



**KeNAAM**

Kenya NGO's Alliance Against Malaria



# **TRANSFORMING Lives**

**B** I-ANNUAL REPORT  
**2014-2015**

**Published by** : Kenya NGO Alliance Against Malaria  
**Photo Credit** : Anariko Ikweri/KeNAAM Communication  
**Feature Stories** : Anariko Ikweri  
**Contributors** : KeNAAM Staff  
**Layout/Design** : IKAN Media Production



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# KeNAAM

## Kenya NGO Alliance Against Malaria

### Vision Statement

A malaria free Kenya

### Mission Statement

KeNAAM is committed to scaling up effective malaria interventions and addressing related diseases and conditions among vulnerable communities in Kenya.

### Who We Are

KeNAAM is a network of non state actors working towards preventing, controlling and reducing the high death rate as a result of malaria. It was founded in 2001, prompted by the realization that the fight against malaria required concerted effort. In the face of emerging challenges posed by high levels of poverty, KeNAAM has expanded to integrate maternal and child health initiatives in a bid to alleviate suffering.

### What We Do

The **malaria plus** rallying call is strategically addressing from a malaria lens; maternal, newborn and child health; policy & advocacy knowledge management on malaria & health; community health systems strengthening; organizational development and capacity development for partners.



## Forward

*Dear Colleagues and Friends,*

On behalf of the Board of Directors and Staff of KeNAAM, I am pleased to share with you KeNAAM's Biennial Report for the year 2014/15.

This Biennial period has seen great success and a myriad of challenges. We have overcome the challenges through your unwavering support and we look at the coming years with great hope. One of the challenging was unexpectedly ending of one of the major project, FANIKISHA Institutional Strengthening Project, however from the investment made by this project has helped us sustain the organization until new project come on board.

We have invested in strengthening community systems so as to address the secluded and marginalized communities. Our efforts in building these systems are yielding fruits.

**Partnership,  
Innovation &  
Value  
Addition to  
communities  
& members**

The number of communities that would rationally act as reservoirs for diseases due to limited access to health care is reducing. This is epitome on the success of building stronger community networks with the engagement of community health volunteers. We have further leveraged on technological advancements

to take advantage of innovations such as m-health and telemedicine in addressing public health priorities in our programs being implemented.

While the KeNAAM Strategic Plan 2013-2017 ends next year, the Board and the Secretariat are working to ensure that a new plan is developed for implementation. This would ensure that the current emerging public health priorities are addressed as we sustain the momentum of the current priorities being implemented.

KeNAAM's strong focus going forward will be on partnership, innovation and value addition to its products and service to its members, beneficiaries and the government. This will allow the members and beneficiaries benefit more in these partnerships. It will be an opportunity to build on the success we have witnessed over the past decade.

Finally to acknowledge the support of Amref, Health africa, MSH Kenya, GOK-National Malaria Program, KeNAAM members, Staff and Partners for the support during the period.

Thank you and God bless you

**Dr. Margaret Njenga**  
Board Chairperson



# Message from the CEO

*Dear Members, Partners and Friends,*

**T**hemed “transforming lives”, this publication is a showcase of KeNAAM’s work in the last two years (2014 and 2015). It shows critical milestones such as having over 80% of the Community Health units we work with engage in the income generating activities such as brick making, agribusiness ventures; horticultural farming, poultry and dairy farming. This has encouraged us to continue our support to them to transform the CHUs to self help groups that can obtain resources beyond what KeNAAM offers, thus providing a sustainability plan.

Interestingly in Migori and Nyamira counties there has been a tremendous improvement in health outcomes. Attendance to antenatal care by pregnant women has improved to 94% in the project sites. This is attributed to demand creation by our over 600 community health volunteers we work with in both counties.

Interms of KeNAAM use of emerging technologies communication platform KeNAAM during the two years have been able to share over 3000 publications and messages using google group platform with over 200 active subscribers. Other social media platforms are picking including use of facebook, twitter and KeNAAM website as a medium of communication.

During the period under review we have managed to engage with our members by having two General meeting which have supported with

guiding the implementation of KeNAAM strategic direction.

The governance board has been supportive in providing their advice and oversight in KeNAAM operation supporting with their time and resources. We appreciate the following organization who have supported the secretariat in allowing their staff to serve in the KeNAAM board; World Vision Kenya as KeNAAM Chairperson, Licasu Kenya, Vice Chairman and Chair of Board Committee on Audit, Risk and Compliance, Artful Eyes as Treasurer and Chair of Finance and Administration Committee, Action for Children in Conflict as Chair of Program and Resource mobilization Committee, and the following organizations as members of the board and committees Bayer, Guillin Pharma, Smile Africa, and Community Capacity Building Initiative.

We appreciate the support we have continued to enjoy from the KeNAAM Members, Staff, Donors, Government of Kenya, Partners and Communities. We hope that we will continue supporting our vision of a “Malaria free Kenya” in achievement of our mission of effective malaria interventions while addressing related disease and conditions amongst vulnerable communities.

Thank you very much for your support

**Edward Mwangi Wanyonyi**  
**Chief Executive Officer**

# 2014/2015 YEAR SUMMARY

A black silhouette of a pregnant woman in profile, facing right. The silhouette is positioned on the left side of the infographic. The belly area is highlighted with a green-to-yellow gradient.

**600**

Number of  
community  
health workers  
in Migori &  
Nyamira counties  
respectively

**94%**

Pregnant  
women  
received  
antenatal  
care services  
from skilled  
provider

**46%**

Women live in  
the malaria-prone  
highland epidemic,  
lake endemic or  
coast endemic  
zones

**83%**

% of households  
who slept under  
an ITN who have  
obtained Universal  
coverage



# Focus On Addressing The Sustainable Development Goals

This by-annual report covers the end of the MDGs and the beginning of SDGs. While lots of success were realized especially MDG 5 (HIV, TB & Malaria), moving forward their is need to incorporate sustainable development goals. The SDG is a global plan to to spur action across the

world on areas of critical importance to humanity. With 17 goals and 169 targets, the SDGs will significantly shape development efforts for the coming 15 years. KeNAAM has incoorporated the SDGs into its pillars. Below are KeNAAM's Pillars and the SDGs they each address:

## KENAM Pillars & SDG's

### MNCH

#### Direct

Ensure healthy lives & promote well being to all ages

#### Indirect

2. End Hunger, achive food security & improved nutrition and promote sustainable agriculture.

01

### CSS

#### Direct

1. End poverty in all forms everywhere

6. Ensure availability & sustainable management of water & sanitation for all

11. Make cities & human settlements inclusive, safe, resilient & sustainable

13. Take urgent action to combat climate change & its impacts.

#### Indirect

12. Ensure sustainable consumption & production patterns

14. Conserve & sustainably use the oceans, seas & marine resoures for sustainable development.

15. Protect, restore & promote sustainable ecosystems, sustainably manage forests, combat desertification & halt and reserve land degradation and halt biodiversity loss

02

### Policy & Knowledge Management

#### Direct

10. Reduce inequality within & among countries.

#### Indirect

4. Ensure inclusive & equitable quality education & promote lifelong learning opportunities. '

5. Achieve gender equality & empower all women and girls.

03

### Capacity Building for Partners

#### Direct

17. Strengthen the means of implementation & revitalize the global partnership for sustainable development.

#### Indirect

7. Ensure access to affordable, reliable & sustainable modern energy for all

8. Provide sustained, inclusive & sustainable economic growth, full & productive.

04

### Organizational Development

#### Direct

9. Build resilient infrastructure, promote inclusive & sustainable industrialization and foster innovation.

#### Indirect

16. Promote peaceful & inclusive societies for sustainable development, provide access to justice for all & build effective accountable & inclusive institutions at all levels

05



## The Period in Brief

1. **Compliance with NGO Board:** 2015 the NGO Board had included KeNAAM as one of the NGO's to be deregistered, the Secretariat and the Board worked to get the organization cleared for the allegations on non compliance compliance letter from the board.
2. **Participation in national malaria process:** KeNAAM participated in the Revising of Malaria Strategic Plan 2009-2018, Malaria Indicator Survey 2015 and participation in Mass Net distribution supporting the government of Kenya in providing a conducive environment for CSO's to participate in Malaria programming in County.
3. **Office Relocation:** KeNAAM Secretariat moved to new premises along *Kabaranet Road* at *Nine Planet Apartments*.
4. **Board Committees:** We have constituted three new board committees: **Program and Resource Mobilization Committee, Finance and Administration Committee, Audit Risk and Compliance Committee.**
5. **Advisory Council:** We have five advisory council members.

# The NGOs Compliance Letter



## NGOs CO-ORDINATION BOARD

THE PRESIDENCY  
MINISTRY OF DEVOLUTION & PLANNING

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Haile Selassie Avenue

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

NGOB/OP/218/051/2005/0436(55)

January 20, 2016

Kenya NGO Alliance against Malaria  
P.O. Box 788  
**NAIROBI**

Dear Sir/Madam,

**RE: COMPLIANCE**

We write with reference to the above captioned matter.

This is to confirm that your organization has complied with The NGOs Coordination Act of 1990, the attendant Regulations of 1992, the terms and conditions attached to your certificate of registration and is therefore in good standing with the Board.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Lindon Otieno', written over a horizontal line.

Lindon Otieno  
**For Executive Director**







# Forging forward

*If you want to walk fast walk alone, if you want to walk far walk together-Angolan Proverb.*





**W**hen KeNAAM started 2001, our mission was to see a country free of Malaria. As years have progressed we have slowly seen this dream become a reality in several of our work areas. Although we have not reached the 100% mark we are on a pedestal ladder steadily rising towards that goal and the wider vision of a continent free of malaria.

In our years of work though we have realized malaria does not stand in isolation and addressing it alone is like fighting a losing battle. Alongside malaria, is maternal health, nutrition and the world's undying disease; poverty. In an effort to improve the lives of the communities we engage, we took a deliberate action to address some of these challenges.

Despite numerous financial constraints and challenges, KeNAAM has embraced the new challenge to address other health related issues.

In partnership with other grassroots organizations, the government and the community, KeNAAM is actively involved in community health sensitization campaigns around maternal health, nutrition, hygiene amongst other health issues.

The success of these projects is pegged on the commitment of the community health Units we work with. Each plays a vital role in ensuring the success of the programs. They also play a critical role as ambassadors of the advocacy messages to the community. These units face many challenges as primary custodians of the message on the ground. As we forge forward and help these communities realize a malaria free society, KeNAAM is optimistic that the fight against malaria within the most affected communities is attained and achieved.





*Photo: February 2015; KCM Oversight Visit to KeNAAM Implementaion site in Nyamira County.*

# Health System Strengthening

One are the days when the doctor was the man or woman in the big white building labeled hospital. Whilst hospitals in several parts of the country hospitals remain a long distances off; Community Health workers are fast filling the gap and are the first respondents to cases of Malaria, TB, Neonatal care amongst other health related issues.

“He encouraged me to go to hospital for the antenatal care” says 21 year old Grace Nyanchama referring to the community health worker in Manga that is under the Nyamira Level 5 District hospital in Nyamira county.

Nyachama says her son now 4 years old is healthy because of the advice of the CHW and the regional CHEW who not only ofered advised but also did follow ups on the progress of her child and provide advice on her status and that of her child.



She is one among many who are testament of the success of the impact the Community Health System adoption by the government and various health stakeholders.

Under the facilitation offered by KeNAAM in Migori in partnership with the Ministry of Health, Malaria levels in Maeta, Komaroma and Nyametaburo wards are fast reducing according to the Maeta Community Unit, CHWs. Whilst they face lots of challenges in addressing the health issues, Maeta CU, chairman John Nyaisawa, the progress made in their region in the fight against malaria and also in addressing issues of sanitation which had for many years proved a challenge is immense. Similar views are shared by Deborah Wankuru who says the instances of malaria have reduced because information has been widely shared in the community on how malaria is spread and how it can be reduced.

The concept of CHWs was universally adopted at the Alma Ata conference in 1978, as a means for achieving the goal of health for all, with a recommendation by WHO, that Community Health Workers should be members of the communities where they work, should be selected by communities, should be answerable to the communities for their activities, should be supported by health system but not necessarily a part of its organization, and have shorter training than professional workers.

The model has proved a model beneficial to the community, the strengthening the community health system. Malaria case management has seen great progress because of the adoption of the system that has seen improvements in response to different health issues.

“Ninapotembea, na watu wananiita daktari, nina furaha (When I walk and people refer to me as doctor, it’s a delight)”, says Getongoroma A, CHW, Sarah Mogesi, adding that through KeNAAM the community is now informed on how to protect themselves from malaria and also o the importance of using clean water.

Reaching zero malaria infections and deaths is possible. Improved malaria case management at the community level through the community units and Community health workers has proved an effective way of reaching the community with improved health services.





# Self Dependent Community

A journey of a thousand miles starts with baby steps. We are where we are today because we chose to walk, move a step a day and hope to move a mile tomorrow.

Joyce Nyaboke is a proud mother, friend, sister, wife, but best of all she is a happy Community Health volunteer. Born in Nyamira, Kisii County, Nyaboke says she always wanted to see her community grow, prosper, be healthy and have a bright future. When the opportunity came by she took it.

"I have been a community health volunteer for the past 2 years, and I am happy to see my community prosper". Says a smiling Nyaboke.

Nyaboke is one of the 10 community volunteers that received training from KeNAAM on malaria transmission, prevention, diagnosis and treatment. Beyond the malaria training, Nyaboke also received

training on value addition to sweet potato production from SUSTAIN. She attributes this opportunity to her partnership with KeNAAM in the county.

While after the training the organization left, Nyaboke says KeNAAM encouraged her and the Maeta community unit in Kisii to continue with the Income generating activities (IGA) to help them improve their livelihoods.

The IGA's have helped the community volunteers start self sustainable projects thus reducing the reliance on stipend money only.

Whilst stipends to the community volunteers remain, their are occasional delays. This has often created tension between the field officers and the CU's. With the IGA's this tension would soon be a thing of the past.

# 60

Number of  
Community units  
formed in Kisii,  
Nyamira & Migori







# Being the Model to Replicate

**70%**

% of people  
reached by the  
program

Malaria may rarely hit the headlines, but it is certainly one of Africa's greatest killers, claiming at least one million lives annually in the sub Sahara region alone. Though not directly there is reason to believe that it is partly responsible for Africa's impoverishment woes.

Malaria is often referred to as the epidemic of the poor. Whilst the disease is in large part determined mainly by climate and ecology, and not poverty per se, the impact of malaria takes its toll on the poorest, those least able to afford preventative measures and medical treatment.

According to UN economists, malaria is one of the top four causes of poverty. Every year it kills 3 million people and is estimated to cost the African economy \$30 billion per year. Professor Jeffrey Sachs author of "End of Poverty" says ending malaria is the most important priority in lifting Africa out of poverty.

Whilst fighting malaria remains KeNAAM's primary focus, poverty eradication and community empowerment is becoming a priority. The organization is encouraging the community health volunteers to start income generating activities to help raise sustainable sources of income.

As community models, the CHV's involvement in starting community initiated projects in their communities becomes an inspiration for the communities they interact with.

"We have an acre of land in which we have planted sweet Potato's that we sell and this helps us raise an income to help the group run." Say Mrs Jane Nyaboke of Manga Community Unit, Nyamira County."

Nyaboke adds this has also become a source of inspiration for the community to realize they too can make a difference and eradicate poverty by creating a model of self dependence.

"My call to KeNAAM is if they could help us expand our farm produce," says Nyaboke, "we would be able to reach to more pregnant women."

Similar models are replicated in Sakuri community Unit in Kuria West, where the members of the unit say, they are proud of the work that KeNAAM is doing and are encouraging if it could replicate the same model in other groups.

If you give a man a fish he is hungry again in an hour. If you teach him to catch a fish you do him a good turn - Anne Isabella Thackeray Ritchie's (1837-1919) novel, Mrs. Dymond (1885).

When you go to an area, you want to leave it better than you found it. KeNAAM is slowly creating a model that not only creates healthy communities, but also self sustainable ones as well.












**Project Impact to  
the Community**



## A mirror on the CU's



A wise man once said, do good and walk away, if the deed does follow you, you've achieved an accolade no man could offer. Despite a myriad of challenges faced in health, nutrition and diet, poverty, a village celebrates the birth of a child. The mother is joyous for the bundle of joy. Her heart is delighted and in her delight she names her, Miriam KeNAAM Ndiwa.

Why KeNAAM, you'd ask?

"Miriam was born when KeNAAM began working with us in Kuria West" says Mrs. Sarah Mogesi, Ndiwa mother.

With a smile on her face, Mogesi adds, "Pesa nilizopewa kama stipend ndizo zilinisaidia kulipa bill ya hospitali." (The money they offered as stipend helped me pay for the maternity hospital bills).

Mrs. Mogesi is a community health volunteer working in Getongoroma community Unit. She says she wanted to name her daughter after not only the organization that has made immense and uncountable progress in the health of her community but also that has greatly impacted the women of her region. She also adds that she named the daughter Miriam, after KeNAAM's field officer working in the region for her reputable work within the community.

Applauding KeNAAM's service in the region, Getongoroma's Community Unit chairperson, Sebastian Chache said despite the challenges of terrain and network outreach in the region, Miriam's commitment to the progress of the community was immensurable.

"We are reducing the number of deaths in homesteads and we are having steady progress in the fight against malaria, said group secretary, Magret Boke," more women are responding to the trainings offered and attending the antenatal clinics."

Similar view are shared by Agnes Misoba who says since KeNAAM started working in the community many people are aware and more active on their health issues. People have built latrines, wash hands mothers deliver in hospital and there is more health information within the community.

"KeNAAM is the best NGO we have worked with" adds Chache.

At three years old, Miriam KeNAAM is a bundle of joy, not only to her mother but also to the community health volunteers. Someday they hope she will meet her namesake Miriam, be a doctor or business woman and a twinkling star of her region.

Time will tell, but today, she is the sparkle of delight in her mother's eyes!

# Financials

## Financial Statements for the year ended 31st December 2015

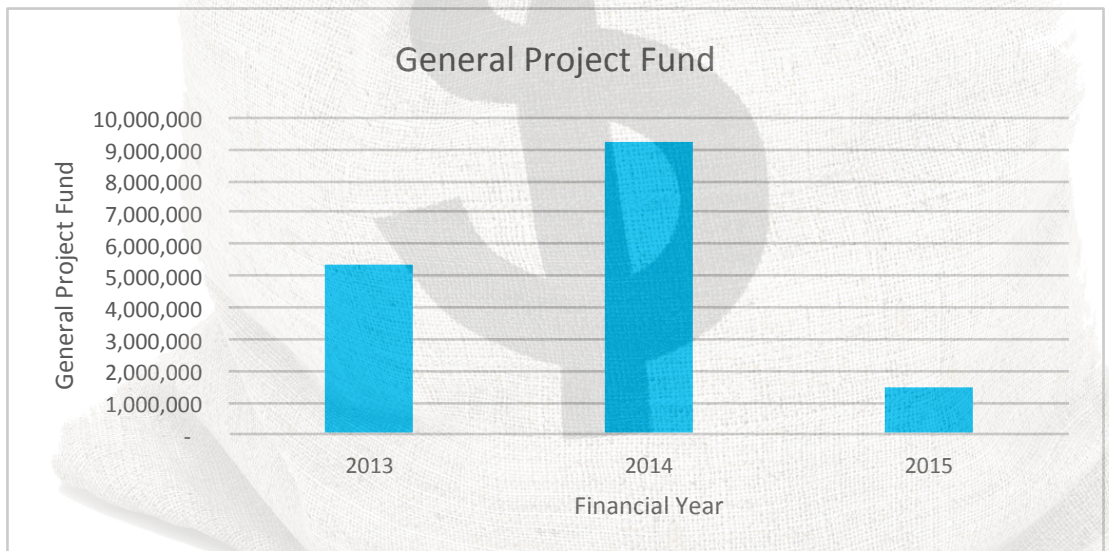
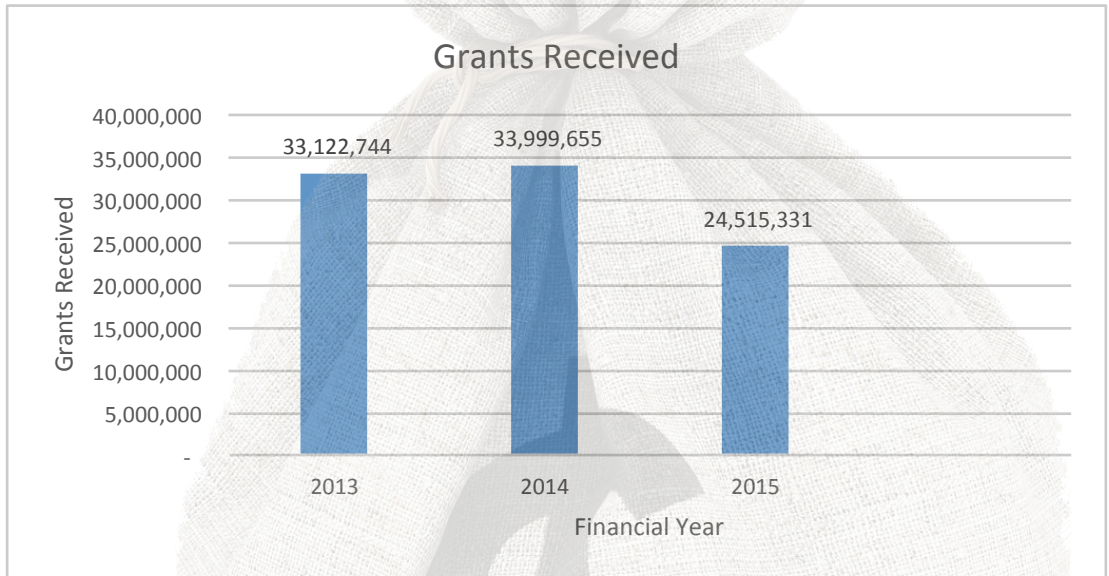
### Three-year trend analysis

	2015	2014	2013
	KSH	KSH	KSH
Grants Recieved	23, 060, 665	33, 122, 774	33,122,744
Other Operating Income	6, 368, 925	693, 674	693,674
Total Operating Income	29, 429, 590	33, 816, 418	33,816,418
<hr/>			
Total Expenses	31, 657, 913	31, 704, 357	31,704,357
Surplus/ (Deficit) before tax	(2, 228, 323)	2, 112, 061	2,112,061
Tax Expense/Income			
Net Surplus/ (Deficit) after tax	(2, 28, 323)	2, 112, 061	2,112,061
<hr/>			
Assets			
Total Non Current Assets	1, 355, 410	2, 075, 819	2,075,819
Total Current Assets	5, 314, 720	7, 696, 294	7,696,294
Total Assets	6, 670, 130	9, 772, 113	9,772,113
<hr/>			
Liabilities and Equity			
Total Current Liabilities	5, 266, 705	2, 305, 250	2,305,250
General Project Fund	1, 403, 425	7, 466, 863	7,466,863
Total Liabilities and Equity	6, 670, 130	9, 772, 113	9,772,113



# KeNAAM Bi-Annual Report 2014-2015

## Three year performance highlights



# Annual Report & Financial Statements for the year ended 31st December 2015

## Statement of Comprehensive income

	2015 KSH	2014 KSH
<b>INCOME</b>	<b>29, 429, 590</b>	<b>42, 913, 973</b>
<b>EXPENDITURE</b>		
Personnel Costs	8, 165, 189	14, 978, 079
Programme Costs		
Travel & Accomodation	129, 264	1, 047, 101
Workshop & Seminars	17, 449, 306	8, 069, 425
Training and Capacity building	2, 100, 103	14, 034, 482
Secretariat Office Cost	3, 764, 051	4, 303, 185
<b>Total Expenditure</b>	<b>31, 657, 913</b>	<b>42, 423, 272</b>
<b>Operating balance before taxation</b>	<b>(2, 228, 323)</b>	<b>(481, 701)</b>
Taxation	-	-
<b>(Deficit)/ Balance for the year</b>	<b>(2, 228, 323)</b>	<b>481, 701</b>





*One of the KeNAAM Community Health Units during restocking of their Malaria supplies in their link facility in Nyamira County.*



## KeNAAM Pictorial



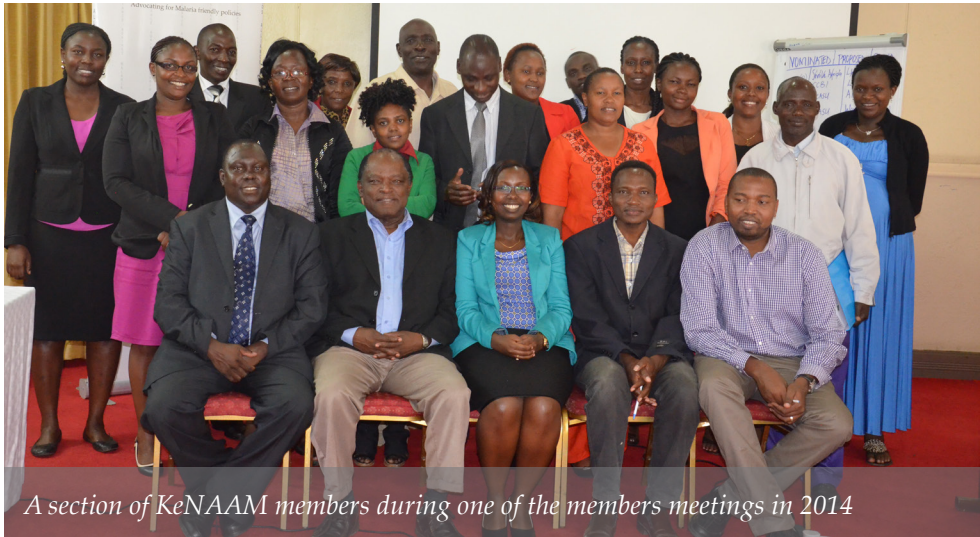
*Kenya Malaria Partners with the former CS for Health Macharia During the Launch of Mass Net Distribution in Migori County in 2014: From left Edward Mwangi CEO KeNAAM, Dr Agneta Mbithi, ICFI, Former CS for Health James Macharia; Dr Anne Musuva and Dr Daniel Wachira, Presidential Malaria Initiative Kenya*



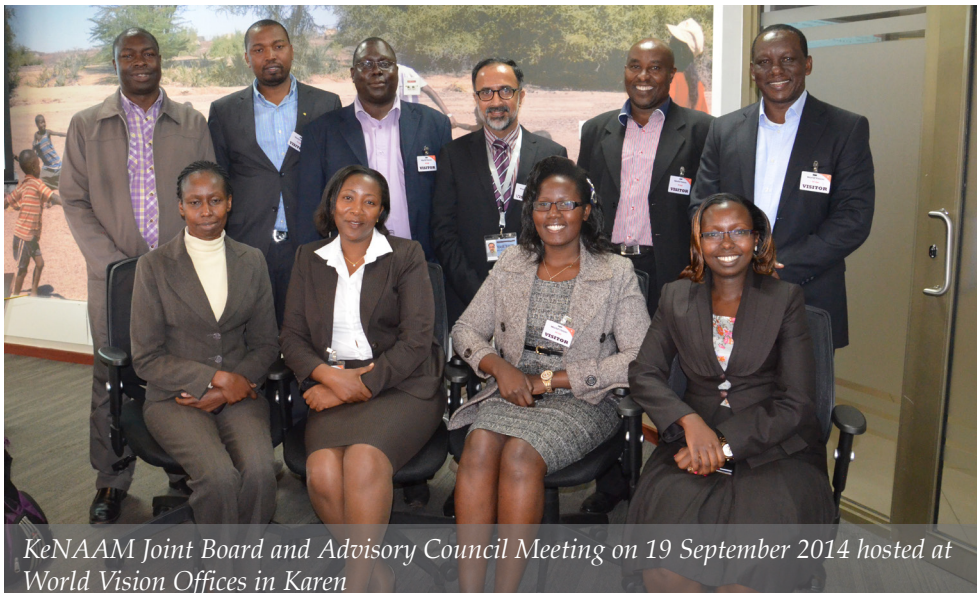
*Net usage demonstration by children in Kisii during Malaria day 2015*



## KeNAAM Board & Staff 2014/2015



*A section of KeNAAM members during one of the members meetings in 2014*



*KeNAAM Joint Board and Advisory Council Meeting on 19 September 2014 hosted at World Vision Offices in Karen*

## BOARD OF DIRECTORS

### 2015

1. Dr. Njenga Margaret - Chairperson (World Vision, Kenya)
2. Chacha Matiko - Vice Chairperson (LICASU, Kenya)
3. Edward Mwangi - C.E.O/ Secretary
4. Amos Ochieng - Treasurer (Artful Eyes)
5. Fredrick Nyambare - Member (BAYER)
6. A.P Venugopalan Nair - Member (Gulin Pharma)
7. Michael Mwanza - Member (Smile Africa)
8. Dr. Maurice Odindo - Member
9. John Muiruri - Member

### 2014

1. Dr. Njenga Margaret - Chairperson (World Vision Kenya)
2. Chacha Matiko - Vice Chairperson (Licasu, Kenya)
3. Edward Mwangi - C.E.O/ Secretary
4. Amos Ochieng - Treasurer (Artful Eyes)
5. Fredrick Nyambare - Member (BAYER)
6. Michael Mwanza - Member (Smile Africa)
7. Dr. Maurice Odindo - Member (CCBI)
8. John Muiruri - Member (AfCiC)
9. Isaiah Isipisu - Member

## ADVISORY BOARD

- |                        |                        |
|------------------------|------------------------|
| 1. Dr. Margaret Njenga | 6. Dr. Barnabas Bwabok |
| 2. Edward Mwangi       | 7. Dr. Egesa Waqo      |
| 3. Dr. Irene Mbugua    | 8. Timothy Musombi     |
| 4. Dr. Athuman Chiguzo | 9. Dr. Boniface Maket  |
| 5. Peter Muthee        |                        |

## STAFF

### 2015

1. Edward Mwangi - CEO
2. Josphine Mburu - Head of Program
3. Imelda Nasei - Human Resource & Admin
4. Faith Karimi/Wycliff Kirui - Finance officer
5. Geoffrey Atambo - Project officer
6. Miriam Mbone - Project officer

### 2014

1. Edward Mwangi - CEO
2. Josphine Mburu - Head of Programs
3. Imelda Nasei - HR & Admin
4. George Makori - Finance Manager
5. Georgina Ndungu - MERL
6. Jacinta Macharia - MCH officer
7. Elizabeth Mwai - Communication
8. Douglas Mobasi - Project officer
9. Miriam Mbone - Project Officer

## KeNAAM Members 2014/2015

Fight Against Malaria Programme
Jisaidie Development Network
KAMANEH
Pioneer Self Help Group Bulechia
Water And Faming Aid (WAFa)
Africa Brotherhood Church
Diakonia Compassionate Ministry
Catholic Relief Services (CRS)
Christian Health Association of Kenya (CHAK)
Population Services Kenya (PS Kenya)
World Vision Kenya
Jhpiego
MAP International
Sustainable Health Foundation (SHF)
World Neighbhours
Aga Khan Foundation
Care International
Child Fund Kenya
Food For the Hungry
Health Africa International
Heath Right International/Doctors of the world
International Medical Corps
Medicine San Frontier
PATH Kenya
Management Sciences for Health
Samaritan Purse Kenya
World Relief
Afriafrica
Africa Media & Malaria Research Network (AMMREN Kenya)
Amref Health Africa
Christian Partners Development Association
Life Care & Support Centre (LICASU) - Kenya
Smile Africa Development
Action for Children in Conflict
Africa Youth Trust
African Family Health
Community Capacity Building Initiative
Girl Child Network

Global Child Hope
Health NGO Network Kenya (HENNET)
Kisii Network of Ecology, Agriculture & Development (KNEAD)
Matibabu Foundation
Public Initiative for Empowerment & Development (PIED)
Africa Economic Foundation
Ambassadors for Sustained Health
Association of Kenya Medical Laboratory Scientific Officers (AKMLSO)
Family Support Institute
International Institute for Gender and Community Development
KANCO
Kenya Red Cross Society
Kibera Community Self Help Program (KICOSHEP)
Malaria Prevention and Control Society
National Christian Welfare & Health NGO (NAHWO)
Samburu Pastoralist Development Programme (SAPOCODEP)
Siloam Solutions Organization
International Centre of Insect Physiology and Ecology (ICIPE)
Kenya Medical Research Institute (KEMRI)
Pyrethrum Board of Kenya
Welcome Trust
Vestergaard
Artful Eyes
Bayer East Africa
Guilin Pharmaceutical LTD
Scope Apache Corporation
SUMITOMO
Cosmos Ltd
KAPI LTD
Mossnet Industries Ltd.
PHARMA Specialities
Sanofi Aventis
Spartan Relief Supplies
Teque Afrique Research & Development Consultants
Topserve E.A. Ltd





# KeNAAM

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**Kenya NGO Alliance Against Malaria**

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