rights of that person are infringed

A lack of knowledge of human rights, results in people not knowing where to seek redress when rights are violated. This is mainly because of a very lean legal infrastructure and system that is not fully aware of or conversant with the rights of people infected or affected by HIV/AIDS. The formal legal system is also not accessible because it is either too far away (physically) from the ordinary citizen, or too expensive. Further public litigation has not been directed to socio- economic issues thus leaving a gap.

The society does not recognize that there are people who are more vulnerable to HIV/ AIDS, for instance a widow in Luo Nyanza who has to be inherited. This is a traditional and cultural issue. Similarly people in marginalized areas such as Mandera cannot easily access health care and facilities.

2.2 EFFECTS

The meeting identified that the reason people do not want to reveal their HIV status is mainly stigma. When stigma is acted upon, the result is discrimination. Discrimination consists of actions or omissions that are derived from stigma and directed towards those individuals who are stigmatized. AIDS-related discrimination may occur at various levels.

There is discrimination occurring in family and community settings, which has been described by some writers as 'enacted stigma'. This is what individuals do either

Discrimination refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group—in the case of HIV and AIDS, a person's confirmed or suspected HIV-positive status—irrespective of whether or not there is any justification for these measures.

UNAIDS (2000) in the *Protocol for Identification of Discrimination against People Living with HIV*,

deliberately or by omission so as to harm others and deny services or entitlements.

Then there is discrimination occurring in institutional settings—in particular, in workplaces, health-care service provision/facilities, prisons, educational institutions and social-welfare settings. Such discrimination crystallizes into enacted stigma in institutional policies and practices that discriminate against people living with HIV, or indeed in the lack of anti discriminatory policies or procedures for redress. Examples of this kind of discrimination against people living with HIV include the following.

- Health-care services: reduced standard of care, denial of access to care and treatment, HIV testing without consent, breaches of confidentiality including identifying someone as HIV-positive to relatives and outside agencies, negative attitudes and degrading practices by health-care workers.
- Workplace: denial of employment based on HIV-positive status, compulsory HIV testing, exclusion of HIV-positive individuals from pension schemes or medical benefits.
- Schools: denial of entry to HIV-affected children, or dismissal of teachers.
- Prisons: mandatory segregation of HIV-positive individuals, exclusion from collective activities.

At a national level, discrimination can reflect stigma that has been officially sanctioned or legitimized through existing laws and policies, and enacted in practices and procedures. These may result in the further stigmatization of people living with HIV and, in turn, legitimize discrimination.

A significant number of countries, for example, have enacted legislation with a view to restricting the rights of HIV-affected individuals and groups. These actions include:

- The compulsory screening and testing of groups and individuals;
- The prohibition of people living with HIV from certain occupations and types of employment;
- Isolation, detention and compulsory medical examination, treatment of infected persons; and
- Limitations on international travel and migration including mandatory HIV testing for those seeking work permits and the deportation of HIV-positive foreigners.

Discrimination also occurs through omission, such as the absence of, or failure to implement, laws, policies and procedures that offer redress and safeguard the rights of people living with HIV.

Overall an already hostile environment may be a threat to effective delivery of KELIN's mandate if not effectively addressed.

2.3 OPPORTUNITIES

There is overwhelming demand by the infected, affected and the general public for the services provided by the KELIN. The greatest opportunity is for the organisation to build the capacity of civil society, institutions, professional bodies, learning institutions and the general public on their rights. The opportunity is in the provision of a rights based legal system and health sector, as well as experts on Human Rights, legal and ethical issues on HIV. There is also the need for resource and documentation centres to reduce the level of ignorance and attitude in the society.

KELIN having already the experience in working with the government has the opportunity of further providing leadership in influencing policy development and change in this area.

KELIN STRATEGIC PLAN 2009 - 2013

There is also the opportunity in working in partnership with government and other stakeholders. There is a clear opportunity for KELIN to push for a right based approach in all sectors of the society including the legal fraternity, employment and health sectors. This could lead to working with other collaborators to develop multi-disciplinary programmes that are more likely to create impact in society.

There is opportunity to develop a knowledge base from experiences and research as KELIN progresses in accomplishing their mandate and create an opportunity for learning from peers and other stakeholders.

2.4 STRENGTHS

- a. Since 2001 KELIN has been able to meet the demand for legal aid though through a lean membership. Although the organisation has not been able to reach very many people it has been able to supply excellent quality and informed legal assistance to as many people as their human capacity could handle.
- b. The organisation is knowledgeable, with a pool of experts and is able to advice on ethical issues; provide leadership in policy formulation, legislation and law reform, advocacy and lobbying, and research services.
- c. KELIN with limited human, material and financial resources has been able to leverage on these to accomplish their objectives and mission.
- d. KELIN has an established base on which to further build and consolidate on, to create a formidable force to reckon with in their area of expertise.
- e. Another area of strength for KELIN is in the area of partnership with government and other stakeholders. Given the often scarce resources and limited area of expertise this is a strength that is necessary to make greater impact, as well as extend reach.
- f. KELIN having also contributed to the formulation of HIV and AIDS Policy has the credibility on which to build further strategic alliances with the government and to champion advocacy.
- g. Experience is another strength that KELIN can leverage on
- h. KELIN has also initiated the process of establishing efficient and effective organizational structure to deliver on their mandate.
- i. Also, having already started the process of awareness raising, KELIN has the base on which to create a communication strategy to undertake PR activities with her various publics.
- j. KELIN though young has been able to attract funding even if to a small scale, and now has the opportunity to take things to the next level, as well as up scaling services.
- k. KELIN can serve as a learning centre for other sectors as a result of their experiences and any other documented success stories, as well as failures.

2.5 WEAKNESSES

- a. Being a relatively young organization with limited resources, the sphere of reach is still limited and needs to be extended.
- b. Internal structure, processes and systems need to be developed, together with policies and procedures for internal controls – governance and accountability.
- c. Staff capacity in terms of quantity and quality needs to be addressed.
- d. Fundraising ventures need to be expanded and the funds base increased
- e. KELIN needs to work on their visibility and seek recognition for their work to be considered an authority in

- their area of expertise, as well as for fundraising and public relations with their various publics.
- f. Limited capacity to meet the demand for services is another weakness, as well as the ability to create a network with the various stakeholders – especially the trained volunteers

The success of the organisation will be shaped not only by the activities and structure it adopts but also the by the activities of other organisations with similar or complementing objectives. Therefore KELIN should build the capacity of organisations and sectors that will facilitate them to achieve their objective and curve a niche.

2.6 STAKEHOLDER ANALYSIS - COLLABORATORS AND COMPLIMENTING AGENCIES

KELIN is operating in an environment other organisations may be pursuing similar objectives. Rather than treat them as competitors, KELIN recognises that there is much to be done and they can work with collaborating partners to enhance the voice and ultimately the impact of the work. Potential collaborators include the AIDS Law Project and Oscar Foundation. Other organizations with limited similarities include Federation of Women Lawyers (FIDA), Coalition on Violence against Women (COVAW), Kituo cha Sheria and Kenya AIDS NGO Consortium (KANCO).

Complementing Agencies include (i) organizations working with vulnerable groups and people living with HIV/AIDS - Women Fighting AID in Kenya (WOFAK) and National Empowerment Network of People Living HIV/AIDS Kenya (NEPHAK); (ii) trainers in health care – Kenya Medical Association (KMA), Kenya Medical Training Center (KMTC), Association of Professional Counselors, Voluntary Counseling and Testing (VCT) Centres; (iii) legal practitioners; (iv) professional associations like Kenya Association of Manufacturers (KMA), Law Society of Kenya, National AIDS Control Council (NACC), National AIDS/STD Control Program (NAS COP), other Government departments e.g. police.

KELIN has an opportunity to identify the interests of different collaborators and complementing agencies, and identify ways of harnessing the support of those organizations that share the same vision.

3. FIVE YEAR STRATEGY

3.1 KELIN OBJECTIVES

KELIN's goal is to undertake advocacy and provide leadership in ensuring an enhanced rights based approach in health and HIV strategies and programmes. These will include the interrogation of the various sector laws and policies and advocating for the necessary reviews that will ensure rights compliant health, employment and education and also protect the rights of vulnerable populations.

3.2 VISION, MISSION AND CORE VALUES

KELIN's vision is "the full enjoyment of health and HIV related human rights" while its mission is "to ensure the promotion, respect and protection of health and HIV related human rights". KELIN values integrity, equality, non discrimination and justice for all.

3.3 STRATEGIC RESULTS

KELIN envisages the following outcomes in the next five years.

1. Enhanced protection against health and HIV related human rights violations.
2. A society that understands, promotes respects, and protects the health and HIV related human rights of all.
3. An improved health service delivery system that is accessible to all and respects, promotes, protects human rights especially for persons infected or affected by HIV and AIDS, and the vulnerable.
4. KELIN as a well-structured institution delivering its strategic results.

Outcome 1: Enhanced protection against health and HIV related human rights violations.

KELIN as an organization recognizes the fact that all humans have rights that should be respected without any restriction. These rights are should be enjoyed by all no matter the status of an individual in society, people living with HIV/AIDS included. In this regard, KELIN would like to realize a legal and policy framework that promotes, protects, and provides health and HIV related human rights in all sectors (health, employment, education, justice, insurance, etc).

Whereas the HIV Act is now in force, KELIN believes that a review is necessary to amend 'boarder line' issues and remove clauses that may be discriminatory. In this regard, KELIN plans to audit and review the existing laws and develop a model law that will act as a guide, benchmark and an advocacy tool for legislators and the larger public.

KELIN would also like to ensure that the existing HIV Act is being implemented. Facilitation of awareness creation of this particular document and training of implementers like lawyers and other legal practitioners is top of KELINs agenda

OUTCOME 2: A society that understands promotes respects and protects the Health and HIV related human rights

KELIN strives to see reported reduction in HIV related stigma and discrimination through the comprehensive adoption of rights based responses to HIV related actions and programmes.

In realizing the above outcome, KELIN plans to have legal practitioners and paralegals with knowledge on health and HIV

related human rights available in all regions of the country, including having courts that take notice of the importance of Health and HIV violations.

KELIN aims to realize an increased number of legal practitioners (advocate, magistrate and judges from all regions trained on Health and HIV related human rights. In the same breath KELIN would like to have trainings and refresher courses of paralegals from all regions.

In addition, KELIN plans to embark on Health and HIV related programmes applying human rights approaches. This will include training of nurses, community health workers (CHWs), teachers and other stakeholders in human rights awareness with regard to Health and HIV.

In this light, the organisation anticipates that communities in various regions will in turn get empowered to take action whenever they feel that their rights are being violated. Advocacy strategies to create awareness and establish or enhance society empowerment are part of KELIN's road map to having a community that enjoys the protection of Health and HIV Act.

KELIN will also facilitate the inception of community support groups for MARPS and vulnerable groups. This will empower them to respect and protect Health and HIV related human rights violation in a holistic manner. As a result KELIN will support the organization of well managed and self-sustaining community support groups. Increased number of reports by PLHIV women in general, children, widows, orphans, youth, sex workers, MSMs, IDUs, prisoners, elderly and other violations of their rights and seeking redress.

On an individual level, KELIN would like to see people accessing justice for Health and HIV related human rights violations at all levels, despite their social status. Individuals who exist in a certain community will come against fear of stigma and being ostracized.

Another result area is the establishment of a community based dispute resolutions mechanisms and training of community on arbitration of disputes relating to violations at the grassroots levels. KELIN would like to see communities not practicing customs and traditions that violate the rights of individuals including women, children, persons with disabilities and other vulnerable groups and those that are harmful to their health e.g. female circumcision and the abuse of traditions like wife inheritance.

KELIN would like to have Health and HIV related human rights violations effectively redressed at all levels and in turn see an increase in reported malpractice and a number of Health and HIV reported cases of violations that are justly redressed at the community level, public interest cases litigated to set judicial precedents on Health and HIV related human rights concern, workplace HIV related discrimination cases litigated, and rulings upholding the protection of health and HIV related human rights service delivery assessments conducted.

Outcome 3: An improved health service delivery system that is accessible to all and respects, promotes, protects and human especially for persons infected or affected by HIV and AIDS, and the vulnerable.

The increased percentage of citizens (including PLVHIV, MARPS and vulnerable groups) accessing health and HIV services and returning for follow up care will be a indication to achieving this outcome. KELIN as an organization would like to see that the government continues to invest in health and HIV, and receive greater allocations in the national budgets in the years to come. While acknowledging that the Government has increased its health allocation to the tune of 1.2

billion shillings, this amount is however below the 15% of total budget agreed upon by the African Heads of State in Abuja Nigeria in 2000, of which Kenya is a signatory. As a result there should be vigorous advocacy campaigns by all stakeholders on greater investments in health by the government.

KELIN envisages an increased availability and accessibility of HIV related treatment for PLHIV, with more health centers and medical personnel including nurses and doctors to offer specialized treatment.

KELIN supports the governments bid to boost healthcare by allocating Kshs20 million for construction of in each of the constituencies and also the employment of an additional 4200 nurses in the current (2009/2010) financial year. To help in the facilitation of these initiatives, KELIN would like to be involved in an establishment of a treatment campaign as a collaborative partnership or forum with local, regional and global partners and hence a launch various advocacy campaigns on greater access to treatment by PLHIVS, nationally, regionally and internationally.

KELIN would like there to be health service delivery personnel who are aware of and functionally respects, promotes and protects the human rights of clients. This includes Community Health Workers (CHWs) and Traditional Birth Attendants (TBAs). A marked partnership engagement should be seen between KELIN and Health sector implementers established for inclusion of human rights in the service training curricula.

OUTCOME 4: KELIN as a well structured institution delivering its strategic results.

KELIN aims at having a high level capacity to deliver on its strategic results. In this regard, the organisation will establish a clear legal and organizational framework. This will be enhanced by a review of the constitution and a reconstitution of the board to enable for a wider input and training for KELIN management on Health and HIV.

KELIN will continuously have adequately staffed and skilled human resource effectively delivering on its programmes by recruiting of administrative and skilled personnel.

KELIN is in the process of having a well ran institution that encompasses adequate financial and human resources to enable it to deliver on its programmes. Currently the organization is geared towards setting up a physical base and fundraising for future programmes. Structures will be put in place including operational rules and regulations developed to guide governance, programmatic, administrative and financial processes.

KELIN's activities and programmes will also be continuously monitored, evaluated and reviewed where necessary for better delivery on the results by developing and implementing a proper monitoring and evaluation methodology.

KELIN is building a strong networking base that will enhance its partnerships with likeminded organizations in the public, private sector and the civil society sectors that will enable it to contribute more effectively to the community.

KELIN would like to have adequate financial resources to deliver on its strategy, by developing proposals

4. RESULT AREAS

OUTCOME 1: Enhanced protection against health and HIV related human rights violations.

Outcome Indicator: Reduction in health and HIV related human rights violations

OUTPUTS

1.1 A legal and policy framework that promotes, protects and provides for health and HIV related human rights.

- Laws and policies that protect and provide for health and HIV related human rights. This will be tracked by the number of laws and policies hindering access to services by SWs, MSMs and IDUs that are reviewed.
- National laws mainstreamed and are implementing international and regional human rights instruments.

In this regard, KELIN expects to ensure that:

- i) A comprehensive and rights compliant HIV Law is in place - based on the reviewed HIV Prevention and Control Act; and
- ii) The HIV Prevention and Control Act 2006 is informing the practices of health and HIV programme implementers in all sectors.
- No. of sectoral policies and operational guidelines and regulations (health, employment, education, research, insurance, and Justice Sectors) that have included the relevant provisions of the HIV Prevention and Control Act 2006.

1.2 Legal practitioners with knowledge on health and HIV related human rights available in all regions of the country.

- No. of legal practitioners (advocates) from all regions trained on Health and HIV related human rights.
- No. of judicial officers trained on health and HIV related human rights.
- No. of legal education institutions training in HIV and human rights.
- No. of legal aid organizations trained on integration of health and HIV related human rights.
- No. of competent legal practitioners available to provide pro-bono services for vulnerable and poor citizens needing representation in cases challenging the violation of their rights.

1.3 Health and HIV related human rights violations effectively redressed within the justice system.

- No. of cases filed in courts against health and HIV related human rights violations
- No. of public interest cases litigated to set judicial precedents on HIV and health related human rights concerns.
- No. of court Rulings and judgments upholding the protection of Health and HIV related human rights.

1.4 Most at risk and vulnerable populations accessing legal services and justice for health and HIV related human rights violations within the formal legal system.

- No. of legal aid cases addressing health and HIV related human rights violations.
- No. of cases/ arbitration interventions on behalf of MARPs and vulnerable groups.

1.5 Regional and international HIV policies promote respect and protect health and HIV related human rights.

- No. of regional (EAC, IGAD, COMESA AU) and international (UN) policies that promote respect and protection of health and HIV related human rights.
- No. of regional and international collaborative initiatives advocating for respect and protection of the rights relating to health and HIV.

OUTCOME 2: Increased demand by communities and vulnerable populations for respect and protection of their Health and HIV related human rights.

Indicator: Reported reduction in HIV related stigma and discrimination within communities.

OUTPUTS

2.1 Community support groups, MARPS and vulnerable groups have adequate knowledge of their health and HIV related human rights.

- No. of community support groups and organisations of MARPS and vulnerable groups trained on health and HIV related human rights.
- No. of national and sub- national advocacy initiatives demanding the protection and respect of health and HIV related human rights.
- No. of national networks of PLHIV, women, youth, MARPS and other vulnerable groups demanding inclusive policies and protection of their health and HIV related rights.

2.2 Individuals within communities that are demanding justice and redress for health and HIV related human rights violations.

- No. of paralegals from all regions trained on and providing community based paralegal services on health and HIV related human rights.
- No. of individuals accessing health and HIV related human rights information and services.
 - No. of individuals reporting health and HIV related discrimination in the workplace.
 - No. PLHIV, women, children, widows, orphans, youth, sex workers, MSMs, IDUs, prisoners, elderly and others reporting violations of their rights and seeking redress.
- No. of community based dispute resolution initiatives, including working with cultural structures established and intervening on behalf of violated vulnerable individuals especially widows and orphans

2.3 Communities initiating dialogue on the effects of cultural and traditional practices and customs that are harmful to their health and/or violate human rights.

- No. of communities based organizations and cultural structures advocating for elimination of customs and practices that are harmful to health and violate human rights
- No. of communities accepting to modify or eliminate harmful cultural and traditional practices.
- No. of health and HIV programme implementers trained to work with communities and cultural structures in advocating for **protection** of health and HIV related rights and elimination of customs and practices that violate human rights.

OUTCOME 3: Improved sectoral service delivery systems that protect and promote health and HIV related human rights and are accessible to all, including MARPS and other vulnerable populations.

Indicator: The percentage of citizens (including, PLHIV, MARPS and vulnerable groups) accessing services in all sectors without HIV related discrimination and exclusion.

OUTPUTS

3.1 Workplace policies in all sectors protect against HIV related discrimination

- No. of workplace policies in the public, private and CSO sectors protecting against employment related violation of health and human rights.

3.2 Health and HIV programmes applying human rights approaches.

- No. of Health and HIV related programme implementers in the public private sector, and civil society sectors trained on health and HIV related human rights.
- Number of Health and HIV related programme implementers applying rights approaches to programming.

3.3 Greater investment in health and HIV by the Government.

- Increased budgetary allocation in the national budget by government
- No. of advocacy campaigns on greater investments in health by the government.

3.4 Increased availability and accessibility of HIV related treatment for PLHIV

- Increased number of patients on ARVs and other related treatments
- A treatment campaign collaborative partnership/forum with local, regional and global partners established
- No. of advocacy campaigns on greater access to treatment by PLHIVs launched nationally, regionally and internationally

3.5. Health service delivery personnel are aware of and functionally respect, promote and protect the human rights of clients.

- No. of partnerships between KELIN and health sector training institutions established for inclusion of human rights in health curricula.
- No. of partnerships between KELIN and health sector implementers established for inclusion of human rights in the in-service training curricula.
- No. of health sector personnel trained on health and HIV related human rights.
- No. of health service implementers trained on human rights approaches to service delivery.

3.6 Health service delivery centers collaborating with legal service providers to provide comprehensive services for the affected and infected

- No. of initiatives established for provision of complementary legal services within health programmes and institutions.

OUTCOME 4: KELIN is a well structured institution delivering on its strategic results.

Indicator: Level of capacity of KELIN to deliver on its strategic results.

OUTPUTS

4.1 KELIN is supported by a clear legal and organizational framework.

- KELIN constitution reviewed.
- KELIN Board re-constituted.

4.2 KELIN is adequately staffed and run by skilled and knowledgeable human resource, effectively delivering on its programmes.

- No. of skilled administrative and technical personnel employed.
- No. of skills building, in-service courses, and other relevant trainings organized for KELIN staff.
- No. of trainings for board members on board management, human rights and other relevant trainings

4.3 KELIN is fully equipped with the necessary tools and equipment to facilitate efficient delivery on the strategy

- No. and types of equipment procured to support KELIN programmes.

4.4 KELIN has an efficient system facilitating results based management of the institution. No. of operational rules and regulations developed to guide governance, programmatic, administrative, financial.

- An efficient IT system and programmes in place.
- Annual work plans.

4.5 KELIN's activities and programmes are continuously monitored, evaluated and reviewed where necessary for better delivery on the results.

- An M&E plan developed and implemented.

4.6 KELIN's is strategically collaborating with partners in the public, private sector and the Civil society sectors and effectively delivering on its results.

- No of strategic partnerships in which KELIN is participating.

4.7 KELIN has adequate financial resources to deliver on its strategy.

- A developed resource mobilization strategy.
- No. of funding proposals developed, submitted to potential donors and successfully result into funding.

- A developed marketing strategy

5. MONITORING & EVALUATION

Monitoring and evaluation will form an integral part of the Strategic Plan. A comprehensive monitoring and evaluation plan will be prepared prior to implementation of the Strategy. The primary purpose will be to document progress, enhance learning, sharing and continuous improvement. Apart from that, M&E will be critical in monitoring performance and supporting the decision making function.

All programs will regularly monitor their own activities as they relate to KELIN's work and evolving needs based on national events. Continuous evaluation will be done to improve practice and enhance accountability.

Some monitoring mechanisms built in the implementation plan will include annual reviews and reflections with a view to capture emerging lessons and ensure that corrective action is taken; mid-term and end-term reviews and evaluation to ensure internalisation of the emerging lessons/trends and to develop consensus on major necessary strategic changes for the next period. Site visits to observe community level activities - to ensure relevance and consistency with KELIN and human rights standards will be undertaken. The system will ensure that setting up of software and M&E frameworks and documentation of findings will be easily adapted by staff.

A financial management system will be developed and continue to be strengthened to facilitate monitoring of the cost-effectiveness of the activities. Some financial monitoring mechanisms will include program summaries highlighting the status, quantity, quality and effectiveness of activities implemented.

6. MANAGEMENT

The following section outlines the institutional arrangement to manage the process of implementing this Strategic Plan. The staffing structure is based on immediate programs and targets, and the future needs because KELIN is currently working with skeleton staff, with the projection that this will increase based on the level and timing of funding. The aim is to ensure that all programs are covered and that the staff has a mix of skills and experience, equal to the task, and will deliver the aims and targets stated. The structure ensures that the core functions of the institution are all catered for under the roles of program officers for: policy, legal affairs and advocacy (including public interest litigation); training and awareness creation; health, and monitoring and evaluation. The structure will be reviewed as necessary, and especially mid-term to the Strategy period.

The following structures support in different and important ways the management and implementation of the Plan.

- Board of Directors
- Executive Officer
- Program Officers/Management Team
- Field Officers

More importantly, the structure ensures that individuals and teams are responsible to plan, undertake the activities in place and achieve the aims and objectives of this Plan.

Board of Directors: The role of the Board includes policy review and leadership, strategy review and tracking, governance, financial regulation and oversight, management of high level relationships and fund raising support. The Board is responsible for approving the annual budgets and implementation plans. This forum will be convened by the Chair and timetables prepared for meetings to enable it provide guidance to the process. The Board meets at least once a quarter to review progress and approve the funding of projects. Meetings can be convened more regularly if needed, for the consideration of the business presented and approval. The key decisions anticipated each year are:

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

The Executive Officer provides strategic direction, is responsible for the overall management of the organisation and ensuring that KELIN is achieving the objectives and targets set. The EO is responsible for the day-to-day management of all aspects of the institution to ensure the smooth running of the Institution. In addition, this position is responsible for fundraising and the development and maintenance of partnerships.

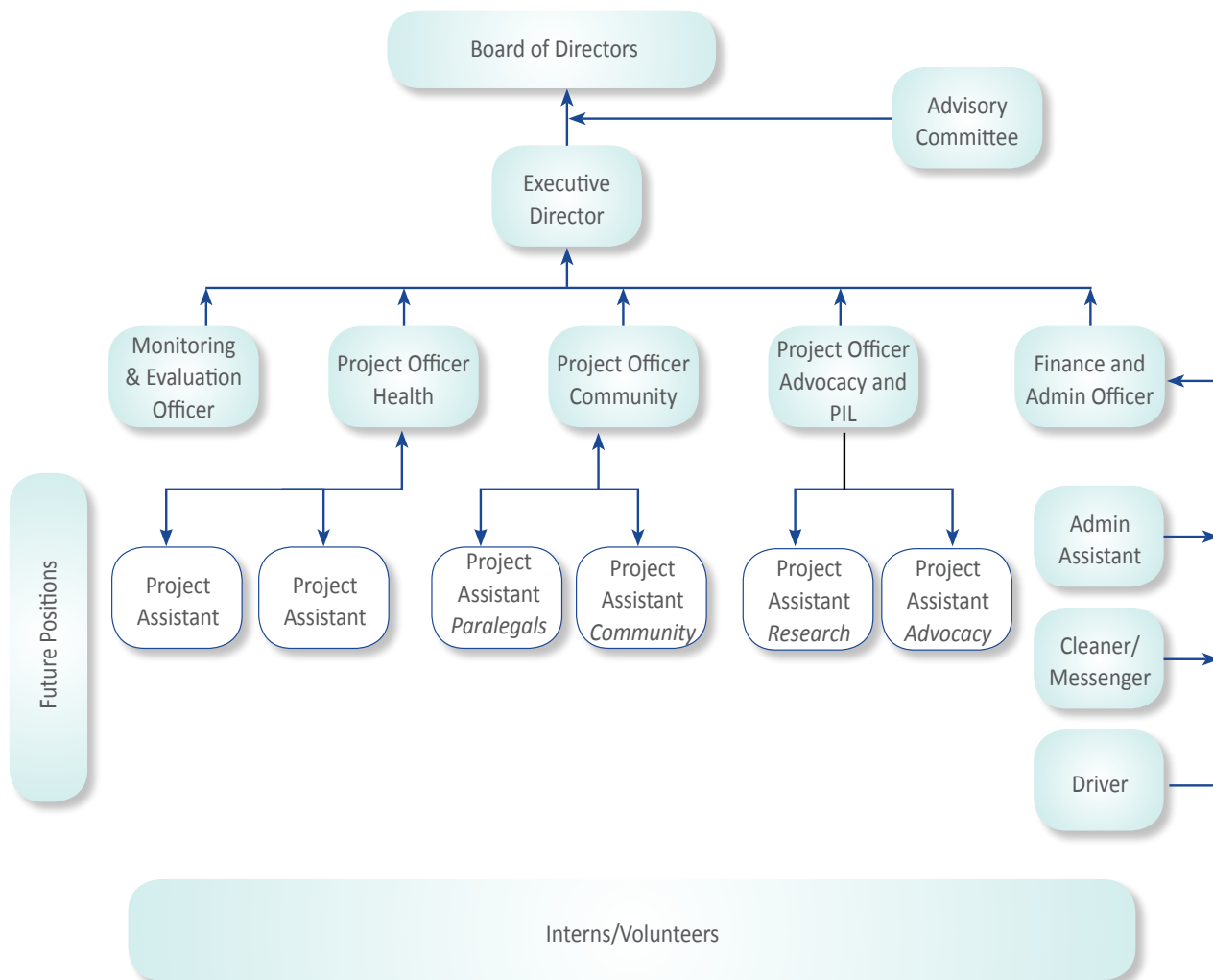
Program Officers/Management Team includes the positions that relate to the core functions of the KELIN.

Other members will be included as necessary. The management team meets every two weeks to discuss updates and progress on the priorities and targets set for the period. The key decisions expected from the management team include: tracking progress of the programs and addressing any arising challenges. Quarterly, the team will review progress reports and recommend action on an ongoing basis; recommend policy areas to improve implementation; support the EO in consultations with the Board of Directors. Annually, the management team reviews priority areas for inclusion in the annual work plans and propose budget allocations;

KELIN STRATEGIC PLAN 2009 - 2013

As Program Officers they are responsible for the day to day implementation of the detailed work program developed and have the mandate to ensure that the plan is implemented effectively. In addition, program officers: provide technical support on program issues, develop annual plans and budgets, progress reports. Staff meetings are held monthly.

7. KELIN MANAGEMENT STRUCTURE



8. PASUNE

The Paralegal Support Network (PASUNE) is a coalition of twenty civil society organizations undertaking paralegal training initiatives as means of enhancing access to justice and strives to harmonise and standardize paralegal training in Kenya.

The secretariat of PASUNE is hosted by the Legal Resources Foundation Trust (LRF).

PASUNE was formed out of the realization that many organizations that were undertaking paralegal concept had approached the paralegal training differently in terms of who could become a paralegal, the content of the training offered, the duration of the training, the methodology of the training and the role played by the trained paralegals. Since all the organizations agreed that the aim of training paralegals was to enhance access to justice, there was therefore need for the paralegal training to be harmonized and standardized.

PASUNE was formed in the year 2000 and its membership includes the following institutions.

1. African Network for the Prevention and Protection Against Child Abuse (ANPPCAN)
2. Archdiocese of Kisumu (ADOK)
3. Centre for Community Law and Rural Development (CECLARD)
4. Centre for Law and Research International (CLARION)
5. Centre for Legal Education and Action Networks (CLEAN)
6. Children Legal Action Networks (CLAN)
7. Citizens' Coalition for Constitutional Change (4Cs)
8. Coalition on Violence Against Women (COVAW)
9. Community Initiative Consultancy Services (CICS)
10. The Child Rights, Advisory Documentation and Legal Centre (CRADLE)
11. Ecumenical Centre for Justice and Peace (ECJP)
12. Education Centre for Women in Democracy (ECWD)
13. International Commission of Jurists (ICJ-Kenya)
14. Kisii Network for Ecology, Agriculture and Development (KNEAD)
15. Kituo cha Sheria
16. League of Kenya Women Voters (LKWV)
17. Legal Resources Foundation Trust (LRF)
18. People Against Torture (PAT)