

WESTERN HIV AIDS

Networking to respond to HIV-SRHR &, Malaria
Based at 100m from Bridge Academies Kakamega
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<https://www.WesternHIVAIDSNetwork.ac.ke>

Networking in response to Family Planning HIV- MALARIA,(SRHR) Sexual Reproductive Health & Rights

Date: Friday 15th. April 2016

ATT: PETER MWAROGO, COUNTRY DIRECTOR
FAMILY HEALTH INTERNATIONAL (FHI 360) KENYA.

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THROUGH:-

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RE: “Western HIV/AIDS Network.” IS SEEKING FOR SUPPORT FROM FAMILY
HEALTH INTERNATIONAL (FHI 360) KENYA

Western HIV/AIDS Network – (WEHAK) is hereby making a funds request from **Family Health International-(KENYA-FHI360** –see the attached Budget) to help our organization so that we can be able to Capacity Build our member organizations that we have already identified to participate as implementers for effective respond to the planned (**PATH- Project**) that will see us save lives of the vulnerable Children and their mothers in the entire **Western Kenya** with emphasis to the **Kakamega County Kenya.**

“KENYA-FHI-360”

In Kenya (FHI 360) works to improve lives in sustainable ways by developing programs that are evidence - based and grounded in rigorous research. Our country’s portfolio includes integrated programs designed to address some of the most pressing challenges facing communities across Kenya, including in the key areas of Health and Education.

FHI-360 Started working in Kenya in the mid - 1980s focusing on providing technical support to family planning programs and later helping to shape the national HIV/AIDS response. Today FHI360 continues to collaborate with the Government of Kenya and partners to strengthen HIV Prevention, Care and Treatment, **Reproductive Health** and Family Planning Services-through research and innovative approaches to improve service delivery and access.

FHI360 in Kenya works closely with the government; civil society and communities to support development of policies and to implement programs that address national and local challenges. FHI360 Builds Strong Lasting Partnerships and help to build local Capacities to implement effective programs that brings about positive change.

FHI-360-AT FACEBOOK

In the topic (A CALL FOR MORE EVIDENCE) on whether integrated development strategies empower women April 02 2015, **“Can Breaking Development Silos Make a difference for Women and Girls?”** drew a common conclusion: A more integrated approach to the design and funding of development programs has the potential to better address and interrelated challenges faced by Women and Girls around the world. However, they also stressed that integration across sectors and disciplines is a more difficult process and that additional evidence is needed to understand how best to create, deliver and evaluate holistic development solutions that meet the needs of Women and Girls. Panelist Rose Wilcher, Director of Research Utilization at FHI360 emphasized that an integrated approach in the post 2015 development goals era “Needs to be driven by evidence of what works and not by our intuition” She added that the majority of integrated programs for women have not been rigorously evaluated leaving room for better measurement practices. “We really want to know if integrated development has a transformative effect on Women’s and Girl’s lives.”



Our organization appreciates **USAID-PEER Focus area** Health Implementation Science Application Process : <https://www.usaid.gov/what-do/global-health/family-planning/usaids-familyplanning-guiding> USAID,NIH, announce global health collaboration USAIN and NIH have jointly announced funding---- Research topics include **Maternal Health and Child Nutrition Family Planning Malaria** ----more information at the PEER Health Program in the related July /August 2012 article USAID HIH launch-----
<https://www.fic.nih.gov/Home/NewsGlobalHealthMatters/GlobalHealthMatters.July/Aug.2013>
Western HIV/AIDS Network is now seeking for major partnership opportunities with USAID Government. We are truly encouraged that USAID recognizes that achieving Sustainable Solutions to Global Challenges requires USAID to work in close collaboration with Countries, Partners, of all sizes, Citizens and the Wider Development Community. USAID is passionate about embracing a new model of development that taps into the Expertise, resources and innovations of a diverse array of organizations across the public, private and non-profit sectors that can bring ground breaking solutions solving development Challenges.

PROBLEM STATEMENT

Maternal mortality in Western Kenya has remained unacceptably high at 488 maternal deaths per 100,000 live births (with some regions reporting MMRs of 1,000/100,000 live births) in 2008/9, an increase from 414/100,000 in 2003, 590/100,000 in 1998. Most maternal deaths are due to causes directly related to pregnancy and child-birth unsafe abortion and obstetric complications such as severe bleeding, infection, hypertensive disorders, and obstructed labor. Others are due to causes such as malaria, diabetes, hepatitis, and anaemia, which are aggravated by pregnancy. The proportion of women making the recommended number of antenatal care visits of 4 and above declined from 64 per cent in 1993 to 52 per cent in 2003 and to 47% in 2008/9, while the proportion receiving skilled care during delivery declined from 45 per cent in 1998 to 42 per cent in 2003. Skilled attendance at birth increased to 44% in 2008/9. The contraceptive prevalence rate for modern methods among married women increased from 32% to 39% between 2003 and 2008/9 while at the same time, the use of 64 traditional methods decreased from 8 to 6% of married women. The unmet need for family planning, which is still considered high, has remained at 24 percent since 1998. This has largely been attributed to inadequate service provision, poor access due to persistent family planning commodity insecurity and limited resource allocation. More rural women are to receive skilled assistance during delivery; reducing long standing disparities between urban and rural areas. Serious disparities in coverage are also found between the wealthiest and the poorest households. In the developing regions [Kenya] as a whole, women in the richest households are three times likely as women in the poorest households to receive professional care during child birth. To reduce and bring down the high maternal mortality: Western HIV/AIDS Network in order to make a notable impact must therefore address several challenges including the need to ensure the availability of adequate maternity services and skilled personnel to attend to the complications caused and save lives of women and their infants(baby children). Educating women of reproductive age and their spouses to be able to take precautions and prevent unnecessary life loses both to the mothers and their innocent babies. Where necessary Western HIV/AIDS Network will need to involve the Media to be able to send messages to large population in a short time. The media will be very vocal and since many people are listening to the radio and the TV-Television it is possible to send messages and caution pregnant mothers to get the correct personnel who are trained to administer child delivery. The messages will be able to clearly state the qualified facilities that offer quality delivery services. This will help these mothers to avoid the use of unskilled people and thus save them plus their children. Churches and the chief's barazas will offer areas of passing information in order to save lives. Monitoring and Evaluation Teams will be engaged to visit the facilities and make sure that women arriving at the Centre get immediate attention.

PROJECT BENEFICIARIES AS PER GENDER

| | FEMALE..... | MALE |
|--|-------------------|-------------|
| 1.) Women of reproductive age | 4500..... | |
| 2.) Their Children..... | 2500..... | 1950 |
| 3.) Adolescent girls..... | 1800..... | |
| 4.) Sub-county Health Management Teams | 2400..... | 200 |
| 5.) Health Facilities..... | 1500 | |
| 6.) Community Health Units | 45..... | 15 |
| TOTAL BENEFICIARIES AS PER GENDER.....,,..... | 11700..... | 2150 |

PROJECT INDICATORS

Indicators used for measuring progress:

The following indicators will be used to measure the progress of the above outcomes:

- Proportion of births attended by skilled health personnel
- Number and percentage of live births attended by a skilled health professional
- Births occurred in health facilities (Percentage, by income group etc.)
- Women attended at least one and four times for antenatal care during pregnancy (Percentage, by income)
- Number and distribution of health facilities equipped to provide quality with capacity to offer Maternal and child health care (Ex delivery services)
- Number of 1 year-old children accessing basic vaccines
- Number of people screened for chronic diseases of lifestyle
- Number of people treated for chronic diseases of lifestyle 6
- Number of unique cases followed to conclusion post medical camps
- Number and percent of mothers and babies provided with postnatal care within 2 days of birth
- Number of women who received postnatal care within two days of childbirth
- Number of babies who received postnatal care within two days of childbirth
- Neonatal mortality rates
- Infant mortality rates
- Maternal mortality rates
- Number of individuals trained to provide Antenatal Care (ANC) services

PROJECT SUSTAINABILITY

STAKEHOLDERS TO INCREASE PARTICIPATION IN MATERNAL AND NEWBORN HEALTH CARE- KAKAMEGA COUNTY KENYA:. Western HIV/AIDS Network mainly a Capacity Building NGO Network to more than 600 member organizations all affiliated to the Network by official registration and networking with Western HIV/AIDS Network to respond to the Maternal and Newborn Health Care learning about success stories, sharing resources with the simple principle that what has worked with one organization could also work with another organization Through Networking and sharing ideas/resources will lead the member organizations to grow from one another just as comrades copying good examples, sharing materials on policy and success stories Consequently the organizations will strengthen their effort to gain self SUSTAINABILITY of the programs will be achieved as the women of the reproductive age and their new born children will be able to get access to quick and quality care attention during their time of need . It is envisaged in the short time that given the gravity of the slow speed of the

Government's Constitutional devolution Peace for the VISION 2030 and Health Issues that affect women of reproductive age and their children more than anyone else putting women and their new born children as most vulnerable WORKING WITH THE EXISTING HEALTH INSTITUTIONS Experience while implementing the NACC - National AIDS Control Council DTC - TOWA Program at kshs 700,000/-(seven hundred thousands only) for the year's budget has shown that a lot could be done through Networking and collaborating with other organizations that share the same objectives and goals towards a common issue. The CICF - Funding will really modify the approach to the planned TRANSFORMING MATERNAL and NEWBORN HEALTH CARE and consequently accelerate the effort or this important program since our organization will need to intensify the workforce by recruiting additional experienced and well trained staff not forgetting to update our old staff who will automatically be motivated with new allowances the same will contribute to quality service provision to mothers of reproductive age and their children The program will educate women on proper action at proper time. Thus a pregnant woman should visit the Doctor from time to time to be able to know when her child delivery will be due and where she has to report for the child delivery with the support of an experienced /qualified Doctor attending to her all the time for better results QUALITY SERVICE TRAINING FOR HEALTH STAFF(NURSES) It has been noted that some nurses have developed bad attitudes towards women patients especially those seeking for maternity services they tend to treat them roughly even using abusive language and tending to care less Western HIV/AIDS Network will collaborate with the MOH and plan for the nurses to attend special disciplinary courses just to update them on Quality Service Provision and to remind them that they should keep to the nursing ethics. A monitoring and evaluation team should be formed to care for the issue and if it persists the victims to be penalized according to the law of the land (Kenya

PROJECT MONITORING AND EVALUATION

Monitoring and evaluation activities will take place through the following mechanisms, Bi-annual report to the Network by the project (C.E.O.) -Chief Executive Officer. Through the organization's secretariat Quarterly reports to donor partners and regular review meetings amongst network member organizations. Feedback from beneficiaries and effect an impact indicators that have been inbuilt in the objective and output levels for all components. Program and financial management to be evaluated specifically to assess the extend to which they will have achieved the project objectives.

AWARENESS CREATION

Awareness creation about the project:-

The following procedure will be applicable.

- 1.) Project Launching: Western HIV/AIDS Network plans to inform the Government Leaders and the General public of this very important project doing launching will Make the project easily understood with other stakeholders for effective participation
- 2.) Project Survey: Our organization's secretariat will carry out survey within the Organization's catchments area and involve all stake holders
- 3.) Training the organization secretariat/stake holders in the new project implementation. To give them the essential knowledge for effective project implementation
- 4.) Collaborating with the Kenyan, Ministry of Health, Public Health, and other CSOs involved in the care of pregnant mothers for example the MOH – Ministry of Health.
- 5.) Recruitment of women of reproductive age for training sponsored with finance for Health care
- 7.) Connecting with important stakeholder to speed up the project implementation
- 8.) Reporting in response to the correct time scheduled for reports either /from Government or by the Donor
- 9.) Project implementation as per work plan - to respond to the pregnant women & their newborn
- 10.) M & E -Monitoring and Evaluation of the activities to be continuous

Western HIV/AIDS Network (WEHAK) now is proposing a workable SOLUTION:

Western HIV/AIDS Network will collaborate according to the UNAIDS new Guidelines and with funds from USAID as it increases focusing on fostering locally-owned sustainable solutions by creating new ways to work directly with local entrepreneurs, Civil Society Organizations and Partner Country governments to help nations build innovative economies and democratic Societies connected to that one of USAID. Organizations and people should work with USAID to improve millions of lives around the world. Organizations and people should find out how they can get an award from USAID. Organizations and people should find out and learn how we can share new ideas and innovations with USAID. Partnering for IMPACT asking the PROCUREMENT EXECUTIVE, also searching for opportunities for FUNDING and contacting USAID for more development ISSUES and RESOURCES.

WORLD HEALTH ORGANIZATION GUIDELINES FOR HIV TESTING SERVICES

A critical first step in achieving the 90-90-90 targets proposed by UNAIDS is ensuring that 90% of all people living with HIV will know their HIV status by 2020. This is an ambitious goal, as currently only half of people living with HIV know their status. The recently released (WHO) HIV testing guidelines address and respond to this reality. Countries are working towards the 90-90-90 targets proposed by UNAIDS which call for a scale-up of HIV-Testing so that 90% of the people with HIV are aware of their infection, 90% of people diagnosed with HIV are linked to HIV are linked to Antiretroviral Treatment (ART) and 90% of those on ART adhere and have undetectable levels of HIV in their blood. To reach the first 90% - diagnosing 90% of people with HIV who do not know their HIV status – Countries need to improve the effectiveness of their HIV – Testing Services and reach people with HIV who are Undiagnosed so they can be linked to HIV prevention, care and treatment. Countries have indicated to WHO that the consolidation of guidance for HIV testing services will help them achieve this goal.

The new guidelines focus on HIV – Testing Services (HTS) to capture the full range of Services that should be provided together with HIV – Testing. All HIV- Testing Services should continue to be provided within WHO's essential **5Cs** **Consent, Confidentially, Counseling, Correct** test results, **and Connection-** (Linkage to prevention, care and treatment), This includes pretest **INFORMATION** post test **COUNSELING, LINKAGE** to appropriate HIV Prevention, Care and Treatment Services and other Clinical Support Services **Quality** HIV-Testing, **Accurate** Test results and diagnosis and **Coordination** with Laboratory Services to support quality assurance. The Consolidated HIV-testing guidelines are the result of a combination of existing guidance and new recommendations. It is hoped that they will provide more comprehensive guidance that will assist countries in selecting approaches to deliver HIV – Testing services more efficiently and effectively, assure the accuracy of HIV – Testing and diagnosis and improve the quality of HIV testing services. The guidance will also include new recommendations to help countries scale-up their capacity to administer quality HIV – Testing Services particularly in community settings.

Membership of (WRA) – “White Ribbon Alliance”

Western HIV/AIDS Network (WEHAK), is officially registered as a member **No. 62208157** of (WRA) - **White Ribbon Alliance** {an International Alliance implementing Safe Motherhood Methods and Policies} (WRA) through (WHO) **World Health Organization** who offered a one year's intensive Course covering (SRHR) (**Sexual Reproductive Health and Research**) to our organization's (CEO) –Chief Executive Officer Western HIV/AIDS Network through GFMER- Geneva Foundation for Medical Education and Research (please see the GFMER - **Geneva Foundation for Medical Education and Research** participant **No.228 of the year 2012** plus the Certificate attained after successfully completing the 2012 GFMER Course. Western HIV/AIDS Network through combating TB, HIV/AIDS, Malaria and other mostly dangerous and common Human Diseases.

(i.) HIV/AIDS

Indicators:

- a. HIV prevalence among 15-24 year-old pregnant women.
- b. Contraceptive prevalence rate.
- c. Number of children orphaned by HIV/AIDS.

Status and Trends

The national HIV prevalence is estimated at 7% (KDHS 2003). The National AIDS Control Council also estimates that there are more than 3 million people currently infected with HIV/AIDS; and more than 2 million have so far died of AIDS related complications, leaving behind over 1.8 million orphans. Several millions of children are living with parents who are ill, often becoming the primary care givers for their parents, young siblings and other dependants. Over 60% of those infected live in the rural areas where the socioeconomic conditions are worsening due to poverty and unemployment. This has strained the already inadequate and ill-equipped health facilities with over 50% of public hospital beds being occupied by patients with HIV/AIDS related infections. It is estimated that many more persons living with HIV/AIDS stay at home, unable to access health care and stressing the households' ability to cope. In spite of the apparent declines in prevalence, HIV/AIDS has become a tragedy of devastating proportions in Kenya. The lives of the infected, their families, where they work and the country as a whole have been affected. It is estimated that two people die of AIDS every five minutes and 200,000 urgently need antiretroviral drugs but only 12,000 can afford. As a result the disease is costing Kenya more than K.Shs. 200 million daily (KDHS, 2003). The social and economic damage caused by HIV/AIDS in Kenya is enormous and there is urgent need for all actors to intensify the fight against the pandemic. Have by 2015 the spread of HIV/AIDS reversed and the others halted

Challenges

- a) Sex abstinence among the youth is still low, as the median age at first intercourse has largely remained constant in the 1990s, at 16.7 and 16.8 for men and women respectively thus putting them at a high risk of contracting HIV/AIDS.
- b) Despite the high level of awareness on HIV/AIDS (99% among men and 98% among Women), there is **no corresponding change** in sexual practices and a remarkable number of Men and women continue to indulge in risky sexual behaviors.
- c) Though there is steady growth in use of condoms owing to sustained countrywide Campaigns (68% and 54%, in both urban and rural areas respectively), there is still strong resistance for their use.
- d) There are no adequate policies, strategies and resources to counter the increasing number of HIV/AIDS orphans.
- e) Voluntary Counseling and Testing (VCT) has gained popularity countrywide but facilities for the exercise are still limited in rural areas.
- f) Access to anti-retroviral drugs is limited to a small proportion of the HIV/AIDS sufferers due to the high cost, especially for the poor who also account for the largest proportion of the infected.
- g) Only 33% of women and 38% of men know that the use of antiretroviral drugs by the Mother could reduce the risk of transmission from mother to child during delivery

Interventions.

a) The Government launched a National HIV/AIDS Strategic Plan 2000-2005 in December 2000 with the overall theme on behavior change to reduce HIV/AIDS and poverty. Key Components in the plan include priority areas for the control of HIV/AIDS as well as Mechanisms for the mitigation of socioeconomic impact at individual, family, community, sectoral and national levels.

b) The Sessional Paper No. 4 on AIDS in Kenya was approved in September 1997, a clear Intent of political will on part of the government to support effective programs to control the spread of AIDS, to protect the human rights of those with HIV/AIDS, and to provide care for those infected and affected by HIV/AIDS for the next 15 years and beyond.

c) The 1999 Presidential Declaration that AIDS is a national disaster added vigor to the fight, Leading to the establishment of the National AIDS Control Council (NACC). The establishment of NACC in the Office of the President and NASCOP in Ministry of Health provided the national institutional framework for liaison and coordination of activities to combat HIV/AIDS. The establishment of Constituency HIV/AIDS Committees in recent years has added yet another layer in the fight against the pandemic.

d) International development partners have disbursed some of their HIV/AIDS funds through non-governmental and community based organizations. These organizations sponsor a broad spectrum of interventions.

(ii.) MALARIA

Status and trends

Out of Kenya's population of over 30 million, 70% (20 million people) live in malaria prone areas and are at risk of infection. Each year, an estimated 6,000 pregnant women suffer from malaria-associated anemia, 4,000 babies are born with low birth weight as a result of maternal anemia and 34,000 children below the age of five years die from malaria. In addition, 16 districts out of the total 78 in the country lie in the malaria epidemic zone while the rest are endemic for malaria.

Have halted by 2018, and begun to reverse the incidence of malaria and other major diseases. interventions. The overall goal of the National Malaria Strategy (NMS) is to reduce the level of malaria infection and consequent deaths in Kenya by 30% of the current levels by the year 2006 and to sustain that improved level of control to 2010. This is being done through:

a) The use of long lasting insecticide-treated nets (LLITNs) by at-risk communities that is targeted to reach 60% by 2010 and at least 50% of regular nets be regularly treated with insecticides. In addition, the Global Fund's 4th round approved funds for Kenya, which includes the distribution of 3.4 LLINs as part of an integrated immunization campaign beginning early 2006.

b) Change of treatment policy and increasing access to ACT

c) Increasing access to information, education and communication for all people at risk of Malaria and those managing the disease to improve fever recognition and treatment and Management of severe/complicated malaria.

REPUBLIC OF KENYA

Telegams: "MINHELTH",
Telephone: Nairobi 2717077
Fax: 2715239
Email Address:
dms@health.go.ke
When replying
please quote:



OFFICE OF THE DIRECTOR
OF MEDICAL SERVICES
AFYA HOUSE
CATHEDRAL ROAD
P.O. BOX 30016
NAIROBI

Ref: MI/6/5/16A

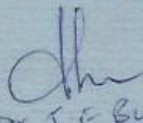
14th November, 2007

The Executive Director
Western HIV/AIDS Network
P.O. Box 1443 -00100
KAKAMEGA

RE:REQUEST TO JOIN KENYA IN WAR AGAINST MALARIA

Your letter dated 25th October, 2007 refers.

Kindly contract the District Medical Officers of the Respective districts of your operation, so that you join the team implementing malaria control activities within the District Health Stakeholders Forums

for 
Dr J E BWONYA
DR. JAMES W. NYIKAL, MBS
DIRECTOR OF MEDICAL SERVICES

(iii.) TUBERCULOSIS

Status and trends The Millennium Development Goal for tuberculosis relate to reduction in prevalence and death rates associated with tuberculosis. There has been an increase in TB cases in the recent years due to the impact of HIV/AIDS pandemic.

In 2003, a total of 96,000 TB cases of all forms were notified compared to 82,000 in the previous year. In 2004, the number of cases went up to 106,000 cases of all forms of TB (NLTP, 2004).

It is currently estimated that over 60% of TB patients are confected. TB cases occur mostly among slum dwellers in large cities and among nomadic populations in pastoral districts. Nairobi, with slightly less than 10% of the total population contributes at least 20% of TB cases notified annually, and the highest case notification rates (>500 cases per 100,000) are recorded in arid and semi-arid areas.

Interventions

- a) The Ministry of Health is implementing internationally recommended TB DOTS Strategy for TB control countrywide
- b) The Ministry is also actively pursuing the WHO/UNAIDS “3 by 5” Initiative to 4Contribute to reducing HIV/AIDS related morbidity and mortality.
- c.) The bulk of resources for TB, including 25% of all anti- TB drugs are provided through the public sector. Other forms of support have been through the World Bank for the District Aids and reproductive Health (DARE) project and the Global Drug Facility.

WEHAK’s Programs and the proposed Yearly Budget:-

Western HIV/AIDS Network (WEHAK) has proposed a Minimal Budget of USD \$ 2,500,000 a year For ten years. (2,500,000 X 10 Years) = USD 25,000,000.00 \$ only. with the proposed amount of money the organizational will be able to implement her Programs effectively and aimed to benefit the poor and marginalize peoples of Western Kenya. Western HIV/AIDS Network is mainly a **Capacity Building NGO-Network** to more than **600 member organizations** linked to the Network by official registration. The member organizations are committed to important Development, Health and HIV/AIDS Prevention, Treatment and Care Initiatives but the leaders lack implementation skills and that is why the Network was created to **build the Capacity** of these Organizations for effective HIV/AIDS, Health and Development Programs implementation. Western HIV/AIDS Network (has further been officially elected on March 10th.2014 at Golf Hotel during an NGO-Coordination Board collaborative Workshop between County Government and NGOs in Kakamega as the **Lead Organization**” to chair all Meetings and Forums of “Health Sector- NGOs” in Kakamega County and keep record of the same for future reference for the County’s progress and impact.

INTERNATIONAL MEDICAL ADVISORY PANEL (IMAP)

What is IMAP?

- Formed in 1979, the International Medical Advisory Panel (IMAP) is a body of medical scientists and of leading experts in the field of Sexual and Reproductive Health and Rights (SRHR).
- IMAP has the mandate to formulate and disseminate recommendations to IPPF and other interested parties regarding best practices in SRHR, based on the best available evidence. This advice is also widely followed by other organizations in the SRHR field.
- IMAP's recommendations are presented as *IMAP Bulletins* which address issues on all aspects of SRHR including health systems, biomedical, programmatic, training and service delivery issues.
- IMAP provides timely guidance to IPPF on critical issues and reviews and endorses IPPF's programmatic and medical guidelines.
- According to an independent evaluation carried out in 2014, IMAP is highly valued across the Federation and by external partners who acknowledge the continued need for an independent body of programmatic and biomedical experts.
- IMAP contributes to maintaining IPPF's leadership role in SRHR. [Find out more about the panel members](#)

What is IMAP's role?

IMAP provides medical and technical advice to IPPF. In summary, IMAP's role is to:

- 1.) Review and endorse IPPF medical standards and guidelines;
- 2.) Identify and respond to priority SRHR issues;
- 3.) Monitor and consolidate new scientific evidence and develop statements;
- 4.) Address questions from IPPF member associations and other key stakeholders;
- 5.) Support IPPF to identify specialist expertise;
- 6.) Act as international communicators of IMAP's recommendations; & Participate in meetings, including at least one face-to-face meeting each year.

Organization's Essential Information/Record.

- O1.Name of the Organization: Western HIV/AIDS Network
O2.NGO– Registration No.OP.218/051/2001/0175/2063
O3.County and Date of Registration: Kakamega 20th.December 2001
O4.Legal Status: - NGO - Non Governmental Organization
O5.Postal Address: P.O.BOX 1443 50100 Kakamega Kenya
O6.Email: network999@live.com
O7.Official Contact Mobile No. +254729080676
O8.Contact Person: Zachariah Amukhale Muyokani
O9.Brief General Presentation of applicant organizational actor and experience
Grants.gov Ticket Number 1-109350290 of April 24th. 2011

Organization's Official Bank Account;

NAME OF ORGANIZATION: – Western HIV/AIDS Network.

NAME OF THE BANK: - Standard Chartered Bank Limited.

NAME OF BANK BRANCH: - Kakamega Kenya.

BANK ACCOUNT NUMBER: - 0102802567400

BANK SWIFT CODE: - SCBLKENX

THE PROPOSED BUDGET;

| NUMBER | PROJECT ACTIVITIES | BUDGET |
|---------------|---|-----------------|
| 1. | Care for human lives in hardship areas of Africa's arid and semi arid areas which do not get enough rains and as such cannot grow food in these areas. Most of the residents are pastorals rearing animals but still these animals experience hot climate that most animals lack water and grass. In fact many of these animals die due to the harsh climate. | USD\$ 375000.00 |
| II. | Western HIV/AIDS Network is an active Advisor to YALI- The young African Leaders Initiative Launched by President of the United States Barack Obama as a signature effort to invest in the next generation of African Leaders. YALI promotes three models designed to identify and empower young leaders: The Network is an advisor lead group to YALI | USD\$ 425000.00 |
| III. | Collaborating with International Organizations for important Conferences and | |

| | | |
|-----|--|---------------------------|
| | Seminars. Western HIV/AIDS Network is from time to time invited to join the Health Equity for a Panel Discussion and Networking with colleagues from Multiple Sectors Looking at Multiple Sectors and Approaches for Health Equity Progress Bridging Silos, Building “ One Community ” Scheduled for to take place in USA Western HIV/AIDS Network(WEHAK) is happy to be an old partner of the social movement committed to advancing Health Equity via Multi-Sect oral Solutions | USD\$ 425000.00 |
| IV. | HIV/AIDS, MALARIA and TUBERCLOSIS Western HIV/AIDS Network is mainly a Capacity Building NGO-Network to more than 600 member organizations linked to the Network by official registration. The member organizations are committed to important Development, Health and HIV/AIDS Prevention, Treatment and Care Initiatives but the leaders lack implementation skills and that is why the Network was created to build the Capacity of these Organizations for effective HIV/AIDS, Health and Development Programs implementation. Western HIV/AIDS Network (has further been officially elected on March 10th.2014 at Golf Hotel during an NGO-Coordination Board collaborative Workshop between County Government and NGOs in Kakamega as the Lead Organization ” | USD\$500000.00 |
| V. | HIV – Testing Services (HTS) to capture the full range of Services that should be provided together with HIV – Testing. All HIV- Testing Services should continue to be provided within WHO’s essential 5Cs Consent, Confidentially, Counseling, Correct test results, and Connection- (Linkage to prevention, care and treatment), This includes pretest INFORMATION post test COUNSELING, LINKAGE to appropriate HIV Prevention, Care and Treatment Services and other Clinical Support Services Quality HIV-Testing, Accurate Test results and diagnosis and Coordination with Laboratory Services to support quality assurance. The Consolidated HIV-testing guidelines are the result of a combination of existing guidance and new recommendations. It is hoped that they will provide more comprehensive guidance that will assist countries in selecting approaches to deliver HIV – Testing services more efficiently and effectively, assure the accuracy of HIV – Testing and diagnosis and improve the quality of HIV testing services. The guidance will also include new recommendations to help countries scale-up their capacity to administer quality HIV – Testing Services particularly in community settings. | USD\$575000.00 |
| VI | Equipment: computers, transport vehicles, Communication/services machines purchase and maintenance | USD \$ 200,000.00 |
| | GRAND TOTAL = USD \$ (2,500,000.00 X 10 Years =USD\$25,000.000.00) (USD\$ Twenty Five Million Only) | USD\$25,000,000.00 |
| | | |

Since her registration as an NGO-Network on Dec. 20th2001 Western HIV/AIDS Network has made notable progress through partners;

| DATE | ORGANIZATION PARTNER | ACHIEVEMENTS |
|--|---|--|
| 26/01/2001 | The Ministry of Education through the District Education Officer – Kakamega | Offered space for HIV/AIDS- Resource-Centre |
| 02/02/2001 | ACTION AID –Through Dr. Christopher Ouma HIV/AIDS co - ordinator – Kenya Country Office. | ACTION AID – carried out the renovation of The space assistance in setting up the Western Province HIV/AIDS Resource Centre |
| 11/04/2005 | United Nations Development program UNDP – through the senior program officer Mr. Elly Oduol. | UNP –Provided furniture most of which were bookshelves of the Western Province HIV/AIDS Resource Centre. |
| MARCH 2003 | AMREF – African Medical and research Foundation through – AMREF = Homa - Bay office. | AMREF has assisted Western HIV/AIDS Network people already providing services through SPECIAL VIDEO (YELLOW CARD) .. |
| SEPT.2003 | AMREF –Survey program and activities on HIV/AIDS in Kenya. Thro. KSM. | AMREF –Database of HIV/AIDS in the Region Kenya; Uganda; TZ; Rwanda and S..Africa. |
| 29/09/2000 | KAPC -Kenya Association for Professional Counselors. | KAPC -Trained two people through Professional Counselors |
| Since year 2013 | KAPC -Straight Talk Paper Youth Program. | KAPC -forwards more than 500 copies of Straight Talk Magazine to Resource Centre |
| 14/12/2001 | ACCESS -The African Canadian Continuing Education Society. | Trained members of Western HIV/AIDS Network 40 people-HIV/AIDS Facts Care and support. |
| 1/5/1999 | Global strategies for HIV/AIDS prevention Training | Four people trained at KCCT Mbagathi as Community based health care workers. |
| July to Oct.,2003 | ACTIONAID and National Council of NGOs Venue - Kiboswa | Financial Accounting Training – 5 people from Western HIV/AIDS Network were trained. |
| 20 th Jun.,1998 | ACTIONAID-UNDP - trained 4 people from Western HIV/AIDS Network through Home – Based Care Farm view Busia | Home –Based Care Tool kit. |
| 13/02/2004 | U.S PEACE CORPS KENYA - Training to 6 people Western HIV/AIDS Network as U.S PEACE CORPS SUPERVISORS . | Supervision of U.S Peace Corps to Provide HIV/AIDS Program implementation support as volunteers. |
| September 19 th .- 24 th .2005 | PEN -Poverty Eradication Network Email: pbobill@penkenya.org –trained Western HIV/AIDS Network’s CEO in ODSS - | The organizational CEO shared the materials to the Network’s. member organizations member organizations in capacity building |

| | | |
|--------------------|--|---|
| | Organization Development & SS | training forums 2005-2013. |
| May 2006 | DISTRICT POPULATION OFFICERS Supported the Resource Centre with T.V, Screen. | Centre now makes use of the T.V screen to train both youth and adults HIV/AIDS Program |
| March 2008 | Chairs T.V. Deck were purchased and donated by KART-Kenya AIDS Refrain Team | About 25 chairs and a T.V Deck in HIV/AIDS Resource Centre. |
| February 2009 | Documentation Centre UNICEF –through Bernard Arachi - UNICEF -HIV/AIDS section | Video cassettes Sarah & Siyo Rahisi, Silent Epidemic + materials and textbooks |
| CONTINUO. ACTIVITY | MOH through DASCO- Dr. Andole - one video cassette and technical support | Technical Support from MOH to our Org. |
| CONTINUO. ACTIVITY | PMO through PASCO-HIV/AIDS Materials + technical support. | Technical support |
| July25th.. .2013 | Training by PEN pbobill@penkenya.org - CSOs Western Province at Siaya Hse. | Public benefit organizations Act of 2013 Development of rules and regulations. |
| SERVICE PROVIDERS | VOLUNTARY SERVICES Western HIV/AIDS Network benefits from the following offering voluntary services: (a) Board members – (9.) (b) Org. Accountant (c) Organization’s Committee (7.) (d) Project CEO | Western HIV/AIDS Network receives voluntary services from voluntary thus trained volunteers who need to be considered for employment- When the funds are available. |

Western HIV/AIDS Network hereby provides a brief explanation of the outline information of our Campaign (About 16 million girls aged 15-19 years give birth annually (11% of births worldwide) 95% of these pregnancies occur in developing countries.)



The characteristics of Young-mothers are common across the regions of the world

- 1.)-Little education,
- 2.)-Rural dwelling,
- 3.)-Poor.
- 4.)-Marginalized.

(Source: Growing up global: The changing Transitions to Adulthood in Developing Countries (National Research Council, 2005)

Greater likelihood of maternal mortality

In low and middle income countries, complications of pregnancy and child-birth are the leading cause of death in women aged 15-19 years. Early, unwanted pregnancies are associated with increased levels of induced abortion, which when carried out in unsafe conditions carries severe health risks, including death. In 2008, there were an estimated 3 million unsafe abortions in the world among 15-19 year olds per year

Babies born to adolescent mothers face higher risks

•The adverse effects of adolescent childbearing extend to the health of their infants. Peri-natal deaths are 50% higher among babies born to mothers under 20 years of age than among those born to mothers aged 20-29 years. Babies of adolescent mothers are also more likely to have low birth weight which increases the risk of ill health during infancy.

Source: WHO. Women and Health. Today's evidence. Tomorrow's agenda. WHO. 2010".

Socio-economic Deprivation: both a cause & consequence of adolescent pregnancy
Too early-pregnancy-Loss of Educational & employment opportunities Poverty

"We, young women are not prepared to become mothers. I would like to continue my studies. But since I have had my daughter, my options have changed because I have many more obligations now. I hope that this will not be a barrier for me to succeed in life."



----- CARE OF PREGNANT MOTHERS & THEIR CHILDREN -----

Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries

WHO study group on female genital mutilation and obstetric outcome*

Summary

Background Reliable evidence about the effect of female genital mutilation (FGM) on obstetric outcome is scarce. This study examines the effect of different types of FGM on obstetric outcome.

Methods 28393 women attending for singleton delivery between November, 2001, and March, 2003, at 28 obstetric centres in Burkina Faso, Ghana, Kenya, Nigeria, Senegal, and Sudan were examined before delivery to ascertain whether or not they had undergone FGM, and were classified according to the WHO system: FGM I, removal of the prepuce or clitoris, or both; FGM II, removal of clitoris and labia minora; and FGM III, removal of part or all of the external genitalia with stitching or narrowing of the vaginal opening. Prospective information on demographic, health, and reproductive factors was gathered. Participants and their infants were followed up until maternal discharge from hospital.

Findings Compared with women without FGM, the adjusted relative risks of certain obstetric complications were, in women with FGM I, II, and III, respectively: caesarean section 1.03 (95%CI 0.88–1.21), 1.29 (1.09–1.52), 1.31 (1.01–1.70); postpartum haemorrhage 1.03 (0.87–1.21), 1.21 (1.01–1.43), 1.69 (1.34–2.12); extended maternal hospital stay 1.15 (0.97–1.35), 1.51 (1.29–1.76), 1.98 (1.54–2.54); infant resuscitation 1.11 (0.95–1.28), 1.28 (1.10–1.49), 1.66 (1.31–2.10), stillbirth or early neonatal death 1.15 (0.94–1.41), 1.32 (1.08–1.62), 1.55 (1.12–2.16), and low birthweight 0.94 (0.82–1.07), 1.03 (0.89–1.18), 0.91 (0.74–1.11). Parity did not significantly affect these relative risks. FGM is estimated to lead to an extra one to two perinatal deaths per 100 deliveries.

Interpretation Women with FGM are significantly more likely than those without FGM to have adverse obstetric outcomes. Risks seem to be greater with more extensive FGM.

Lancet 2006; 367:1835–41

See Comment

*Group members listed at end of report

Correspondence to:
Dr Emily Banks, National Centre
for Epidemiology and Population
Health, Australian National
University, ACT 0200, Australia
FGMStudyGroup@who.int



RE: WESTERN HIV/AIDS NETWORK'S PARTNERSHIP WITH VISION TELECOMMUNICATION TECHNOLOGIES LIMITED – "LONG TERM OBJECTIVE"

Western HIV/AIDS Network – (WEHAK) would like to thank you very much for the initiation of the "VISIONS –TELECOMMUNICATION TECHNOLOGIES LIMITED" and consequently connecting your activity to us we are so happy to be part of this program and will help internalize it in Kenya. Western HIV/AIDS Network" is a recognized institution because the organization is serving students from-MMUST Muliro Masinde University and the Provincial Medical Training College of Kakamega who while on attachment join our organization to attain knowledge and certification that eventually helps them pursue their Degree in Disaster Management. The Network is expanding her work to respond to other important Sexual and Reproductive Health Services and information responding to other chronic diseases as HIV/AIDS TB, Malaria and Cancer.

CYBERMEDICAL SERVICES



© While e Health does not appear to be "making headway" at present, in the meantime a completely different type of communication and means of obtaining knowledge and information has become partly established, also in the medical areas. The meanwhile wide distribution and acceptance of mobile devices (e.g. Smart phones and tablets), and with them the increasing availability of health apps, has led to m-Health becoming established in the meantime in many areas of the health care system. The patient informs himself today, using mobile devices, of the possible causes and treatment of an illness, uses apps to manage his personal vital parameters and increasingly tries to develop the communication along these paths during treatment. Also the physician or the care personnel have in the meantime recognized the possibilities offered by m-Health for the

support of their own activities. So to date, very often one obtains the necessary information at a stationary access point to the clinic information system or even waits at the fax machine, until for example, the laboratory and treatment data are sent from the other physicians or institutes. due to the hectic everyday business, the physicians often only inform themselves about the treatment course, medications or images and laboratory data of the patient during the "quiet" periods. Also, the consultancy and exchange information with another expert can often only taken place during these periods, as this often requires the telephone even today or, already in very rare cases, access to one of the few tele-presence - centers. Therefore, it is hugely beneficial for the treatment if the care personnel or the physician can perform all the necessary communication directly at the patient's bedside, or can directly call up and process the necessary information, rather than only process this afterwards. Similarly, this also applies to "emergency calls" from the OP or intensive care ward. Here, the physician must first make his way there, and for OP situation also scrub-up, before he can determine what needs to be done. In many cases, a "glance" over the acute problem would be sufficient, in order to give the necessary directions. Furthermore, there is the possibility for the hospital or practice physician, also those working in the area of Homecare, to consult the patients in their homes, e.g. for minor injuries, or to "monitor" the chronically ill or help them with their medication.



WESTERN HIV/AIDS NETWORK’S ACTIVE PARTICIPATION IN (HTS) HIV COUNSELING AND TESTING – SERVICES 90-90-90

HIV – Testing Services (HTS) to capture the full range of Services that should be provided together with HIV – Testing. All HIV- Testing Services should continue to be provided within WHO’s essential 5Cs **Consent, Confidentially, Counseling, Correct test results, and Connection- (Linkage to prevention, care and treatment)**, This includes pretest **INFORMATION** post test **COUNSELING, LINKAGE** to appropriate HIV Prevention, Care and Treatment Services and other Clinical Support Services Quality HIV-Testing, Accurate Test results and diagnosis and Coordination with Laboratory Services to support quality assurance.



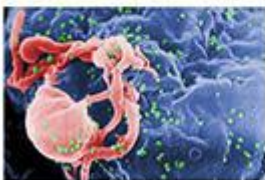
HIV – Testing services more efficiently and effectively, assure the accuracy of HIV – Testing and diagnosis and improve the quality of HIV testing services.

The guidance will also include new recommendations to help countries scale-up their capacity to administer quality HIV – Testing Services particularly in community settings.

Tained and qualified VCT counselors get instructions at Western HIV/AIDS Network’s Resource Centre from the supervisor as they prepare testing kits and materials in readiness of going out for the activity which is a contiuos HIV Activity carried on from time to time in the rural urban at Sichilai Village, Kakamega Central District Western Region of Kenya.



HIV infection: our Current Understanding of the Transmission of HIV and Global Situation



11 | 29 June 2012

Training Course in Sexual and Reproductive
Health Research - Geneva 2012

World Health
Organization



REPUBLIC OF KENYA
OFFICE OF THE PRESIDENT

OP.218/051/2001/0175/2063



CERTIFICATE OF REGISTRATION

I, PROF. WILSON KIPNG'ENO KOECH, Chairman of the Non-Governmental Organizations Board, certify that the xxx WESTERN HIV/AIDS NETWORK xxx has this day been registered under section 10 of the Non-Governmental Organizations Co-ordination Act as applied for.

Certified true copy of original Certificate
17th Dec

DISTRICT DEV. OFFICER
KAKAMEGA CENTRAL

W.K. KOECH.
Chairman of the Board

Dated 20TH DECEMBER, 2001.

GPB 5004-200-1/2002

HIV/AIDS WORKSHOP – LAKE VICTORIA NORTH WATER SERVICES BOARD AND FACILITATED BY WESTERN HIV/AIDS NETWORK



AT BISHOP NICHOLAS STAM PASTORAL CENTRE – KAKAMEGA
ON 6TH NOVEMBER 2007

March 05th, 2007

Zachariah Amukhale
Western HIV/AIDS Network
Kakamega

Dear Zachariah,

Re: Transfer of Equipment

On behalf of Family Health International (FHI), it is indeed my privilege to transfer the items as specified on the attached list to Western HIV/AIDS Network. These items formed part of the inventory items acquired for the implementation of the FHI Kenya IMPACT project.

It is understood and agreed that the transferred equipment will be used for HIV/AIDS related activities to be undertaken by Western HIV/AIDS Network

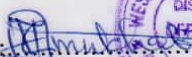
By accepting and the signature hereof, Western HIV/AIDS Network, hereby releases Family Health International, its employees, directors and agents from any and all claims, actions, courses of actions, rights, damages, costs, expenses and compensation including liability of whatever nature which he/she has now or might have in the future arising out of the use of such items with Family Health International, or the conclusion thereof. Do kindly sign overleaf as an acknowledgement of receipt under the above provided terms.

Yours faithfully,



Peter Mwarogo

I have read and on behalf of Western HIV/AIDS Network, accepted the ownership of the project inventory as attached and agreed to the terms as stated above.

Signature: 
Zachariah Amukhale
Western HIV/AIDS Network
Kakamega



Dated: 05/03/2007

John McWilliam, FHI
Emma Mwamburi, USAID Kenya



UNIVERSITY OF NAIROBI

HIV EPIDEMIOLOGY

6th May to 10th May, 2013
Kakamega, Kenya

This certificate of attendance is awarded to

Zachariah Amukhale Muyokani

for successful completion of this course.

Prof. Isaac O. Kibwage, PhD, HSC
Principal
College of Health Sciences
University of Nairobi

Prof. James Kiarie, MBChB, MMED, MPH
Director
UoN HIV Fellowship Program
University of Nairobi



NGOs CO-ORDINATION BOARD

THE PRESIDENCY
MINISTRY OF DEVOLUTION & PLANNING

Telephone: Nairobi, 2214044, 2214813
Fax: (020) 2214801

Email: info@ngobureau.or.ke
Website: www.ngobureau.or.ke

Co-operative Bank Hse, 15th Floor
Haile Selassie Avenue

P. O. Box 44617 (00100)
NAIROBI, KENYA.

NGOB/218/051/2001/0175 (35)

21st July, 2015

The Commissioner
Domestic Taxes Department
Kenya Revenue Authority
Kakamega

Dear Sir/Madam,

RE: RECOMMENDATION LETTER

We wish to confirm that the NGO is **Western HIV/AIDS Network** is a non-profit making organization incorporated under the Non-Governmental Organizations Act (1990) of the Laws of Kenya and registered with the NGOs Co-ordination Board under Certificate No.OP.218/051/2001/0175/2063 dated 20th December, 2001.

The bona fide officials of the Organization are:-

- | | | |
|---------------------------------|---|-------------|
| 1. Zachariah Amuukhale Muyokani | - | Chairperson |
| 2. Adelaide Muhonjiah Majele | - | Secretary |
| 3. Janet Asiko | - | Treasurer |

The main objective of the organization is "to promote behaviour change in social, marital, pre-marital and extra marital relations and HIV/Aids prevention".

Any assistance accorded to them will be highly appreciated.

Yours faithfully,

Andrew Ogombe
For: EXECUTIVE DIRECTOR
NGO CO-ORDINATION BOARD

ISO 9001:2008 Certified Organisation





POVERTY ERADICATION NETWORK
Strengthening Citizens Participation



Certificate

This certificate is awarded to

Western HIV and AIDS Network.

For participating during the
Kakamega County Civil Society Organisations Week
8th – 10th December 2015

Democracy and Human Rights Program

With the kind support from the Swedish Embassy coordinated by Diakonia, implemented by Poverty Eradication Network


Chris Mbici
CEO, Poverty Eradication Network



REPUBLIC OF KENYA



**COUNTY GOVERNMENT OF KAKAMEGA
OFFICE OF THE MINISTER FOR HEALTH**

To

AMREF Health Africa- Regional Offices

SUPPORT TO ZACHARIAH .A. MUYOKANI C.EO WESTERN HIV/AIDS NETWORK FOR INTERACTIVE WORKSHOP AT WASHINGTON D.C USA.

I am kindly writing to request AMREF - K.C.O to offer assistance that will enable Zachariah. A. Muyokani participate in the already scheduled for workshop on 18th February, 2016 in Washington D.C USA.

Sir, our county health budget is constrained so much as much as I would want to assist him, I am unable to do so.

The interactive workshop is important since this is an occasion that will allow the network to interact with donor agencies for funding to accelerate health activities.

Western HIV/ AIDS Network are our lead Non Governmental Organization Health Sector Organization in the entire county of Kakamega.

Consequently the funding will enable Western HIV/AIDS Network respond to SRHR. Malaria, Family planning, HIV/AIDS and the neglected diseases in Kakamega County.

Your cooperation will be appreciated.

Yours

A handwritten signature in blue ink, appearing to be 'Peninah Mukabane'.

Hon. Peninah Mukabane

CEC- Health Services

REPUBLIC OF KENYA



COUNTY GOVERNMENT OF KAKAMEGA
OFFICE OF THE COUNTY DIRECTOR OF HEALTH

Telegrams: "PROVMED", KAKAMEGA
Telephone: 056 31125
Fax: 056 31125
E-mail: pdmswestern@gmail.com
When replying please quote

KAKAMEGA COUNTY
P O BOX 2309
KAKAMEGA GPO 50 100

Date: 9th January 2014

REF: NO. MISC/CORR/1/123

All our Esteemed Partners in Health
Kakamega County

RE: LAUNCH OF "IMARISHA AFYA YA MAMA NA MOTTO PROJECT"

As promised to the people of Kakamega County, His Excellency the Governor in collaboration with UNICEF will launch a nutrition component, "Imarisha Afya Ya Mama Na Mtoto Project" on 16th January 2014 at Bukhungu Stadium.

You are therefore invited to attend this special occasion. Official invitation cards will follow this communication.

Thank you for your support.

A handwritten signature in black ink, appearing to read "A. Andere".

Dr. Arthur Andere
Ag. County Director of Health
Kakamega County





**WITH FELLOW SCHOLARS – TRAINING IN HIV/AIDS MANAGEMENT COURSE – 2006
AT (ESAMI) EAST AND SOUTHERN AFRICA INSTITUTE - AT ARUSHA TANZANIA.**





Africa Regional Office
P.O. Box 30234, 00100 Nairobi, Kenya
Telephone: 720280/1/2/5/6; Fax: 726596
email: info@ippfaro.org
http://www.ippf.org

Bureau régional pour l'Afrique

21 February 2002

Mr. Zachariah Amukhale Muyokani
Coordinator – Western HIV/AIDS Network
P.O.Box 1443
KAKAMEGA

Dear Sir,

**RE: WESTERN HIV/AIDS NETWORK REQUEST FOR ASSISTANCE FROM
IPPF FOR IMPLEMENTING PLANNED WORK**

Thank you for your letter dated 13 December 2001 on the above subject, which we received on 7 February 2002.

We would like to inform you that as a regional institution, IPPF Africa Region operates through our local affiliates. We therefore do not deal directly with individuals and other NGOs. In Kenya our affiliate is Family Planning Association of Kenya (FPAK) and by copy of this letter we have forwarded your request to them for their consideration and possible collaboration.

Please direct any future queries on the subject to FPAK.

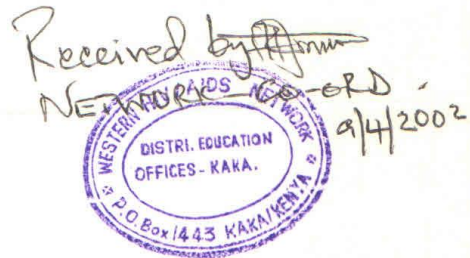
Best regards.

Yours faithfully,

JUL
GOTTLIEB S. MPANGILE
LEADER, REGIONAL & FPA PROGRAMME UNIT

c.c. Mr. Godwin Mzenge
Executive Director
Family Planning Association of Kenya
Family Health Plaza Junction Mbagathi Langata
Roads (Nairobi West)
P.O. Box 30581
00100 NAIROBI - GPO

/jwk





August 5, 2004

Zachariah Amukhale Muyokani
Coordinator
Western HIV/AIDS Network
PO Box 1443 - 50100
Kakamega

Dear Sir/Madam,

Thank you for participating in our survey of programmes and activities on HIV/AIDS in Kenya which was conducted between July and September of 2003. The information from the survey has been analysed and compiled for a database of HIV/AIDS activities in the region which will be available on the AMREF website (www.amref.org) from August 2004. The database provides a map of activities, projects and programmes underpinning the response to the HIV/AIDS pandemic in Kenya, Uganda, Tanzania, Rwanda and South Africa and is the foundation for a Regional Best Practices Inventory on HIV/AIDS activities. It is envisioned that this database will guide future responses to HIV/AIDS and provide information to donors, planners, policymakers and stakeholders of the current gaps that need to be filled in order to provide a balanced response to HIV/AIDS in the region.

Should you not want an overview of your HIV/AIDS activities shared through the database please advise us of this by email to regionalhiv@amrefke.org or by responding to this email. Alternatively please write to us at Regional HIV/AIDS, AMREF Kenya, PO Box 30125, Nairobi, 00100, otherwise the overview will be included in the online database.

Thank you once again for your collaboration on this worthy endeavour.

Sincerely,

Mwishaki Kimura Muraguri
Project Manager
Regional HIV/AIDS



OFFICE OF THE PRESIDENT
NATIONAL AIDS CONTROL COUNCIL

Telephone: Nairobi 2715109/2715144

Fax No. 2711231

When replying please quote

The Chancery Building

6th Floor, Valley Road

P.O. Box 6130'

NAIROB

Ref: **NACC/P/4/58**

Date: **September 25, 2007**

Mrs. Wanjiku Karanja

RE: **DEVELOPMENT OF THE CAPACITY BUILDING STRATEGY**

The National AIDS Control Council (NACC) was established in November 1999 and mandated to coordinate multi-sectoral HIV and AIDS national response. The national response is based on the delivery of targets set in the Kenya National HIV and AIDS Strategic Plan (KNASP). Currently, NACC is coordinating the implementation of its second KNASP 2005/6-2009/10, which targets to strengthen the capacity of organizations and institutions for effective coordination and implementation of the national response.

Capacity building is focused on human resource development, access to information, participation in networks and partnerships, and systems. To this effect the Capacity Building Stakeholders Committee has arranged for a two day retreat whose objective is to develop and define a Capacity Development Strategy aligned to KNASP for NACC and all HIV and AIDS stakeholders in the country.

The purpose of this letter is to invite you for a 2 day retreat organized by the Capacity Building Committee. The retreat will take place between **October 10 – 13, 2007** at **Lukenya Gateway, Athi River**. Transport will be provided for participants on Wednesday October 10, 2007 at 5.00 p.m. and Thursday October 11, 2007 at 7.00 a.m. from the Landmark Plaza, NACC offices opposite Nairobi Hospital. Check-in will be on Wednesday 10, 2007 evening and the check-out will be on the Saturday October 13, 2007 at 9.00 a.m. Please confirm the dates you wish to travel with helenk@amrefke.ke and mkaranja@nacc.or.ke.

PTO

HIV/AIDS

Stigma and Discrimination. "LIVE AND LET LIVE"

Your organization is key to the national capacity building process and your participation will help ensure the development of an inclusive and forward thinking national strategy.

We look forward to your participation.

Yours sincerely,

Prof. Alloys S.S. Orago
DIRECTOR

SK/mk



WEHAK'S
HQs
OFFICES

WESTERN HIV/AIDS NETWORK



The Network endeavours to enhance use of optimal capacities amongst member organisations by linking them together at the Resource Centre and to highly trained resource persons elsewhere.

ACTIVITIES

The Resource Centre aims at creating a database on member profiles in addition to:

- ✘ Publishing a Quarterly Newsletter for distribution
- ✘ Quarterly and Annual Meetings
- ✘ Collect information on HIV/AIDS/STIs
- ✘ Exchange visits with other Networks
- ✘ Store information on HIV/AIDS/STIs
- ✘ Carry out activities that meet with its expectations

OUTCOMES

- ✘ Decreased HIV/AIDS cases in Western Province
- ✘ Sensitized community less vulnerable to HIV/AIDS infection

- ✘ AIDS-free Primary and Secondary Schools and Youth population
- ✘ Safer sex behaviour

ORGANISATIONAL IMPLICATIONS

The Network, with about 10 employees, is currently made up of more than 200 Member Organisations. It has a training hall, HIV/AIDS Resource Centre and the administration offices. It is in the process of acquiring facilities to modernise the Resource Centre and visual display/Video Centre. The network will continue to embrace visionary and strategic thinking as it ponders carrying out some of the following future activities:

- ✘ Member Training on networking
- ✘ Strengthen monitoring and evaluation of its Members' activities
- ✘ Donate material and access guidelines for co-operation with specific programmes, e.g. VCT, PMTCT and behaviour change.
- ✘ Establish a profile of CBOs and NGOs in the region and their future recruitment into the Network.

Left: Centre Co-ordinator at a workshop on HIV/AIDS at Wagon Hotel in Eldoret. Right: A volunteer with Western HIV/AIDS Network, Ms. Rachel Clason from US Peace Corps



For further information please come or contact the Co-ordinator

WESTERN HIV/AIDS NETWORK

Based at District Education Offices, Kakamega

P.O. Box 1443 KAKAMEGA, 50100

Tel/Office Mob: 0733 648 400

E-mail: network416@hotmail.com



NETWORKING TO FIGHT AIDS

Vision: To have a healthy and productive HIV/AIDS-free society

Mission: To promote collaboration and networking among Member Organisations by creating a supportive and responsive environment for sharing resources, understanding and collectively addressing the negative social and economic impact of HIV/AIDS epidemic

Values: Solidarity with PLWAs, Participation and Inclusion, Justice and Equity

Introduction

The Western HIV/AIDS Network, mainly a capacity building organization, became necessary soon after the alarming statistics of HIV/AIDS prevalence, highlighted by NASCOP in 1998. Both personnel and office site were identified following which ten people were trained in Resource Center Management and deployed to manage the Network.

The Network has a Resource Centre charged with the responsibility of sourcing and making available information materials for both reading and reference. The materials are in the form of video clippings, wall charts, books, periodicals and other publications.

At its optimum capacity, the Network is expected to offer a full range of facilities and personnel to help in capacity building of Community Based Organisations responsible for handling and fighting against HIV/AIDS.

NETWORK OBJECTIVES

The Network is involved in various tasks all aimed at strengthening partnerships among member organisations who include CBOs, NGOs, Churches, Women Groups, Youth Organisations, private sectors and individuals involved in HIV/AIDS activities. The responsibility is made

more meaningful when the Network has information on education and communication on HIV/AIDS for distribution to the same community.

The Network provides for sharing experiences and collaboration efforts in HIV/AIDS activities and as well identifies viable projects for technical assistance and Capacity Building for donors evaluation and subsequent funding.

The Network is also expected to enhance the spirit of voluntary contribution and participation towards HIV/AIDS control, mobilisation of members involved in HIV/AIDS, STD issues, medical facilities related support groups, support information in monitoring, evaluation, research management and co-ordination of HIV/AIDS activities.

The Network's specific responsibilities include:

- ✘ Facilitation of Capacity Building to Members and assisting PLWAs
- ✘ Provide Forum for sharing resources and experiences for the better understanding of HIV/AIDS/STIs
- ✘ Sensitize PLWAs on their legal rights
- ✘ Establish and maintain the Resource Centre

- ✘ Networking with other HIV/AIDS based organisations for the furtherance of its objectives.

The Western HIV/AIDS Development Partners **AMREF—MAANISHA**—who are funding the Network's HIV/AIDS Capacity Building Programmes to Member CBOs, NGOs, Private Sector and Individuals in Western Province, Kenya.

ACTIONAID, Kenya Country Office through the Western region Offices in Kisumu— who provided for the renovation of the Network's offices.

MINISTRY OF EDUCATION: Through the Kakamega District Education Office who have kindly provided office space for the Network's training hall and offices.

UNDP—United Nations Development Programme: Kenya Country Office at Gigiri, UNEP—who have given the Network furniture, mostly metal book shelves

EMPOWERING THE VULNERABLE

The Network takes it upon itself to create awareness on the presence, dangers and implications of HIV/AIDS in the unsuspecting members of society.

Networking Member Organisations

Left & Right: Centre Co-ordinator with students from Emulakha Secondary. Middle: Centre Co-ordinator with Mr. John Barter, director of PEW at a workshop during OD - Organisation Development - training an Network Capacity Building / Governance at Ukweli Pastoral Centre



Organization's authorized officer:

Date and place:

Date: Friday April 15th. 2016.

Place: KAKAMEGA, KENYA, EAST AFRICA



A handwritten signature in black ink, appearing to read "Z. Amukhale".

Signature:

for Western HIV/AIDS Network.(WEHAK)

Name and position in block letters:

Name : DR. ZACHARIAH AMUKHALE MUYOKANI

Position: C.E.O.

Org: Email: network999@live.com

Twitter at [@network999@live.com](https://twitter.com/network999)

Facebook at [zmuyokani@yahoo.com](https://www.facebook.com/zmuyokani)

Telephone Numbers: +254729080676.
+254733648400