

AIDS Information System (AIS) Registration Form

For Organisations

Kindly provide new or amended information regarding your organisation on the attached forms and return at your convenience to:

Kenya AIDS NGOs Consortium
P. O. Box 69866
Nairobi

Phone: 254-02-717664/715008
Fax: 254-02-714837
Email: info@kanco.org/kenaims@iconnect.co.ke

The purpose of AIS is to maintain a record of up-to-date and accurate information on STI/HIV/AIDS activities in Kenya in order to help planners, donors, the Government and other NGOs/CBOs avoid duplication, identify gaps and encourage collaboration. The AIS assists in giving information such as level of national coverage, activities going on in the country, areas of activity, population targeted by the services, and multiplicity of services. This information helps to give an idea of how resources distribution by NGOs and Government can be improved. The system also enables KANCO to keep track of correspondence and the distribution of KANCO publications and other materials.

AIDS DATABASE-CHECKLIST

Date:.....

Organisation:.....

Acronym:.....

Affiliated to:.....

Contact Person:.....

Street Address:.....

Postal Address:.....

Phone Number(s):...../...../.....

Fax:.....

Email:.....

Other Contact Person:.....

Chief Administrator:.....

Year Founded:.....

Number of Staff: Professional
Non-professional.....
Volunteers:.....

Why does your organisation exist? (For objective)

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.....
.....
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.....
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.....
.....
.....

Organisation type (Select on option only)

- Government
- Local NGO
- International NGO
- Bilateral Government Donor

- Multilateral Agency
- Academic/Research Institution
- Commercial Organisation (Private Sector)
- Religious Organisations
- Professional Association

Freelance (Use for individual capacity)

Facility Type *(select one option only)*

- Church/Mosque/Temple
 Health Centres/Clinics/Dispensary
 Home (Used for freelancers only)
 Hospital
 Library
 Office
 Private practice
 Professional training institution
 Refugee camp
 School
 Training Centre
 University (Inc. Medical School with University)

Specific Activities of organisations

(Tick all that apply to your organisation)

- Advocacy and lobbying
 Bereavement support
 Clothing Distribution
 Condom distribution
 Day-care
 Emergency funds
 Food distribution
 Fund-raising
 General awareness
 HIV counselling
 HIV testing
 Home-care
 Hotline services
 Human rights
 Information services
 Insurance
 Legal assistance
 Materials distribution
 Materials production
 Media
 Mental health services
 PWHAs support
 Rape counselling
 Research
 Seminars organisation
 Training health professionals
 Training non-health professionals

Workplace policy

Target Groups List *(Tick all that apply)*

- PWHAs
 Children
 Street Children
 Orphans
 Youth Women
 Mothers
 Men
 Couples
 Widowed
 Aged
 People with disabilities
 Refugees
 Commercial sex workers
 Hospital patients
 NGOs
 Urban communities
 Rural communities
 Trainers
 Community development workers
 Health workers
 Media
 Workplace

Information Services

Information services offered *(Tick all that apply)*

- Enquiry services
 Lending
 Photocopying
 Databases
 Internet
 Reading room
 Reference collection
 Outreach services

Hours of business:.....

Open to public? Yes No

Staffing:.....

District where your activities are based:

.....
.....
.....

Organisation's languages:

.....
.....
.....

Partners/Collaborators:

.....
.....
.....

Projects/Research

We have provided space for information on three projects. If you have undertaken more than three projects, please submit this information in the same format on a separate piece of paper.

Title of project	Research Yes/No	Project target groups*	Project activities*	Funder	Amount of funding	Duration	Date started	Collaboration

· Pick from the full lists given above

Materials production

We have provided space for information on three materials. If you have produced more than three materials, please submit this information in the same format on a separate piece of paper

Title	Date produced	Formats*	Languages	Targets <i>(Pick from the list above)</i>

*Materials formats options

Art work, Audio, Video, Book, Brochure, Catalogue, Comic, Directory, Flier, Map, Newsletter, Slide set, and Clothing

Seminars/Workshops

We have provided space for information on three titles. If you have organised/hosted more than three seminars/workshops, please submit this information in the same format on a separate piece of paper

Title	Dates held	Target groups (<i>Pick from the list above</i>)

We thank you sincerely for the time you have taken to help us.

Thank you

REQUIREMENTS FOR REGISTRATION

1. A Copy of the organisations registration certificate with the relevant government authority or ministry
2. TWO reference letters from ANY TWO of the following officers:
 - o District AIDS/STDs Co-ordinator (DASCO)
 - o Medical Officer of Health (MOH)
 - o District AIDS Control Coordinator (DACC)
 - o District Development Officer (DDO)
 - o District Social Development Officer (DSDO)
 - o A recognised NGO
 - o The District Commissioner or the District Officer in your area of operation
3. The last progress report of your organisation if you have been in operation or your profile if you are a new organisation

NOTE:

- Attach the above specified documents (No. 1-3) to the Kenya AIDS NGOs Consortium registration form.
- Then return the form to the Kenya AIDS NGOs Consortium resource centre or to the Executive Director.

4. A payment of KShs. 1000.00 AFTER approval of your registration by the Kenya AIDS NGOs Consortium Executive Director.

NOTE:

- This fee is payable annually and the membership is valid for a Calendar year (January to December)