



# 2013 Annual Report

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**Contributor** : Dr. Bukenya- MSH FANIKISHA  
Chief of Party

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Annual Report



# KENYA NGO'S ALLIANCE AGAINST MALARIA

## ANNUAL REPORT

### 2013

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# Abbreviations

AMMREN	Africa Malaria Media Research Network
AMREF	African Medical Research Foundation
AKMLSO	Association of Kenya Medical Laboratory Scientific Officers
ICIPE	International Center for Insect Physiology & Ecology
LICASU	Life Care & Support Centre - Kenya
PS Kenya	Population Services Kenya
DCM	Diakonia Compassionate Ministry
HENNET	Health NGO's Network
KNEAD	Kisii Network of Environment & Agriculture Development
PIED	Public Initiative for Empowerment & Development
SHF	Sustainable Healthcare Foundation
CHAK	Christian Health Association of Kenya
HRI/DOW	Health Right International/Doctors of the World
IIGCD	International Institute for Gender and Community Development
KEMRI	Kenya Medical Research Institute
MPCS	Malaria Prevention and Control Society
KANCO	Kenya AIDS NGOs Consortium

# Summary of KeNAAM's Strategy

## Pillar 1: Maternal & Child Health



**The  
present**

**2013**

**The  
Target**

**2017**



Oral Dehydration

40%

5%



Exclusive Breastfeeding

32%

65%



Skilled Attendants

44%

65%

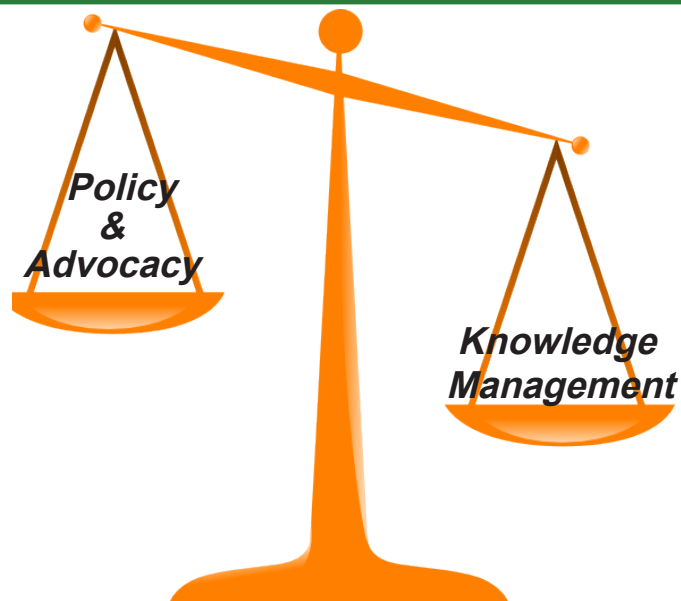


Immunization

79%

90%

## Pillar 2: Policy, Advocacy & Knowledge Management



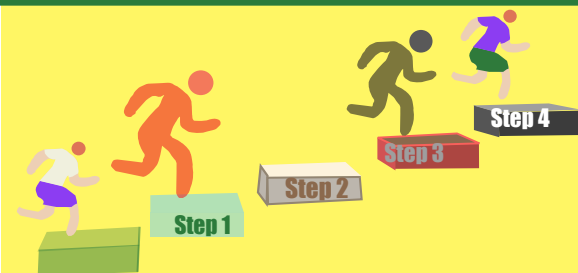
- ◇ Enabling a healthy environment, both Legislative & Policy
- ◇ Evidence based programming & Advocacy

## Pillar 3: Community Health System Strengthening



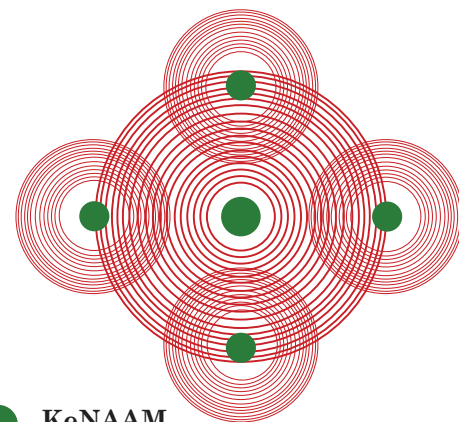
	2013	2017
Nets ownership	65%	100%
Net Usage	30%	80%
IPTp	22%	60%
Diagnostics	47%	100%
Treatment according to National Guideline	40%	100%

## Pillar 4: Management Systems



- ◇ Capacity development
- ◇ Grant Making
- ◇ Data for Decision Making
- ◇ Resource Mobilization

## Pillar 5: Capacity Building



	2013	2017
County Malaria Partners	0	100%
CU functioning in Operational areas	50%	100%
Malaria Work Place Programs	0	100%

## A Message from the Chair of KeNAAM Board



### Dear Partners

We are pleased to present to you the Annual Report of the Kenya NGOs Against Malaria for 2013. It was a year that saw KeNAAM enhance its role in health care and expand its scope of work to incorporate maternal and child health related issues, by adopting a concept dubbed Malaria ++ (Plus Plus). This heralds a new beginning for KeNAAM, which since its inception in 2003 has made good its promise to spearhead the fight against malaria in Kenya.

To date, KeNAAM has left its footprints in over 33 malaria burdened Counties in line with fulfilling its Vision of A malaria free Kenya.

Through this strategic change, KeNAAM aspires to leverage on its vast experience in malaria advocacy to play an even more integral role at the County level that not only focuses on scaling up effective malaria interventions but also reducing maternal and infant morbidity and mortality. This approach will incorporate improved nutritional status of children under five years as well as reduced incidence of infectious diseases.

Sadly, despite years of vigorous interventions, malaria remains a leading cause of infant mortality in Kenya. Even more critical is the fact that malaria in pregnancy complicates delivery by contributing to low birth weight, anaemia and if untreated it can lead to death. Roping maternal and infant issues into the war against malaria addresses a range of challenges that can help to lower the needless children and mothers' deaths being reported annually.

KeNAAM remains committed to scaling up malaria and related disease interventions by availing the necessary services to the populations living in malaria endemic regions. The Alliance shall not relent until malaria and related health challenges becomes a thing of the past.

Thank you very much for your support.

**Dr Irene Mbugua**

Chair of KeNAAM Board



## A Message from the Chief Executive Officer

### Dear Partners

This 2013 annual report is another demonstration of the critical role our donors play in the lifesaving work of the Kenya NGOs Alliance Against Malaria (KeNAAM).

Thanks to your kindness, KeNAAM has now been able to provide a platform to reach many vulnerable communities in the malaria burdened counties so swiftly and robustly. In 2013, our efforts were geared towards resource mobilization to obtain the necessary finances to intensify our work in the 33 malaria counties as the goal to rid malaria in Kenya by 2017 draws nearer.

KeNAAM was privileged to secure grants from both Global Fund and FANIKISHA, in order to further its work. Under FANIKISHA, KeNAAM has been able to strengthen its internal framework right from the human resource, finance, monitoring and evaluation and project management. This institutional strengthening equipped KeNAAM with effective that are compliant with donor standards.

KeNAAM today is more efficient, more effective, and better placed to implement interventions that save more lives than ever before.

With the devolved governments taking shape and a Constitution that stresses on the need for equitable health care services for all Kenyans and in keeping with our mission of a Malaria Free Kenya, you also can help us implement innovative projects at the various counties in a bid to empower communities and to spare children from deadly but easily preventable and curable diseases. In the spirit of devolution, its' KeNAAM's wish to take advantage of the opportunities created in order to better serve the vulnerable communities.

Thank you very much for your support.

**Edward Mwangi,**  
Chief Executive Officer KeNAAM





## Malaria Situation in Kenya

In Kenya, malaria is responsible for 30 per cent of consultations, 19 admissions, and 3–5 per cent of inpatient deaths in our Hospitals and clinics. The second National Health Sector Strategic Plan (NHSSP II 2005–2010) and the Ministry of Public Health and Sanitation's 2008–2012 Strategic Plan the Government of Kenya recognizes malaria as a health and socio-economic burden thus considering malaria control a necessary and priority investment. MOH (2006), Over 70% of Kenya are susceptible to the deadly plasmodium parasite every year, with 3.5 Million of this figure being children below the age of 5 years. The association of Malaria with HIV it is disturbing, making need for control more urgent.

## Who we are



The Kenya Alliance of NGOs Against Malaria (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.

The promulgation of the new constitution in Kenya, resonated well with KeNAAMs formulating its 2013 –2017 Strategic Plan to reflect the needs of Kenyans health care. The plan was summed up through a concept dubbed Malaria ++. This signalled a paradigm shift for KeNAAM, by expanding and addressing maternal, neonatal and child health through advocacy on malaria, health sector policy development, knowledge management; and community health systems strengthening.

KeNAAM has employed its vast experience in malaria advocacy to turn the tide against maternal and infant mortality in Kenya.

### Mission

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

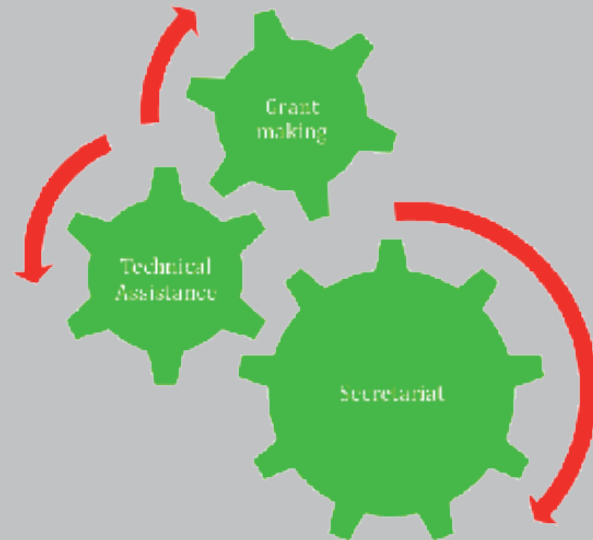
### Vision

A Malaria Free Kenya.

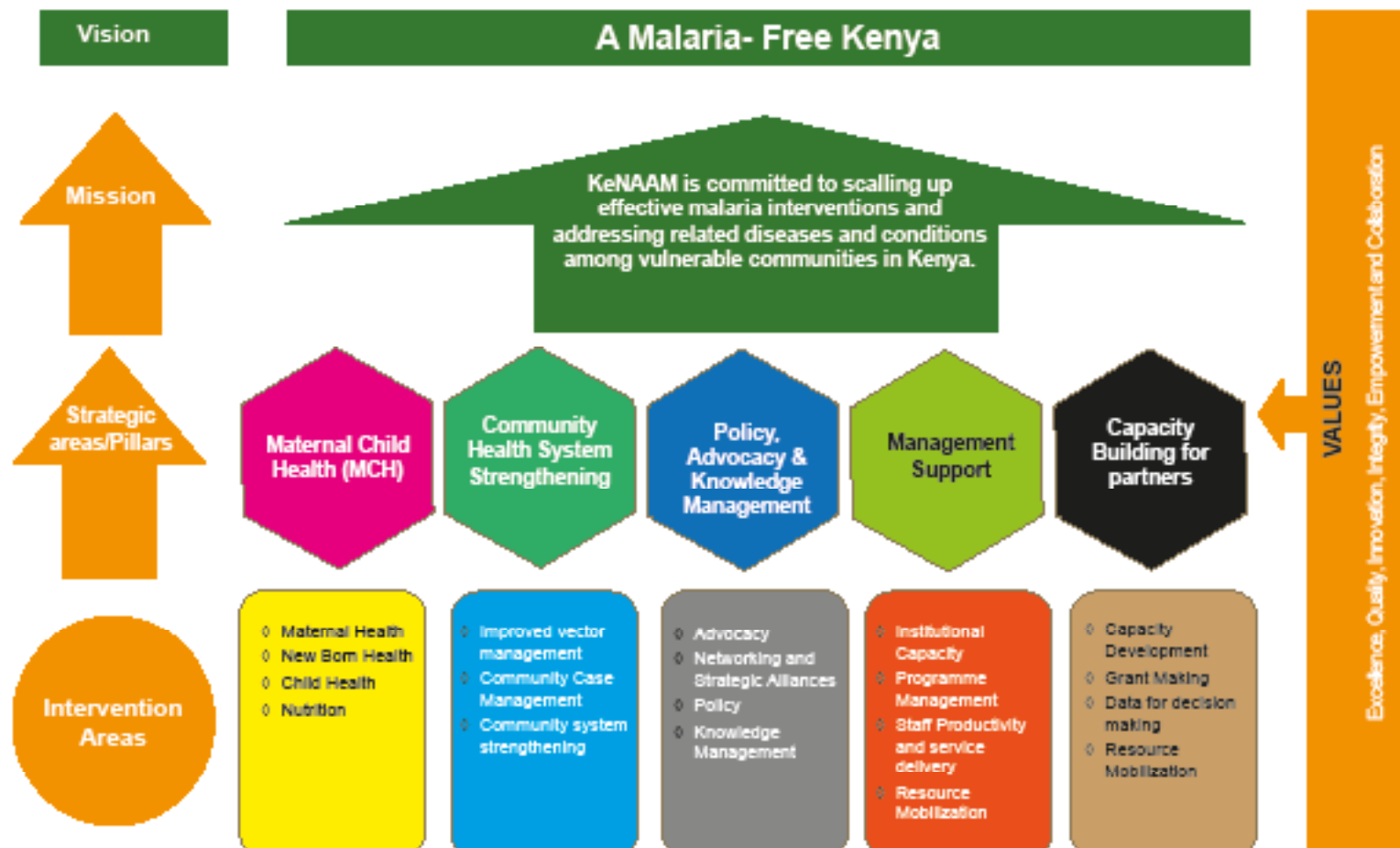


## KeNAAM Model

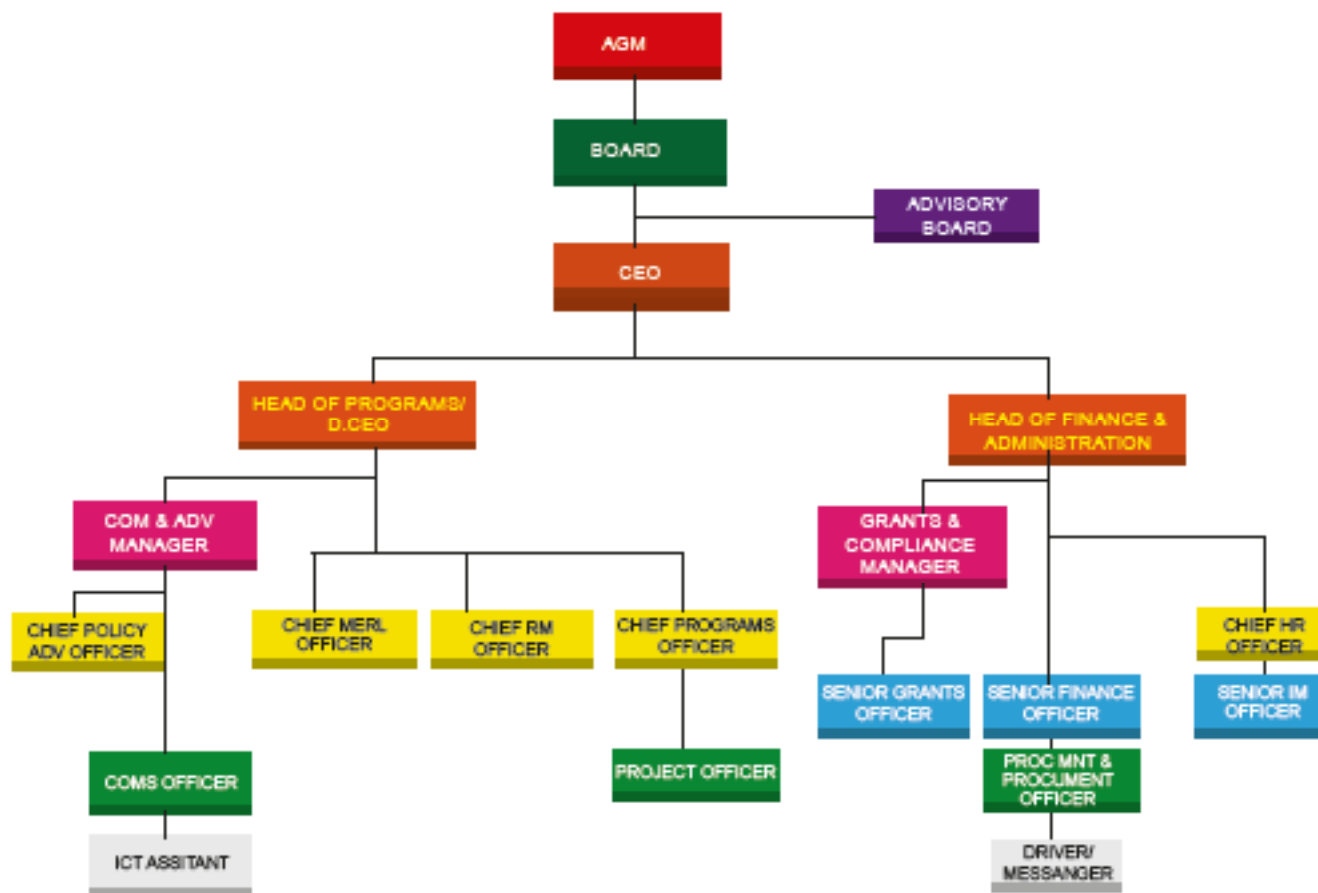
KeNAAM Model pulls three wills systemic to achieve its goals. The need for grants management and technical assistance availability through good governance and management of the secretariat enables KeNAAM to achieve its objectives.



# The Strategic Map for KeNAAM



## The KeNAAM Organogram







# PILLAR

# 1

In this Pillar KeNAAM is working to reduce maternal and child mortality and morbidity through the provision of integrated services.

In 2013 KeNAAM through its existing malaria program it has reduced maternal mortality rate, child morbidity and mortality rates and improved nourishment of under-5s. This has been delivered through its integrated programs.

The main intervention in this pillar areas are:

- ◇ Reduced maternal mortality rate
- ◇ Reduced child mortality and morbidity
- ◇ Children under five well nourished

# Maternal, Neonatal and Child Health

An estimated 125 million pregnancies occurred in areas of malaria transmission in 2013, resulting in about 83 million live births and Kenya being in the tropics is among the most affected areas. Pregnant women in malaria-endemic areas have up to 50% higher risk of infection compared to non-pregnant women. In areas of high and stable *P. falciparum* transmission, maternal malaria infection is frequently asymptomatic but is associated with maternal anaemia.

In low transmission or epidemic areas it more frequently triggers clinical symptoms and severe disease. Prevalence of malaria in pregnancy is much higher in women aged 15–19 years and decreases with each subsequent pregnancy. The disease is also much more prevalent in HIV women regardless of the number of times they have been pregnant.

Without addressing the issues affecting pregnant mothers and their unborn children, the Malaria fight would be like a game of soccer without a coach. It is



*Mothers wait to be attended at a clinic at a KeNAAM Project site.*

with this realization that KeNAAM undertook an approach that includes Mothers and their unborn children under its new program on Maternal Neonatal and child health. Addressing



**125  
million**

Number of  
Pregnancies  
worldwide  
in Malaria  
Transmission  
in 2013

the issue becomes an integral part of not only fighting malaria but also reducing child mortality rates across the country and Africa.

This pillar is new within the KeNAAM business plan and model as it helps in deepening the malaria control intervention. Through the MNCH continuum of care debate, this pillar seeks to address the inter linkage between the maternal, new born and child health from pre-pregnancy, through pregnancy, child birth and the early days and years of life. This is supported by Community System strengthening pillar where the linkage of various levels home, community and health facility of the health system is focused.

While the focus for this year was mainly on the following programs that were malaria driven; Malaria in Pregnancy, community case management for child health, KeNAAM is committed to mobilizing resources to holistically tackle this new strategic direction. The areas which KeNAAM will be seeking additional resources includes and not limited to water and sanitation health (WASH) programs, Nutrition, and maternal health programs.





## PILLAR

# 2

**K**eNAAM scaled up her competencies in advocacy, to include policy, networking and knowledge management in the realm of malaria and related health conditions. The main objectives here are to influence an enabling malaria and health sector policy environment, through policy advocacy & knowledge management systems.

The main interventions areas are, through a malaria lens,

- ◇ Advocacy
- ◇ Networking and strategic alliances
- ◇ Policy

In 2013 KeNAAM refocusing on the Malaria ++ and re-modeling the business model provided a platform to be involved more in health policy advocacy. The need for collaboration with other partners in advocacy has continued to providing leverage for advocacy. KeNAAM participation in the regional meeting involving the East Africa Roll Back Malaria where it Co Chairs the Executive Coordination Committee, has provided useful input to voice CSO's voice in the regional body. Further working with the Roll Back Malaria Partnership in the Malaria Advocacy Working Group has provided an opportunity to voice community ideals into global advocacy efforts.

In country, KeNAAM has continued to represent the malaria community in the Kenya Coordinating Mechanism at both the National Oversight Committee and at the Inter-agency Coordination Committees. KeNAAM supported the Ministry of Health, Malaria Control Unit's 'Partnership and Resource Mobilization' Technical Working Group which meets for coordination and resource mobilization for the malaria control resources.

KeNAAM is keen following the Universal Health Care debate especially the focus that has now shifted to the forgotten Maternal Child Health debate, Post 2015 agenda and the transition epidemiology to the non-communicable disease which is happening especially in the urban areas of the developing countries.

KeNAAM during the year conducted an advocacy research on malaria and maternal, neonatal & child health (MNCH) financing in Migori and Kwale counties. The results showed that integrating maternal and child health services utilization with malaria prevention could have a direct, positive impact on maternal and child health especially for parents seeking services for their children as it will help in addressing other major contributors to child mortality such as malnutrition and diarrhea. This informed the need to coin the Malaria ++ concept which KeNAAM strategic direction was based on.

The key investment that KeNAAM made was the development of a knowledge management system in which the secretariat would be able to use data for decision making. Bringing all the resources under one database has helped KeNAAM to transition their advocacy agenda to evidence based advocacy. This has leveraged by the development of tools, systems and policies that support knowledge management data capture, which is then analyzed by the knowledge system to provide the evidence based information for action and decision making.

## PILLAR

# 3

**K**eNAAM will be working to make a contribution to the community health strategy. The main objective has been to improve the health and wellbeing of vulnerable communities through strengthened innovative systems.

These systems include:

- ◇ Case management
- ◇ Improved vector management
- ◇ Community health systems strengthening





## KeNAAM Takes Malaria Fight to Communities Doorstep

With over 28 million Kenyans being at risk of Malaria, KeNAAM in 2013, took the fight to the communities doorstep.

Over 100, 000 people were reached by this intervention in Kuria East and West in Migori county. This saw KeNAAM take the National Malaria intervention program to the village level. The success to this pillar was brought about

through the implementation of the Global Fund Malaria Round 10, which was received in 2013.

The aim of this funding was to ensure that at least 80 percent of people living in malaria prone counties were equipped with knowledge on prevention and treatment of malaria.

KeNAAM Concerted its efforts to Kuria East and West in Migori County, with an aim of strengthening advocacy, communication and social mobilisation capacities for malaria control.

To increase community members knowledge on prevention and treatment of malaria involves utilization of various techniques. One of the technique is the use of Community Health Workers (CHWs). The information sought out in this technique is diagnosis, prevention and treatment of Malaria records. In 2013 KeNAAM oversaw the training of 120 Community Health Workers (CHWs) on Community Health Strategies and another 240 on Malaria Case Management.

Some of the ways KeNAAM used to promote education include; facilitating supervision of peer- to-peer on job mentorship by arranging exchange visits between newly formed Community Health Teams, with those that were more established. The Health Management teams also supported the capacity development of the CHWs.

Another technique which was utilised was use of Community dialogue in barazas (forums).



*One of KeNAAM Outreach programmes*



These discussions were guided by the indicators outlined in the Ministry of Health 514 tool, also known as the “chalkboard”. KeNAAM supported 17 community health units to organise these events. The discussions were facilitated by the CHWs, who ensured that focus was maintained on malaria. The community members brainstormed on the problematic areas in addressing malaria and proposed workable solutions to deal with the identified challenges.

During the subsequent Health and Action Days, the communities would review the previous problems raised and assess how well the measures they had proposed worked in order to inform future strategies.

KeNAAM supported the Divisional Health Days which brought together different stakeholders with a view of increasing awareness on the importance of immunization and to integrate malaria in other health interventions.

In collaboration with the communities, KeNAAM helped organize three medical camps where a total of 875 community members were tested for Malaria. The Community Health Workers demonstrated to the participants how easy it is to be tested for these conditions. During the medical camps, KeNAAM was able to introduce the rapid testing for malaria which increased their acceptance of this tool during household visits.

This project is a partnership of Kenya's Ministry of Health, KeNAAM, Malaria Control Unit with financing from Global Fund to Fight AIDS, TB and Malaria through the AMREF in Kenya. The project is supported by the County of Migori Health Management Team, and the community and has run for the last one year and will continue for the next three years.



## PILLAR

# 4

The outcomes of the Organisational Capacity Assessment process, environmental scanning (SWOT analysis) and current trends in interventions around the health sector have precipitated the need for institutional strengthening arrangements for KeNAAM. At strategy level, KeNAAM has crafted the Internal Management Support Systems, structures and accountabilities that deliver on the work of partners and the mission of KeNAAM.

Intervention areas that have been signed out here are:

- ◇ Institutional Capacity development,
- ◇ Program management,
- ◇ Staff productivity
- ◇ Service delivery.

The overriding theme around this pillar has been to ensure that KeNAAM conducts its program business from an operational hub that endeavors to attain the highest level of efficiency (value for money) through employment of innovation and scaling interventions.



## Strategy Launch of Malaria ++ Charts New Course for KeNAAM

In the year 2013, KeNAAM unveiled a Ksh. 5 billion strategic plan that sought to curb suffering caused by malaria.

Malaria remains a big problem in Kenya with over 16, 000 children dying annually. The Strategy sought to ensure that there are zero malaria deaths as well as other related childhood diseases.

The five-year Strategy (2013 -2017) hallmarked the expansion of KeNAAM intervention to include maternal and child health programs through a concept dubbed Malaria ++(plus plus).

The Malaria ++ initiative is an integrated concept that strives to prevent childhood ailments to ensure a holistic approach to maternal and newborn health while at the same time strengthening the community health systems.

“We had to think critically about broadening our horizon to addressing other pertinent health challenges within the communities we serve but from a malaria lens hence the new concept. It beats logic to stop children dying





*KeNAAM CEO, Edward Mwangi, Boniface Maket and Dr. Irene Mbugua (KeNAAM Chair)*

from malaria and they end up succumbing to other childhood ailments.” Said Mr. Edward Mwangi, KeNAAM CEO during an interview on new and holistic approach to Malaria intervention.

The strategy developed with the assistance of USAID, FANIKISHA Institutional Strengthening project, will be rolled out over the next five years in 24 counties with the highest risk of malaria infections, focusing efforts in Western, Nyanza and Coast regions.

In addition to funding anti-malaria activities, the funds will be used to increase access to immunization, addressing diarrheal cases, pneumonia management, increase the number of birth attendants and increase utilization of ante-natal services. The strategy focuses on creating demand for malaria and health services while creating a conducive policy environment for investing in malaria and other health programmes.

KeNAAM wants to encourage public-private partnership in malaria investment in-line with the global call ‘invest in the future, defeat Malaria.’

Malaria in Kenya is underfunded by 40 per cent, and this interferes with the implementation of some critical projects.

KeNAAM aims to complement government efforts by working with partners to bridge the funding gap.

# PILLAR

# 5

## Capacity Development for Partners

The objective of this pillar will be to build the capacity of partners to be able to deliver the mission of KeNAAM.

The main intervention areas will include:

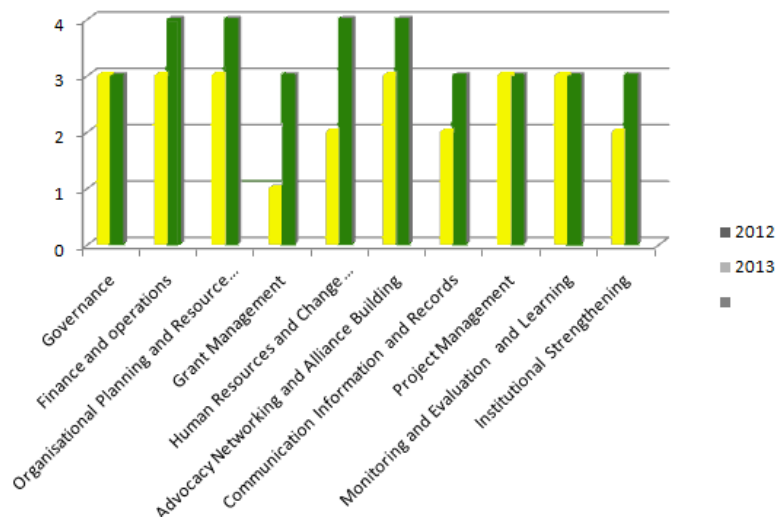
- ◇ Creation of a sustained institutional capacity at partner level;
- ◇ Devolved and sustainable financing mechanism through grant making
- ◇ Financial management (creation of funds accountability systems)
- ◇ Monitoring, evaluation and reporting
- ◇ Human Resources Development and Resource Mobilization

## KeNAAM Develop and Adopts a new Business Model

KeNAAM has been able to realign its business model while at the same time charted a new strategic direction. This has been supported by development and implementation of policies and systems which have resulted to efficiencies in delivery of services. In its new business model, KeNAAM retains its secretariat functions while at the same time included the functions of grant making/fund management and technical assistance. This is supported by the two tier governance system where member representation is retained at the board of management while attracting individuals to serve in its advisory board. This is geared towards strategic thinking by individuals who have interest in organization strategic direction. This has resulted to increased resource base for the organization and enriched policy advocacy by having the right people at the right place.

To enable KeNAAM to build capacity for partners, KeNAAM through its Institutional Strengthening strategy has developed organization assessment tools that will be used to evaluate and build partners capacity to be able to deliver services more efficiently. This has resulted seeking opportunities for fund management/ grant making from funding agencies like USAID, DFID, GFATM amongst others. KeNAAM has invested in the

**KeNAAM Organisational Capacity Assessment (OCA) 2012/2013**



systems that will enable it to extend its portfolio into grant/ fund management, and built its professional networks to support these activities.



## From a Desk Office to a National Network Organization



*KeNAAM Members participate during a discussion at Red Court Hotel Nairobi.*

Kenya NGOs Alliance Against Malaria (KeNAAM), a network organization established in 2001 has a desk office at AMREF Kenya to coordinate the work of Kenyan civil society organizations implementing

interventions. In 2003, KeNAAM was one of ten national level society organizations (CSOs) that received funding and technical assistance from the USAID funded FANIKISHA. Institutional Strengthening Project

to strengthen her institutional capacity and to become a sustainable recipient of large grants to deliver on the community health response.

The funding boosted KeNAAM to develop a progressive strategic plan. Through the strategic plan the organization has reassessed its strategy to make critical linkage of malaria with mothers and women as the most affected by this preventable condition. The funding enabled KeNAAM to support its members to take a broader view in designing and implementing malaria interventions.

The FANIKISHA support to KeNAAM opened new opportunities for the organization to work with the private sector within the context of their corporate social responsibility and public private partnership to support malaria interventions in Kenya. Through this partnership, KeNAAM helped private sector corporations as a fund manager to realize the results hence benefiting in their investment on malaria response in Kenya by linking their financial contributions through the civil society malaria interventions to actual malaria outcomes on the ground.

In 2013, KeNAAM put in place and coordinated a malaria resource mobilization technical working group on which key actors in the Kenyan health sector such as the Ministry of Health, Malaria Division and WHO are members.

This is a new partnership that benefited not only KeNAAM as a network but also its individual member CSOs. With its renewed capacity, the organization mobilized its members to work with the division of Malaria Control in the Ministry of Health to design the new national malaria strategy, which is a critical document that the ministry used to apply for funding the Global Fund in 2014.

The FANIKISHA Institutional Strengthening Project is a five year cooperative agreement (2011-2018) funded by the United States Agency for International Development/Kenya (USAID/Kenya) and implemented by Management Sciences for Health (MSH), Pact Inc., Danya International and the Regional AIDS Training Network (RATN). The project focuses on three result areas:

- ◇ Strengthened leadership management and governance of local civil society organisations (CSOs)
- ◇ Increased access and use of quality data for CSO decision making
- ◇ Improved quality of institutional strengthening for CSOs





KeNAAM CEO, Edward Mwangi, FANIKISHA Chief of Party, Dr. Daraus Bukenya (left) and other FANIKISHA Implementing Partners



## Australian Government Lends KeNAAM a Helping Hand

The year 2013, the Australian Government gave Kenya NGOs Alliance Against Malaria (KeNAAM) a technical boost by sending an expert to revamp its structures.

The organizational expert, Ms. Pamela Whitman has been part of the Australian Volunteers for International Development (AVID), a program that manages the placement of over 500 Australian professionals worldwide.

Pamela arrived in Kenya last November (2012) and will work with KeNAAM for one and a half years, in the area of institutional strengthening. She has been assigned with KeNAAM to help the organization streamline its systems of operation in order to realize its vision of “A Malaria Free Kenya”. Pamela is an expert in Organizational Psychology and has spent the last six years on the African Continent working in the area of organizational development of NGOs.

Previously, she worked in South Africa for 3years, in a victim’s organization, where she supported groups

from violence affected communities. Prior to that, she worked in Mozambique, at isolated, rural and refugee communities for a project run by Red Cross Mozambique and save the Children.

Pamela is upbeat to assist KeNAAM realize further growth given its important role in society; that of fighting malaria. KeNAAM has experience a substantial growth over the years, hallmarked by the expansion of more members and an increased role in the Government Malaria Unit.

Given the malaria situation in the country, an optimal operating organization can make a meaningful impact which translates into saving more people’s lives, a course that’s dear to Pamela’s heart. Malaria is among the top leading killer diseases among children, claiming at least 16, 000 lives annually.

Her placement in KeNAAM being the third deployment with AVID, Pamela hopes to bring much knowledge gathered from her experience in other parts of Africa.



*KeNAAM Staff, chair, member and Volunteer(left) pose for a pic*



*KeNAAM Board during a retreat in Lukenya.*



*Malaria ACTION tool introduction to GFATM-SRs in Nakuru*

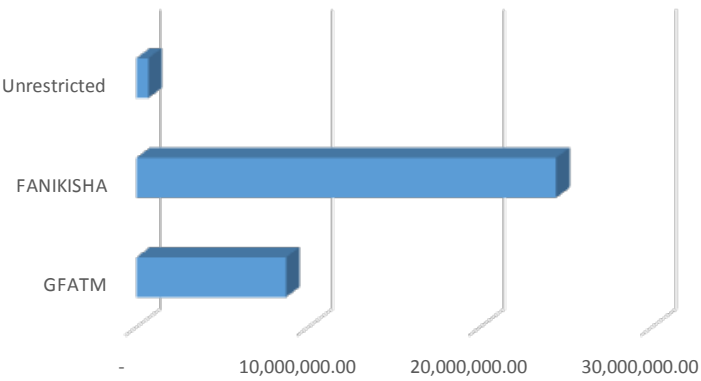


*KeNAAM staff conduct a focus group discussions during data collection in Kwale County.*

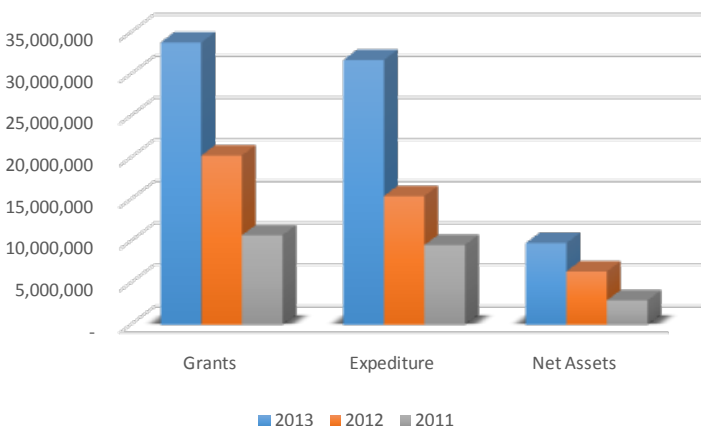
# FINANCIAL KSH



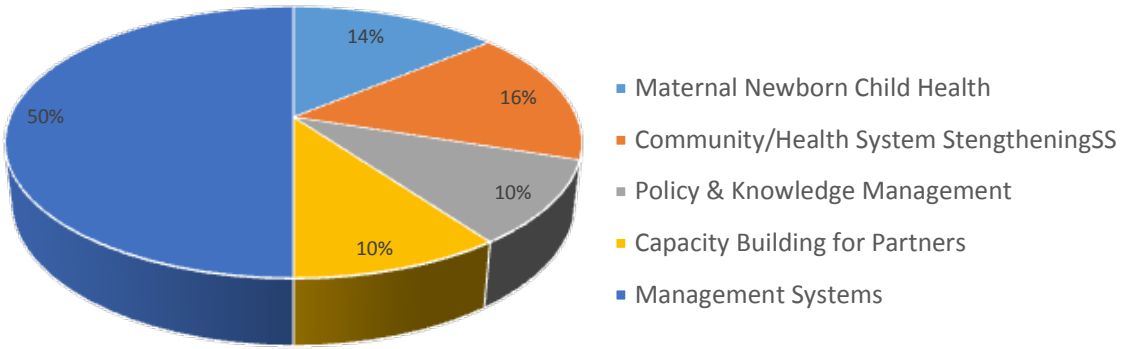
Grant Income by Project



Trend for the last 3years



Investment per Strategic Direction



## Comprehensive Financial Statement 2013 Kenya NGO Alliance Against Malaria Annual Report and Financial Statements for the year ending 31st December 2013 Three Year Trend Analysis

	2013	2012	2011
	Kshs	Kshs	Kshs
Grant Received	33,122,744	20,267,270	10,097,362
Other Operating Income	693,674	123,427	611,229
<b>Total Income</b>	<b>33,816,418</b>	<b>20,267,270</b>	<b>10,708,591</b>
Expenditure	31,704,357	15,409,883	9,538,413
<b>Total Expenditure</b>	<b>31,704,357</b>	<b>15,409,883</b>	<b>9,538,413</b>
Net Surplus/Deficit	<b>2,112,061</b>	<b>4,857,387</b>	<b>1,170,178</b>
<b>Asset</b>			
Total Non-Current Asset	2,075,819	148,561	903,729
Total Current Assets	7,696,294	4,894,325	2,008,786
<b>Total Assets</b>	<b>9,772,113</b>	<b>6,380,886</b>	<b>2,912,515</b>
Total Current Liabilities	2,305,250	2,07,305	2,218,947
General Project Fund	7,466,863	4,353,581	693,569
<b>Total Assets</b>	<b>9,772,113</b>	<b>6,380,886</b>	<b>2,912,516</b>
<b>Current Ratio</b>	<b>3.34</b>	<b>2.41</b>	<b>0.91</b>



## How You Can Support KeNAAM

### Advocate

Join the KeNAAM Online family at [www.kenaam.org](http://www.kenaam.org) to receive important malaria news alerts information that is important to your organization.

### Donate

Give Online by visiting our website at [www.kenaam.org](http://www.kenaam.org)  
Write to use at [info@kenaam.org](mailto:info@kenaam.org)

For more information please contact use on:  
+254 (0)20 202 3442

### Volunteer

KeNAAM relies on volunteers to support its work.

For information about how you can help, write to:  
[info@kenaam.org](mailto:info@kenaam.org)

### Future Gifts

We endeavor to make sure that every Kenyan sleeps under an insecticide treated net, malaria endemic areas are secured through indoor residual spraying and health facilities have sufficient drug supplies to treat detected cases.

For more on this contact us on:  
+254 (0)20 202 3442

### Raise Money

To support KeNAAM please review the activities in our website: [www.kenaam.org](http://www.kenaam.org) and donate to a course.

For More Information Contact:  
Tel 254 (0)20 202 3442  
P.O. Box 788 – 00100 Nairobi, Kenya  
Email: [info@kenaam.org](mailto:info@kenaam.org)

## KeNAAM Staff

- ◇ Edward Mwangi - CEO
- ◇ George Makori - Finance Manager
- ◇ Catherine Njiri - Grants Manager
- ◇ Elizabeth Mwai - Communication Manager
- ◇ Pamela Whitman - Institution Strengthening Advisor
- ◇ Imelda Nasei - HR & Admin
- ◇ Georgina Ndungu - M&E Officer
- ◇ Jacinta Macharia - Programs Officer
- ◇ Miriam Mbone - Field Officer

**Kenya NGOs Alliance  
Against Malaria**  
**Tel 254 (0)20 202 3442**  
**P.O. Box 788 – 00100**  
**Nairobi, Kenya**  
**Email: [info@kenaam.org](mailto:info@kenaam.org)**

