

Report on CSOs Forum on HIV and AIDS Prevention and Control Act 2006

Held on Friday, August 17th, 2007 at Silver Springs Hotel

Tables of Contents

List of Abbreviations	3
1.0 Introduction.....	4
1.1 Climate Setting and Opening Remarks.....	4
2.1 Overview of the Act.....	5
3.0 Remarks by Director, National AIDS Control Council	7
3.1 Roles of Ministry of Special Programmes and Health.....	8
3.2 Role of the Government.....	10
4.0 Issues Emerging from Discussions	11
5.0 Actions for Moving the Act Forward.....	14
6.0 Closing Remarks and Words of Appreciation	15
Annex 1 List of Participants	17

List of Abbreviations

AG	Attorney General
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behavioral Change Communication
CJ	Chief Justice
CSOs	Community Service Organizations
HAI	Health Action International
HCP	Health Care Provider
HERAF	Health Rights Advocacy Forum
HIV	Human Immunodeficiency Virus
HPI	Health Policy Initiative
ICC	Interagency Committee on HIV/AIDS
JAPR	Joint AIDS Programmes Review
KANCO	Kenya AIDS NGOs Consortium
KHRC	Kenya Human Rights Commission
KNASP	Kenya National Strategic Plan
KNCHR	Kenya National Commission on Human Rights
MSF	Medicines Sans Frontiers
NACC	National AIDS Control Council
NGO	Non Governmental Organization
PEP	Post Exposure Prophylaxis
PLWA	Person Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
VCT	Voluntary Counselling and Testing

1.0 Introduction

The HIV and AIDS Prevention and Control Act 2006 came into being in December 2006 when it received the Presidential assent. The Act is a good piece of legislation integrating legal issues, human rights and HIV and AIDS policies. It demonstrates Kenya's positive stand in domesticating international frameworks in the context of HIV and AIDS into its national laws. However there is need to turn the legislation into action.

Notably, the Act lacks a commencement date. Section 1 of the Act requires the Minister to Gazette the commencement date of the Act. The concern of CSOs and Kenyans in general is that since the Act was passed and given the assent by the President over seven months ago it has not been brought into operation.

The purpose of the CSOs stakeholder's forum was therefore to:

- Engage with National AIDS Control Council (NACC) to give the Act priority in lobbying the Minister to give the Act a commencement date.
- Discuss and come up with roles and responsibilities of all stakeholders in advocating for the Act Implementation

1.1 Climate Setting and Opening Remarks

Participants were welcomed to the forum by Allan Ragi, Executive Director Kenya AIDS NGOS Consortium (KANCO) on behalf of the organizing committee. He welcomed all members present and requested each person to make self introduction.

In his opening remarks, Ragi appreciated what the government has done in the fights against HIV and AIDs in the country in the last couple of years by among other measures, passing of the HIV and AIDS Prevention and Control Act 2006. He also appreciated the role played by the Interagency Committee on HIV/AIDS (ICC) and National AIDS Control Council (NACC) in ensuring the development of the Act. One important role that NACC played was reaching out to members of parliament to lobby for this Act

He observed that the Act is a very good piece of legislation integrating legal issues, human rights and HIV and AIDS policies which is critical to the country's efforts to contain the epidemic. It was enacted in December, 2006 but when it was reviewed it was realized that it lacked a commencement date hence it cannot be utilized. Stakeholders involved in the fight against HIV/AIDS therefore held a

series of meetings culminating in his forum, whose main agenda was to push for the operationalization of the Act.

2.1 Overview of the Act

Winfred Lichuma a Commissioner with the Kenya National Commission on Human Rights (KNCHR) gave an overview of the HIV and AIDS Prevention and Control Act 2006 highlighting the key areas that need to be acted on for its implementation. Commissioner Lichuma was one of the team members that were mandated by the Attorney General to hold countrywide consultations that culminated in the Bill.

She began her presentation by noting that the Bill had many phases but finally in December 2006 it got presidential assent. One of the challenges that was encountered in development of the Act was the fact that many people did not see the need to legislate on a disease. But with determination the Bill was finally born. Commissioner Lichuma reported that during the development of this Act there was the agreement that the disease cannot be fought through the law only , rather there's also the need to create an enabling environment for both those offering and those utilizing HIV and AIDS services. With this reason such sections as confidentiality, testing, screening and access to health care services as well as HIV and AIDS education and information were included in the Act. This means that the Act is rights-based because of what it stands for and also the process of its development. Commissioner Lichuma recognized that the Act is not a perfect legislation, that it could have some shortcomings but recommended that it gets a commencement date then later work on its shortcomings. She recognized the Act that there are some areas that need rules and regulations to be developed first before that section can commence.

She recommended in summary these Actions be undertaken:

- i. The minister to promulgate the requisite regulations as required by section 45 of the Act e.g. on testing
- ii. The ministry of health to develop the various policy guidelines mentioned in the Act
- iii. The Honorable Attorney General to appoint the chairman and the members of the HIV and AIDS tribunal as required by section 25 of the Act
- iv. The Honorable Chief Justice to make rules as required by section 30 of the Act

In detail, part II on education and information targets the ministry of education, relevant departments and other agencies like the civil society which needs to promote public awareness and education. So far the Ministry of Education has a

curriculum on HIV AIDS. The only thing that needs to be done is to confirm this curriculum, that is, whether the teacher training colleges also have a relevant curriculum on training instructions of trainers on HIV /AIDS. So far, the ministry of health is already carrying out trainings of health care providers on matters to do with HIV/AIDS. However, there will be need for confirmation on what the ministry is doing on training HCPs and if there are any new developments.

The committee put in place to lobby for the implementation of the Act had an issue with the term counselor. It was therefore suggested that the ministry of health defines who a counselor is. There was also the need for the ministry to develop guidelines on Post Exposure Prophylaxis.

Section 8 on HIV and AIDs information in communities has an immediate affect. The only thing that needs to be done is for the ministry of local government together with other stakeholders to come up with materials on education and information within its area of jurisdiction

Section 12 elaborates on the penalty for unsafe practices or procedures relating to HIV/AIDS. However, the section cannot be utilized because guidelines are not in place. But once the guidelines are in place then penalties too will be. On the other hand, Section 14 on Consent to HIV testing has guidelines already developed by the Ministry of Health. According to Commissioner Lichuma, the only thing that needs to be done is for the ministry to look at the guidelines and review them where necessary.

The part guiding pre-test and post-test counseling under Section 17 requires the ministry of health to have it fit for the guidelines that they already have. There was the recommendation that the minister for health works with the civil society on this.

Under Section 19(2,) that elaborates on access to healthcare services, there was a recommendation for progressive realization (for rights) because the government will have to look at its budget to make essential medicines available. What is needed is to have a health budget relating to HIV.

Commissioner Lichuma recommended that the Minister of Health develops privacy guidelines under Part V. Section 20(1) which gives the role of the Minister of Health on prescribing privacy guidelines in regard to recording, collecting, storing and security of information relating to HIV/AIDS.

In Section 22(1) C, the controversy would be in regard to children, the definition of a child to be precise. This is because the Children's Act describes a child in terms of age (18 years and below) while this Act defines a child and includes

mature minors as children who can give consent, even if they are below 18 years.

Under Section 24(5), the recommendation was for the responsible ministry and Attorney General to develop rules and regulations regarding this section. It entails that a person who is and is aware of being infected with HIV may request a medical practitioner or any other person approved by the minister under section 16 to inform and counsel a sexual contact of the HIV/AIDS status of that person.

Section 25 elaborates on the establishment of an HIV and AIDS Tribunal. Since the tribunal shall consist of 7 members, it needs to be clearly indicated that persons living with HIV and AIDS (PLWAs) need to be represented in the tribunal. Sections 26 and 27 on the jurisdiction and powers of the Tribunal are clearly stipulated but there needs to be rules and regulations developed. The chief justice needs to be the one to do this. This needs to also apply to section 30.

Part VIII on discriminatory acts and policies is quite clear and can commence immediately. The only obstacle is that there may be need for a tribunal to be in place immediately. Section 45 on carrying out of the objects of this Act needs regulations governing it to be developed.

Commissioner Lichuma wrapped up her presentation with the remarks that the government is committed to fighting HIV and AIDs in the country. The only thing that needs to be done at this point to turn this Act into Action is by having the necessary bodies, agencies and ministries work on the sections that need polishing up.

From the plenary, one participant observed that after reading the Act and from the presentation made on the Act, it was clear that almost all sections needed guidelines to be developed for the Act to be ready for use. There was a suggestion that since the commencement of the Act is an urgent matter, a team can be formed that would develop these guidelines then take them to the relevant ministries and departments for any additions or subtractions.

In response to this, another participant reported that in the process of developing this Act, some regulations were developed and so the persons concerned will not be starting from scratch.

3.0 Remarks by Director, National AIDS Control Council

The Director, National AIDS Control Council Prof. Alloys Orago was invited to give a presentation on the role of the Ministry of Health and that of Special Programmes in implementing the Act.

Prof Orago informed the forum that his presentation would be given by NACC's legal officer because the Act is a legal document. He reported that NACC has an obligation to ensure the Act is in place because it is part of its performance contract and it will have to give an account of the Act in June 2008. He said that one of the strategies that NACC seeks to employ in the fight against HIV and AIDS is to mobilize the public for mass testing.

He reported that this is likely to happen before this year's world AIDS day (December 1st). To Prof Orago mass testing is likely to significantly reduce the prevalence of HIV AIDS in the country but before implementation begins, the government has to plan for this. One way is by developing the necessary guidelines to guide the mass testing.

3.1 Roles of Ministry of Special Programmes and Health

Magdalene Munyao, NACC's Legal Officer, discussed the role of the Ministry of Health and the Ministry of State for Special Programmes in the implementation of the HIV and AIDS Prevention and Control Act, 2006. In general terms, she pointed out that the role of the Ministry of Special Programmes include coordinating the implementation of the Act through the National Aids Control Council. She clarified that NACC is a state corporation established for the purpose of providing a policy and a strategic framework for mobilizing and coordinating resources for prevention of HIV transmission and provision of care and support to the infected and affected in Kenya.

NACC according to Section 5 of the Act is required to provide information to the Ministry of Education, to ensure integration of instruction on the causes, modes of transmission and ways of preventing HIV and AIDS and other sexually transmitted diseases in subjects taught in public and private schools. In addition, it is supposed to work with the Ministry of Education to ensure that every teacher or instructor of an HIV and AIDS prevention and control course is adequately trained and dully qualified to teach such course.

On its part, the Ministry of Health under Section 15 is supposed to ensure that facilities for HIV testing are made available to persons who;

- a) Voluntarily request an HIV test in respect of themselves, or
- b) Are required under the provision of the Act or any other written law to undergo an HIV Test

Under Section 25 (7) NACC in consultation with the Treasury is required to determine the remuneration and allowances payable to members of the HIV and AIDS Tribunal.

Section 30 calls on NACC to make regulations for prescribing anything required by the Act to ensure adequate implementation of the Act.

Section 35 allows the Minister of Special Programmes in consultations with commissioner for insurance shall provide guidelines for clients willing to take cover exceeding the no test limit.

The Minister of Health under section 6 is required to ensure that HIV and AIDS education forms part of the delivery of healthcare services. That is ensure training of healthcare providers is proper including dissemination of information and education on HIV and AIDs, and ethical issues. The minister is also required to provide guidelines on post exposure prophylaxis.

The Minister of Health under section 11 is required to prescribe guidelines on:

- Precautions against surgical transmission during surgical , dental , delivery , embalming and similar procedures;
- The handling and disposal of cadavers, body fluids or waste of persons with HIV.
- Ensure under Section 11 that protective clothing to health care providers and other personnel exposed to risk of infection is provided.
- Ensure the provision of post exposure prophylaxis to health care providers and other personnel exposed to the risk of HIV Infection

Section 16 of the Act calls upon the Minister of Health to:

- Approve all testing centers
- Approve health care providers for carrying out HIV Test
- Approve all persons carrying out pre-test and post-test counseling
- Prescribed regulations on the standards and the procedure for the approval of testing centers
- Prescribe the standards on the procedure for the approval of health care providers for purpose of carrying out HIV Test
- Prescribe guideline for the provision of pre test and post test counseling services at such centers, including the standards and the procedures for approval of persons qualified to provide such services
- Prescribe guidelines for self testing

Health Minister under Section 17 is required to enhance the capacities of testing centers by ensuring the training of competent personnel to provide the services required by the Act to be provided at such centers.

Section 20 of the Act calls on the Minister of Health to prescribe regulations, privacy guidelines relating to the recording, collecting, storing and ensuring

security of information, records or forms used in respect of HIV test and related medical assessments.

3.2 Role of the Government

The NACC Legal Officer pointed out that under Section 4 of the Act the government is required to promote public awareness about the causes, modes of transmission, consequences, means of prevention and controls of HIV and AIDS. This could be achieved through a comprehensive nationwide educational and information campaign conducted by the government through its various ministries departments, authorities and other agencies.

Section 7 of the Act tasks the Government to ensure there is provision of basic information regarding the Act to:

- a) Employees of all government ministries department , authorities and other agencies and
- b) Employees of private and informal sectors

The information provided is supposed to cover issues such as confidentiality in the work place and attitude towards infected employees and workers. Under Section 20 the government is supposed to take the steps necessary to ensure access to essential health care services. Such services include access to essential medicines at affordable prices by persons with HIV or AIDs and those exposed to the risk of HIV infection.

According to NACC Legal Officer, the Attorney General is supposed to draft regulations to guide the implementation of the Act.

Section 25(5) empowers the AG to appoint members of the HIV and AIDS Tribunal.

The Chief Justice under Section 30 in consultation with the chairman of the Tribunal and by notice in the Gazette is required to make rules governing the practice and procedure of the Tribunal.

The AG under Section 25(4) is required to advice the Minister of Health on treatment programme for purposes of a person who is HIV positive and seeks medical insurance services, beyond the no test limit.

The AG under Section 30(5) is supposed to handle appeals by any person aggrieved by a determination to what is reasonable with respect to;

- Reasonable limit of cover for which a proposer shall not be required to disclose his or her HIV status (in the case of life and healthcare services insurance cover)
- Reasonable additional premium or lien to the benefits ordinarily purchased payable by a person who is HIV positive, for cover above the no test limit.

4.0 Issues Emerging from Discussions

1. Testing and counseling guidelines

According to NACC these are available and are being revised. NACC has been incorporated in the task force working on their revision to ensure that they are in conformity with the Act.

Definition of child for purpose of the Act

The clinical approach recognizes mature minors being children between 14 - 18 years but this has not been taken in to account by the Act. For example, Section 14 provides that any child who is pregnant, married, a parent or is engaged in behaviour which puts him or her at risk of contracting HIV may in writing, directly consent to an HIV Test thereby contradicting the Children's Act which recognizes children as below 18 years. The classification is thus not based on the Actual age of the so called mature minors but the circumstances. There is therefore need for clinical purposes as well as intervention targeted at the age group of 14 -18 years, there may be need to revisit the definition of child for purposes of the Act

Definition of Legal Guardian

The Act in cases of minors requires the consent of the legal guardian for purposes of HIV test as well as release of results under section 14 and 18. Unfortunately, the Act has no definition of the guardian.

Legal guardian under section 102 of the Children's Act is "a person appointed by will or deed by a parent of the child or by an order of the court to assume parental responsibility for the child. This definition according to NACC contradicts the definition of a guardian under section 2 of the Public Health Act. A guardian according to Public Health Act is defined to mean any person having by reason of the death, illness, absence or inability of the parent or any other cause the custody of a child.

There is therefore need to define 'Guardian' in the HIV and AIDs Act. Such a definition according to NACC should be broad to include care givers and other

persons caring and supporting children orphaned by HIV and AIDS pandemic currently estimated at 2.4 million.

2. Public Sensitization about the Act

Thought NACC observed that public sensitization and dissemination of the HIV and AIDS Prevention and Control Act is slowly taking shape, it was agreed that more stakeholders should be brought on board and empowered to educate the public about the Act. NACC reported that it is in the process of developing popular version that can easily be read and understood by all stakeholders and public in general. It was agreed that this would facilitate in the dissemination and public education. There was nonetheless a call for all stakeholders to take up duties and responsibilities of disseminating the Act to all their constituents.

3. Task Force Establishment

Participants agreed that in order to move on, there needs to be a taskforce in place to ensure the implementation of this Act. NACC revealed that the implementation of the Act shall be overseen by a Task Force comprising various stakeholders, appointed by the ICC on HIV and AIDS. The Task Force will be chaired by NACC.

The forum recommended that the task force should be given a deadline within which to operate with clear terms of reference. This would enable stakeholder to monitor the achievements of the Task Force.

As all policies in HIV and AIDS are discussed during the ICC meetings NACC, Director appealed to the civil society to attend those meetings and make contributions to policies on HIV and AIDS. The director was nonetheless, requested to ensure that CSOs are invited to the ICC in time in order to organize their attendance. Participants were however encouraged to visit the NACC website to get information about upcoming meetings.

4. Fast Trucking the Implementation of the Act

It emerged from the discussion that the Act should form part of the performance contract of the NACC, Director and be included in the current Rapid Result Initiative for the current period. This according to deliberations is crucial in ensuring adequate follow up and implementation of the Act.

The Act according to participants if implemented should be a tool of ensuring that all the issues relating to HIV and AIDS are responded to adequately. The response should include ensuring that all the needy persons are put in treatment including patients of cancer suffering from AIDS. It should also facilitate access to prevention, treatment care and support among the physically challenged,

although it has not addressed fully issues of HIV and AIDS among the physically challenged.

5. HIV and AIDS Tribunal

Participants observed that there is need for wide consultations among the CSOs before appointments are made to the Tribunal. Specifically they sought clarifications regarding the 2 members of the Tribunal not specified in the Act. In addition they suggested that the Tribunal should be mandated to handle all legal and human rights issues relating to HIV and AIDS instead of resulting to a judicial process.

6. Harmonization of Laws touching on Children

The forum noted with concern that children and orphan issues as discussed in the Act are informed by various policies including the Children's Act and Medical Act both of which define a child differently. The forum called for a definition of a minor (Child) and guardian in order to enable the provision of services targeting the orphans and vulnerable children.

7. Counselors

Participants felt that the issue of counselors needs to be resolved by the Minister by issuing guidelines on who a counselor is. At the moment there are various cadres of counselors trained by different organizations for varying duration of times hence compromising the cadre of a counselor. Consequently, participants called for clarity on who an HIV/AIDS counselors is, what the minimum requirements are and develop guidelines on training of counselors that training should also be standardized

8. Capacity Building

There is need for the Kenyan population be educated and build its capacity to understand the contents of the Act. Participants agreed this could be achieved by building the capacity of lawyers, NGO workers, paralegals (although cautiously because of the controversy of whether paralegals are really qualified to handle issues that takes some other professionals a longer time to grasp). Participants observed that the issue of paralegals need to be addressed through the guidelines. At the moment it was revealed that a lot of organizations are training paralegals but there is no legal framework that guides the training and operation of paralegals in Kenya.

Another avenue could be through the use of both print and electronic media. According to participants, educating the community is important because it's only after people understand the Act that they will be able to accept it and implementation will be easy.

5.0 Actions for Moving the Act Forward

According to the forum deliberations the following actions should be taken up in moving forward the implementation of the Act.

1. All stakeholders under the leadership of NACC should lobby for the Gazzetment of the Act as soon as possible.
2. NACC should expand the existing Taskforce by co-opting representatives from the key Ministries, Attorneys General's Chambers as well as other key stakeholders.
3. The Task Force should be formally appointed by the minister and gazetted to give it legitimacy.
4. The Task Force should go through the Act and advice the relevant Ministers on all the regulations, guidelines and actions that need to be taken to enable the Act come into operation.
5. The Taskforce should go through the Act and identify all the areas that can be implemented then have a commencement date for them gazetted. The other sections requiring the regulations shall then be implemented once the rules are promulgated. The Task Force should advice on gaps especially definitions that need to be included in the Act.
6. The Taskforce should also spearhead the drafting of all necessary guidelines and regulations required under the Act
7. NACC should come up with strategies of building the capacity of all stakeholders involved in the Act including the health workers, legal officers, education providers, law enforcement officers, the judiciary and community in general. This includes providing resources for capacity building and ensuring the government allocates the needed budget for implementation of the Act. NACC director Prof Orago committed to ensure this is achieved.
8. All CSOs should take up an active role in monitoring and reporting on the implementation progress.

The meeting nonetheless identified and tasked certain members to lead in monitoring and reporting on the progress been made. Some of these organizations include:

- 1) Kenya National Commission of Human Rights (KNCHR)
- 2) Kenya AIDS NGOS Consortium (KANCO)
- 3) Action Aid Kenya International
- 4) Kenya Treatment Access Movement (KETAM)
- 5) Health NGOS Network (HENNET)
- 6) Concern Worldwide

- 7) Health Policy Initiatives (HPI)
- 8) Health Rights Advocacy Forum (HERAF)
- 9) WOWESOK
- 10) KECOFATUMA
- 11) KEPSAM
- 12) Federation of Kenya Employers (FKE)

In addition the meeting identified key individuals who should champion the follow up and the implementation of the Act.

These include:

- 1) Winfred Lichuma, Kenya National Commission of Human Rights (KNCHR)
- 2) Ludfine Anyango, Action Aid Kenya International
- 3) Dr. J. Nouboussi, Handicap International
- 4) Dr. Burton Wangacha, Mapendo International
- 5) Allan Ragi, Kenya AIDS NGOs Consortium (KANCO)
- 6) Jane Kabui, Federation of Kenya Employers (FKE)
- 7) Miano Munene, Health Rights Advocacy Forum (HERAF)
- 8) Hilda Orimba, WOWESOK
- 9) Monique Tondoi, MSF Belgium
- 10) Dorothy Odhiambo, Health Policy Initiative
- 11) James Kamau, Kenya Treatment Access Movement (KETAM)
- 12) James Njuguna, Concern Worldwide

9. Conveners

The Forum appointed Allan Ragi, Kenya AIDS NGOs Consortium (KANCO) and Miano Munene, Health Rights Advocacy Forum (HERAF) as Co - conveners of CSOs forums on HIV and AIDS Prevention and Control Act, 2006.

6.0 Closing Remarks and Words of Appreciation

The closing remarks and words of appreciation were given by Ludfine Anyango who started by urging the teams that had been tasked to monitor and report the progress of the implementation of the Act to take the recommendations very seriously. She informed the forum that the NACC Director is very open to the Civil Society and that he is willing to work very well with the members of the civil Society.

She thanked the Kenya National Commission on Human Rights on bringing the public to the attention that even though the president had assented to the Act, it lacked a commencement date.

Commissioner Lichuma's efforts as a lawyer in the whole process of the development of the Act from the time she was at the NACC were commended. All other legal personnel who had contributed in the development of the Act were also commended for their contribution.

Anyango thanked the NACC director on agreeing to take the Act forward. KANCO's efforts through the leadership of Allan Ragi were appreciated. She noted that Allan Ragi has done well in bringing the civil society together and also by working on the Act up to its present form.

She thanked the press for being present at the forum and hoped that they could highlight all the key issues that had been discussed.

She thanked Christa, Health Action International (HAI) and MSF Belgium for working tirelessly and following up with a Intellectual Property Act.

Last but the least she commended the committee that worked tirelessly to make the forum a success. In particular she thanked Miano, HERAF for convening most of the committee meetings. Concern Worldwide, KANCO and Action aid International Kenya for supporting and meeting the costs of the forum. Also she thanked Health NGOs Network and Kenya National Commission of Human Rights for logistical and material support towards the forum success.

Annex 1 List of Participants

Name	Organization	Email Address	Tel No.
1) Allan Ragi	KANCO	kanco@kanco.org	0722-520053
2) Anne Marie Ojunga	CMEDA	cmedaksm@wananchi.com	0727-894811
3) Anthony Were	Easy FM	awere@nation.co.ke	328813
4) Benson Kiptum	Apak	Bentum80@yahoo.com	0720-276017
5) Christa Cepuch	HAI Africa	christa@haiafrica.org	0733-615189
6) David Nderitu	KANCO	kanco@kanco.org	2715008
7) Dorothy Odhiambo	Health Policy Initiative (HPI)	dodhiambo@policy.or.ke	0722-758449
8) Dorothy Onyango	WOFAK	wofak@wofak.or.ke	2725455
9) Dr. A. J. Suleh	HERAF /KMA	sulehaj@yahoo.com	0722-731118
10) Dr. Burton Wangacha	Mapendo International	burton@wangacha.com	0722-775699
11) Edna Onyango	FEMNET	advocacy@femnet.or.ke e_mandang@yahoo.com	3741320 3741301
12) Elizabeth Aroka	Parliamentarians for women's health	lizaroka@yahoo.com	0722-837531 246800
13) Emma Akinyi	Care Kenya	emma@care.or.ke	0722-644903
14) Eric Peti	AID Africa Concern	amuser@yahoo.com	0723-987445
15) Esther Gatua	Health Policy Initiative (HPI)	ewgatua@policy.or.ke	272395/2
16) Florence Obura	Goal Kenya	fobura@goalkenya.org	0721-781887
17) Grace Mburu	Hope FM	bgmburu@yahoo.com	0720-480017
18) Hilda Orimba	Wowesok	wowesok@yahoo.com	0721-791145
19) Hudson Khat B.	Kenya United Christian Churches	kenyaunitedchristianchurches@yahoo.com	248460/0723-944186
20) Inviolata Mmbwavi	NEPHAK	infopha@yahoonephak.org	
21) J. Nouboussi	Handicap International	jnouboussi@handicapinternational.org	0721-760533

Name	Organization	Email Address	Tel No.
		r.ke	
22) Jacinta Wamiti	KANCO	kanco@kanco.org	0721-895640
23) Jacob Ngumi	Kecofatuma /YPD	youngprofs@yahoo.com	0721-695890 /2720863
24) James Kamau	KETAM	kamaunjenga@yahoo.com	0722-886694
25) James Njuguna	Concern World Wide	James.njuguna@concern.net	0722-678998
26) Jane Kabui	FKE	jkgichu@yahoo.com	0721-425447
27) Jane Macharia	AKONIK	Jane.macharia@akan.org	223951/2
28) John Weru	Nairobi Hospice	drweru@yahoo.com	0722-676711
29) Judy Mwangi	HENNET	judy@amrefke.org	6994900
30) Kazuko	Merlin	Kenya.kisii.medco@merlin-eastafrika.org	0722-597011
31) Keisha Rurikaire	UNOCHS- IRIN	keishamaza@irinnews.org	0722-677747
32) Kennedy Cheruiyot	KANCO	kanco@kanco.org	2717664
33) Kiprono Kimaiyo	DOW- KENYA	Kipsam2@yahoo.com	0724-770694
34) Ludfine Anyango	Action Aid International Kenya	Ludfine.Anyango@actionaid.org	0733-583506
35) Magdalene Munyao	NACC	m.munyao@nacc.or.ke	0722-279902
36) Maureen	Kiss /Classic Radio	news@kissfm.co.ke	4447403
37) Mercy Kagiri	KANCO	kgrmercie@yahoo.com	
38) Miano Munene	Health Rights Advocacy Forum	mmiano@khrc.or.ke	0722-0828880
39) Mike Mwaniki	Nation newspapers	mmwaniki@nation.co.ke	225278
40) Millicent Odeny	M.A. Odenyi and Company Advocates	odenyma@yahoo.com	0724-437516
41) Monique Tondoi	MSF - B	tondoi@yahoo.com	0722-692256
42) Moses Kofa	Family Radio	kofason@yahoo.com	
43) Njonjo B	KANCO	kanco@kanco.org	2717664
44) Phillip Nyakwana	MMAAK	philipdalmas@yahoo.com	0721-471246
45) Prof. Alloys Orago	NACC	orago@nacc.or.ke	0722-483827

Name	Organization	Email Address	Tel No.
46) Rose N. Nambuye	Judiciary	rosenambuye@yahoo.com	0734-965952
47) Rose Oloo	Goal K	rose@goalkenya.org	0720-382811
48) Ruth Charo	HENNET	hennet@amrefke.org	6994901
49) Ruth Kiragu	Christian Health Association of Kenya	kiragu@chak.or.ke	4441920/0723914146
50) Steve Amolo	NETMAT	netmaplus@yahoo.com	0720-333864
51) Tabitha Nyambura	Kenya Human Rights Commission	tnyambura@khrc.or.ke	0726-256150
52) Tisclair	MSF	MSFB-NAIROBI-HIV@brussels.msf.org	0722-200059
53) Tobias Kichari	Kecofatuma		0734-823275
54) Vian Bwire	KNCHR	bwire@knchr.org	2717900
55) Washiytayai	World Friends	nairobioffice@worldfrienda.org	2726772
56) Winfred Lichuma	KNCHR	wlichuma@knchr.org	0721-952322
57) Winfred Owuor	Mildmay International	wowuor@mildmay.or.ke	0721-992958