



**REVIEW OF NGO AND FBO CONTRIBUTIONS
TO AOP5 OF THE NHSSP II**

(JULY 2009 - JUNE 2010)

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ABBREVIATIONS & ACRONYMS

AOP	Annual Operating Plan
ART	Anti Retroviral Therapy
APHIA II	AIDS Population and Health Integrated Assistance
APHRC	African Population & Health Research Center
APDK	Association for Physically Disabled Kenya
ASAL	Arid and Semi Arid Lands
ALRMP	Arid Lands Resource Management Project
ADRA	Adventist Relief Agency
ADB	African Development Bank
BNK	Basic Needs of Kenya
BSF	Belgium Survival Fund
CDC	Centre for Disease Control
CHAK	Christian Health Association of Kenya
CHEW	Community Health Extension Worker
CHWs	Community Health Workers
CISP	International Committee for the Development of Peoples (Italian)
CMMB	Catholic Medical Mission Board
CRS	Catholic Relief Services
DHP	District Health Plan
DHRIO	District Health Records & Information Officer
DMLT	District Medical Laboratory Technologist
DMOH	District Medical Officer of Health
DNO	District Nutrition Officer
DOCO	District Ophthalmic Clinical Officer
DOT	District Occupational Therapist
DPHN	District Public Health Nurse
DPHO	District Public Health Officer

DTLC	District Tuberculosis & Leprosy Coordinator
DHRIO	District Health Records and Information Officer
DASCO	District AIDS/STD Coordination Officer
DCO	District Clinical Officer
DHAO	District Health Administrative Officer
DHEO	District Health Education Officer
DHMB	District Health Management Board
DHMT	District Health Management Team
EGPAF	Elizabeth Glaser Paediatric HIV/ AIDS Foundation
FANC	Focused Ante-natal Care
FIF	Facility Improvement Fund
FHI	Family Health International
HBC	Home Based Care
HENNET	Health NGOs Network
ICLA	I Choose Life -Africa
ICRC	International Committee of the Red cross
IMC:	International Medical Corps
ICROSS	International Community For The Relief Of Starvation &Suffering
IMCI	Integrated Management of Childhood Illness
IFAD	International Fund for Agricultural Development
ICAP	International Centre for AIDs care and treatment Program.
JHPIEGO	Johns Hopkins Programme for International Education in Gynaecology &Obstetrics
KRCS	Kenya Red Cross Society
KEMRI	Kenya Medical Research Institute
KEC-CS	Kenya Episcopal Conference -Catholic Secretariat
KEPI	Kenya Expanded Programme on Immunization
KICOSHEP	Kibera Integrated Community Self help Program
LVCT	Liverpool VCT, Care & Treatment

Merlin	Merlin International (UK)
MSF	Medicins sans Frontieres
MSH	Management Sciences for health
MOH	Ministry of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health Services and Sanitation
MSI-K	Marie Stopes International – Kenya
NARESA	Network of Aids Researchers of Eastern and Southern Africa
NRHS/PIRH	Nyanza Reproductive Health Services / Partners In Reproductive Health
NLTP	National Leprosy and Tuberculosis Programme
NHSSP	National Health Sector Strategic Plan
NLTP	National Leprosy and Tuberculosis Programme
NGO	Non Governmental Organization
ORT	Oral Re-hydration Therapy
PMTCT	Prevention of Mother to Child Transmission of HIV/ AIDS
PSI	Population Service International
RHFMC	Rural Health Facilities Management Committee
R/H	Reproductive Health
SWAP	Sector Wide Approach
SUPKEM	Supreme Council of Kenya Muslims
TOT	Trainer of Trainees
VHC	Village Health Committee
VHIDA	Life in HIV (Spanish)
WOFAK	Women Fighting AIDS in Kenya
WV	World Vision
YFS	Youth Friendly Services

EXECUTIVE SUMMARY

Health NGOs network (HENNET) was founded in early 2005 as an umbrella organization of Kenyan NGOs operating in the health sector to act as a forum for non-governmental organizations (NGOs) and faith based organizations (FBOs) dealing with health issues for purposes of collaboration, sharing of experiences and advocacy. HENNET brings together different health oriented civil society organizations (CSOs), with diverse interests, but all having a common vision of a 'Healthy Kenyan Society'. A functional and effective HENNET secretariat is hosted at AMREF Kenya Country Office. HENNET is governed by a board of 11 members elected by HENNET members. These members are; AMREF, APDK, CHAK, Marie Stopes International - Kenya, Liverpool VCT, Mildmay International - Kenya, Aga Khan Foundation, Family Health Options Kenya, ADRA Kenya, KANCO and Kenya NGO Alliance Against Malaria (KeNAAM). The Secretariat is run by a coordinator, programme officer and an assistant.

HENNET Vision; "A healthy Kenyan Society"

HENNET Mission; "To stimulate linkages and strategic partnerships among health NGOs, government and private sector in order to enhance their responses towards health needs of Kenyans".

HENNET currently has a membership of 77 NGOs engaging in health related activities.

In order for HENNET to serve its members fully, it has actively participated in the AOP process and encouraged and supported its members to do so. This participation helps HENNET obtain as accurately as possible, the HENNET member contribution to the health sector. This has necessitated a review of member contribution to the National Health Strategic Plan: Annual Operation Planning (AOP) process, which aims to give the scope of activities supported by health NGOs and FBOs and the amounts by which the activities are supported. Thus HENNET has coordinated the review of the AOP process from AOP 3 (2007/2008), AOP 4 (2008/2009) and now AOP 5 (2009/2010).

The process of planning has been seriously challenged by the massive increase in the number of districts over the last two years. The number of new districts has doubled and then almost trebled - surpassing even the number of constituencies and thus the source of constituency development fund which has so far been used heavily in favour of building new health facilities - over 600 in 2008.

This presents many challenges both to the reviewer and the planner in the newly created districts. Many newly created districts do not have the technical capacity or the personnel and sometimes not even the health facility from which to plan. It is therefore not surprising that of the reported 253 districts created so far only 147 presented their AOP representing 58%. Two districts out of the 147 presented empty folders with no analyzable information at

all. Despite these challenges, every attempt has been made to squeeze out every bit of information that might be useful to the review process.

Overall the participation of NGO has increased significantly over the years. Thus 15 NGOs participated in AOP 2; 29 in AOP 3 and 75 in AOP 4. In AOP 5 116 NGOs participated. This generally upward trend most probably reflects growing awareness of the need to participate fully in the AOP process. Likewise HENNET member's participation increased in a similar manner: In AOP 3, 16 out of 32 (50%) HENNET members participated in district health plans (DHPs). In AOP 4, there were 28 out of 61 (46%) members; In AOP 5, there were 41 HENNET members out of 76 participating representing 54% of the membership.

Of the One hundred and sixteen (116) NGOs/FBOs mentioned as carrying out some activity in the AOP 5, 41 were HENNET members representing 35% of the total NGO/FBO involvement.

The total documented budget for AOP 5 was Ksh 9,789,375,448, of which Ksh 2,998,184,251 was contributed by NGOs representing 31% of the total amount. In AOP 4, total districts budget was Ksh 6,127,639,112, of which Ksh 1,461,876,489 was contributed by NGOs representing 24% of the total budget. There was therefore an increase in budgetary requirement of over 3 billion shillings in AOP 5 from AOP 4, and a similar increase of 7% in the contribution of NGOs.

The following districts were found to have **no documented health NGO activity**:

- WESTERN PROVINCE - Bungoma West, Samia, Teso North
- RIFT VALLEY - Narok South, Turkana North, Keiyo, Marsabit
- EASTERN - Tigania, Bomet, Nanyuki, Chalbi, Garbatulla, Imenti North, Mbeere, Meru Central
- COAST - Kinango and Tana River district
- NYANZA - Borabu, Kuria West, Manga
- CENTRAL - Gatundu, Murang'a North, Kiambu West
- NORTH EASTERN - Lagdera, Fafi

Overall recommendations to HENNET, its members and the Ministries of Public Health and Medical Services, include amongst others:

1. Build capacity of new districts in terms of planning, facility development and personnel
2. The planning tool is too bulky and needs to be simplified. The generic information about districts needs to be removed, as should the information about facilities in the districts. This should be in a supra planning tool at national level, leaving districts to plan on activities, costs and timelines.
3. Each partner should be mentioned by name, and their contribution separated from that of government and other partners.

4. Continue supporting and encouraging HENNET members to participate in Annual Operation Planning.

1.0 BACKGROUND

In the past few years, the Health NGO Network has been reviewing the contributions of NGOs and FBOs to the District annual operating plans of the National Health Sector Strategic plan II. HENNET has thus reviewed, AOP 3 and AOP 4. AOP 5 was concluded in July 2009 and is now ready for review and comparison to the other AOPs. The review of AOPs is important to Health NGOs/FBOs because it helps each organization to confirm its contribution to the planning process as well as to the aggregated financial contribution of all Health NGOs/FBOs and HENNET members in particular. This also helps to establish in detail the contribution and inputs of HENNET member organizations and other NGOs/FBOs have provided towards the AOP 5. The analysis will also flag out those districts with minimal NGO participation for purposes of follow up by the HENNET secretariat.

Once again the great increase in the number of districts has proved challenging not only to the reviewer but also to the districts themselves. The number of districts has more than doubled in the last 2 years and now stands at a staggering 253. This means that many new districts have no capacity whatsoever to engage in health planning. From the 8 provinces which availed their AOP, 147 districts in total provided their district health plans, but 2 gave no information. In AOP 3, 68 districts participated in the planning process. The number of districts producing an AOP has doubled in the last 3 years, with 92 participating in AOP 4 and 145 in AOP 5.

Many new districts have no hospitals; at best they have health centers that have been upgraded to hospital level without ensuring that the required amenities and staff are in place. This has led to many service delivery challenges on the ground and the inability of such new districts to participate in the AOP process.

The following districts were reported to have no documented health NGO/FBO activity:

- WESTERN PROVINCE - Bungoma West, Samia, Teso North
- RIFT VALLEY - Narok South, Turkana North Keiyo, Marsabit
- EASTERN - Tigania, Bomet, Nanyuki, Chalbi, Garbatulla, Imenti North, Mbeere, Meru Central
- COAST - Kinango and Tana River district
- NYANZA - Borabu, Kuria West, Manga
- CENTRAL - Gatundu, Murang'a North, Kiambu West
- NORTH EASTERN - Lagdera, Fafi

1.1 Objectives of the Review

The overall objective of the review is to establish the overall participation of NGOs and FBOs

at district level in regard to Districts' Annual Operational Plan 5 and comparisons with AOP 3 & 4.

Specific objectives include:

1. Analysis of each district plan to "pull out" NGO and FBOs participation by result area, out put, level of intervention, activities and budget
2. Analysis of NGOs participation by KEPH levels, that is, how many and which NGOs and FBOs are implementing activities in Level 1 in AOP 5 and same for all other levels.
3. Analysis in table/graph NGO/FBO budget contribution to AOP 5 by KEPH levels
4. Flagging out of districts without NGO and FBO participation/input
5. Comparison on NGOs and FBOs participation in AOP 3 and AOP 4 to that of AOP 5
6. Recommendations to strengthen NGOs and FBOs participation in AOP at district level

1.2 Methodology

The District Health Plans presented were 147 in total however two contained no information that could be analyzed bringing the number of those analyzed to 145. Each plan was reviewed with particular attention to the work plan and the District Resource Envelope, s 4.1, s4.2 and s5.1. The proportion contribution by NGOs and FBOs to the district health plan was thereafter determined using the consolidated provincial plan, or if this was not available, the district by district resource envelopes. This information has been presented both by figure and as percentage and where possible, by bar chart.

Three major activities supported by health NGOs and FBOs have also been analyzed and presented for every province. This is to ascertain whether NGOs and FBOs are covering a reasonable expanse of activities or tend to do similar activities such as training or capacity building. This may help to reduce duplication of efforts.

All were exhaustively analyzed and where insufficient or incomplete information was given in the resource budget, costing review of the work plan was done to determine the actual budgets attributed to NGOs and FBOs. The purpose of this was to determine as accurately as possible the proportion of contribution to the total district health budget. This information was then presented as a percentage. The average percentage of the districts was then obtained to provide a provincial percentage. It is hoped that this will help determine the strength of NGO and FBOs contribution to each province and also nationally.

Every effort was then made to pull out the activities of NGOs and FBOs from every district so that one can see at a glance the services provided by them in each district and who actually provides them. It is hoped that this will provide a useful planning tool

Finally the districts with no documented NGO/FBO activity were flagged. Many of these were once again the new districts. NGO and FBO activities are generally left in the mother districts when new districts are being hived off, as are most of the material amenities like health facilities.

1.3 Limitations

The greatest challenges were:

1. Use of the wrong format by some districts
2. Mention of NGO/FBO activities without budgetary allocation
3. Cutting out or poor filling of entire sections, including such critical ones as the work plan
4. Seeming lack of understanding on how to work with AOP tools leading to poor or wrong information
5. Some activities could not be directly linked to figures shown. Others were lumped with government contribution, so that it was difficult to disaggregate
6. Totals did not tally with figures attributed to the district budget, and sometimes the activity figures surpassed the stated totals by a huge margin

2.0 RESULTS OF REVIEW OF NGO CONTRIBUTION TO AOP5

2.1 Overview of District Participation in AOP 3, 4, 5

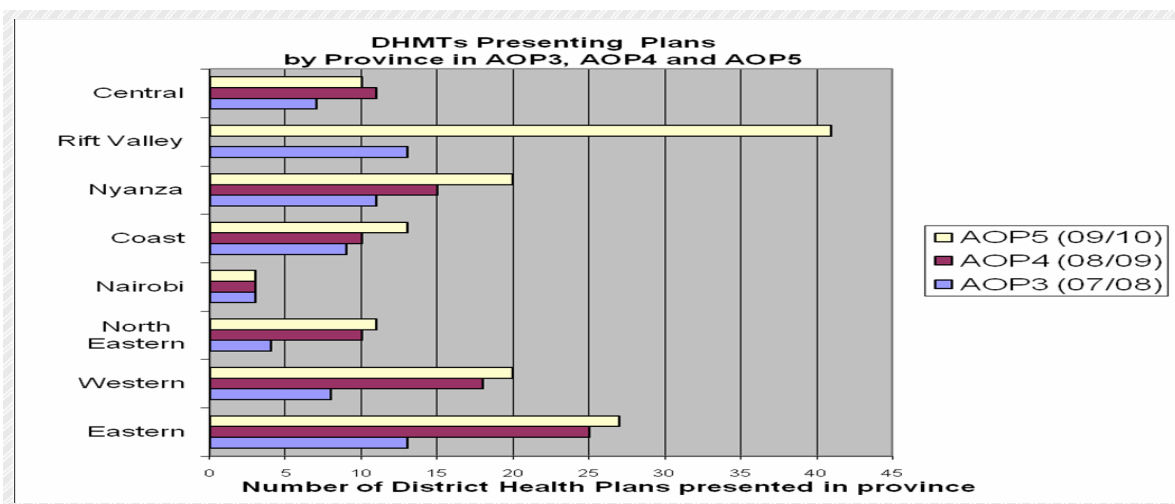
Participation in the annual planning process has increased significantly over the years as indicated in table I. This is driven by increased participation by districts but also by a substantial increment in the number of districts from the initial gazetted 72 to the current number of 253. There is not only increase in numbers of AOP 4 presented, but also an increase in the capacity of DHMTs to use the tool to prepare a good plan. In AOP 5, about 47 of the AOPs were of poor quality and difficult to retrieve information from. There was particularly lack of information of who or what the NGO and FBO contribution was and most were frequently lumped into the term “Partners”.

Table I: Comparison of DHMTs Presenting Plans in AOP 3, AOP 4 and AOP 5

PROVINCE	Number of DHMTs	Number of DHMTs	Number of DHMTs
	AOP3 (07/08)	AOP4 (08/09)	AOP5 (09/10)
Eastern	13	25	27
Western	8	18	20
North Eastern	4	10	11
Nairobi	3	3	3
Coast	9	10	13
Nyanza	11	15	20
Rift Valley	13	Not submitted due to post election crisis	41
Central	7	11	10
Total	68	92	145

The number of participating districts has grown tremendously; however a significant number of DHMTs still did not engage in the Annual Operation planning process due mainly to lack of capacity. Thus only 145 out of the over 253 districts presented AOP5s. Diagram 1 below gives a graphic presentation of table I.

DIAGRAM 1: Graphic presentation of table I



2.2 Overview of NGO/FBO Participation as a Proportion of districts presenting plans in AOP 3, 4, 5

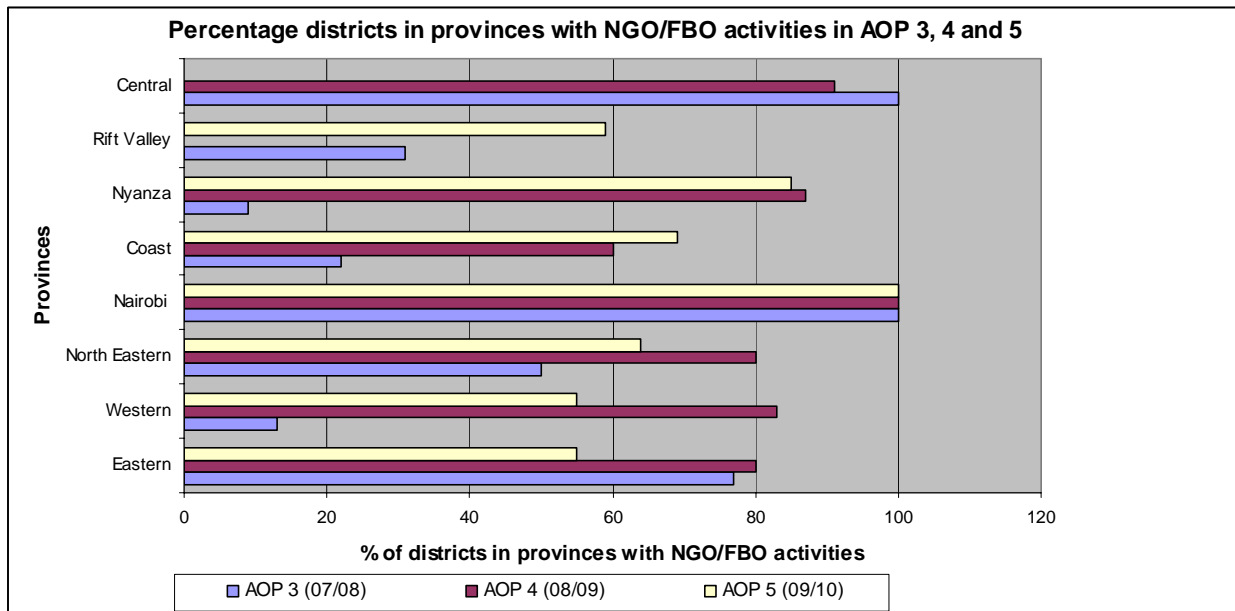
Though there is an increase in numbers of NGOs participating in the AOP process from **15 NGOs/FBOs participating AOP 2; 29 in AOP 3, 75 in AOP 4 and 116 in AOP 5**, the actual proportion of participating NGOs and FBOs in AOP 5 has gone down significantly compared to the steady increase from AOP 3 to 4 as indicated in table II. This is particularly to be noted in Eastern Province, Western Province, North Eastern Province and Central province. This most probably was a result of the hiving off of many new districts in which NGO/FBO activities have yet to be established. It is to be noted that there is a small increase in Nyanza and Nairobi remains at 100%.

Table II: proportion of NGO/FBO participation in AOPs against total districts presented

PROVINCE	Number of Districts with NGO Activity Out of Total Districts presented					
	AOP 3 (07/08)	%	AOP 4 (08/09)	%	AOP 5 (09/10)	%
Eastern	10/13	77	20/25	80	15/27	55
Western	1/8	13	15/18	83	11/20	55
North Eastern	2/4	50	8/10	80	7/11	64
Nairobi	3/3	100	3/3	100	3/3	100
Coast	2/9	22	6/10	60	9/13	69
Nyanza	1/11	9	13/15	87	17/20	85
Rift Valley	4/13	31	No AOP 4	-	24/41	59
Central	7/7	100	10/11	91	7/10	70

The proportion of NGO/FBO participation in the planning process appears to have gone down. This is partly due to the increase in new districts which do not have NGO/FBO activity. Diagram 2 below gives a graphic presentation of table II.

DIAGRAM 2: Graphic presentation of table II



2.3 Overview of NGO Financial Contribution by Province

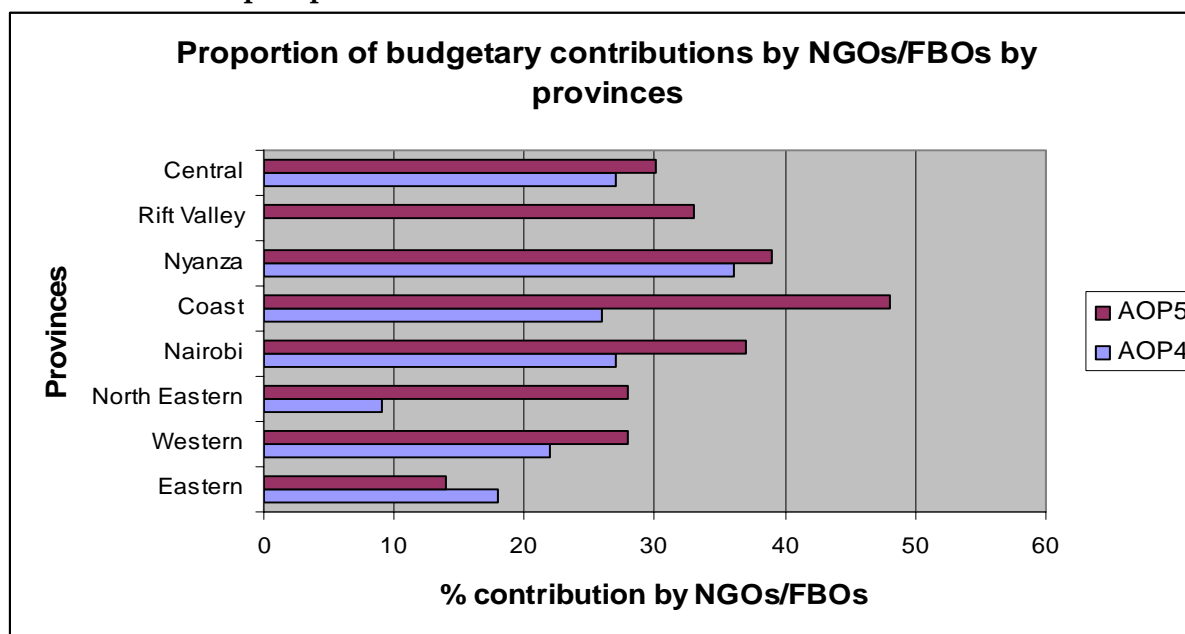
The total documented budget for AOP 5 was **Ksh 9,789,375,448** of which **Ksh 2,998,184,251** was contributed by NGOs and FBOs; this is **31%** of the total amount. In AOP 4, total districts budget was 6,127,639,112 of which 1,461,876,489 was contributed by NGOs and FBOs representing 24% of the total amount. There was therefore an increase in budgetary requirement of over 3 billion shillings in AOP 5 from AOP 4, and a similar increase of 7% in the contribution of NGOs and FBOs. These figures have been worked out from the AOP 5 presented. It must be noted that the financial information given in some AOPs are so inadequate especially in regard to NGOs/FBOs. It is also true that NGOs and FBOs are often not willing to reveal their real figures. The figures above may therefore be considered an approximation of what is actually happening on the ground. A review of the Mid-term Expenditure Framework (MTEF) may give a further insight into the actual budgeted provision – however taking into account that the former Ministry of Health was divided into two ministries: Ministry of Medical Services and Ministry of Public Health and Sanitation and therefore the actual amounts available to each is less.

Table III: Proportion of NGO Budgetary Contribution in Provinces

PROVINCE	TOTAL DISTRICTS BUDGET		NGO CONTRIBUTION		% NGO CONTRIBUTION	
	AOP4	AOP5	AOP4	AOP5	AOP4	AOP5
Eastern	1,542,579,311	1,541,528,325	290,166,536	221,579,968	18	14
Western	1,095,645,725	862,833,611	243,107,621	237,160,880	22	28
North Eastern	544,122,733	373,603,056	5,118,838	103,547,920	9	28
Nairobi	272,687,454	291,521,242	76,973,700	109,030,841	27	37
Coast	422,661,849	463,650,752	109,269,934	223,531,377	26	48
Nyanza	1,339,900,579	1,202,952,288	487,483,256	476,814,736	36	39
Rift Valley	Not availed	3,794,332,686	Not availed	1,266,866,091	-	33
Central	910,041,461	1,258,953,488	249,756,604	382,193,437	27	30
TOTAL	6,127,639,112	9,789,375,448	1,461,876,489	3,020,725,250	24	31

In comparing AOP 4 to AOP 5 as shown in table III and diagram 3, the proportion of NGO/FBO contribution has increased in all provinces except Eastern where there has been a 4% decrease. The national proportion of NGO/FBO contribution has also gone up by 7% from 24% to 31%. This is in tandem with the increase in total budgetary requirement which has gone up from 6 billion to 9 billion.

DIAGRAM 3: Graphic presentation of table 3



Apart from Eastern Province, the financial input by NGOs/FBOs has increased significantly in AOP 5 compared to AOP 4. Eastern may appear to be under-funded but this may simply be due to under-information.

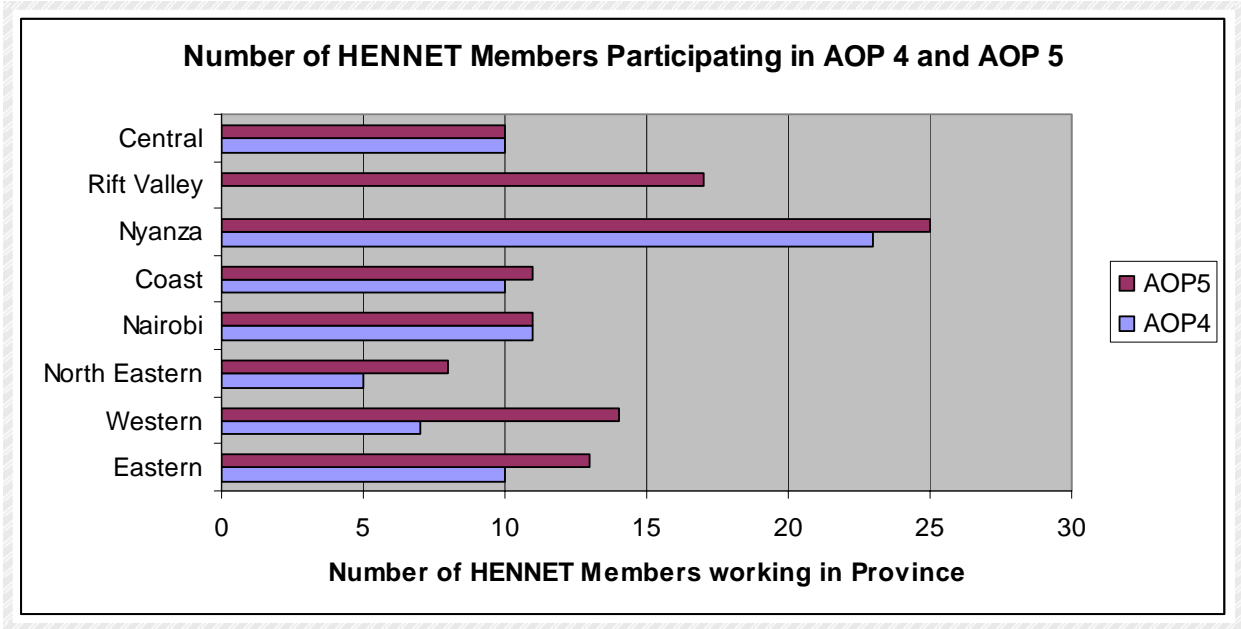
2.4 Overview of participation by HENNET Members in AOPs 3, 4, and 5

In AOP 3, 16 out of 32 (50%) HENNET members participated in the AOP Process. In AOP 4, there were 28 out of 61 (46%) members; In AOP 5, there were 41 HENNET members out of 76 (54%) who participated. Table IV shows participant members for AOP 5 and the provinces in which they were active, and compares the number of participating members for AOP 4 and AOP 5. Table IV and bar chart below show that, apart from Nairobi and central province, all the other provinces showed an increase in HENNET member participation.

Table IV: Comparison of HENNET Member Participation in AOP 4 AND AOP 5

Province	NGOs – formal members of HENNET participation in AOP5	Numbers	
		AOP 4	AOP 5
Eastern	Red Cross, Pathfinder, Association for Physically Disabled in Kenya, AMREF, World Vision, LVCT, Family Health International, Red Cross, Population Services International, Save the Children Canada, MSK, KSB, JHPIEGO.	10	13
Western	AMREF, Action Aid, World Vision, CHAK, Kenya Red Cross, Association for the Physically Disabled in Kenya (APDK), Christian Partners Development Agency (CPDA), Pathfinder, Save the Children Canada, MSK, LVCT, JHPIEGO, PSI, FHI,	7	14
North Eastern	Red Cross, AMREF, Handicap International, World Vision, Merlin, Save the Children, MSF, CARE	5	8
Nairobi	AMREF, World Vision, Goal Kenya, JHPIEGO, Malteser, Pathfinder, IMC, APHRC, MMM, KICOSHEP, Basic Needs UK in Kenya	11	11
Coast	World Vision, IMC, AMREF, PSI, Marie Stopes, Aga Khan, Red Cross, Samaritan’s Purse, CISP, ACTIONAID	10	11
Nyanza	Mildmay, Action Aid, AMREF, LVCT, MSF, Merlin, ADRA, World Concern, Matibabu, World Vision, FHI, Marie Stopes, RAPADO, Red Cross, GLUK, CARE, FHOK, PSI, CISP, APDK, JHPIEGO, World Neighbors, IMC, ICRC.	23	25
Rift Valley	Engender Health, Merlin, ICRC, AMREF, World Vision, JHPIEGO, Basic Needs (UK) in Kenya, ADRA, PSI, FHI, MSF, CHAK, KEC, Handicap Int’l, KRCS, SOWED,		17
Central	PSI, APDK, LVCT, Basic Needs UK in Kenya, Action AID, WV-K, WEMIS, Pathfinder, Mildmay, FHI	10	10

DIAGRAM IV: Graphic presentation of table 4



The number of HENNET member participation continues to increase in all provinces except in central and Nairobi where the number remains static. No comparisons could be made for Rift Valley Province given the lack of figures for AOP 4.

2.4.1. Overview of Proportion of HENNET members participating in AOP 3, 4, 5 compared to other NGOs in Province

Four provinces (Western, N.E and Nyanza) have shown a significant increase; while Eastern has shown slight decrease. RV had no AOP 4. This may be attributed to new NGOs coming into other regions and leaving others or it could be that some regions have actually slackened in AOP participation.

Table V: HENNET Members as a percentage of all NGOs who participated in AOP 3, 4 & 5 by Province

PROVINCE	HENNET MEMBER NGOs/FBOs			NON- HENNET MEMBER			% OF HENNET MEMBERS		
	AOP3	AOP4	AOP5	AOP3	AOP4	AOP5	AOP3	AOP4	AOP5
Eastern	6	16	13	13	9	14	32	64	48
Western	0	7	14	1	6	5	0	54	74
North Eastern	1	5	8	6	4	4	14	56	67
Nairobi	6	11	11	7	6	8	46	65	58
Coast	0	10	11	5	6	6	0	63	65
Nyanza	13	23	25	22	22	21	37	51	54
Rift Valley	2		16	8		15	20		52
Central	3	10	10	12	8	4	20	56	71

For the provinces for which information has been available over the years, the trend is for HENNET members to grow in proportion to all the NGOs except in Eastern Province where a decline is reported for HENNET members' participation.

3.0 OVERVIEW OF HENNET MEMBER CONTRIBUTIONS BY LEVEL OF IMPLEMENTATION

HENNET members operate and provide services at all levels but particularly level 1 (Community), Level II (Dispensaries) and Level III (Health Centers). However some members especially the FBO facilities provide very high level technical care equivalent to level IV, V and VI. A few examples include Tenwek Mission Hospital (CHAK), North Kinangop Catholic Hospital and Nazareth Hospital (KEC) and the Aga Khan Hospitals. Table VI gives HENNET members main activities by level of implementation.

Table VI: HENNET member contributions by level of implementation

Member NGO	Level I	Level II	Level III	Level IV	Level V	Level VI	Main Activity
Kenya Red Cross Society	XXX	XX	O	O	O	O	Emergency Preparedness, response & Relief
Pathfinder International	XXX	XX	XX	X	X	O	Capacity building
Association for Physically Disabled in Kenya,	X	X	O	O	O	O	Support, capacity building & awareness creation
AMREF	XXX	XXX	XXX	XX	XX	O	HIV/Aids, Community outreach, clinical support & capacity building
World Vision	XXX	XXX	X	O	O	O	Community mobilization, FGM, capacity building
Liverpool VCT	XX	XX	X	X	X	O	Capacity Building and care
Family Health International	XXX	XXX	XX	X	O	O	Capacity Building, care & support
Population Services International	X	X	XX	XX	X	O	Commodities
Save the Children Canada	XXX	O	O	O	O	O	Care and support
Marie Stopes Kenya	O	O	XX	XX	O	O	Reproductive Health
Johns Hopkins Programme for International Education in Gynae &Obstetrics	X	XX	O	O	O	O	Capacity Building
Kenya Society for the Blind	XXX	O	O	O	O	O	Capacity building
Action Aid	X	X	XXX	XXX	O	O	Capacity building

Member NGO	Level I	Level II	Level III	Level IV	Level V	Level IV	Main Activity
Christian Health Association of Kenya	XXX	XXX	XXX	XXX	XX	X	Treatment, HHR Training, Community outreach, capacity building
Christian Partners Development Agency		X	XX	XX	O	O	Capacity building, equipment
Handicap International	X	X	X	O	O	O	Capacity building and equipment
Merlin International	X	X	XX	XX	O	O	Equipment, commodities, capacity building
Medicins Sans Frontieres	X	X	X	X	O	O	equipment, care and support; emergency response
CARE Kenya	XX	O	O	O	O	O	Care and support; capacity building
Goal Kenya	X	X	X	;O	O	O	Capacity building, care & support
Malteser	X	X	X	X	X	O	Equipment, capacity building
International Medical Corps (IMC)	O	O	XX	XX	O	O	Treatment and care
African Population & Health Research Center	O	O	O	O	O	O	Research
Medical Missionaries of Mary - (KEC)	XX	XX	XX	XX	O	O	Care, treatment and training
Kibera Integrated Community Self help Program	XXX	XXX	O	O	O	O	Care & support, community outreach, HIV/Aids
Basic Needs UK in Kenya	XX	O	O	O	O	O	commodities
Aga Khan Health Services	X	X	O	X	X	X	Treatment, community outreach
Samaritan's Purse,	O	O	O	O	O	O	Community support
CISP: International Committee for the Development of peoples (Italian)	X	X	X	X	O	O	Equipment, renovation & commodities
Mildmay International - Kenya	X	X	X	X	O	O	Care, equipment & commodities
Merlin International (UK).	X	X	XX	XX	X	O	Treatment, equipment, renovation
Adventist Development and Relief Agency (ADRA)	XX	XX	X	X	O	O	Treatment, capacity building, community outreach

Member NGO	Level I	Level II	Level III	Level IV	Level V	Level IV	Main Activity
Matibabu Foundation	XX	O	O	O	O	O	Community outreach & capacity building
Rural Aids Prevention And Development Agency (RAPADO)	XX	O	O	O	O	O	Community outreach
Great Lakes University of Kisumu (GLUK)	O	O	O	O	O	O	HHR training
Family Health Options Kenya (FHOK)	XX	O	O	O	O	O	Reproductive Health
World Neighbors	XX	O	O	O	;O	O	Community outreach
World Concern	XX	O	O	O	O	O	Community outreach
Engender Health.	XX	XX	XX	X	O	O	Capacity building, equipment & commodities
Kenya Episcopal Conference- Catholic Secretariat	XXX	XXX	XXX	XXX	XX	X	Treatment, HHR Training, Community outreach, capacity building
Wem Integrated Health Services	XX	X	X	X	O	O	Care and support

X - Number of Xs depends on the concentration of NGO/FBO activities at that level. More Xs indicate higher concentration of specified activities at that level
O - Indicates no activity at that level for the specified FBOs/NGOs

4.0 DISTRICTS WITHOUT DOCUMENTED HEALTH NGO/FBO ACTIVITIES

Out of the 145 AOPs reviewed, as indicated in table VII, the following districts were found to have no documented health NGO activity. The number could be more considering that currently there are 253 districts most of them new with low or no capacity to participate in the AOP process. Also during the hiving off of new districts from old ones, NGOs tend to remain in the old districts because of the required extra financial outlay and other logistics like setting up new offices and new local contacts.

Table VII: Districts reported without documented health NGO/FBO activities

PROVINCE	DISTRICTS
WESTERN	Bungoma West; Samia; Teso North
RIFT VALLEY	Narok South; Turkana North; Keiyo; Marsabit;
EASTERN	Tigania; Bomet; Nanyuki; Chalbi; Garbatulla; Imenti North; Mbeere; Meru Central;
COAST	Kinango and Tana River district
NYANZA	Borabu, Kuria West; Manga;
CENTRAL	Gatundu, Murang'a North, Kiambu West;
NORTH EASTERN	Lagdera, Fafi;

5.0 RECOMMENDATIONS ON THE AOP PLANNING PROCESS

Overall recommendations to HENNET, its members and the Ministries of Public Health and Sanitation and Medical Services, include amongst other stakeholders:

1. Build capacity of new districts in terms of planning
2. The planning tool is too bulky and needs to be simplified. The generic information about districts needs to be removed, as should the information about facilities in the districts. This should be in a supra planning tool at national level, leaving districts to plan on activities, costs and timelines.
3. Each partner should be mentioned by name, and their contribution separated from that of government and other partners.
4. Continue supporting and encouraging HENNET members to participate in Annual Operation Planning.

ANNEX 1: REVIEW OF NGO CONTRIBUTION TO PROVINCIAL RESOURCE ENVELOP BY LEVEL OF CARE

1. CENTRAL provincial resource envelope by level of care and source and type of management support

Level/Source	GOK (Ksh)	FIF (Ksh)	Others specify (Ksh)	Total (Ksh)
Level 1	5,686,014	1,947,686	2,880,029 APDK, BNK, Action AID, WV-K, WEMIS, FHI.	10,513,729
Level 2	21,028,944	16,605,133	51,854,494 - PSI.	91,914,704
Level 3	42,057,888	33,210,265	103,708,987- PSI, LVCT, Pathfinder, Mildmay.	183,829,407
Level 4	114,852,635	277,357,136	LVCT - .65,591,109	457,800,880
Level 5	20,296,583	102,289,822	1,793,000 - LVCT.	124,379,405
Level 6	0	0	0	0
DHMT (management support)	63,160,623	56,693,191	19,577,196 - Pathfinder.	139,431,010
DMST (management support)	44,437,001	60,705,005	54,937,804.00	160,079,810
PMST (management support)	1,730,000	3,600,000	0	5,330,000
PHMT (management support)	223,725	3,600,000	81,850,818	85,674,543.20
Total	313,473,413	556,008,238	382,193,437	1,258,953,488

2. WESTERN provincial resource envelope by level of care and source and type of management support

Level /Source	Governmen (Ksh)t	FIF (Ksh)	Others Specify (Ksh)	Total (Ksh)
Level 1	30,487,050	57,000	38,197,850 - KRCS, AMREF, MSF, Action Aid, AMPATH, ROTARY, CSP, WV	68,741,900
Level 2	62,171,016	6,438,900	13,839,523 - LVCT,PSI, AMPATH, AFRICA NOW	82,449,439
Level 3	69,662,567	9,726,968	41,237,540 - AMPATH, MSK	120,627,075
Level 4	106,506,289	157,486,831	86,076,245 - Sabatia Eye, Pathfinder, AMPATH, Mukumu Hosp	350,069,365
Level 5	0	50,000,000	0	50,000,000
Level 6	0	0	0	0
DMST	6,465,120	15,380,852	2,480,700 - PSI, AMPATH	24,326,672
DHMT	96,609,692	15,280,445	54,729,022 - Rotary, FHI	166,619,159
PMST		0	0	0
PHMT		0	0	0
Total	482,343,785	254,370,996	126,118,830	862,833,611

3. EASTERN provincial resource envelope by level of care and source and type of management support

Level/Source	GOK (Ksh)	FIF (Ksh)	Others specify (Ksh)	Total (Ksh)
Level 1	82,956,066	0	26,308,204 - KBN, SCC, AMREF	109,264,270
Level 2	298,218,880	26,797,257	14,189,001 - PSI, MSK, NCCK	339,205,138
Level 3	111,650,188	17,271,134	13,043,739 - AMREF, JHPIEGO, LVCT	141,965,061
Level 4	397,359,309	116,722,111	69,641,212 - JHPIEGO, AMREF, FHI	583,722,632
Level 5	43,449,769	157,687,650	49,790,910 - WV, JHPIEGO, JSI, AMREF	250,928,329
Level 6	15,678,707	6,184,724	6,789,131 - AMREF	28,649,562
DMST (management support)	98,234,125	26,194,794	15,983,489	140,412,408
DHMT (management support)	137,835,374	38,637,660	72,904,450 - AMREF ,PSI, Mildmay, pathfinder	249,377,484
PMST (management support)	0	0	0	0.00
PHMT (management support)	11,000,000	2,800,000	7,920,794	21,720,794
Total	968,608,426	351,340,432	221,579,468	1,541,528,325

4. NYANZA: provincial resource envelope by level of care and source and type of management support

Level/Source	GOK (Ksh)	FIF (Ksh)	Others specify (Ksh)	Total (Ksh)
Level 1	13,657,766	451,000	32,399,904 - AMREF, GLUK, FACE, ACE, RAPADO, WV, Plan, Concern	46,508,670
Level 2	119,514,380	10,242,269	88,461,422 - GLUK, AMREF, KRCS, MK	218,218,071
Level 3	5,782,1128	7,600,454	39,533,072 - MILD MAY, ADRA, MATIBABU	104,954,654
Level 4	152,969,593	69,251,461	78,190,620 - ADRA, PSI, NARESA, LVCT, IMPACT	300,411,674
Level 5	61,073,835	98,789,761	120,590,696 - FHI, CISP, IFAD	280,454,293
Level 6	0	0	0	0
DMST (management support)	1,933,937	480,000	0	2,413,937
DHMT (management support)	10,6226,814	24,925,154	117,639,022 - AMREF, CISP, ICROSS	248,790,989
PHMT (Management support)	1,200,000	0	0	1,200,000
PMST (Management Support)	0	0	0	0
Total	525,197,453	211,740,099	476,814,736	1,202,952,288

5. COAST: provincial resource envelope by level of care and source and type of management support

Level/Source	GOK (Ksh)	FIF (Ksh)	DANIDA (Ksh)	GAVI	Others (Ksh)	Total (Ksh)
Level 1	37,928,422	8,232,560	-	3,125,506	8,762,900 - AMREF,A/ Aid KRCS, AKHS	58,049,388
Level 2	61,764,235	14,951,109	10,609,921	395,190		132,177,150
Level 3	40,547,706	6,599,070	2,216,488	-	12,086,103 - CISP,PSI,IMC	61,449,367
Level 4	98,078,556	59,225,418	1,330,176	388,000	121,135,932 - CISP, PSI, IMC	280,158,032
Level 5						
Level 6						
DMST (management support)	2, 328,000	600,000				2,928,000
DHMT (management support)	38, 786,235	10, 194,380	457,292	3, 000,000	44, 313,990 - AMREF, CISP, IMC	96, 751,947
PMST (management support)						
PHMT (management support)	13,420,000	5,165,000	8,800,000	3,400,000	81,510,000 - CISP	112,295,000
Total	292,853,154	104,967,537	23,413,877	10,308,696	312,205,620	743,808,884

6. RIFT VALLEY: provincial resource envelope by level of care and source and type of management support

Level/Source	GOK (Ksh)	FIF (Ksh)	Others specify (Ksh)	Total (Ksh)
Level 1	59,834,046	42,911,347	351,664,621 - AMREF, BNK,HRI, SAIDIA,MSF, PSI	454,410,013
Level 2	109,316,944	57,604,534	243,624,237 - KRCS,AMREF, DOL, DOW, MSI, MSF, RCEA	410,545,714
Level 3	67,317,760	49,599,141	188,561,138 - ELK, CMMB, DOL, AIC, MMM	305,478,039
Level 4	112,207,357	104,166,552	197,364,847 - MMM, CMMB, PSI, CLUSA, DOL, DOW	413,738,755
Level 5	38,908,647	38,908,647	79,317,293 – AMPATH, MMM, JHPIEGO	157,134,586
Level 6	38,908,647	38,908,647	77,817,293 – AMPATH, TENWEK	155,634,586
DMST (management support)	54,388,227	44,535,935	104,501,561 - CLUSA, CMMB, JHPIEGO, AMREF, PSI	203,425,722
DHMT (management support)	85,172,677	54,938,581	226,171,928 CMMB, AMPATH, AMREF	366,283,185
PMST (management support)	566,054,303	431,573,380	1,469,022,918 - AMPATH	2,466,650,601
PHMT (management support)	59,834,046	42,911,347	351,664,621 - AMPATH	454,410,013
Total	1,371,868,019	904,893,260	3,721,146,834	5,997,908,113

7. NAIROBI: provincial resource envelope by level of care and source and type of management support

Level/Source	GOK	FIF	Others specify	Total
Level 1	0	0		0
Level 2	0	416,488		416,488
Level 3	0	494,436		494,436
Level 4	7,200,000	42,000,000		49,200,000
Level 5	Not available in the province			
Level 6	34,578,389	41,331,653	22879060	98,780,102
DMST (management support)	Not indicated			
DHMT (management support)	1,662,058	133,146		1,795,204
PMST (management support)	202,952	1,836,900		2,242,804
PHMT (management support)	388,558	1,836,900		2,225,458
Total	18,031,957	51,749,523	12,000,000	81,984,432

8. NORTH EASTERN Province resource envelop was not provided

ANNEX 2: ACTIVITIES MOST SUPPORTED BY HENNET MEMBERS

Table VII: Overview of NGO Activities

PROVINCE	3 ACTIVITIES MOST SUPPORTED BY HENNET MEMBERS
Eastern	<ol style="list-style-type: none"> 1. Human Resource Management and Development 2. Essential Medicine and Supplies 3. Emergency Preparedness and Response
Western	<ol style="list-style-type: none"> 1. Human Resource Management and Development 2. Performance monitoring and Evaluation 3. Infrastructure, Communication and Transport
North Eastern	<ol style="list-style-type: none"> 1. Human Resource Management and Development 2. Essential Medicine and Supplies 3. Emergency Preparedness and Response
Nairobi	<ol style="list-style-type: none"> 1. Human Resource Management and Development 2. Infrastructure Development and Maintenance 3. Pre- and Post-natal health care
Coast	<ol style="list-style-type: none"> 1. Human Resource Management and Development 2. Capacity Building 3. Governance
Nyanza	<ol style="list-style-type: none"> 1. Human Resource Management and Development 2. Performance monitoring and Evaluation 3. Planning
Rift Valley	<ol style="list-style-type: none"> 1. Human Resource Management and Development 2. Performance Monitoring and Evaluation 3. Operational and Other Research
Central	<ol style="list-style-type: none"> 1. Human Resource Management and Development 2. Performance monitoring and Evaluation 3. Infrastructure Development/Planning

- In the North Eastern and Eastern Provinces, Essential Medicine and Supplies and Emergency Preparedness and Response were the activities most supported
- Human Resource Management and Development was supported in all districts across the board
- Performance Monitoring and Evaluation was the second most supported activity

ANNEX 3. HENNET MEMBER ORGANISATIONS AS OF NOVEMBER 2009

No.	Organization	Coverage
1.	Action Aid	International
2.	Adventist Development and Relief Agency (ADRA)	National
3.	Afri Afya	National
4.	African Population and Health Research Centre (APHRC)	International
5.	Aga Khan Foundation	International
6.	AMREF	International
7.	Association for Physically Disabled in Kenya (APDK)	National
8.	Basic Needs Kenya	National
9.	Beacon of Hope	National
10.	Care International	International
11.	CHAK	National
12.	Christian Partners Development Agency (CPDA)	National
13.	Community Mobilization for Economic Development and Advancement (C-MEDA) Kisumu	National
14.	Doctors of the World, USA	International
15.	Engender Health	National
16.	Family Health International	International
17.	Family Health Options Kenya	National
18.	Family Support Institute	National
19.	Food for the Hungry International	International
20.	Goal Kenya	International
21.	Great Lakes University Kisumu (GLUK)	National
22.	Handicap International	International
23.	Health Policy Initiative (HPI)	International

No.	Organization	Coverage
24.	HelpAge	National
25.	I Choose Life - Africa	National
26.	International Committee for Development of People	International
27.	International Medical Corps	International
28.	Internews Network	International
29.	Intrahealth - Capacity Project	International
30.	JHPIEGO (Johns Hopkins Program for International Education in Gynaecology/Obstetrics) Kenya	National
31.	Kenya AIDS NGOs Consortium (KANCO)	National
32.	Kenya Association for the Welfare of Epileptics (KAWE)	National
33.	Kenya Association of Professional Counselors (KAPC)	National
34.	Kenya Community Based Health Financing Association (KCBHFA)	National
35.	Kenya Consortium to Fight AIDS TB and Malaria (KECOFATUMA)	National
36.	Kenya Episcopal Conference (KEC)	National
37.	Kenya Muslim Medical Professionals (KAMMP)	National
38.	Kenya Network of Women with Aids (KENWA)	National
39.	Kenya NGOs Alliance Against Malaria (KeNAAM)	National
40.	Kenya Red Cross Society (KRCS)	National
41.	Kenya Society for the Blind	National
42.	Kenya Treatment Access movement (KETAM)	National
43.	KICOSHEP	National
44.	Life Care and Support Centre (LICASU)	National
45.	Liverpool VCT, Care and Treatment	National
46.	Malteser International	International
47.	Mama Na Dada Africa	National
48.	Map International	National

No.	Organization	Coverage
49.	Marie Stopes International Kenya	National
50.	Matibabu Foundation	International
51.	Merlin	International
52.	Mild May – International Kenya	National
53.	MSF-Belgium	International
54.	Oscar Foundation/SOWED	National
55.	PATH	National
56.	Pact Kenya	National
57.	Pathfinder International	International
58.	Planned Parenthood Federation Africa (PPFA)	International
59.	Population Council	National
60.	Population Services International (PSI)	International
61.	Provide International	National
62.	Ripples International	National
63.	Rural Aids Prevention and Development Organization (RAPADO)	National
64.	Samaritans Purse	International
65.	Save the Children Canada	International
66.	Sight Savers International	International
67.	SUPKEM	National
68.	Sustainable Aid in Africa International	National
69.	SWAP	National
70.	Wajir South Development Agency (WASDA)	International
71.	Wem Integrated Health Services (WeMIHS)	National
72.	Women In Fishing Industry Project (WIFIP)	National
73.	World Concern	International
74.	World Friends	International

No.	Organization	Coverage
75.	World Neighbors, EA	International
76.	World Relief	International
77.	World Vision	National

ANNEX 4: NGO& BI/MULTILATERAL PARTNERS BY PROVINCE

** HENNET MEMBERS

NON -HENNET NGOs

!! MULTILATERALS

1. Central Province

NGO ACCRONYM	FULL NAME
1. APHIAII!!	AIDS Population and Health Integrated Assistance II
2. ICAP##	International Centre for AIDs care and treatment Program.
3. Action Aid**	Action Aid - Kenya
4. LVCT**	Liverpool VCT, Care & Treatment
5. Brothers of St Joseph##	Brothers of St Joseph -Mweiga
6. Mildmay**	Mildmay International
7. KBN (BNK)##	Basic Needs of Kenya - Kenya Basic Needs
8. VIHDA##	Life in HIV (Spanish)
9. MSH##	Management Sciences for Health
10.Pathfinder**	Pathfinder International
11. CCF##	Christian Children's Fund
12. FHI**	Family Health International
13. WHO!!	World Health organization
14. CMMB##	Catholic Medical Mission Board
15. IFAD##	International Fund for Agricultural Development
16. ADB!!	African Development bank
17. PSI**	Population Services International
18. AIDS Relief(CRS)##	AIDS Relief Consortium: Catholic Relief Services
19. APDK**	Association for the Physically Disabled of Kenya
20.Mwea Mission (KEC)**	Our Lady of Lourdes- Mwea Mission Hospital (Kenya Episcopal Conference)
21. WV-K**	World Vision -Kenya
22. Mike Eden##	Mike Eden Ministries
23. POP. COUNCIL##	Population Council
24. WEMIS**	Wem Integrated Health Services
25. UNICEF!!	United Nations International Children's Education Fund
26. NARESA##	Network of African Researchers in Eastern and Southern Africa

2. Eastern Province

NGO ACCRONYM	FULL NAME
1. APHIAII!!	AIDS Population and Health Integrated Assistance II
2. ICAP##	International Centre for AIDs care and treatment Program.
3. AMREF**	African Medical Research Foundation
4. MDG	Millennium Development Goals
5. UNICEF!!	United Nations International Children's Education Fund
6. WHO !!	World health organization
7. CDC!!	Center for Disease Control (US)
8. KEMRI	Kenya Medical Research Institute
9. KBN**	Kenya Basic Needs
10. Zingatia Maisha**	<i>AMREF project</i>
11. Pathfinder**	Pathfinder International
12. SCC**	Save the Children Canada
13. Plan - K##	Plan Kenya
14. KRCS**	Kenya Red Cross Society
15. MSK**	Marie Stopes Kenya
16 ENHANCE##	Enhance International
17. WV-K**	World Vision - Kenya
18. WHO!!	World Health Organization
19. Plan Int##	Plan - International
20. Worldview##	World view International
21. Hope Africa##	Hope Africa
22. NCKK##	National Council of Churches - Kenya
23. SUPKEM##	Supreme Council of Kenya Muslims
24. KSB**	Kenya Society for the Blind
25. Act Now##	Act Now
26. Hope Worldwide##	Hope Worldwide
27. LVCT**	Liverpool VCT, Care & Treatment
28. APDK**	Association for the Physically Disabled of Kenya
29. GAA##	German Agro-Action
30. JHPIEGO**	Johns Hopkins Program for International Education in Gynaecology/Obstetrics
31. GTZ!!	German Technical Cooperation
32. PSI**	<i>Population Services International</i>

33. Mildmay**	Mildmay International
34. JSI##	John Snow International
35. UNAIDS!!	United Nations Aids
36. FHI**	Family Health International
38. Global Partners##	Global Partners
39. GAVI##	Global Alliance for Vaccine Initiative

3. North Eastern Province

NGO ACCRONYM	FULL NAME
1. APHIAII!!	AIDS Population and Health Integrated Assistance II
2. MERLIN**	<i>Merlin International (UK)</i>
3. UNICEF!!	United Nations International Children's Education Fund
4. WHO!!	World Health Organization
5. KRCS**	Kenya Red Cross Society
6. DANIDA!!	Danish International Development Agency
7. GTZ!!	German Technical Cooperation
8. ALRMP##	Arid Lands Resource Management Project
9.Womankind##	<i>Ditto</i>
10. CARE**	CARE - Kenya
11. USAID!!	USA International Development
12. WASDA##	WASDA
13. Oxfam##	Oxfam
14. KEC**	Kenya Episcopal Conference
15 Handicap **	Handicap International
16 AMREF**	African Medical Research Foundation
17.SCC**	Save the Children Canada
18.MSF**	Medicins sans frontier

4. Western Province

NGO ACRONYM	FULL NAME
1. APHIAII!!	AIDS Population and Health Integrated Assistance II
2. AMREF**	African Medical Research Foundation
3. MSF -Spain##	Medicins sans Frontieres – Spain
4. Action Aid**	Action Aid Kenya
5. UNICEF!!	United Nations International Children’s Education Fund
6. CDC!!	Center for Disease Control
7. LVCT**	Liverpool VCT, Care and Treatment
8. PSI**	Population Services International
9. GTZ!!	German Technical Cooperation
10. AMPATH##	Academic Model for the Prevention and Treatment of HIV
11. Africa Now##	Africa Now
12. Sabatia Eye Hospital (CHAK)**	Sabatia Eye Hospital
13. Rotary Doctors##	Rotary Doctors
14. CSP##	Child Survival Project
15. Mukumu Hospital (AIDS Relief) KEC**	Mukumu Mission Hospital
16. WV**	World Vision
17. KRCS**	Kenya Red cross Society
14. APDK**	Association of the Physically Disabled, Kenya
15. CPDA**	Christian Partners Development Agency
16. Pathfinders**	Pathfinders International
17. SCC**	Save the Children Canada
18. MSK**	Marie Stopes Kenya
19. JHPIEGO**	Johns Hopkins Program for International Education in Gynaecology/Obstetrics
20. FHI**	Family Health International

5. Nyanza Province

NGO ACCRONYM	FULL NAME
1. APHIAII!!	AIDS Population and Health Integrated Assistance II
2. CDC!!	Center for Disease Control
3. AMREF**	African Medical Research Foundation
4. Mildmay**	Mildmay International
5. ICROSS##	International Community For The Relief Of Starvation &Suffering
6. ADRA**	Adventist Development Relief Agency
7. GTZ!!	German Technical Cooperation
8. NARESA##	Network of African Researchers in Eastern and Southern Africa
9. UNICEF!!	United Nations International Children's Education Fund
10. FRACODEP	FRACODEP
11. Plan##	Plan Kenya/ International
12. Matibabu**	Matibabu Foundation
13. Ace Com##	Ace Communications
14. USAID!!	USAID
15. PSI**	Population Services International
17. LVCT**	Liverpool VCT, Care and Treatment
18. FHOK**	Family Health Options of Kenya
19. CARE- K**	CARE Kenya
20. CISP**	International Committee for the Development of Peoples (Italian)
21. APDK**	Association of the Physically Disabled of Kenya
22. EHS##	Essential Health Services
23. JHPIEGO**	Johns Hopkins Program for International Education in Gynaecology/Obstetrics
24. WV**	World Vision
25. IFAD##	International Fund for Agricultural Development
26.Merlin**	Merlin <i>International</i>
27. Concern**	World Concern International
28. OMEGA##	OMEGA
29. World Neighbours**	World Neighbours East Africa
30. IMPACT##	IMPACT
31. WHO!!	World Health Organization
32. GLUK**	Great Lakes University - Kenya
33. NEEMA##	Neema

34. MSK**	Marie Stopes Kenya
35. FACES##	Family AIDS Care and Education Services
36. IMC**	International Medical Corps
37. RAPADO**	Rural Aids Prevention and Development Organization
38. KRCS**	Kenya Red Cross Society
39. Grail Cofido##	<i>Grail Cofido</i>
40. Wings of Love##	<i>Wings of Love</i>
41. FHI**	Family Health International
42. MSF**	Medicins sans Frontieres
43. MVP##	Millennium Village Project
44. Rotary Doctors##	<i>Rotary Doctors</i>
45. Uranga Moyie##	<i>Uranga Moyie</i>

6. Coast Province

NGO ACRONYM	FULL NAME
1. Danida!!	Danish International Development Agency
2. APHIA III!	AIDS Population and Health Integrated Assistance II
3. CISP**	International Committee for the Development of Peoples (Italian)
4. MSK**	Marie Stopes – Kenya
5. WV**	World Vision
6. Action Aid**	Action Aid Kenya
7. KRCS**	Kenya Red Cross Society
8. AMREF**	African Medical Research Foundation
9. Tawfiq##	?
10. PSI**	Population Services International
11. JSI##	John Snow International
12. WHO!!	World Health Organization
13. DAARAT##	??
14. UNFPA!!	United Nations Fund for Population Activities
15. IMC**	International Medical Corps
16. AKHS**	Aga Khan Health Services
17. UNICEF!!	United Nations International Children's Education Fund
18. Verkeert##	??
19. Clinton Foundation	<i>Ditto</i>
20. Plan##	Plan International/ Kenya
21. Rotary Club##	<i>Ditto</i>

22. UNICEF!!	United Nations International Children's Education Fund

7. Nairobi Province

NGO ACRONYM	FULL NAME
1. Plan##	Plan Kenya/International
2. SAPTA##	??
3. Nairobi Women's##	Nairobi Women's Hospital
4. Diabetic Society##	Diabetic Society of Kenya
5. IMC**	International Medical Corps
6. KICOSHEP**	
7. APHIAIII!	AIDS Population and Health Integrated Assistance II
8. Clinton Foundation	<i>Ditto</i>
9. JHPIEGO**	Johns Hopkins Program for International Education in Gynaecology/Obstetrics
10. Goal K**	Goal (Ireland)- Kenya
11. AMREF**	African Medical Research Foundation
12. Pathfinder**	Pathfinder International
13. MMM- KEC**	Medical Missionaries of Mary
14. Concern WW##	Concern Worldwide
15. UNICEF!!	United Nations International Children's Education Fund
16. WV**	World Vision
17. Heart to Heart##	Heart to Heart Foundation
18. Malteser**	Malteser
19. APHRC**	African Population and Health Research Centre
20. KEMRI	Kenya Medical Research Institute
21. AF##	Asian Foundation
22. WHO!!	World Health Organization
23. MSH##	Management Sciences for Health
24. KBN**	Kenya Basic Needs
25. LVCT**	Liverpool VCT, Care and Treatment

Rift Valley Province

NGO ACCRONYM	FULL NAME
1. ACK**	Anglican Church of Kenya(CHAK)
2. ADB!!	Africa Development Bank
3.AIC**	African Inland Church (CHAK)
4.ACTED INT'L##	ACTED International
5.ADRA**	Adventist Relief Agency
6.AMPATH##	Academic Model for Prevention and Treatment of HIV/AIDS
7. AMREF**	African Medical Research Foundation
8.BNK**	Basic Needs of Kenya
9.CMMB##	Catholic Medical Mission Board
10.CLUSA##	Cooperative League of USA
11.DOL**	Diocese of Lodwar (KEC)
12.DOW**	Doctors of the World
13.ELCK##	Evangelical Lutheran Church of Kenya
14..ENGENDER**	Engender Health
15.FHEA##	Fred Hollows Eastern Africa
16. GAVI##	Global AIDS Vaccine Initiative
17. HRI##	Healthrights International
18.HANDICAP INT'L**	Handicap International
19.KRCS**	Kenya Red Cross Society
21.JICA!!	Japanese International Cooperation Agency
22.JHPIEGO**	Johns Hopkins Program for International Education in Gynaecology/Obstetrics
23.PSI**	Population Services International
24. OLEMILA	OLEMILA
25.RTI##	Research Triangle Institute
26.MSF**	Medicins sans frontier
27. MMM- KEC**	Medical Missionaries of Mary
28.NETHERLANDS HARAMBEE##	Netherlands Harambee Foundation
29.RCEA##	Reformed Church of East Africa
30.SAIDIA##	Samburu Aid in Africa
31. ST##	Sentinelle
32. SOWED**	Oscar Foundation/SOWED

33.TENWEK CHP**	Tenwek Mission Hospital –community health program (CHAK)
34. UNICEF!!	United Nations International Children’s Education Fund
35. USAID!!	United States International Aid
36. WV**	World Vision
37. WRP##	Walter Reed Project