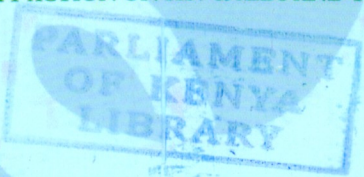




SUPPORTING COMMUNITY ACTION ON HIV & AIDS AND TB



# KENYA AIDS NGOs CONSORTIUM

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## Annual Report

### 2009

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KENYA AIDS NGO<sub>s</sub> CONSORTIUM

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# Annual Report

2009

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# Foreword

2009 was the year KANCO witnessed development partnerships in all their many facets. A large part of the year was dominated by the development of the new strategic plan that will guide KANCO for the next five years (2009-2014). KANCO's new strategic plan was developed in line with the KNASP III, which is guided by the 2007 Kenya AIDS Indicator Survey (KAIS) and the Kenya Modes of Transmission Study (K-MOHT 2008), as well as other emerging trends of the HIV&AIDS and TB epidemics.

2009 was also a year of making international cooperation a top priority. KANCO was accredited as a linking organization of the International HIV & AIDS Alliance (IHAA) in Kenya. IHAA works globally to support communities around the world to reduce the spread of HIV and to meet the challenges of AIDS and related health issues through community systems strengthening. As a linking organization for the IHAA, KANCO supports joint action on HIV&AIDS and TB at the community level and has committed to developing mechanisms to help CSOs work together to achieve the shared goal of universal access.

KANCO participated in the PEPAL Executive Development Program working in Partnerships: challenges and success. The objective of the program was to provide capacity for the organization's leadership to face and manage new challenges. It is recognized that high-impact partnerships help to improve the competitive advantage of the parties involved. Such improvement comes as a result of the exchange of best practices and knowledge. Through this program KANCO was also supported to refine her human resource and board management manuals.

KANCO also made significant contributions and made her presence felt with respect to the ongoing debate on targeting most at-risk populations (MARPs). Socially marginalized and stigmatized groups, such as sex workers, men who have sex with men (MSM), injecting drug users (IDU) and HIV-affected persons, frequently encounter rights abuses, which further complicates and hinders their access to

# Foreword

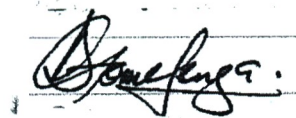
HIV, sexual and reproductive health services. Sex workers are subject to arbitrary arrest and detention and physical or sexual assault by law enforcement officials. To address concerns affecting (MARPs), KANCO provided an opportunity to respond to these needs through advocacy, consultative forums, legal aid clinics, participation in technical working groups, development of a minimum package for sex workers and establishment of a drop-in centre for sex workers that addresses their health needs in the context of HIV&AIDS and TB.

During the year, KANCO elected a new board of directors to oversee the activities of KANCO over the next two years. The new board members were taken through a three-day training on their mandate, roles and responsibilities.

While all these new developments were taking place, the daily work of supporting KANCOs 1,010 member organizations continued unabated, funding projects and programs, strengthening capacity through training and mentorship, making grants, organizing networks for linking and learning, providing information and documentation, promoting advocacy and holding campaigns on further resource allocation to HIV&AIDS and TB activities with greater success

The 2009 annual report reflects the diversity of KANCO's activities and is proof of our accountability and transparency, which is the basis of our legitimacy, and compels us to constantly review what we do.

KANCO, April 2010



Dr Gome Lenga

Chairman

Governance Board

# Executive Summary

The year 2009 will go down in the history of KANCO as a year of transition, increased networking and collaboration, both nationally and internationally. This will be remembered as a year of transition because of significant decisions made that will affect the course of thinking and KANCO's ways of working over the next five years and beyond.

It was in 2009 that KANCO turned over a new leaf – a change that will bring about a fresh focus and adoption of new strategies in driving our agenda forward. This was the year that meant KANCO would no longer pursue business as usual but work with a freshness of focused purpose.

During the year, KANCO's new strategic plan was realized through a highly technical consultative process with our members, collaborating organizations and staff. The new strategic plan focuses on three strategic directions: community systems strengthening, improving policies for HIV and TB and institutional systems strengthening.

The adoption of the new strategic plan represented a transition of our strategic thinking and focus guided by fresh evidence and aligned to the KNASP III and the desire to contribute to the broader national goal of universal access.

In the international arena, KANCO joined the International HIV/AIDS Alliance (IHAA) as a linking organization in Kenya following a successful process of accreditation. This places KANCO at a critical juxtaposition to foster the global agenda of supporting communities in Kenya and around the region to reduce the spread of HIV&AIDS and TB and mitigate the challenges due to AIDS and TB and their related health concerns in a bid to achieve universal access targets.

2009 also saw increased networking and partnerships and the scaling up of activities towards policy advocacy, capacity building and information and documentation in the country. Through the support of development partners and other grants (PEPFAR through CDC, HIVOS, UNDP, GFATM and RESULTS, among others), there was extensive dissemination of HIV and TB information through activities such as legal clinics, breakfast

# Executive Summary

meetings, peaceful processions, medical camps and gender mainstreaming meetings. KANCO was also involved with other activities such as World AIDS Day (WAD), in Ngong township; World TB Day, in Nakuru; and VSN celebrations, in Mombasa, Kakamega and Nakuru.

KANCO continued to support the youth program named "RAY" in Mlolongo, Kware, Thika, Mombasa, Nakuru and Kakamega with a great measure of success, reaching more than 10,000 youths with abstinence and prevention messages.

To address MARPs, KANCO established a drop-in centre in Ongata Rongai – a model type in Kenya – where CSWs receive comprehensive reproductive health services. KANCO also continued to support other programs targeting gender-based violence and MSM.

On capacity building, KANCO actively engaged in the development and review of her members' institutional documents and supported regional forums where members were updated on emerging issues as well as given an opportunity for members to share their experiences and make recommendations on areas for capacity building. Consequently, KANCO, through the Geo-Challenge grant, finalized an HIV service mapping project and By the close of the year, more than 200 member organizations had been mapped, providing information on types of services offered and other related information.

Even with such successes, critical challenges such as involvement of PLWHAS in the decision-making process concerning human rights among themselves, enhancing the voice of PLWHAS by providing an advocacy platform and working with national policies on HIV&AIDS and TB will remain key as KANCO opens a new chapter in implementing the new strategic plan – 2010-2014.

KANCO, April 2010



Allan Ragi  
Executive Director

# Abbreviations

## List of Abbreviations

ACTION	Advocacy to Control Tuberculosis Internationally
AIDS	Acquired Immunodeficiency Syndrome
CACC	Constituency AIDS Control Committee
CBOs	Community Based Organizations
CCM	Country Coordination Mechanisms
CDC	Centre for Disease Control and revention
CSO	Civil society organizations
CSW	Commercial Sex Worker
DFID	Department for International Development
FBOs	Faith Based Organizations
GF	Global Fund
GFATM	Global Fund on AIDS, Tuberculosis and Malaria
GIPPA	Greater Involvement and Participation of people living with HIV&AIDS
HIV	Human Immunodeficiency Virus
HIVOS	Humanistic Institute for Cooperation with Developing Countries
IAVI	International AIDS Vaccine Initiative
ICC	Inter-Agency Committee
IDU	Injectable Drug Users
IEC	Information Education and Communication
IMP	International Memory Project
IMP	International Memory Project
JAPR	Joint HIV/AIDS Program Review
JICA	Japanese International Cooperation Agency
KANCO	Kenya AIDS NGOs Consortium
KMA	Kenya Medical Association



# Abbreviations

KNASP	Kenya National AIDS Strategic Plan
MARPS	Most at Risk Populations
MCGs	Monitoring and coordination groups
MSM	Men having Sex with Men
NACC	National AIDS Control Council
NEPHAK	Network of People with HIV/AIDS in Kenya
NOPE	National Organisation of Peer Educators
NGO	Non Governmental Organization
OVC	Orphaned Vulnerable Child
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
USAID	United States Agency for International Development
UNGASS	United Nations General Assembly special session on HIV&AIDS
PLWHA	People Living With HIV/AIDS
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV&AIDS
UNDP	United Nations Development Programme
WAD	World AIDS Day

# Members of the Governance Board



Gome Lenga  
Chairman



Fr. Firminus Shirima  
Vice Chair



Nancy Okeyo  
Treasurer



Allan Ragi  
Secretary



Consolata Kiara  
Member



Nelson Otuoma  
Member



Irene Kamau  
Member



Collins Omondi  
Member



Alice Munala  
Member

# Background Information

Kenya AIDS NGOs Consortium (KANCO) is a non-governmental organization that has been in existence for the past two decades. With a concentrated focus on HIV&AIDS and TB, KANCO has over time become a premier national membership network organization of non-governmental organizations (NGOs), community-based organizations (CBOs) and faith-based organizations (FBOs) that are directly working in, involved in or have an interest in HIV&AIDS and TB activities in Kenya.

KANCO was established in 1990 by a group of seven visionary members. Since its inception, KANCO membership has continued to be open to all registered NGOs, CBOs, FBOs, people living with HIV & AIDS (PLWHA) support organizations, learning institutions, and public and private sector organizations in Kenya. KANCO also provides for an associate membership that includes individuals and development partners. Over the years, KANCO has experienced rapid growth, and by the end of 2009, KANCO had a membership of more than 1,000 members that are networked, collaborating and bound together by a common vision – to see an AIDS free Kenya.

KANCO's growth and expansion is attributed to its solid integrity, dedication to service and visionary leadership. The year 2009 was the epitome of growth, with KANCO being accredited as the linking organization of the

International HIV/AIDS Alliance. This is a great milestone in the fight against HIV&AIDS. The alliance brings with it much experience and technical expertise in the area of community systems strengthening, which is an important part of the fight against the HIV pandemic. Indeed, community systems strengthening is one of the pillars embedded in the national HIV strategic plan (KNASP III).

## Membership

KANCO has two main types of memberships: paid membership, which is open to all registered NGOs, CBOs, FBOs, PLWHA support organizations, learning institutions, and public and private sector organizations in Kenya that have an interest in HIV&AIDS and TB; and associate membership, which includes individuals and development partners. Both memberships are voluntary, calling for members to share a common vision and understanding and be prepared to work for the common good of Kenyan society

## Vision

KANCO's vision is to have a Kenyan society free of HIV&AIDS and TB and their impacts. KANCO envisions a situation in which Kenyans do not necessarily have to die of HIV&AIDS and TB, and that Kenya will be a society that understands its vulnerabilities and is able to effectively mitigate negative effects due to HIV&AIDS and TB.

## Mission Statement

Our mission statement is to continue to be a premier organization with a commitment to providing and promoting leadership, collaboration and enhancing capacity among CSOs for collective action towards effective responses to HIV&AIDS and TB and its impact.

## Core Values

To work towards the realization of her goals, KANCO adheres to a set of core values that offer guidance and foster a sense of purpose and direction. The core values that have been guiding principles for KANCO are:

- ✦ Solidarity and collective action in responding to HIV&AIDS and TB and their impact
- ✦ Genuine representation of members' needs, irrespective of their status, size or religious affiliation
- ✦ Active participation and involvement of members, government and other stakeholders
- ✦ Quality and equitable provision of HIV&AIDS and TB services to our members and other stakeholders
- ✦ Quality and equitable provision of HIV&AIDS and TB services to our members and other stakeholders
- ✦ Ensuring and maintaining credibility, reliability, integrity, accountability and transparency in all operations
- ✦ Ensuring gender mainstreaming in all activities
- ✦ GIPPA
- ✦ Use of Rights-Based Approaches (RBA) in all HIV&AIDS and other programs

## Strategic Goals

In the 2006-2010 strategic plan, KANCO named four guiding strategic goals that directed and governed her operations.

- ✦ Promote and enhance access to practical and up-to-date HIV&AIDS and TB information to members and other stakeholders.
- ✦ Enhance the capacity of members and other stakeholders to effectively respond to HIV&AIDS and TB and their impact
- ✦ Enhance greater participation of members and other stakeholders to advocate for the development and implementation of HIV&AIDS and TB policies
- ✦ Increase members' access to resources through mobilization, grant making and management.

In implementing the four key strategies, KANCO mainstreamed four key cross-cutting issues related to research, monitoring and evaluation, networking and greater involvement of people living with AIDS (GIPPA).

**✦ The four strategic goals that KANCO focussed during the year can be summed as**

- ✦ **Policy development and Advocacy**
- ✦ **Capacity building**
- ✦ **Information documentation**
- ✦ **Grants making and partnership building**

# Policy Development & Advocacy

## Goal

To facilitate KANCO members to acquire adequate knowledge for articulating, interpreting and mainstreaming existing policies and guidelines on HIV&AIDS and TB and their impact into their programs by 2010.

To realize this goal, KANCO undertook policy development and advocacy initiatives at both the local and national levels. KANCO helped identify issues and provided support to organizations at the local level, allowing them to engage in policy concerns including developing their own workplace policies. Additionally, KANCO provided technical assistance for organizations to interpret these policies.

KANCO delivered the development and advocacy agenda through three strategic objectives: 1) Assisting members in acquiring knowledge for articulating, interpreting and mainstreaming existing policies and guidelines on HIV&AIDS and TB into their programs; 2) Enhancing the leadership capacity of KANCO members to mobilize grassroots participation in policy dialogue, development and advocacy for implementation; and 3) Providing leadership in organizing and facilitating policy advocacy forums for members and other partners on emerging issues and gaps in policy development and implementation.

## Delivering the policy and advocacy agenda

During 2009, KANCO increased dissemination of HIV-related legal policy materials through

legal clinics, workshops and networking meetings. Among the materials disseminated during the year included GIPPA guidelines and gender mainstreaming manuals. The outcome was enhanced human rights awareness and access to justice at the community level. There was increased dissemination of the NGOs Code of Good Practice among member CSOs.

Delivering on the policy and advocacy agenda was realised through the support of donors and programs that included; HIVOs, ARP and TB ACTION among others.

### ❖ Addressing HIV&AIDS related legal and Human rights issues

- ✦ KANCO helped in broadening of the knowledge base on existing legal frameworks and available legal services among member CSOs and community at large through;
- ✦ Creation of awareness about existing HIV-related legal frameworks
- ✦ Building organizational and community capacity to interpret HIV-related legal frameworks
- ✦ Increased access to justice through free legal aid clinics.
- ✦ Dissemination of HIV-related legal frameworks including the HIV&AIDS Prevention and Control Act(2006), the Sexual Offences Act( 2006), the Children's Act( 2001), the Law of Succession Act and the Rape Management Guidelines.

# Policy Development & Advocacy

## Facilitating Access to Justice and promoting Gender mainstreaming

Through free legal clinics organized and conducted in collaboration with member CSOs, more than 116 people were accorded free legal advice on legal issues affecting them. Among them were those who received free referral to specialized institutions that offer pro bono legal services.

On gender mainstreaming, KANCO ensured that member CSOs were given appropriate training on mainstreaming gender in their programming. As a result more than 40 organizations in western province ensured equal opportunities for women in all their HIV&AIDS and TB programming work.

### ❖ Greater involvement of people living with HIV&AIDS

One of KANCO's top priorities is fighting stigma and discrimination associated with HIV&AIDS through greater involvement of PLHIVs. Stigma and discrimination are among the top factors that hinder access to health services for PLHIVs. During the year, extensive dissemination of GIPA principles to CSOs as a way to create coherent and powerful community voices, with people working together to advocate for meaningful participation of PLHIVs in related programming as well as policy dialogue at all levels.

To provide a platform to disseminate relevant policy guidelines, regional networking

meetings were organized in all regions to cover all KANCO membership. More than 100 organizations were reached every quarter through the sensitization meetings.

### ❖ Dissemination of the NGOs Code of Good Practice

KANCO worked with numerous CSO partners to promote the NGOs Code of Good Practice as organisations strive to respond to the HIV&AIDS epidemic. The Code draws on the knowledge and experience gained from the beginning of the response to HIV&AIDS. It sets out key principles, practices and evidence bases required for successful responses to the epidemic. It helps to foster greater collaboration among the variety of NGOs now responding to the HIV&AIDS epidemic and seeks to renew the "voices" of these NGOs by enabling them to commit to a shared vision of good practices in both programming and advocacy. The code of good conduct was disseminated to more than 100 member CSOs every quarter.

### ❖ Enhancing leadership on policy advocacy

Throughout the year KANCO continued to enhance the leadership capacity of KANCO members to mobilize grassroots participation in policy dialogue, development and advocacy for implementation by networking CSOs to strengthen advocacy towards access to HIV&AIDS services and related rights.

Guided by the 2001 declaration of commitments on HIV&AIDS, KANCO

# Policy Development & Advocacy

continued to stress the need for universal access to HIV&AIDS services.

This was realised through the national and quarterly regional networking forums. These forums provided the platform that allowed various CSOs to share experiences, prioritize issues and plan for advocacy.

The National AIDS Control Council and other key stakeholders were often present at these forums to provide updates and direction in relation to the national strategic plan.

## ❖ The World AIDS day campaign

A joint meeting was conducted prior to World AIDS Day 2009 with participation by CSOs working in Kajiado North District, where KANCO held the World AIDS Day event. The meeting provided a forum for development of WAD messages in line with the 2009 theme. Thirty participants representing KANCO's partners in the district attended. The NACC was also represented through the CACC.

KANCO commemorated World AIDS Day 2009 in Ngong town, breaking from the past practice of holding such celebrations in major cities. KANCO defied all odds and took her message to the grassroots. The messages of the outreach event reached more than 10,000 people at the Ngong market grounds. That day, more than 300 people voluntarily took the step of learning their HIV status.

In Nakuru District and the Western and Coast provinces, KANCO regional offices led other CSOs in World AIDS Day events that recorded

equally high turnouts. In Mombasa and Nakuru, KANCO organized football tournaments, complete with commentary, and spread messages of universal access. Voluntary Counselling and Testing (VCT) services crowned the celebrations in all regions.

In recognition of the World AIDS Day 2009 theme, "Universal Access and Human Rights," KANCO held a breakfast meeting targeting journalists and members of parliament on universal access and human rights issues.

Key messages focussed on the roadmap for Kenya to achieve universal access, reduce stigma and discrimination, increase domestic funding towards health services access and adopt an inclusion culture that does not leave most-at-risk populations or further marginalise them.

## World AIDS Day 2009: Key messages

- Kenya must address HIV&AIDS-related stigma and discrimination to achieve universal access to health services.
- To realize universal access, Kenya must invest in a domestic health financing mechanism (a mobile phone airtime tax has been proposed as a possible funding source).
- Universal access will not be achieved if certain populations, such as MSM, CSWs and IDUs continue to be

# Policy Development & Advocacy

## ❖Community engagement in Advocacy

For communities to engage in effective advocacy, they need to have the right information. During the year, KANCO ensured that relevant materials were disseminated to member CSOs to enable them carry out their advocacy work. Among the materials disseminated included the Kenya AIDS Indicator Survey (KAIS) and the Mode of Transmission study of 2008 (MOT) studies commissioned by NACC. The studies analysed the HIV&AIDS epidemic from a point of increasing the collective understanding of HIV transmission dynamics specific to Kenya and its varying socioeconomic, cultural and geographical contexts.

Through community engagement, there has been an increased understanding of the nature of the epidemic among CSOs, and this has created a basis for advocacy for evidenced-based programming.

## ❖Mainstreaming gender in KNASP III

As a member of the national gender task force, KANCO strongly advocated for gender mainstreaming in the KNASP. Members of this task force have also championed setting targets and gender-sensitive indicators in the KNASP to track progress in decreasing women's and men's vulnerabilities to HIV&AIDS and improving their access to prevention, treatment, care and support. The task force has also formulated gender mainstreaming guidelines for all HIV actors.

## ❖Counselling and Testing

In 2009, KANCO continued to represent CSOs in the high-level counselling and testing committee and advocated for change in counselling and testing strategies to include Provider-Initiated Testing and Counselling, (PITC) and mobile, moonlight and door-to-door campaigns to reach all populations, especially youth, migrant communities, long distance truck drivers, CSWs and IDUs. On her part KANCO through the RAY drop in centre conducts regular moonlight VCT sessions to reach out to CSWs.

## ❖Policy Implementation

KANCO continued to press for proper implementation of policies geared towards stigma reduction and involved members of parliament in policy dialogue. Among the policies discussed included the HIV&AIDS Prevention and Control Act of 2006 and the disability act.

KANCO also participated in the technical committee for a disability and HIV&AIDS conference that aimed to highlight the plight of people with disabilities living with HIV&AIDS, policies on disabilities, HIV&AIDS and human rights.

## ❖Community Participation and Representation in National Processes

KANCO strongly promoted grassroots participation in forums that led to the raising of awareness on community concerns. To this end, KANCO supported various community representatives to participate in



the Joint AIDS Program Review (JAPR) process at the district, provincial and national levels. Other CSO representation forums where KANCO ensured representation and participation of CSOs included Monitoring and Coordinating Groups (MCGs), Inter-agency committees (ICCs), Country Coordinating Mechanisms (CCMs), prevention summits, KNASP review and development forums.

#### ❖ Skill-building in Policy Analysis, Advocacy and Networking

To ensure active participation of CSOs in the policy analysis process, KANCO strengthened the capacities of CSOs on advocacy for HIV&AIDS and health financing, especially in decentralized funds such as the Constituency AIDS Fund (CDF), Local Agency Transfer Funds (LATF) and bursary funds, among others. The forums also aimed to strengthen CSO capacity in addressing stigma and discrimination and advocating for meaningful involvement of PLHIVs. A case in point was the advocacy campaign on the effects of the IMF led policies.

#### ❖ The IMF advocacy campaign

With support from RESULTS Educational Fund, and in close collaboration with campaign partners in the United States, Tanzania and Zambia, KANCO engaged in a multi-country research and advocacy campaign on the effects of IMF-led policies in the response to HIV&AIDS and TB. The

project ended in 2009.

Despite the IMF's rhetorical support for development and evidence that links public investment in social sectors to poverty reduction, economic growth and job creation, the IMF's Internal Evaluation Office found that IMF policies continue to nearly universally apply overly restrictive policies. The IMF itself states that this conditionality is primarily intended to "safeguard the (country's) capacity to repay Funds." These policies prevent Kenya from exploring all options for scaling up investment to meet the MDGs and fight its HIV and TB crises. This has led to poor health infrastructure, lack of human resource capacity in the health sector, poor incentives for health workers, out-of-stock drugs for opportunistic diseases and lack of proper nutrition, especially among young infants weaned due to HIV&AIDS. In 2009 KANCO commissioned a study on the effects of IMF policies on health spending with a special focus on HIV and TB. The report was launched in a media briefing in Nairobi-Kenya

KANCO's achievements in her engagement in the IMF campaign include:

- ✍ Increased awareness among local and regional CSOs of IMF policies and their effects on health
- ✍ Advocacy on IMF policies through the media
- ✍ Improved networking among CSOs working on IMF policies



*Launch of the IMF report*

## The NPP Agenda

Partnership building is a key component in directing and focusing interventions. Strong partnerships mean less duplication of efforts and maximization of resources for better results. Throughout 2009, KANCO stepped up her advocacy prowess in expanding partnerships through the organization of forums and meetings for key national networks.

### ❖ Forum for Key National Networks in Kenya

A forum in December 2009 targeted major networks, including the National Empowerment Network of People Living with HIV in Kenya (NEPHAK), the Kenya Network of Religious Leaders Living with HIV (KENERELA), the Kenya Consortium Fighting against AIDS, TB & Malaria (KECOFATUMA), the OVC network and the Kenya Network of Women with AIDS (KENWA). Thirty CSOs participated in the forum. As a result;

- ✍ There was a common understanding among networks on the need to work as partners and have a united voice in advocacy
- ✍ There was also an understanding among networks on priority issues for advocacy in Kenya
- ✍ A steering committee representing 12 organizations that participated in the forum was established to steer discussions initiated at the forum.

### ❖ Regional and National network meetings

During 2009, KANCO held three regional meetings in Eastern, Nyanza and Central provinces and one national meeting under the support of the NPP project to define the roles of CSOs in the national HIV&AIDS response guided by the KNASP III.

The main agenda for these meetings under the NPP project was;

- ❖ To Popularized the KNASP III among CSOs in the targeted regions
- ❖ To sensitize CSOs on their roles and how they fit in the picture of KNASP III
- ❖ To create a common understanding among CSOs on provisions made in the community pillar of the strategy

In addition, issues related to Communication and documentation for knowledge management and sharing were discussed. That best Change stories need to be accurately captured and shared in real time. This calls for proper communication and documentation strategies. To foster this mandate, KANCO worked to ensure that activities were captured and stories were shared in real time while moving towards drafting an advocacy agenda for network forums.

### ❖ GFATM Processes

As an ongoing process, KANCO continued to update information on GFATM processes in Kenya, helping provide CSOs with information needed during GFATM advocacy forums.

## Action through "ACTION"

The Advocacy to Control Tuberculosis Internationally (ACTION) project is an international partnership of advocates working to mobilize resources to treat and prevent the spread of TB, a global disease that kills one person every 20 seconds. ACTION's underlying premise is that more rapid progress can be made against the global TB epidemic by building increased support for resources for effective TB control among key policymakers and other opinion leaders in both high TB burden countries (HBCs) and donor countries.

The project, funded by the **Bill & Melinda Gates Foundation** and other donors, uses cutting-edge advocacy strategies to support country-specific and global solutions for TB control. The project is structured as follows:

- ❖ In six donor countries (Australia, Canada, France, Japan, the United Kingdom and the United States), ACTION partners work to increase political will to mobilize greater financial support to address TB.
- ❖ In two high TB burden countries (India and Kenya), ACTION partners work with national governments and civil society to mobilize greater financial support for TB control.
- ❖ ACTION partners also work to expand and transfer skills for effective TB advocacy to additional donor and high burden countries.

The project in Kenya is a collaborative effort between KANCO and ACTION.

## ❖ Profiling TB in Kenya

In Kenya, TB advocacy has engaged in political advocacy aimed at raising the profile of TB in the country in line with global TB advocacy efforts. In August 2005, the African Ministers of Health meeting, convened by WHO, declared TB an African emergency. Forty-five ministers signed on, including Kenya, and agreed to adopt the WHO resolution in their respective countries.

KANCO's TB program was established in 2008 to advocate for increased resources to address TB. These efforts are crucial in light of evidence showing a tenfold increase in TB

cases in the past ten years, the emergence of multidrug-resistant TB and the fact that TB is the leading killer of people living with HIV in Kenya.

Considering the myriad service gaps, KANCO employed strategies to improve advocacy strategies to propel the TB advocacy agenda.

- KANCO identified the following service gaps:
- Limited resources both from domestic and outside donors funding
- Low coverage of TB in the media
- Low engagement of CSOs in TB initiatives
- Little political commitment on TB
- Lack of ACSM initiatives on the ground

### **KANCO Strategies for Addressing TB Service Gaps**

- Engaging parliamentarians from both local and outside donor countries
- Creating partnerships with the media through training of journalists
- Building the capacity of civil society and empowering TB patients
- Engaging in political advocacy aimed at profiling TB and increasing financial resources
- Policy dialogue and engagement in the National budget formulation process

## ACTION Achievements in 2009

### ❖ Resource Mobilization: GFATM TB Grants

Kenya has been a recipient of three grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, in rounds 2, 5 and 6. Kenya was also successful in recently concluded Round 9 and will receive USD \$45 million; this is dependent, however, on the amount of money mobilised internationally during this year's replenishment forum. KANCO, through advocacy, has monitored the implementation of these grants and, in the process, identified advocacy issues.

### ❖ Obama Campaign: "Help the other half"

The year 2008 was difficult for the entire world due to the economic crisis. This resulted in donors flat-lining contributions to the Global Fund, leaving many projects unsure of potential funding. In response to the financial crisis, ACTION initiated a global campaign entitled "Halfway There," targeted at President Obama in 2009. The campaign coincided with the anniversary of Obama's first year in office and was featured on CNN, with a worldwide coverage.

The campaign was multi-faceted and involved:

- ✍ A procession during the Multi-Initiative Malaria (MIM) conference
- ✍ The signing of 10,000 post cards
- ✍ Presentation of the postcards to head of PEPFAR in a U.S. Thanksgiving ceremony in Nairobi
- ✍ Postcard campaign signing at the ACTION booth during the 40th I U A L T D



conference in Cancun, Mexico.

#### ❖ JICA Supports TB Initiatives in Kenya

Resource mobilisation has been the main objective of the TB project. With a funding gap of 19 million USD in the Division of Leprosy, TB and Lung Diseases (DLTLD) in 2009, there was need to target bilateral donors, including JICA. Discussions were initiated during TICAD conference. In policy dialogue between MOF and the Japanese delegation, headed by the embassy, the ambassador detailed what kind of support Africa would receive over the next five years.

JICA representatives held further discussions in Kenya with officials from the DLTLD. The division was advised to write a concept note and later a proposal, which was later accepted by JICA and the MOF as part of the national proposal to JICA.

JICA rated the TB proposal as high priority, and Kenya could be considered for a grant of approximately USD \$4 million for national laboratory strengthening during 2011 - 2015.

#### ❖ World Bank Supports Laboratory Systems in eastern Africa

Together with ACTION partners, KANCO took part in a global campaign, targeting the World Bank, to establish a laboratory systems strengthening project. To date the World Bank has indicated interest in supporting the proposed project in four East African

countries (Kenya, Rwanda, Uganda and Tanzania). The World Bank sent missions to these countries to determine individual needs and undertook the first round of the process, called the scoping mission. The mission's purpose was to define current bottlenecks in TB control and laboratory weaknesses that the World Bank project could address. The World Bank subsequently broadened the focus of the project to include a health systems strengthening component to improve the public health laboratory network in the region. In the second round of missions, the World Bank defined project components, activities, project costs and institutional and fiduciary arrangements. The project is awaiting approval by the World Bank board during upcoming meetings. If approved, Kenya will receive USD \$22 million out of the USD \$63.3 million value of the entire project. These funds are to help strengthen the laboratory system for more efficient and effective surveillance of TB and other public health issues.

#### ❖ TB Reach

ACTION was represented in the TB Reach proposal steering committee, aimed at establishing guidelines in response to CIDA's innovative grant to enhance TB case detection around the world with funding channelled through the Stop TB Partnership in Geneva. To that end, the facility will award annual grants ranging from approximately USD \$500,000 to \$1 million to applicants

who have demonstrated their ability to achieve this goal.

### ❖ Media Engagement

The project has also employed media engagement as a strategy to raise the profile of TB in the country, as well as to spread advocacy messages. The project has identified a need to enhance the capacity of the media to cover health issues, and TB specifically, for positive outcomes. In 2009, 25 media representatives from different regions were trained in TB issues with the goal of increasing TB coverage. This intervention has resulted in an increase in TB coverage in both print and electronic media

**HORIZONS**  
THURSDAY, 2 JULY 2009

Efforts to control tuberculosis are hampered by lack of cash, facilities personnel and general goodwill, writes DAVID NJAGI

At least 500 people have the difficulty to treat tuberculosis strain called Multiple Drug Resistant (MDR) TB, majority of whom are not in any kind of treatment programme. Kenyatta National Hospital (KNH) chief executive officer, Dr Jotham Micheni, says 500 cases of MDR TB patients have been confirmed in the country, but only 332 of these are registered with the National TB Control Programme (NTCP).

Out of these, says Dr Micheni, only 70 are on treatment, which costs a single patient an average of Sh. 1.5 million.

"We are confirming today that Kenya has a disease burden of 500 MDR TB patients," said Dr Micheni during the official opening of the KNH open day last week. "However, only 332 of them are registered with the NTCP". The lead news column adds fears that an even deadlier strain of the disease, Extremely Drug Resistant (EDR) TB is also spreading in the country.

But KNH maintains that the institution has put in place World Health Organisation (WHO) recommended isolation procedures to prevent further spread of the deadly strain.

**Disease**  
The Department of Respiratory and Infectious Diseases (DRID) says the KNH MDR TB isolation facility, which has an air exclusion to some Sh. 40 million, will be ready for use as soon as this month.

According to the head of DRID, Dr H.M. Irimi, the isolation facility will only accommodate 10 MDR patients, although the management admits that KNH is currently shouldering a heavy disease burden. Following a collapsed national referral system.

"We expect the facility to be ready later this month at a cost of Sh. 50 million," said Dr Irimi. "We will be training provincial medical personnel on how to handle these cases so that we can reduce the number of people who are coming to KNH from the district and provincial levels for conditions, will proceed in haste more than half of the cases due to insufficient research and development on new drugs. According to Melbourne Sans Prosther (MSP), a humanitarian,

**KNH would need an annual budget of Sh 6 billion to attend to 1.2 million patients**

At the moment, KNH is said to have a hospital capacity of 1,800 beds but all of these are already strained by over 2,000 patients who are currently admitted into the national hospital.

By WHO standards, KNH would need an annual budget of Sh 6 billion to attend to the more than 600,000 hospitalized and some more 600,000 outpatients who call at the facility every year.

"For now the government only subsidises payments for staff salaries

**A difficult to treat tuberculosis patient waiting for treatment**

primarily in the lungs, caused by the *Mycobacterium tuberculosis*. It is spread from person to person by breathing infected air during close contact.

TB can remain in an inactive state for years without causing symptoms or spreading to other people. When the immune system of a patient with dormant TB is weakened, the TB

**THE STAR** ★ Thursday, July 30, 2009

## New plan reduces TB treatment

BY HILTON OTENYO

THE treatment period for TB will be reduced from the current eight months to six months from August, TB co-ordinator for Western province Dr Sylvester Adalla said yesterday.

The reduction of the treatment period is meant to reduce the ever-rising level of treatment defaulting by patients.

Adalla said most defaulting patients have cited long treatment regime adding that the new approach will involve new TB patients having their specimen taken to the central reference laboratory for culture analysis before treatment starts.

Adalla was speaking during a four-day TB and Aids guidelines review workshop at a Kakamega hotel.

The workshop is sponsored by the USAID's Aids Population Health Integrated Assistance (APHIA II) Western.

Adalla also revealed that policy for treatment of TB and Aids is being reviewed. Public health experts say the current policy is of a huge volume which is not and undery

**By HILTON**

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**DAILY NATION**  
Thursday July 16, 2009  
is full of

## Declare TB a national disaster, pleads medic

By NATION Correspondent

Tuberculosis should be declared a national disaster following an upsurge of a new strain of the disease, a senior doctor said yesterday.

Kenyatta National Hospital chief executive Jotham Micheni said of the 500 patients diagnosed with TB at the referral institution in the past year, 330 had the deadly multi-drug resistant type.

However, only 70 of those suffering from the Multi-Drug Resistant Tuberculosis (MDR-TB) had turned up for treatment, he said.

According to experts, it costs up to Sh.1.3 million to treat a single case of MDR-TB whose regimen lasts for nine months compared to six months for ordinary TB.

### Killer disease

By declaring TB a national disaster, the Government would be expected to allocate more funding to treat and assist in the management of the killer disease, said Dr Micheni.

He described the rise of the disease as a "new challenge" that should be dealt with urgently in his address to senior Medical Services ministry officials at a Nairobi hotel.

Dr Micheni identified recent challenges facing the health sector as issue: involving standardisation, ethics and emerging diseases such as MDR-TB and swine flu.

He also called for improvement of governance in health facilities and establishment of infectious disease units and trauma centres in all vulnerable regions.

outlets in Kenya. Coverage of TB in the media is also an advocacy tool to reach political leaders and other key stakeholders. In 2009, the project participated in the media activities targeted at the HIV-NSA application during the Global Fund meeting in Addis Ababa; meetings with senior Global Fund officials including professor Michel Kazatchkine, Global Fund executive director; and meetings with UNAIDS Executive Director Michel Sidibe, to advance domestic resources for HIV and potentially TB.

#### ❖ Media Awards

KANCO supported the Tom Arocho Award, which included a cash prize of Kshs 50,000, given during the first-ever National Scientific Conference on Lung Health in 2009. Arocho, a KTN journalist, dedicated his career to using the media to educate the public about HIV and TB issues. He founded the award-winning TV feature, *Mending the Ribbon*, which airs on KTN every Sunday. The recipient of the award, Gatonye Gathura, is an editor with the *Daily Nation* and founder of the *Horizon* magazine, a health weekly publication in the *Daily Nation*. Gatonye was chosen for his dedication to reporting on health, especially TB and HIV.

#### ❖ Political advocacy

KANCO has focused on expanding advocacy to reach as many players as possible. Political advocacy, through engagement with international dignitaries and top

government officials, was one strategy to ensure TB receives the necessary political attention it deserves. Politically inclined activities included the following:

- ❖ Engaging UN Stop TB envoy Dr. Jorge Sampaio in a build-up activity to World AIDS Day 2009
- ❖ Engaging of the Minister for Public Health and Sanitation Hon. Beth Mugo in the launch of the International Standard of TB Care (ISTC) and the Patients' Charter during the bi-annual DLTLD meeting in Mombasa and also in commemoration of World TB day 2009 on 24th March 2009. The media has been a tool for advocacy, which the project has utilized to reach political leaders and other key stakeholders.

#### Other Advocacy platforms

##### ❖ Lung conference

The first-ever National Scientific Conference on Lung Health was held in 2009.



Joseph Mutugu holding a TB awareness campaign at Kamiti prison health center

The conference brought together key stakeholders from a number of African countries to forge common approaches to address lung health as well as share best



practices and challenges in addressing lung health. Other opportunities at the conference included holding a booth that provided an opportunity to share TB advocacy strategies with the conference participants and a plenary session on TB advocacy that also provided a platform for 1) sharing KANCO's experience in advocacy, 2) Community Engagement in TB Advocacy, Communication and Social Mobilization and 3) Building the Capacity of TB Community Advocates

In line with the Stop TB strategy, the TB project has championed empowering communities and TB patients to address the illness. The project has built the capacity of TB patients to engage in community awareness on TB, defaulter tracing and advocacy. By the end of 2009, the project had reached more than 50,000 people with TB information on prevention, care and support. The advocates continue to do defaulter tracing, treatment adherence and nutritional support.

### Key outcomes of the ACTION project

- In the short period that the project has been implemented, achievements include the following:
- Recognition of TB advocates at the health facility level
- Well-established collaboration between DLTLD structures
- Data from advocates captured within the district-level reporting system.

◆ Lessons learned through the implementation period include:

- Partnerships play a key role in scaling up TB initiatives at the community level
- Collaboration between community workers (TB advocates) and government structures ensures that data from community interventions is captured at the national level
- Health education empowers communities to take control of their health

### Beyond Basics: Taking advocacy to a whole new level



# Capacity building

Capacity building of KANCO member CSOs is a continuous process carried through the different projects. Capacity building is aimed at improving both technical and institutional capacities of member CSOs to effectively work towards realizing desired goals and objectives.

How did the different project contributed in capacity building initiatives for CSOs in the 2009 period?

## The Africa Regional Program (ARP)

The ARP program contributed immensely in various dimensions of strengthening the capacity of both KANCO and her members.

### ❖ Technical capacity development

The year 2009 was important for KANCO in strategically initiating activities for MARPs. Two KANCO staff David and Jane benefited from training on working with key populations, Jane on 'know your epidemic' training in Nairobi and later David for a training on MSM in South Africa. The two trainings provided requisite tools in aiding KANCO trainings to key populations' and communities. Importantly the Kenya AIDS Indicator Survey (KAIS 2007) and Mode of Transmission study (MOT 2008) had just been released. These two reports brought to light the great need to focus on MARPs in Kenya owing to their contribution in the overall new infections. It is through these trainings that actions for addressing these populations in KANCO were laid out.

### ❖ Knowledge management

Knowledge gathered from training amongst other reports formed a niche in putting an ARP proposal whose objectives were enhancing CSOs Participation in HIV Prevention in Kenya and whose goal was to promote programmes targeted at HIV prevention, needs of key affected groups and populations. A desktop review on IDUs and MARPs was undertaken aimed at increasing understanding of the HIV prevention needs among the IDUs and MSMs. A dissemination forum on the review report is to be undertaken later in February 2010.

### ❖ Programming support

The ARP support to KANCO in 2009 was aimed at promoting HIV programming based on understanding of the epidemic, setting priorities guided by the epidemic and evidence based practices. The goal was to promote programmes targeted at HIV preventive needs of key affected groups and populations. The project had a two objectives; (1) Enhancement of the capacity of CSOs on effective HIV prevention through training on knowing your epidemic and (2) increasing the understanding of the HIV prevention needs among the IDUs and MSMs in Kenya.

To enhance the capacity of CSOs on effective HIV prevention through training on knowing your epidemic, KANCO conducted a 5 day training for 30 CSOs implementing HIV prevention programs in the regions of Nairobi, Nyanza, Western and South Rift on knowing your epidemic.

On increasing understanding of the HIV prevention needs among the IDUs and MSMs, a review of literature was conducted and as a result a comprehensive IDU report produced.

The research also was to provide a baseline for KANCO programming targeting the IDUs as there is high demand for programs among the these population groups especially in the coast region of Kenya.

During the year there was increased engagement in programming in sexual minorities which made KANCO a referral point for capacity building and policy and advocacy work for the sexual minorities. As a result, Stigma and discrimination of these populations has remarkably reduced both within and outside KANCO after this interaction.

The media reports on sexual minorities have also risen. The 'know your epidemic' has not only increased communities understanding on their epidemic and need to focus on sexual minorities, but build organisations working with MARPs capacities in advocacy, stigma reduction skills, generated a lot of public discussions on sexual minorities.

Confidently we would say that through ARP support, KANCO engagement with sexual minorities' populations and other high risk groups have become more energised. Staff members are now more responsive to key population needs and interactions during other KANCO and other stakeholders' forums have been more visible.

The groups working within these populations are now more visible and willing to share out their information with others.

#### ❖ Institutional strengthening

NEPHAK's constitution was adopted in 2004 after a series of active debates which saw it go through several amendments. An assessment of this document indicated that several loopholes existed and needed to be addressed. For instance, the Constitution stipulated the functions of the Secretariat but did not make reference to transparency and accountability. KANCO facilitated the review of the document through a highly participatory process. The constitution was reviewed, validated and is awaiting adoption by NEPHAK members.

There was also need to review the human resources manual for NEPHAK. Since 2005 NEPHAK policies and procedures relating to accounting (including procurement), human resources and office administration have been in draft form. A review of these draft policies indicated that they needed to be reviewed. For instance, the human resource manual needed to be revised in line with the new labor laws. For example, maternity leave days needed to be consistent with the provisions of Employment Act 2007. This also was successfully reviewed and is awaiting approval.

Similarly, the overall policy and procedures manual needed to be revised to include

provision for preparation of management accounts and reports to donor partners for review by secretariat management team, Treasurer/Finance and Audit Committee and the full Board as a measure for control and accountability.

KANCO supported the review of these documents with guidance from NEPHAK secretariat. It is envisaged that these revised documents will help to enhance NEPHAK's capacity to carry out her mandate.

#### ❖ Regional forums

Nine forums were held for NEPHAK membership at the regional level as a platform to nominate their delegates to the National Delegates Conference. The national delegates' conference is a forum that brings together NEPHAK members from all the regions in Kenya. Each region elects 2 delegates for representation at this national event. This is the forum in which new board members are elected since it is the only forum with adequate member representation. With support from KANCO, NEPHAK also used these nine forums to disseminate GIPA and the Kenya National HIV&AIDS strategic plan to the membership. The forums therefore also served as an avenue to elevate PLHIV involvement in national policy issues.

#### ❖ Board Members induction and training

A three day's training was conducted for the incoming board, which was elected during

the National Delegates' conference in November. One of NEPHAK's challenges in the past has been lack of clarity on boards mandate of the secretariat. There was need to ensure that the newly elected board was capacitated to undertake their mandate while respecting that of the secretariat. KANCO facilitated this process and ensured that weak areas of NEPHAK's previous board were addressed to avoid similar experiences.

#### ❖ Development of strategic plan for NEPHAK

This activity was planned for 2009, but due to delay in elections for a new board, the strategic plan had to be pushed to 2010. It was envisioned that the new board would be responsible for the development of the strategic plan.

#### ❖ Achievements for ARP 2009

One of the major achievements in relation to this objective was a successful delegate's conference (NDC) for NEPHAK, which brought together over 150 PLHIV. The 2nd NDC was held in April 2007. However, from 2007 – 2009, NEPHAK encountered challenges and hiccups which almost saw it go under

It was therefore a major achievement for KANCO to successfully facilitate the 3rd NDC in November 2009, whose objectives were to: build capacities on TB/HIV; disseminate current policy and programming documents; develop strategy and plan for PWP activities

and GIPA; policy in compliance with National Code of Conduct; to elect National Committees; elect a Board of Directors.

The conference brought together key policy makers, which saw NEPHAK spring back to claim their space in national matters relating to HIV policy issues. It was also during this conference that a new board was elected to steer the network towards its mandate.

#### ❖ Challenges:

Working with networks can sometimes prove to be challenging as these networks are comprised of individual groups that have their own systems and processes. To get the network to agree on decisions may at times take long, which can at times delay certain processes.

It was also observed that due to the fact that NEPHAK had gone down from 2007 until late 2009, members had experienced a long period of inadequate access to information or an avenue to channel their concerns. This pushed the members to raise an overwhelming number of questions during the NDC as they finally got a platform. Although, relevant questions were raised the limited time limit was a challenge.

#### ❖ Lessons learnt

What are some of the lessons learnt in 2009 that we need to take forward in 2010?

- ❖ Involvement of people living with HIV in decision making is important in ensuring that issues of Human rights among PLHIVs are addressed
- ❖ Equipping PLHIVs with information and

knowledge on human rights and access to justice promotes advocacy by the most infected and raises communities' voices in challenging violations of human rights and holding the government accountable for their contribution in lack of access to health right and services. This also contributes to GIPA.

- ❖ Working with existing national policies on HIV&AIDS and TB is important in accelerating the CSOs response
- ❖ Enhancing the voice of PLHIV by providing an advocacy platform is key in pursuing national HIV policy issues
- ❖ PLHIV networks need capacity enhancement to enable them carry out their mandate

#### UNDP and UNAIDS

#### ❖ Improving the capacity of CSOs on Policy Engagement:

KANCO has liaised with UNDP in Kenya to support NEPHAK, which is the national network of PLHIV. This collaboration aims at ensuring that NEPHAK has enhanced institutional capacity to enable NEPHAK to effectively respond to HIV&AIDS and deliver on its mandate.

Apart from contributing to supporting NEPHAK's national delegates' conference, the program also offered technical support to NEPHAK's national Coordinator, programme assistant and also office running costs.

KANCO also collaborated with NEPHAK, with support from UNAIDS, to spearhead World AIDS Day activities in North Eastern province. This is the region with the greatest HIV stigma in the country. The activity also brought on board government partners such as the National HIV&AIDS Control Council and the Ministry of Health. The main message for this event was 'Universal access and human rights for PLHIV', therefore emphasis on GIPA principles.

### Stop Aids Now! - The Gender Development Project

#### ❖ Improving capacity of CSOs

The gender development project runs programs that focus on improving the capacity of CSOs in addressing gender issues as human rights issues. The project goal is to mitigate the increasing vulnerability of women and girls to HIV&AIDS; the GDP is anchored in three main themes, namely HIV&AIDS, Gender and Human Rights. These are integrated into its activities to reduce vulnerability of women and girls to HIV&AIDS.

The main targets for this intervention are members of two women groups, and girls from two youth centres On'gata Rongai and Mlolongo. Secondary targets include boys from these two youth centres, plus parents of the youth from the centres, both boys and girls.

The objectives are to increase the capacity of women and girls to make choices and to transform those choices into desired actions and outcomes. The intervention is done through advocacy and networking with partner organizations, production and distribution of IEC materials, and engagement with gender transformative exercises in the form of theatre and role plays, self reflective activities, debates, discussions, and workshops.

In 2009 KANCO Conducted 6 discussions focusing on both the primary and secondary beneficiaries of the project. The three themes were integrated in the activity i.e. the discussion statement brought out the issues of HIV, gender and human rights. The debates reached 60 beneficiaries of the project.

#### International Memory Project (IMP)"

#### ❖ Empowering CSOs to respond to Childrens Issues:

Children remain one of the most vulnerable groups in HIV and AIDS epidemic in Africa. In Kenya, there are more than 1.2 million children who have been orphaned as result of HIV epidemic. Millions more have been vulnerable as result of combination of poverty and HIV and AIDS. With the overwhelming focus on meeting the needs of orphans, these vulnerable children have not always been included comprehensively in HIV programs.

Memory work was first pioneered by NACWOLA in Uganda as an intervention to provide psychosocial support for children. The model of Memory work developed by NACWOLA supports that; psychosocial care or children is best provided within their own home and community, by relatives' caregivers and friends. It works closely with families, seeking to strengthen communication between adults and children. It has also proved to be an approach that supports a range of HIV responses, encourages increased access to services, reduces stigma and discrimination and increases uptake of HIV treatment. IMP is building children's resilience to cope with the impact of HIV.

In the year 2009 KANCO conducted the following activities.

- ✦ A training for children of child headed households on peer education and memory work.
- ✦ 15 families were accorded support during their memory work
- ✦ 19 KANCO member organizations accorded technical support on training and mentorship as they facilitate the IMP.
- ✦ Advocacy and media activities 3 families' experiences were featured in the media.
- ✦ Community consultations were carried out with four groups
- ✦ More than 5 success stories were recorded.
- ✦ KANCO introduced two organizations to National Hospital Insurance Fund (NHIF)

## Education and HIV/AIDS: The Educaids Project

Educaids is a network of organizations based in Netherlands and who have keen interest in supporting intervention that mitigate the impact of HIV&AIDS on education.

The project aims at promoting and strengthening collective intervention/programmes on HIV&AIDS and education among FBO's and NGO's and the development of Sexual Reproductive Health policies that are useful in interventions in the education sector.

The main objective of the project is to establish a common framework for future interventions and consistent communication messages in the area of sexual reproductive health & rights and HIV&AIDS. The project targets communities, teachers and children in and out of school.

In 2009, KANCO conducted the following activities.

- ✦ Qualitative and quantitative researches were conducted in Ongata Rongai, Kajiado district. Group discussions and In-depth interview were conducted on the students, teachers and parents in the following schools. Ongata complex, Finken High School, Royal star High school, Nkoroi Plains View Hill Academy, Enoomatasiani secondary school, Ole kasasi primary school and Kiserian

primary school. 12 Teachers attended the focus group discussions (FGDs) and 14 parents also participated in the discussion. On quantitative research 105 questionnaires were administered in seven schools.

- ✦ ASRH policy was developed. The process was informed by the findings of the research and other national policies on ASRH.

### Responding to AIDS among the Youth (RAY)

The project; Responding to AIDS among the Youth (RAY) commenced in October 2004. Its overall aim is to reduce the impact of HIV & AIDS among young people in Kenya through behaviour change, reducing the level of HIV infection among young people, enhancing access to youth friendly services including HCT, treatment for opportunistic infections and STIs and access to treatment for HIV care and support. The project targets youth in and out of school, MARPs involved in transport, agriculture, workplace and those living in slum areas.

The project is implemented through a network model of five partners based on organizational strength and expertise. These include National Organization of Peer Educators (NOPE) which specializes in behaviour change communication processes for youth through youth to youth approaches including peer education;

Maendeleo ya Wanawake Organisation (MYWO) whose major focus is in involving parents in facilitating behaviour change for youth through offering support to the youth in HIV prevention; Community Capacity Building Initiative (CCBI) whose major responsibility is mapping and data management to inform the project as well as the development of a management information system that guides the project implementation. This provides skills to the youth in data management and promotion of leadership skills among the youth which is aimed at strengthening the capacity of local groups. Kibera Community Self-Help Programme (KICOSHEP) is the other partner which address HCT service delivery and prevention with positives among the youth.

The project focuses on three PEPFAR program areas which includes ABY, OP and HTC and covers three priority sites namely: Mlolongo, Ongata-Rongai (Kware) and Thika.



School session during outreach program

Within the priority sites, RAY has satellite areas of interventions where the services are required by young people and vulnerable groups. Most of the mobile VCTs and



# Capacity Building

outreaches take place in these satellite areas

## ❖ Project objectives

The project has three main objectives and two cross-cutting ones as supportive interventions for project sustainability, learning and sharing:

Promotion of behaviour change among the youth, accelerating other prevention, care and support including the positives, increasing access to counselling and testing

The cross cutting objectives are: -

- ❖ Improving networking among the youth for information exchange and dissemination of lessons learnt
- ❖ Strengthening project sustainability

The project uses different strategies. These include community outreaches, school outreach programs, families matter, and prevention with positives, and minimum package for CSWs.

## ❖ Community outreaches to promote ABY

These were carried out in Rongai, Mlolongo, Thika and their environs on a weekly basis. A total of 152,266 individuals were reached through community outreaches that promote HIV prevention through abstinence and/or being faithful.

## ❖ School outreach programs

To promote abstinence among the youth, in-school sessions were carried out in primary

and secondary schools as well as colleges where a variety of topics were covered with the support of the regional coordinators the ToTs and the youth peer educators identified the schools they were to implement the peer sessions in the respective sites. In some situations the schools demanded for the interventions within their school.

This was intended to particularly widen the scope at which peer education is taken among the youths. The school sessions so far have been successful with a lot of support from the school administration. During this period, a total of 40,136 individuals were reached with abstinence messages.

## ❖ Families Matter Program

The Families Matter Programs (FMP) seeks to strengthen the parent youth communication and promote abstinence. FMP promotes positive parenting and effective parent-child communication on sexual topics hence sexual risk reduction. FMP provides support to parents so that they can convey their values and expectation behaviour to their children. It also helps parents to provide children with important messages related to HIV, STIs and pregnancy prevention.

A total of 3,462 parents were trained, women being the majority. Some of the barriers identified to communication included culture and socialization, inadequate knowledge by the parents, language barriers, lack of time to talk to their children due to other preoccupations, single parenthood

# Capacity Building

among others. During the training, these barriers were explored and ways of overcoming them were identified.

## ❖Community outreaches to promote other preventions including condoms

The project continued to hold community outreaches to reach at risk groups within the three project sites and satellite areas. The main objectives of the outreaches were to provide information on risk of multiple partners, promote fidelity, correct and consistent use of condoms. The forums also promoted access to HTC among the MARPs; promote access to treatment and management of STIs, OIs and ARVs. The same forums provide avenues to address stigma and discrimination among the infected and affected.

During the year, a total of 165,172 were reached with messages of other prevention methods beyond abstinence in Rongai, Mlolongo and Thika. With support of the community leaders, the project has been able to establish 88 condom outlets within the community. These include pubs, restaurants, lodges, salons and barber shops, drop-in-centre, Youths centres, institutions of higher learning, workplaces such as Mabati Rolling Mills and Portland cement factories in Athi River.

## ❖Prevention with positives

Within the RAY project sites, the number of the support groups and their memberships

has been on the increase as more people get tested. The centres run support groups located in different areas where they conduct HTC mobile outreaches. They meet fortnightly while the one coordinated at the site holds weekly meetings called jitegemeo support group. The other four are; Maanza in Machakos, Tupendane in Bawaziri, Kaza Mwendu of Kimongo and Mbukilye of Katoloni. The groups are involved in various IGAs and merry go rounds to improve cohesion of the group and economic empowerment of individual members. Some of the activities are; home management services, group savings and loans, detergent making, weaving, kitchen gardens, Tie and dye and tailoring. They also give health talks and positive living messages in clinics and health centres, networking and HIV awareness campaigns.

Various topics are discussed during the regular meeting geared towards enhancing positive living and better health among members. The following are some of the topics discussed; behaviour change communication, PMTCT, nutrition, TB management, STI management, IGAs and GSL, disclosure, ARVs and side effects, memory work and networking.

## ❖Minimum package of CSWs

Within this period the project intensified interventions targeting CSWs. This was to address the emerging need for intensified intervention among the hard to reach youth

# Capacity Building

and also is in line with the Kenya National HIV/AIDS Strategic plan where CSWs have been recognized as one vulnerable group and drivers of the epidemic. The activities are only implemented in one site - Ongata Rongai.

Key interventions include: -

- ✍ Refresher training for peer educators
- ✍ Provision of HTC service through the Drop in Centre Clinic(DIC), community HTC outreach and Moonlight
- ✍ Establishment of a comprehensive care clinic at the drop-in-centre
- ✍ Establishment of a support group for sex workers LWHA
- ✍ Economic capacity building of sex workers

## ❖ Drop in Centre Clinic

The drop in centre clinic commenced its services on 16th March 2009. Services offered at the clinic include: Access to counselling and testing, screening and management of STIs, screening and treatment for TB, Family planning, HIV care and treatment, psychosocial support, sap smear, recreational activities.

By the end of December 2009, 776 sex workers (SWs) had accessed the treatment services. Those who tested positive for HIV were enrolled for care and treatment services at the clinic.

Increasing access to counselling and testing:  
The project provides VCT through the stand

alone centre's and community mobile VCT. RAY project continued to offer youth friendly VCT services, strengthening the capacity of the partners to offer VCT and developing systems to increase the number of individuals accessing the services.

The use of portable tents and rechargeable lamps has helped in reaching more clients in terms of testing and counselling and moonlight or late night VCT.

During this period, there has been an increase in the number of the young people accessing VCT. This has been attributed to the community outreaches, increased confidence with the RAY youth VCT centres and mobile VCT which reaches areas where there are no centres. During this period, VCT services were intensified through Generation Gpange initiative in which more outreach sessions were conducted as well as coverage of satellite sites. Build up activities to the World AIDS Day celebrations also contributed to intensified VCT services during this period.

During this reporting period, 49 individuals were trained to provide HTC according to national and international standards. As a result, a total of 27, 235 individuals (14,941 males and 12,294 females) received counselling and testing . Counselling and testing services were provided in various settings including, static, community, market places, work places, learning institutions and moonlight HTC.

# Grants making and management

The department seeks to increase access to resources by CSOs that are KANCO members and other stakeholder. This is done through capacity building in grant making processes and management.

To achieve this KANCO has developed various strategies, which includes:-

- ✍ Fundraising for the secretariat and her members
- ✍ Resource provision to the members.
- ✍ Capacity building to KANCO members for resource mobilization.
- ✍ Technical support to members to improve financial utilization, accountability and reporting.
- ✍ Integrated program and financial monitoring and evaluation systems.
- ✍ Participation in international, regional and national forums to lobby for increase resource allocation to HIV/TB and accountability.

## Fundraising for the Secretariat and her Members

During the year 2009, KANCO was able to raise Kshs. 155,107,638 through ongoing project and also established new partnerships and contacts. The new projects that were established include; The child right project funded through Health Link world wide, the African Regional Program (ARP) funded through the international HIV/AIDS

Alliance, the Ukiba Uhai and GFATM round 7 through Care international. During the same year KANCO was able to secure grants through the Alliance to strengthen the capacity of PLHIV networks. Some of the funders who continued to allocate /renew contracts with KANCO include the PEPFAR/CDC, Result Education Fund, IAVI, UNDP,

## Resource Allocation to the Members

KANCO has been supporting her members with resources through granting. During 2009, members were granted a total of Kshs 16,546,864 through RAY project funded by PEPFAR through CDC.

The RAY project commenced in October 2004. Its overall aim is to reduce the impact of HIV & AIDS among young people in Kenya through behaviour change, reducing the level of HIV infection among young people, enhancing access to youth friendly services including HCT, treatment for opportunistic infections and STIs and access to treatment for HIV care and support. The project targets youth in and out of school, MARPs involved in transport, agriculture, workplace and those living in slum areas.

### ❖ Capacity building to KANCO members for resource mobilization

KANCO continued to support members to access resources. This was done both at national and regional level through the resource centres. Some of the organizations that have benefited through this process include Mikindani Youth Project in Changamwe District, Coast Charity Children's Support Programme in Changamwe District, Ukunda youth for Change in Msambweni District, Coast Youth for Change-Wundanyi in Taita Taveta District and Baobab Children's home in Changamwe District.

KANCO has also been able to support youth groups in Mlolongo, Kajiado, Thika and Dagoretti to access resources through TOWA and Ministry of Youth Affairs. In Western region, KANCO has been linking organization to the available local funding initiative and providing them with technical support. Out of this process, a number of KANCO members in western have been able to access funding from Maanisha TOWA and APHIA II Western.

### ❖ Participation forums to lobby for increased resources

KANCO has continued to participate in various forums to advocate for resource allocation and accountability to the health sector, HIV & AIDS and TB. In western province KANCO sits in the DATC for

At the national level KANCO sits in various forums which include the CCM, NACC Board, ICC both for HIV and TB.

At the international level KANCO has been advocating for increased allocation of resource to GFATM. To achieve this KANCO in collaboration with Result Educational Fund organized campaign to lobby for USG to adhere to its commitment to support GFATM. Also KANCO has been targeting multilateral and bilateral donors to support TB interventions. Some of the donors who have allocated resource out of this campaign include JICA and World Bank which are meant to support HSS and laboratory infrastructure.

### ❖ Challenges

Among the key challenges for the year included;

- ✗ High expectation by members for financial support
- ✗ High competition for resources in the country
- ✗ Poor GFATM resource absorption capacity hence impacting negatively on access to resource among CSOs
- ✗ Global economic crisis which made the G8 countries reduce resource allocation for the health sector globally.

# Information Access & Documentation

Through 6 established HIV&AIDS resource centres in Nairobi, Mombasa, Nakuru, Kakamega and youth centres in Rongai and Mlolongo, KANCO was continuously involved in acquisitions, processing, storage, repackaging, publicity and dissemination of HIV&AIDS and TB information.

## HIV&AIDS Information Services

Materials Acquired during the period for KANCO	60,000
Materials Distributed	51,920
Clients Directly visiting KANCO resource centres	31 280

KANCO resource centres managed to stage exhibitions in different parts of the country with the aim of publicizing and promoting access to HIV&AIDS information. Notable ones were during the World AIDS Day Celebrations, and annual International Trade Fair in Nairobi(ASK) Show in Kakamega, Mombasa and Nakuru, 2009 annual International Trade Fair in Nairobi,



KANCO Exhibition Stand at the Nairobi annual International Trade Fair in Nairobi(ASK) show.

Traditional Food Fair 2009 at the National Museums and the Lung conference. Exhibitions also play a key role in publicity and broaden KANCO's understanding of community needs and responses.

The National Aids Control Council hosted KANCO and other HIV/AIDS and TB-related



KANCO Exhibition Stand during the traditional food fair at the Museum

stakeholders. The stand was strategically placed and visited by many people. The stand also offered free VCT services.

## Publications

KANCO resource centres played a key role in publishing of the following publications:

- ❖ KANCO brochure on TB
- ❖ RAY brochure
- ❖ The partner newsletter, renamed partner magazine

The partner magazine is larger, broader, bolder and more attractive to read. The magazine gives updated information on what is going on at KANCO, what is new, the latest in health sector.

It gives readers an opportunity to identify where they can give their input.

KANCO participated at the Traditional Food Fair, dubbed "Celebrating Food in Cultural Diversity Exhibition," at the National Museums of Kenya. KANCO also offered free VCT services at the event, which attracted many.

### Membership

KANCO membership had grown to 1010 by the end of the year. The membership is made up of CBOs, NGOs, FBOs, Research and Learning Institutions, Ministry AIDS units, Parastatals and individuals.

### The AIDSPortal Partnership

The partnership between KANCO and the AIDSPortal Initiative was established in April 2006 and is based on meeting the need for quality information, knowledge sharing and networking in response to the HIV&AIDS epidemic. Using the AIDSPortal website and related tools, the partnership aims to build KANCO's capacity to develop and manage a system that enables knowledge sharing and learning.

The Kenyan section of AIDSPortal features more than 300 documents on Kenya and about 700 related to Eastern Africa by the end of 2009. 500 people and 200 organizations have uploaded their profiles. AIDSPortal Kenya receives about 1,500 visits a month, the majority from the capital city, Nairobi. However, the site also receives regular visits from other towns such as Thika and Nakuru.

KANCO and the UK Consortium on AIDS & International Development held training workshops in Nairobi, Mombasa and Nyeri with the aim to strengthen the knowledge management capacity of KANCO members across Kenya with the purpose of:

- ✦ Establishing how the AIDSPortal initiative has increased KANCO's ability to help members and other stakeholders.
- ✦ Enhancing KANCO's overall ICT capacity.
- ✦ Enabling KANCO to provide cascade training to members in AIDSPortal website use.
- ✦ Connecting KANCO to other organizations to enable learning.

### Bulk Short Message Service tool

KANCO initiated the bulk SMS tool to help send out high volumes of text messages. The messages involved running competitions, mobilization and campaigns; sending notifications to network members about issues of mutual interest, such as event updates and invitations; personalized communications; and peer-to-peer communication. KANCO used the tool during the Universal Access to HIV&AIDS Treatment, Care and Support campaign and for mobilization.

### KANCO's Website

In 2009, KANCO redesigned her website to better meet members and user needs. The website has been used locally and internationally as a source of information on HIV&AIDS and TB. A total of 70,000 hits were recorded during the year. KANCO has

incorporated the mapping of AIDS and TB service organizations' websites into the KANCO website. KANCO's website is quickly becoming a sharing and communication tool, not only among member organizations, but also to other interested parties worldwide.

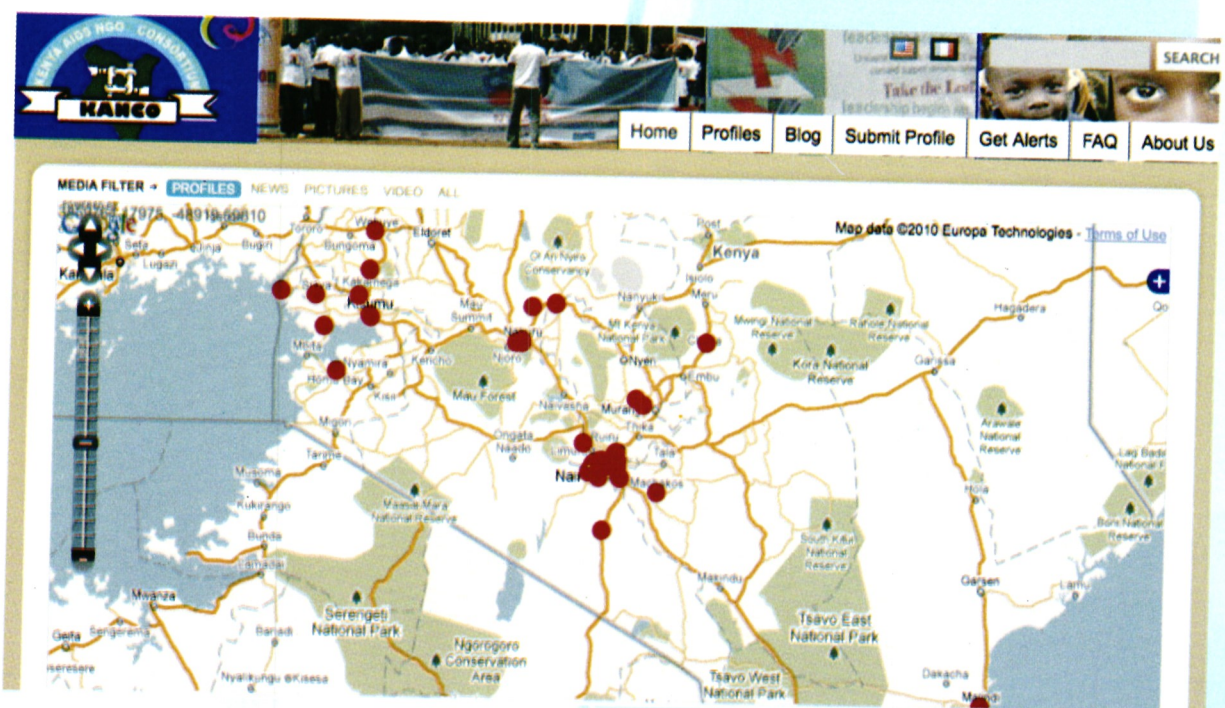
### HIV Service Mapping for KANCO Members

KANCO has been working in partnership with Ushahidi (software for mapping crisis information) and AIDSPortal, a global HIV/AIDS information sharing project, to map its membership in Kenya. The map was designed to address the following questions:

- How can organizations form meaningful partnerships with one another to strengthen their impact and share resources?

- How can policymakers identify gaps in the delivery of HIV, AIDS and TB services at the community level?
- How can communities provide feedback to policymakers on availability and quality of services in their area?
- How can communities affected by AIDS be referred to appropriate local services?

In 2009, KANCO Initiated HIV service mapping for her members through the use of the Ushahidi platform. This pilot project ran for six months and was funded by a Geo-challenge grant from the Google Foundation. KANCO was responsible for the management and daily running of the mapping service, including engaging stakeholders and generally making available data on member services. Two Map Testing Workshops were held in November in Nairobi.





# Income and Expenditure

## STATEMENT OF ADVISORY BOARD'S RESPONSIBILITY FOR THE YEAR ENDED 31ST DECEMBER, 2009

The Advisory Board is required to prepare financial statements for each financial year that give a true and fair view of the state of affairs of the organisation as at the end of the financial year and of its operating results. It also requires the Management to ensure that the organisation keeps proper accounting records that disclose, with reasonable accuracy, the financial position of the organisation.


The Management is also responsible for safeguarding the assets of the organisation.

The Advisory Board accepts responsibility for the financial statements, which have been prepared using appropriate accounting policies supported by reasonable prudent judgements and estimates, in conformity with International Financial Reporting Standards and the requirements of the NGOs Co-ordination Act.

The Management is of the opinion that the financial statements give a true and fair view of the state of the financial affairs of the project as at 31st December, 2009 and of the deficit for the year then ended.

The Advisory Board further accept responsibility for the maintenance of accounting records that may be relied upon in the preparation of financial statements, as well as adequate systems of internal financial controls.

Nothing has come to the attention of the Advisory Board to indicate that KANCO will not remain a going concern for at least the next twelve (12) months from the date of this statement.

EXECUTIVE DIRECTOR: 

DATE: 12/3/2010

TREASURER: 

DATE: 12/3/2010

# Income and Expenditure

## Statement of Income and Expenditure Financial Year Ended December 2009

CONSOLIDATED FUND STATEMENTS FOR THE YEAR ENDED 31ST DECEMBER, 2009

	2009 KSHS	2008 KSHS
RECEIPTS	155,107,639	97,813,899
<u>EXPENDITURE</u>		
INFORMATION ACCESS & DOCUMENTATION	6,342,191	3,056,492
CAPACITY BUILDING FOR MEMBERS	33,528,663	10,286,731
POLICY DEVELOPMENT & ADVOCACY	28,672,486	14,031,134
GRANTS MAKING	16,546,864	39,426,065
NETWORKING	1,502,350	2,536,272
MONITORING & EVALUATION	2,250,044	328,630
OTHER OPERATING EXPENSES	46,054,368	30,962,885
DEPRECIATION	<u>2,400,849</u>	<u>1,509,594</u>
TOTAL EXPENDITURE	<u>137,297,815</u>	<u>102,029,303</u>
SURPLUS	<u>17,809,824</u>	<u>(4,215,404)</u>

# Income and Expenditure

## Independent Auditor's Report to the Advisory Board on the Financial Statements for the Year ended 31st December, 2009

We have audited the Financial Statements of Kenya AIDS NGOs Consortium (KANCO) set on pages 36 to 44 and 97 to 100 together with individual fund account statements set on pages 43 to 95 for the year ended 31st December, 2009. The financial statements are prepared on the basis of accounting policies set on Note 4.1.1.1 and 6.1.4.1 respectively. We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit and to provide a reasonable basis of our opinion. The financial statements are in agreement with the books of accounts.

### RESPECTIVE RESPONSIBILITIES OF MANAGEMENT AND AUDITORS

As stated on page 16, the Management of Kenya AIDS NGOs Consortium (KANCO) is responsible for the preparation of the financial statements. Our responsibility is to express an opinion on the statements based on our audit findings and to communicate our opinion to you.

### BASIS OF OUR OPINION

Our audit was conducted in accordance with International Standards on Auditing. These standards require that we plan and perform the audit to obtain reasonable assurance as to whether the financial statements are free of material misstatement. An audit includes examining on test basis evidence supporting the amounts and disclosures in the financial statements, assessment of the accounting principles used by the management as well as an evaluation of the overall financial statements presentation. We believe that our audit provides a reasonable basis of our opinion.

### OPINION

In our opinion, proper books of account have been kept and the financial statements present fairly in all material respects the financial position of KANCO as at 31st December, 2009, individual project fund balances of its surplus and cashflows for the year then ended in accordance with International Financial Reporting Standards.

### REPORT ON OTHER LEGAL REQUIREMENTS

As required by the Trustees and Succession Act we report to you based on our audit that:-

- (a) We obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit.
- (b) In our opinion, proper books of account were kept by the organization so far as appears from our examination of those books and;
  - © The organization statement of financial position (Balance Sheet) and Receipts and Expenditure Account are in agreement with the books of account.

# Income and Expenditure

## Independent Auditor's Report to the Advisory Board on the Financial Statements for the Year ended 31st December, 2009

P. O. BOX 34694 – 00100, NAIROBI.

### RECEIPTS

	<u>31.12.09</u>	<u>31.12.08</u>
	KSHS	KSHS
GRANTS		
This is made up of the following:-		
INTERNATIONAL HIV/AIDS ALLIANCE	9,682,981	-
GLOBAL FUND ROUND 11	-	27,463,980
HIVOS	6,543,438	6,776,250
CHILD TO CHILD (TRUST UK)	114,022	-
INTERNATIONAL COUNCIL OF AIDS SERVICE ORG	-	2,457,010
CENTRES FOR DISEASE		
CONTROL & PREVENTION	89,490,253	26,739,842
INTERNATIONAL MONETARY FUND	994,151	666,918
NGO CODE OF GOOD PRACTICE	-	1,332,666
UNITED NATIONS DEVELOPMENT PROGRAM	11,971,600	468,000
FOUNDATION OF OPEN SOCIETY INSTITUTE	519,986	1,845,000
INTERNATIONAL MEMORY PROJECT	3,915,254	2,598,584
ALIGNING TREATMENT & PREVENTION		
PROGRAM	4,999,447	4,561,756
RESULT EDUCATION TRUST	16,698,746	9,915,653
ARCAN	-	2,159,863
CORDAID	-	5,670,000
INTERNATIONAL AIDS VACCINE		
INITIATIVE (IAVI)	839,262	985,470
WORLD HEALTH ORGANIZATION	711,596	-
STOP AIDS CAMPAIGN	237,667	-
AIDS PORTAL	907,091	400,000
WORLD AIDS CAMPAIGN	4,697,115	1,001,980
GTZ	174,926	413,940
OTHER INCOME	<u>2,610,104</u>	<u>2,356,987</u>
<b>TOTAL RECEIPTS</b>	<b><u>155,107,639</u></b>	<b><u>97,813,899</u></b>

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31ST DECEMBER,  
2009

STATEMENT OF FINANCIAL POSITION AS AT 31ST DECEMBER, 2009

	31.12.09 KSHS	31.12.08 KSHS
CASHFLOWS FROM OPERATING ACTIVITIES	2009 KSHS	2008 KSHS
SUPPLUS/DEFICIT FOR THE YEAR	17,809,824	(4,215,404)
ADD: DEPRECIATION	2,400,849	1,509,594
LESS: INTEREST INCOME	(22,630)	(149,424)
GAIN ON DISPOSAL	<u>(876,713)</u>	<u>-</u>
OPERATING (DEFICIT)/SURPLUS	19,311,330	(2,855,234)
BEFORE WORKING CAPITAL CHANGES	(678,161)	(810,196)
INCREASE IN RECIVABLES		
(INCREASE)/DECREASE	(49,624)	22,504
IN INVENTORIES	<u>(607,920)</u>	<u>611,872</u>
INCREASE/(DECREASE) IN PAYABLES		
NET CASH (OUTFLOW)/INFLOW FROM OPERATING ACTIVITIES	<u>17,975,625</u>	<u>(3,031,054)</u>
CASHFLOW FROM INVESTING ACTIVITIES		
PURCHASE OF FIXED ASSETS	(7,713,629)	(1,315,599)
PROCEEDS FROM SALE OF MOTOR VEHICLE	1,020,000	-
INTEREST RECEIVED	<u>22,630</u>	<u>149,424</u>
NET CASHFLOWS FROM INVESTING ACTIVITIES	<u>(6,670,999)</u>	<u>(1,166,175)</u>
(DECREASE)/INCREASE IN CASH & CASH EQUIVALENTS	11,304,626	(4,197,229)
CASH & CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR	<u>3,328,653</u>	<u>7,525,882</u>
CASH & CASH EQUIVALENTS AT THE END OF THE YEAR	<u>14,633,279</u>	<u>3,328,653</u>

# Income and Expenditure

## STATEMENT OF FINANCIAL POSITION AS AT 31ST DECEMBER, 2009

	31.12.09	31.12.08
	KSHS	KSHS
NON CURRENT ASSETS PROPERTY, PLANT & EQUIPMENT		
PROPERTY, PLANT & EQUIPMENT	9,633,486	4,463,993
CURRENT ASSETS		
INVENTORIES	263,663	214,039
RECEIVABLE & PREPAYMENTS	22,235,606	21,557,445
CASH & CASH EQUIVALENTS	14,633,279	3,328,653
TOTAL ASSETS	37,132,548	25,100,137
	46,766,034	29,564,130
LIAIBILITIES AND RESERVES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLES	11,533,833	12,141,753
RESERVES		
REVALUATION RESERVE	3,444,803	3,444,803
ACCUMULATED RESERVES	31,787,398	13,977,574
	35,232,201	17,422,377
TOTAL LIABILITIES & RESERVES	46,766,034	29,564,130

# Income and Expenditure

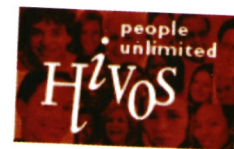
CONSOLIDATED ACCOUNTS IN THE CONVENTIONAL FORMAT  
FOR THE YEAR ENDED 31ST DECEMBER, 2009

STATEMENT OF FINANCIAL POSITION AS AT 31ST DECEMBER, 2009

	<u>31.12.09</u>	<u>31.12.08</u>
	KSHS	KSHS
NON CURRENT ASSETS PROPERTY, PLANT & EQUIPMENT		
PROPERTY, PLANT & EQUIPMENT	<u>9,633,486</u>	<u>4,463,993</u>
CURRENT ASSETS		
INVENTORIES	263,663	214,039
RECEIVABLE & PREPAYMENTS	22,235,606	21,557,445
CASH & CASH EQUIVALENTS	<u>14,633,279</u>	<u>3,328,653</u>
	<u>37,132,548</u>	<u>25,100,137</u>
TOTAL ASSETS	<u>46,766,034</u>	<u>29,564,130</u>
LIAIBILITIES AND RESERVES		
CURRENT LIABILITIES		
ACCOUNTS PAYABLES	<u>11,533,833</u>	<u>12,141,753</u>
RESERVES		
REVALUATION RESERVE	3,444,803	3,444,803
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	<u>35,232,201</u>	<u>17,422,377</u>
TOTAL LIABILITIES & RESERVES	<u>46,766,034</u>	<u>29,564,130</u>

# Appreciation

Kenya AIDS NGOs Consortium wishes to acknowledge support from:





# Annual Report

## 2009



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