

— Partner —

The Newsletter of the Kenya AIDS NGOs Consortium (KANCO)

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Communication and Documentation of HIV & AIDS Information for CSOs

By Iddi Juma

Just like the steam engine drove the industrial age, information drives the modern society. Without information all the world's main sectors including education, health, banking, transport and communication would crumble. The world would have no food, clothing or shelter. However, for information to be meaningful, it must be promptly documented and appropriately communicated.

However, before engaging actively in the work of documentation and communication, one needs to understand what the term means. This is because many people have different ideas on what documentation and communication entails. So, developing a common understanding especially among people working in similar areas is important – to help organisations to “lay the foundations” for plans that will be clear and focused.

Generally, documentation and communication work is about finding practical ways to record, learn from, share and promote our experiences, results and lessons learned.



Young people sharing information

For a Civil Society Organisation (CSO) involved in HIV & AIDS, documentation and communication is about recording, learning from and sharing its experiences, results and lessons learned – for its benefit and that of others.

This is different from Information, Education and Communication (IEC) intervention which a CSO might carry out as part of its programme work to raise awareness about HIV & AIDS among community members.

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A word from the editor



Information is power. Once you have it, you can shake the earth or move mountains. Developed economies have advanced avenues in information provision and communications. With this information these countries are able to effectively counter varied natural and artificial disasters. They are at apogee of information revolution. Where information is processed to action. Information revolution has marked a new epoch in the world development. Now everything is moved by access and utilisation of information to gain the social, economic and political advantage. The development hierarchy from agrarian revolution through industrial revolution to the current information revolution is a great impetus in human history. The future is now focussed towards knowledge and wisdom revolutions.

In developing world we are yet to embrace the challenges of information revolution. Myriad challenges from poverty, poor Information and Communication Technologies (ICTs) has thrown the third world to the ground in terms of development.

The challenges of achieving an effective communication and information documentation objective in most CSOs are real. Pertinent issues ranging from gathering, processing, storage, retrieval and dissemination of information need to be well defined. This way information provision becomes useful when effectively organised, well documented, easily accessible and on time to meet the needs of the intended users.

In addressing these, Idd Juma has clearly highlighted on how the communication and documentation of HIV&AIDS Information for CSOs can be used to address the pressing issues to counter the pandemic. The article is ideal for CSOs to get glimpse on how to keep an ideal information and communication strategies to meet their objectives. Embracing the guidelines for documenting HIV&AIDS such as: gender and cultural sensitivity, use of politically and socially correct language, accuracy, promotion of human rights, wide knowledge is ideal for information providers.

Planning for Documentation and Communication: *How CSOs Can Preserve their Own Memoirs*

The first step of a documentation and communication plan is to decide an overall aim and objectives. This will help to make sure that a CSOs work is focused. A documentation and communication aim describes how the CSOs documentation and communication work will contribute to their organisational missions.

Documentation and communication objectives are the different areas of work or strategies that a CSO will undertake to achieve its documentation and communication aim. The objectives should be SMART i.e., **S**pecific – in relation to stating what will be done, **M**easurable – in relation to monitoring and evaluation, **A**ppropriate – in relation to the organisation’s vision, mission and goals, **R**ealistic – in relation to the organisation’s potential capacity and

experience and Time-bound – in relation to when the work will be done

Having decided on an aim and priority objective, a CSO needs to identify the audiences for their documentation and communication objective.

An audience is who CSO wants to reach through its documentation and communication work. It is the target – meaning the person, organisation or sector that they want to communicate with and inform.

There are many possible audiences for documentation and communication work but an organisation needs to prioritise them – so that its work can be developed with a specific target in mind. It also needs to decide how many people it wants to reach within its audience.

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Documentation and communication can be carried out for many different audiences, including: existing ones such as a current donor and potential ones such as a new donor.

Documentation and communication can also be carried out to inform the organisation itself and for external audiences.

In other cases documentation and communication may also be carried out for individuals such as senior government officers and whole sectors such as health professionals.

In practice, each documentation and communication product needs to have a target audience. However, as a starting point, CSOs need to think about all of the potential audiences that could be reached through their work.

One important way for an NGO/CBO to prepare for its future documentation and communication work is by learning from its past work.

Almost all CSOs have already carried out some forms of documentation and communication work. Looking at the “ups” and “downs” of these experiences can help them to see how much work they have done in this area to date. More importantly, it can help them to

learn from what has or has not gone well.

Useful criteria for deciding if past documentation and communication work has been successful includes asking oneself whether or not the documentation concept was clearly thought through. This criteria is important in ensuring that a room is created for proper planning and implementation of documentation work.

One important way for an NGO/CBO to prepare for its future documentation and communication work is by learning from its past work.

The second criteria is timeliness. Good documentation must be done at the most appropriate time to ensure relevance and responsiveness to the current needs of the audience. Documentation that has been overtaken by events may not be suitable and may even send wrong signals to the target audience.

Documentation and communication that is interesting and well thought through has the most impact. Therefore, CSOs need to consider how to record and present their work as creatively and effectively as possible.

Good documentation and communication does not need to be expensive or complicated. Instead, it needs to be appropriate and of good

quality – in terms of style, format, content and accuracy.

Before planning documentation and communication, a CSO needs to identify what skills it needs to carry out this work effectively and efficiently. The most important documentation and communication skills include; Listening; Recording; Word processing; Analysing Writing and Planning; Collecting data Prioritising and Drawing; and finally Editing and Designing

Different people in an organisation have different skills to contribute to documentation and communication work. It is useful for a CSO to think about the overall skills that they will need to carry out their work, to identify their relevant strengths and weaknesses, and to develop ways to address any gaps in community development work. However, there are also some specific issues for CSOs to consider.

HIV & AIDS can involve highly sensitive issues, about areas such as people’s social and sexual lives. It can also involve complex information, such as HIV infection rates and medical information about HIV & AIDS. Therefore, NGOs/CBOs need to consider how to record and present their experiences in a way that is not

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Participants sharing HIV&AIDS information through a networking forum

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At this level, the CSO may need to decide on the key messages to use. Key messages are the most important ideas that CSO wants to communicate. They are the key points that will remain in people's minds after they have read a report, watched a video or listened to a cassette.

Key messages need to create the necessary IMPACT, i.e., Inspiring, Memorable, Positive, Attention-grabbing, Clear, Taken from practical experience

After identifying its priority audiences and key messages, a CSO needs to select an appropriate documentation and communication product.

Products are the documentation and communication materials that the CSO develops.

There are several forms of documentations depending on the needs and resources of an organisation. Such Examples include: Case studies, Newsletters, Leaflets, Photo-story books, Websites, Videos, Policy reports, Workshop reports, Presentations, Abstracts; Annual reports and Radio programmes.

Besides deciding what type of product to develop, an organisation needs to decide how many it wants to produce depending on the number of people that it wants to target.

At this stage the organisation needs to decide how to develop the products. The first step is to decide what structure, content and style to use. Structure and content refers to what the product will contain and in what order and format. Style refers to how the information in the product will be presented and designed.

Structure outline includes: Title, Cover Page, Table of contents, List of abbreviations, Executive summary, Introduction, Aims and objectives, Activity report Recommendations, Conclusion and Annexes.

The style outline should consider formality of layout, inclusion of logos on the cover, margins and paragraphs, numbered pages and columns, underlined headings, pictures, tables and graphs, Italics for quotations, language, colours and number of copies.

When structure, content and style of the documentation and communication product has been decided, it is necessary to plan how to prepare and

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only interesting and easy to understand but also respects the rights and privacy of those involved and is technically accurate.

Documentation and communication

has many benefits. These include helping CSOs to raise their profile and plan and monitor their work. However, it also takes time, energy and resources. So, deciding why

CSOs should do it involves looking at what advantages the work can bring to an organisation and its HIV & AIDS work.



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produce it. This is different for each product, but usually involves four stages namely: budgeting and preparing for the product; gathering the information; analysing and learning from the information and turning the information into a finished product.

For all of these stages, CSOs need to consider the practical steps the resources (including budget, people, time and skills) involved.

After deciding how to prepare and produce its documentation and communication product, a CSO needs to decide who will carry out the work. It is usually best if one person leads a documentation and communication project. However, a broad range of colleagues can make a contribution. So, it is important to choose the right combination of people and skills – in the form of a documentation and communication team.

When an organisation has decided who will develop its documentation and communication product, it needs to consider when the work will be done. At this level, one needs to think about: The overall timescale of its product, including the final deadline, how long each step will take, what steps can be carried out at the same time or close together, the other commitments of the organisations and team members during that time.

Having developed a documentation and communication product, a CSO needs to plan how to disseminate it.

Dissemination means how the product will be distributed to the audiences that have been chosen.

CSOs often need to combine different strategies so that the dissemination becomes effective. Some of these strategies include mailings in the post, meetings, conferences, articles in journals, one-to-one briefings, websites, special events and launches.

As part of its documentation and communication plan, a CSO needs to decide how to monitor and evaluate its product. Monitoring means keeping track of what is being done and achieved. Evaluation means assessing whether something has been successful, and what its strengths and weaknesses have been.

Indicators are beacons of how successful an activity has been. They could be quantitative – involving numbers or qualitative – involving feelings and emotions, e.g. *“Positive feedback received about the report or documentary.”*

To monitor and evaluate a documentation product, CSOs can take three steps: reviewing the aim, objective and audiences of their plan, identifying indicators to know if their plan is working and deciding how to collect information to measure their indicators.

When an NGO/CBO has finished developing a documentation and communication plan for a specific product, it needs to look

at the plan as a whole and reflect on its strengths and weaknesses.

A final review can help in identifying individual steps to be changed and to look at the whole plan. It can help the organisation to assess key issues about its planning such as if all of the steps support the aim and priority objectives, identifying strengths, weaknesses and gaps, identifying lessons learned, preparing an effective interview, taking good notes and choosing how to present information.

The organisation can also understand better how to link text and visuals, keep information short, using simple, appropriate and accurate language, using and taking good photographs, making good visual aids as well as delivering effective presentations handouts.

Guidelines for Documenting and Communicating HIV & AIDS work

1. Be gender sensitive.
2. Avoid judgemental reasoning.
3. Use politically and socially correct language.
4. Always check the accuracy of information and data.
5. Uphold and promote human rights.
6. Use local language that cannot be misinterpreted.
7. Ensure that whoever is producing the documentation and communication is knowledgeable about HIV & AIDS.

Ten Years of Service - Mama KANCO is Still Strong to Serve



Beth Mbutia, Mama KANCO

Most people are rarely noticed in absentia but for “Mama KANCO” the opposite is true. Whenever you hear someone complaining about something having gone wrong here or there, you don’t need to guess, Beth is simply off-duty.

Beth is not just any other ordinary figure at KANCO. One is likely to exclusively associate this with her charming face and her soothing voice but her entire personality and character defines the nature of a humber mother.

Apart from the Executive Director, Beth is now the second longest serving member of staff at KANCO. Since September 1995, Beth has devotedly served the

Consortium in various capacities but all with one purpose - to make KANCO staff at the secretariat happy and comfortable.

Perhaps, one of the most exemplary roles that Beth plays is the maternal role she assumes in ensuring that all the KANCO staff are not only at peace with themselves but also with one another through her regular counsel to colleagues at work whenever the challenge of work is overwhelming.

Beth started off in August 1995 by serving only 9 staff members. Now KANCO has over 25 staff members who all depend on her indispensable services.

Besides work, Beth is one in a family of five. The other members include her husband Wilfred, and daughters Ruth, Ann and Esther.

As a member of the community Beth enjoys singing Gospel music and has plans to invest some of her resources in generating employment for the many young people.

However, ten years of service cannot pass without some challenges. KANCO is always a beehive of activities and many a times one must work outside the normal schedule to meet programme deadlines.

For this reason, Beth is always the first member of staff to report to work in the morning to ensure that the working environment is set well in advance for business to start immediately the rest of the staff report.

Beth’s most memorable moments at KANCO are the two occasions when the Consortium won international awards: the 2002 Commonwealth Award and the 2005 Gold Medal Award for Excellence in Business Practice. The awards mean that her contributions to the achievement of the greater aspirations of the organisation had also been recognised.

Beth wishes to see the Consortium develop further its appraisal system to help staff gauge themselves and see where they can improve to better their outputs.

Her motherly advice to young people is that patience is the only virtue that can save them from the many ills that afflict them. Through experience, she has observed a tendency in many young people to break down easily whenever they experience problems thus resorting to undue reactions such as refusal to cooperate with those that can offer help to them.



KANCO Hosts Community Based Workers Project

On 5th September 2005, KANCO offered by signing a Memorandum of Understanding with the African Institute of Community Driven Development (AICDD) to host the Community Based Workers (CBW) Project Secretariat which will be in charge of providing administrative services to the CBW Project in Kenya. The Project is an action-research that involves 4 African Countries namely South Africa, Lesotho, Uganda and Kenya.

The Project aims at enhancing learning from best practices in the use of community based

services notably community workers as a model for delivery of public services and to share this among regions where there is an interest in implementing such an approach. This is expected to contribute to wider provision of community based services in the four countries.

One of the outputs of the project will be the development of a database of services and service providers to enhance networking and collaboration and also implementation of project activities.

At the end of the project, it is also hoped that community

based workers together with policy makers and practitioners in the regions will have increased awareness and interest in the CBW models for pro-poor service delivery.

Other outputs of the project will include good practice in application of CBW systems, a common framework for CBD models and documentation, pilots for CBW systems, mainstreaming of pilot results and also wider dissemination of CBW information.

The Project is coordinated by (AICDD) in South Africa and initially designed to run up to August 2006.

Extension of Global Fund Money Welcome

The five-month extension to spend the Kshs. 720 million meant for the fight against AIDS is good news for more than 53,000 HIV patients who were on danger over the warnings of its suspension.

Mr. Allan Ragi, the executive director of the Kenya Aids NGOs Consortium (KANCO), one of 16 groups awaiting the delayed Global Fund money, welcomed the extension but warned on timely delivery.

"This extension is good but maybe not good enough. It will depend on how quickly the money is processed", he said.

The money is part of the Kshs. 4.2 billion, which the global Fund had

released to Kenya to fight diseases including malaria and tuberculosis –for two years which was to end November 30th, 2005.

On 22nd December, 2005 KENWA Executive Director Ms. Asunta Wagura claimed that the Treasury and the Ministry of Health had failed to "satisfactory" give an account of how part of the money was not used and why \$10 million (Kshs.720 million) was not disbursed to the Civil Society and faith-based organizations involved in the fight against HIV/AIDS.

In a letter, dated December 23, 2005 the Global Fund said, "Extension of Phase I of HIV round

two to March 31,2006 provides sufficient time for Kenya to disburse the remaining funds (Kshs. 720 million) before the commencement of phase II funding (Kshs.6.6 billion) for HIV&AIDS activities by the Global Fund in Kenya."

Ms. Wagura welcomed this move, however she was skeptical that money was still in the hands of the World Bank as the fund's coordinator at the Health Ministry, Dr. Mboya Okeyo had earlier claimed.

The treasury is the principle recipient of Global Fund money to fight HIV&AIDS, tuberculosis and malaria while the Health Ministry is responsible for distribution of drugs.



ARVs: Yawning Gap Between Promise and Access

By Joseph Ngome - An IRIS Feature

To people infected with HIV in Kisumu District, access to the much-hyped anti-retroviral therapy (ART) at government centres is a pipe dream. The process of access is cumbersome and treatment cost unaffordable to most would-be users and their families even as the number of infections in the district continues to rise. Ms Yunis Anyango, a mother of four, says she almost gave up six months ago due to the long process she had to go through to get the drugs. But she was lucky and is now a beneficiary of the Government's waiver system at Kisumu District Hospital, where she is a volunteer HIV & AIDS counsellor.

Before qualifying for ARVs, Ms Anyango says she had to be interviewed by Health and Social Services staff to determine her ability to pay for and use the drugs. She now also gets free drugs for opportunistic infections. Still, she describes the vetting process as "a

nightmare", saying, some of her colleagues despaired because of what they were subjected to, to qualify for a waiver.

Access to ARVs is just one of the services including treatment and care given at support centres and some patients confuse them, Ms Anyango says.

The Nyanza Provincial General Hospital (New Nyanza) medical superintendent, John Odondi, admits that there are teething problems at patient support centres, which they are addressing.

Bureaucracy is rife at the centres, with HIV & AIDS activists complaining of high costs of treatment, long queues due to high demand for ARVs and tedious processes before one can access the essential drugs. Dr Odondi blames the queues on large numbers of patients against a very small number of staff.

Lack of funds and the nature of care are other hiccups. A

new patient has to undergo a battery of lab tests and counselling to get access, Dr Odondi says. Thus, few people get the waiver, which, he explains, enables a patient to get Aids drugs and treatment free of charge. Patients must be vetted by social workers to get waivers, he adds.

Amidst these challenges, some Aids patients in the district have formed the initiative YES Club. Project officer Mr. Martin Opondo says prospective members are charged Sh50 to enroll, Sh300 for tests and Sh3,000 for the first line of treatment. They then pay Sh500 per month for future visits — well beyond the reach of most patients. The club is supported by the universities of Nairobi, Illinois and Manitoba.

Mr. Opondo says, "the charges are not only prohibitive to the youth, but also to the many people infected with HIV. The waiver system is cumbersome such that most people die before it is granted."

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The Central Bureau of Statistics (CBS) says, more than 70 per cent of the population in three divisions of the district live below the poverty line. In Winam Division, 58 per cent of the population is poor.

Despite the recent media blitz on Anti-retroviral treatment (ART), a source says little has been achieved owing to the charges and the long process HIV & AIDS patients go through at government health facilities.

The Ministry of Health is targeting to treat 95,000 patients this year and 140,000 by next year, IRIS (International Research Institute Survey) found that only St Monica Hospital, a Catholic medical and research centre and AmPath (Academic model for Treatment and Prevention of HIV & AIDS) at Chula Imbo, which is managed by Moi University, Eldoret, currently give free services to Aids patients in the region.

Mr. Opondo says most people on waiver visit the support centre when they are too sick and weak and

cannot therefore endure the cumbersome process. "That is why we are referring our patients to St Monica and AmPath where there is free treatment and the services are up-to-date," Opondo says.

Dr Odondi, however, says "the initiative cannot be a walk in walk out affair. One has to enroll on first visiting the centre and then undergo the vetting process, which takes some time, thus making the process deterrent to many." Still, he supports the process, saying, the initiative will be lost without it.

It is widely feared that some unscrupulous people would end up getting these drugs and sell them to HIV & AIDS patients. Vetting therefore decides the patient's readiness to follow and abide by the laid down procedures for qualifying, getting the monthly dose and using the drugs properly.

If the hospital administration doubts a patient's eligibility, a social worker is sent to the home to assess whether or not the patient can pay. The social worker's report enables the centre to decide

to grant the full, half or no waiver at all, he says.

Paying, Dr Odondi says, was meant to sustain donor support for the project and ward off project collapse when donor fatigue creeps in. He regrets staff shortage at the centres, but says the Health ministry is posting newly recruited staff to alleviate the crisis.

IRIS investigations found most project nurses and other staff lacked skills to handle large numbers of patients, with some of them hostile to patients due to pressure of work.

The HIV & AIDS support centre at New Nyanza is a twin initiative of the hospital and the University of Colombia in USA. There are plans to start courses to train more health workers on drug administration and counselling of HIV & AIDS patients following claims of hostility by some staff.

The only other district hospital which offers the service is at Homa Bay. However, there are plans to establish services in sub-district hospitals and health centres in the province.



Moving Towards Client Capture

By Elizaphan Ogechi

Gone are the days when information service providers were seen as dull workers arranging dusty books on the shelves in a cold library or information centre. Today information provision has revolutionised to sell information materials just like consumer goods.

The trend is moving towards marketing, promotion, customer care amongst other issues focussed towards client satisfaction.

Traditional ideologies of waiting for clients to come to your centre, without intervention is long gone. To meet the competition and develop a strong client base more has to be done.

An analogy of a supermarket need to serve as a guiding principle in satisfying your patrons. Supermarkets are solely tailored to meet varied needs, wants and tastes of a variety of clients. To meet this challenge, these selling points carries extensive research on customer tastes, demands, behaviour and other factors that influence a customer to make a purchase. Identification of the user needs and wants will set a basis on what materials that will be provided.

Once the materials have been identified, its presentation and location within the supermarket is set on the basis of customer behaviour, tastes and attitudes. We find related

goods for a category of users closely placed. For instance electronic goods which target mature adults are in most cases placed next to other hardware that may attract attention of clients.

The same thinking should apply when designing the layout out of an information centre. The layout should be user focussed. Just like sundries such chocolates, chewing gums and others are placed next to the counters of a supermarket, current affairs materials and other fast moving ones should be placed where they will be easily noticed.

Ambience or the attractiveness of the interior and exterior design of an information centre plays a crucial role in attracting the customer. There should be enough lighting, sufficient spaces of movement and generally a welcoming environment for your clients.

The issue of staff ethics and etiquette are crucial in client motivation. Offering of presents, free samples and gifts will motivate your clients.

Appraisal of your materials should be guided by a well designed appraisal policy. You should keep records on the movement of materials to

address this effectively.

Variety and diversity of materials should be collected to reflect the various demands and needs of your patrons.

The use of appropriate technology should be emphasized to capture a wide coverage in information provision.

Materials should be branded redesigned to improve their durability and presentation. For instance you may be encouraged to bind books to enhance their durability. There should be a detailed acquisition policy to spell clearly who, where, how, what and when issues related to acquisition are done.

Marketing and promotion of your services should be client focussed. The public should be aware of what you have. You may be forced to engage in varied marketing activities that will effectively reach your potential and target clients. For instance in a rural set up you may promote your activities through chiefs barazas, funerals and church gatherings. In an urban setting you may opt to use varied range of promotional activities ranging from ad events, press release, paid advertisement among others.

Finally, ensure you have enough materials for your clients.



Upcoming HIV & AIDS Conferences

Dates	Conferences Name	Venue	Purpose / Details	Contacts	Abstract deadlines
March 8 to 10 2006	2006 NIMH/ IAPAC International Conference on Treatment Adherence	PJersey City, New Jersey, United States	Human service, health care, and behavioral science professionals will examine scientific and practical strategies to enhance adherence to HIV treatment in a variety of settings. Organized by: National Institute of Mental Health (NIMH) and the International Association of Physicians in AIDS Care (IAPAC)	Aimee Clark http://www.hivadherenceconference.com	Check the event website for latest details.
April 21 to 23 2006	Continued Challenges in HIV&AIDS Care and Prevention: A Focus on Women and Children	Atlanta,, Georgia, United States	This fourth annual education symposium is designed to highlight HIV&AIDS care and prevention challenges facing clinicians working with women and children.	Website: http://www.anacnet.org Contact name: Kathleen Reihlca	Not available
June 15 to 16 2006	1st Annual African HIV&AIDS Clinical Update and Leadership Development.	Panafric Hotel,Nairobi, Kenya	A two day conference to provide an international exchange of information and ideas about the latest clinical developments in the field of HIV/AIDS, Womens' and Childrens' issues and the discussion of culturally competent Leadership strategies	http://www.valleyaids.org Contact name: Charles Smith	The deadline for abstracts/ proposals is 15 January 2006.
August 13 to 18 2006	AIDS 2006 XVI International AIDS Conference	Toronto Canada	See Website for details: www.aids2006.org/subpage.aspx?pageld=289	AIDS 2006 Toronto Local Host Secretariat, 46 Wellesley Street East Toronto, Ontario M4Y 1G2: Tel: 416.840.3334 Fax: 416.840.3343	February 22nd 2006

HIV Information Gone Hi-tech

More than 1.8 million Kenyan Celitel Subscribers will now be able to access information on AIDS through their mobile phones.

This follows an initiative dubbed "Stop Aids Know the facts", which one sends a short text message (SMS) costing one shilling to 1232 to make inquires on various issues

on HIV&AIDS, understand the relevance and usefulness of Voluntary Counseling Centre (VCTs) and get information on how to live a fulfilled life despite their status.

The Ksh. 40 million project supported by Danish government first of its kind in Kenya, is a partnership between the National

Aids Control Council, Celitel and Innobia, a Danish-based wireless media company.

Danish ambassador Bo Jensen said in the second phase of the project, his government will provide a further Kshs.4.2 million which will see more mobile service providers, including those from neighboring countries to take part in the project.

Available Materials in KANCO Resource Centre

Abstracts

Alliance Technical Support Publications

Author: International HIV/AIDS Alliance.

Published: July 2002

This Toolkit which is fully backed with a CD-ROM has been designed by international HIV & AIDS Alliance, an NGO that supports communities in developing countries to make a significant contribution to HIV Prevention. The Toolkit contains topics which range from: Advocacy, Raising Funds and Mobilizing Resources for HIV & AIDS Work, Documenting and Communicating HIV & AIDS Work, Pathways to Partnerships & Mobilizing NGOs/CBOs & PLHA Groups for Improving Access to HIV & AIDS Related Treatment.

AIDS in Kenya – A Directory of AIDS Service Organizations Working in Kenya

Author: Kenya AIDS NGOs Consortium (KANCO)

Published: 2003

This Directory has been designed to facilitate awareness of the HIV & AIDS activities being carried out in the country by Civil Society Organizations. The Directory is based on data that is currently stored in the AIDS Information System (AIS) database of KANCO. This information has been collected through interviews and membership application forms. The directory contains parts which guide the user and it is easy to use.

The parts include Members Organizations which contains fields ranging from Organization Name, Contact Person, Contact Details, Goal of the Organization, Target Population, Project Site and

Services Delivered. The document also contains guidelines for applying for funds, a list of Voluntary Counseling and Testing (VCT) centers in Kenya, a list of organizations and hospitals offering prevention of mother to child transmission of HIV and a list of mission hospitals offering Anti Retroviral Drugs and follow-ups in Kenya. For more information about this directory you can visit the nearest KANCO resource centre or log onto the KANCO website as sited at the end of this newsletter

A Force for Change – The Global Fund at 30 Months

Author: Global Fund

Published: 2004

This reference book gives an oversight review of the past years since Global Fund begun its activities around the African countries to fight HIV & AIDS, Tuberculosis and Malaria. It also touches on how Global Fund channels large sums to programmes fighting the three diseases.

The book also gives an overview of progress made in the last 30 months and touches on topics like innovation - which looks of GF as a collective global experiment in overcoming the obstacles that have slowed the delivery of development assistance and in enabling recipient ownership and leadership than seeing GF as just a funding institution. The document also features the window of Opportunity, driving forces at work, focus on the future through a documentary entitled "Brave new World".

This 70 page book will enlightens on how other countries are fighting the HIV & AIDS Tuberculosis & Malaria epidemic.

Referral Information Centres

Family Health International Resource Centre
The Chancery, 2nd Floor
Valley Road, P.O. Box 38835-00623
Nairobi, Kenya
Tel: 254-020-271-3913-6
Fax: +254-020-272-6130
fhkenya@fhi.or.ke
www.fhi.org

Kenya National Library Service (KNLS)
P.O. Box 30573-00100
Tel 254-20-2725550/1, 2718177, 2718012/3
Fax 254-20-2721749
knls@nbnet.co.ke
www.knls.or.ke

Kenya Resource Centre for Indigenous Knowledge
Dr Rashid Aman, (Correspondent)
The National Museums of Kenya
P.O. Box 40658, Nairobi, Kenya
Tel: +254-2-742131 Fax: +254-2-741424
E-mail: raman@africaonline.co.ke

KANCO-Ray Youth Project Resource Centres
Mlolongo, Thika, Kware

All the sited materials and other information can be accessed at KANCO Resource Centres in Nairobi, Nakuru, Kakamega and Mombasa. KANCO publications can also be found on the website:

www.kanco.org

For more information, Please contact us at:

kenaids@iconnect.co.ke

Relevant Websites

www.aidsalliance.org
www.federalfundingsources.com
www.fhi.org
www.free-grant-money.com
www.fundraising-for-free.com
www.globalfundforwomen.org
www.grant-rating.com
www.learnerassociates.net/proposal
www.theglobalfund.org
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