



STANDARDS OF OPERATIONS FOR HALALA USA

1. What's Halala?
2. Becoming a member
3. Maintaining membership.
4. Starting a chapter.
5. Welfare
6. Halala projects 2008-2009.
7. Constitution.
8. Affiliation.

WHAT IS HALALA?

Halala USA is a charitable non-profit, non political, non denomination and voluntary organization that aims at uniting the Luhyas Living in the USA and abroad to provide aid to the most disadvantaged people of western Kenya. Halala plans to stem diseases through community education programs and provide access to healthcare services.

Halala also plans to educate foreign-born about the land of their ancestry, culture, and heritage.

Halala provides a comprehensive welfare program addressing among others; funerals, special events, and special circumstances.

BECOMING A MEMBER

1. Membership to Halala will be awarded as follows, full membership to all Luhyas from Western Kenya by birth, marriage, or adoption.
2. Associate membership will be awarded to any interested person outside the circle of eligibility who has expressed interest and demonstrated their love and support to the goals and objectives of Halala.
3. Any person considered eligible for membership and desiring to become a member of Halala shall become a member upon completing an application form and paying their membership fees annually as determined by the annual general meeting held every year.
4. Those without chapters in their states can register with Halala USA. Such members will be linked to an existing neighboring branch until one is established.

MAINTAINING MEMBERSHIP

1. Membership must be current every calendar year both with your chapter and Halala USA.
2. Every member must contribute to all Halala projects and welfare needs. Failure to do so after three attempts to reach you will result to automatically loose membership.

STARTING A CHAPTER [REQUIREMENTS]

1. Five qualifying members.

2. Complete an application bearing at least five signatures from founder members. Please specify your chairperson, secretary, treasurer and welfare coordinator.
3. Submit a check of \$25.00 from each member to Halala USA and \$25.00 to the chapter the members belong to cover administration costs every year.
4. All the five members should complete an application form inserting all their immediate family members and where they reside.
5. A confirmation letter will be issued by Halala USA secretariat acknowledging the receipt of such request.

HALALA USA WELFARE PACKAGE

YOUR IMMEDIATE FAMILY MEMBERS INCLUDES – Your spouse, parents, children, brother and sister.

1. **DEATH OF A MEMBER RESIDING IN THE USA** - members will contribute **\$100.00 and couples will pay \$150.00** towards the costs involved in sending the body back to Kenya and will be coordinated by local chapters through their welfare department working directly with the treasurer of Halala USA
2. **IMMEDIATE FAMILY MEMBER OVER 18 YEARS OF AGE DYING IN THE USA** - will be treated as a non member and Halala members will therefore not be responsible. The same will apply to members whose membership is expired and have become inactive.

3. **DEATH OF IMMEDIATE FAMILY MEMBER NOT RESIDING IN THE USA** – members will contribute \$35.00. to the bereaved family. will be done and coordinated by local chapters.
4. **PROLONGED SICKNESS** - for immediate family member residing here in the USA members will contribute - **\$10.00** each to such cause.
5. **MEMBERS WEDDING GIFTS** – members will contribute **\$10.00** to such cause.
6. **ASSOCIATE MEMBER** – Only the member and his/her immediate family members residing in the USA will be beneficiaries.

All members without chapters from their state of origin will be assigned one during registration by Halala USA

7. Registration with Halala USA and local chapter is mandatory to become a beneficiary of our welfare package.
8. Membership to Halala will remain \$25.00 at chapter level and \$25.00 at National level in 2008-2009 unless recommended by an annual AGM.

Members encouraged to enroll in a life insurance program now being offered by Halala to assist in times of bereavement. **[Reviewed on 11-29-2008]**

PROCEDURE AT THE TIME OF BEREAVEMENT.

1. Welfare coordinator at chapter level will send an email to Halala USA email account notifying the office of the incident.
2. The Email will be forwarded to the treasure Halala USA to verify membership.

3. After verification the Treasure of Halala USA will send an official email to all chapter leaders/ welfare coordinators notifying them of the incident.
The mail will contain dates when funds are expected.
4. The welfare coordinator and the treasure from the local chapter will be responsible to coordinate all the fundraising efforts and will maintain records of all the funds raised.
5. All the records of all funds raised will be forwarded to the treasure Halala USA for record keeping.

MOBILE CLINIC MODEL

PROJECT SUMMARY [projected time below was done on Halala USA ability to implement is subject to change once other Luhya groups are included.]

BUDGET – \$300.000

DURATION – Four-year project.

1. Year one – Purchase of Land.
2. Year two – Construction of building.
3. Year three - Purchase of a mobile Vehicle.
4. Year four - Equipping the Center with basic community needs and starting an income generating project attached to the project to offset the centers daily operational expenses

OVERALL OBJECTIVE/GOAL OF THE MOBILE CLINIC

The main objective is to empower westerners in becoming their own

principal agents in developing self-reliant, supporting each other through self help projects. Improve the health and hygiene of most residents and promote literacy in the region.

The Clinic's approach aims at accomplishing the following;

1. Instilling social responsibility and the right attitude.
2. Promoting environmental health.
3. Promoting unity and upright values.

The program will be carried out in Western Kenya with

Distributing centers in,

1. Kakamega
2. Busia
3. Bungoma
4. Butere
5. Mumias
6. Vihiga

and {in the newly created Districts} The main area of concern is eradicate Malaria, typhoid, and provide essential vaccinations to children.

NETWORKING

For this project to succeed we will need to network with local leaders, and other bodies with expertise in this area i.e. Nurses Doctors and existing NGO's on the ground.

FUND RAISING METHODS

1. Halala USA member's are contributing \$20.00 each month for the project and will also organize mini fundraisers at chapter level to realize the funds.
2. Donations from friends and well wishes local and abroad.
3. Beneficiaries will contribute time [As volunteers at the centers].

ACCOUNTABILITY:

1. Progress and Financial reports will be provided at the end of every phase yearly to Halala USA and will be reported to members during our yearly conference in the month of August.

CURRENT FUNDING SOURCE FOR THE MOBILE CLINIC.

Halala USA has extended an invitation to the following Luhyias groups to assist in the fund raising effort.

- Abeingo in UK
- Beingo in Canada.
- Andimi Organizations in the USA.

CONSTITUTION.

All Halala chapters will operate under Halala USA constitution. Chapters will elect their leaders and operate independently but in uniformity with Halala USA guidelines.

AFFILIATION.

Halala remains a charitable non- profit, non -denomination and voluntary non profit organization. All chapters are required to be in compliant with the above to become affiliated to Halala USA.

HALALA MEMBERSHIP FORM

MEMBERS NAME AND ADDRESS:

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TEL: EMAIL:

CHAPTER NAME IF ANY:

FOR IMMEDIATE FAMILY MEMBERS ONLY [BIOLOGICAL PARENTS,
CHILDREN, BROTHERS/ SISTERS AND SPOUSE]

NAME OF FAMILY MEMBER:

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TEL: EMAIL:

CURRENT RESIDENTIAL ADDRESS:

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NAME OF FAMILY MEMBER:

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TEL: EMAIL:

CURRENT RESIDENTIAL ADDRESS:

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NAME OF FAMILY MEMBER:

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TEL:EMAIL:

CURRENT RESIDENTIAL ADDRESS:

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NAME OF FAMILY MEMBER:

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CURRENT RESIDENTIAL ADDRESS:

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NAME OF FAMILY MEMBER:

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TEL:EMAIL:

CURRENT RESIDENTIAL ADDRESS:

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AS A HALALA MEMBER I AGREE TO DO AS FOLLOWS.

1. Ensure that my membership is paid and renewed yearly.
2. I am required to attend Halala USA conference yearly.

Members signature and date:

CHAPTER REGISTRATION FORM

Please note that all Halala Chapters will be named after their states or country or origin.

CHAPTER NAME:

ADDRESS:

TEL: EMAIL:

NAMES OF FOUNDER MEMBERS REQUESTING FOR A CHAPTER.

NAME:

ADDRESS:

TEL: EMAIL:

TITLE IF ANY:

NAME:

ADDRESS:

TEL: EMAIL:

TITLE IF ANY:

NAME:

NAME:

ADDRESS:

TEL: EMAIL:

TITLE IF ANY:

NAME:

ADDRESS:

TEL:EAMIL:

TITLE IF ANY:

NAME:

ADDRESS:

TEL:EAMIL:

TITLE IF ANY:

Please attach the following documents,

- Application forms for five qualifying members requesting to start a chapter.
- Attach a money order of \$25.00 for each member whose form is attached.
- Letter of intent.