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Welcome

2015
CHAM Annual Report

As CHAM turns 50 in 2016,

we continue to be inspired and motivated by Jesus' calling to His Church to "heal the sick," as exemplified during his earthly ministry. Moreover, He says He is close to those who are sick and suffering by saying that when we attend and minister to them we are in effect ministering to Him.

We are, therefore, ever grateful to all the staff that tirelessly carry out this mission day and night in our facilities across the country. They work in very tough conditions, with minimal resources and rest. We are always humbled by their love and commitment.

The government and all other partners are also duly acknowledged, with their support CHAM's work is lighter.

It is my honour to share with you the joys and successes of the past year.

Rev. Dr. Timothy Nyasulu
Chairman
Board of Directors
Dr. Makoka joined CHAM in 2013. He has previously worked in research and academia and in the national HIV programme. He received his medical training in Malawi and the USA.

The year 2015 was an exciting year for CHAM with significant decisions and developments. Several of these have been highlighted in this report, and it is my sincere hope that this report will allow you to connect with developments in CHAM.

**Strategic Plan**

The 2015 - 2019 Strategic Plan focuses on institutional recovery. Financial recovery involves repaying debts and establishing a stronger income base. Additionally, revising the constitution and developing guiding documents will ensure improved and sustainable operations at all levels.

**Pension Fund**

The CHAM Group Pension Fund was established as a Stand-Alone restricted Pension. The Fund, as well as its six Trustees and Principal Officer were registered by the Reserve Bank. This fund incorporated four separate pooled funds and started with a value of over K4billion.
"We are called to be trustworthy, free from corruption, diligent and displaying a high sense of duty in all our dealings."

Financial Recovery
CHAM’s financial position has continued to improve steadily since 2013. In 2015, the debt reduced by 61% from K325m to K126m, and income increased by 61% from K8.4b to K13.5b. This included increased payment of membership fees by the health units - an indication of improving relations and stability of the association.

Memorandum of Understanding
The long-drawn revision of the MoU with the Government was completed in 2015, thanks to the negotiating teams from both sides.

2015 Floods
During the months of January and February 2015, Malawi was hit by the most devastating floods in recent history, which displaced thousands of people. CHAM supported the member health facilities in affected areas by liaising with the Ministry of Health at national and district levels. CHAM also participated in the humanitarian response coordinated by the ACT Alliance Malawi team.

Internship program
This program began in 2014 and continued in 2015 with 4 interns in our finance and human resources departments. This is our humble contribution to the national youth development.

Staff Retention
2015 has been the most stable year in the recent past, thanks to several staff development and motivation initiatives.

Finally, as we commit this report to the CHAM family and partners, we are drawn to the image of Daniel. Daniel began as a slave boy in captivity but studied and rose within the Babylonian system. As an elderly man and chief administrator in the government of King Darius, his enemies sought to find fault in him, but could not find any "... because he was trustworthy and neither corrupt nor negligent." (Dan. 6:4).

In promoting the healing ministry of our Lord Jesus each of us is called to be trustworthy, free from corruption, displaying a high sense of duty and diligence in all our dealings - with patients, the community, staff, managers, Churches, government and all partners.

"Expect great things from God, attempt great things for God."

Dr. Mwai Makoka
Executive Director
# About Us

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History of CHAM

With a history spanning half a century, CHAM has helped improve the lives of Malawians

The Christian Health Association of Malawi (CHAM) is an association of Church-owned health facilities and training colleges in Malawi. CHAM is co-owned by the Episcopal Conference of Malawi (ECM) and the Malawi Council of Churches (MCC). For more than half a century, the Church has provided healthcare services and trained healthcare professionals in Malawi, with a focus on providing care to the poor and underserved.

ECM and MCC realized the potential of partnership in their mission to expand health care in Malawi. On 1 December 1966, ECM and MCC registered the Private Hospital Association of Malawi (PHAM), under the Trustees Incorporation Act. PHAM was founded to help coordinate church-supported and church-owned health facilities and training institutions, in order to build upon one another’s strengths in providing the highest quality of care throughout Malawi.

In order to reflect the Christian identity as well as its holistic focus on health, PHAM changes its name to CHAM, Christian Health Association of Malawi, on 28th February 1992. On 29 May 2005, CHAM was also registered as a non-governmental organization under the NGO Board of Malawi.

CHAM works as a coordinated body of member units, providing technical support and facilitating the development of health services among all members, in order to provide quality health care for all Malawians.

CHAM provides essential health services to millions of Malawians through its network, which included 175 health facilities and 12 training colleges in 2015. Currently, CHAM provides approximately 37% of health care services in Malawi.

Because of the mission calling for the Churches, CHAM health facilities are predominantly located in rural areas where they promote equity in access to health care. In Malawi’s rural and hard-to-reach areas, CHAM provides over 75% of health services.

CHAM training colleges have also expanded to offer more training programs with increased student intake. These colleges train approximately 80% of mid-level healthcare workers in Malawi. This significant effort in capacity building has helped create notable improvement in the healthcare practitioner-to-patient ratio in Malawi.

Over the past years, CHAM has been a key partner to the Government of Malawi. CHAM works with the Ministry of Health in implementing the Health Sector Strategic Plan, including delivery of the Essential Health Package, training of human resources for health, and other sector-wide initiatives.

CHAM also continues to implement many successful projects in its health units, increasing access to primary and specialized care. ☞
Our Vision

CHAM envisions a Malawi where all people are able to access high quality, affordable health services.

CHAM strives to be a leader in the provision of holistic, quality, inclusive and sustainable health services for all people in Malawi, as inspired by the healing Ministry of Jesus Christ.

Mission

CHAM is an ecumenical organization committed to providing administrative and technical support to all member units to enable the provision of holistic, quality, affordable, and accessible health services, with preferential treatment for the poor and underserved.

Values

CHAM and its member facilities are committed to providing care and training in line with our core values, namely:

• respect for human dignity and rights
• participatory approach in management
• accountability and transparency
• innovation and sustainability
• Christian identity and witness
• unity of purpose
• client centeredness
• gender sensitivity

Mandate

• To coordinate health services among all CHAM Units
• To provide a link between CHAM Units and Government in health care provision
• To provide technical support to and represent CHAM Units at different fora
• To ensure standards for provision of quality health care
• To mobilise resource and support for capacity building
• To advocate for policy change and build partnerships in the interest.
Governance & Leadership

CHAM is co-owned by the Episcopal Conference of Malawi (ECM) and the Malawi Council of Churches (MCC). Underneath the Mother Bodies are three governance structures: the General Assembly, the Board of Trustees, and the Board of Directors.

Board of Trustees
As a registered Trust, CHAM is governed by the Board of Trustees. The Board of Trustees are the legal custodians of CHAM. They oversee CHAM activities and governance and guide policy to promote CHAM’s presence and impact on a local, national and international scale.

2015 Trustees
Rev. Vasco Kachipapa, General Secretary of CCAP Nkhoma Synod, Chairman
Rt. Rev. Brighton Malasa, Bishop of the Anglican Diocese of Upper Shire
Rt. Rev. Peter Musikuwa, Bishop of Chikwawa Diocese
Mrs. Innocentia Ottober, Lloyds and Associates, legal expert

Board of Directors
The Board of Directors provides CHAM with technical assistance and manages the operations of the CHAM network. Members serve a maximum of two 3-year terms. Within the Board, members occupy spots on 3 subcommittees: Finance & Audit, Appointments & Discipline, Programs & Technical, providing specialized support and guidance to CHAM and its member units. The Board meets quarterly and reports to the General Assembly.

2015 Board of Directors
Rev. Fr. Peter Mulomole, Chairman
Michael B. Kamphambe
Peter Makwinja
Linly Bakaimani
Sr. Agnes Jonas
Patrick Chimutu
Rose Kalizang’oma
Fr. Dr. Henry Saindi
Rev. Gilford Matonga
General Assembly
The General Assembly is the supreme body comprised of all associating "proprietors" – that is, the legal holders of the health facilities and training colleges. The General Assembly guides policy, practice and human resource decisions at the CHAM Secretariat. In 2015, the General Assembly met twice – its scheduled meeting in December, as well as an additional meeting in May. The General Assembly made three major decisions in these meetings:

1. Approved establishment of CHAM Group Pension Fund as a segregated fund;
2. Approved the CHAM 2015 – 2019 Strategic Plan; and
3. Approved the new membership fee structure.

CHAM Secretariat
CHAM Secretariat is the executive arm of CHAM, responsible for coordinating CHAM member units. The Secretariat is led by the Executive Director who is supported by Heads of Departments. Ms. Mary Ching’ang’a joined in January as Head of Finance, and Dr. Titha Dzowela joined in July as Head of Health Programmes. In 2015, the Secretariat had an average of 35 staff.

Member Units
By end 2015, CHAM had 182 members including: 20 hospitals, 20 rural hospitals, 90 health centres with maternity, 40 health centres without maternity and 12 training schools. These units are located across the country with an average of 9,200 staff working in these facilities. ↑
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Strategic Plan (2015-2019)

In 2015, CHAM began the implementation of its strategic plan. This strategic plan, which will be in effect through 2019, encompasses 7 key outcome areas:
Strategic Plan (2015-2019)

Background

This Strategic Plan was developed against a recent historical context of governance, management and financial challenges at several levels of the association, besides the socio-economic challenges of the country. Building on its strengths and opportunities, this SP aims at realising financial and institutional recovery of CHAM and placing it on a sustainable footing.

This Strategic Plan will see revision of founding documents and development of several standard operating procedures and guidelines in several operational areas.

Key Outcome Areas

Financial Recovery & Sustainability

Goal: CHAM is a going concern.
Strategic Outcomes:
- CHAM financial recovery plan developed and implemented.
- Risk management guidelines developed and implemented.
- Income-generating subsidiaries established and operational.

Networking & Advocacy

Goal: Increased engagement with member units and stakeholders.
Strategic Outcomes:
- Communications and advocacy strategy developed and implemented.
- CHAM visibility at facility, district, zonal, national and international levels improved.
- Enhanced networking with the Ministry of Health and CHAM’s development partners.
- Strengthened partnership amongst CHAM member units and bodies.

Good Governance

Goal: Effective and efficient governance of CHAM.
Strategic Outcomes:
- CHAM Constitution revised to clarify roles and adjust governance structure.
- Generic governance manual for Member Units created.
- Fully functional boards in place for CHAM and its member units.
Human Resources Management

Goal: Human resources management strengthened.

Strategic Outcomes:
- Human resource management guidelines developed and implemented.
- CHAM staff establishment revised.
- Conditions of service that attract and retain qualified personnel developed and implemented.

Coordination & Technical Support for Health Services

Goal: Accessible and quality health services provided by member units.

Strategic Outcomes:
- Minimum standards developed and implemented in pertinent areas, such as financial management, risk management, monitoring and evaluation, human resource management, physical asset management, and quality improvement in health services.
- Strengthened service delivery in member units.
- Pooled procurement of pharmaceuticals and other support services.

Monitoring, Evaluation & Research

Goal: Planning, research, monitoring and evaluation systems strengthened.

Strategic Outcomes:
- Enhanced capacity at the Secretariat, Health Coordination desks, training colleges and member units in planning, monitoring and evaluation, research, management information systems and knowledge management.
- Enhanced use of information and communication technology (ICT).
- Research strategy developed and disseminated.
- Monitoring and evaluation framework developed and implemented.
- Results and best practices regularly shared and utilised.

Training of Human Resources for Health

Goal: Improved functionality of CHAM training colleges.

Strategic Outcomes:
- Harmonised scholarship and bonding guidelines.
- Improved process for selecting students into CHAM colleges.
- Improved capacity and quality of CHAM training programmes.
Health Facilities & Services

CHAM's 170 health facilities provide 37% of Malawi's health services, primarily in rural and hard-to-reach areas.

2015 Year In Review

Approximately 1 in 3 Malawians lives in a CHAM catchment area.

CHAM facilities offer the following services to their populations:

- Primary care services (77%)
- Primary and secondary/referral care (22%)
- Tertiary referral care (1%)

In 2015, CHAM facilities registered over 1.45 million outpatient visits – 11% total outpatient visits in Malawi. CHAM constituted 30% of Malawi’s inpatient visits, with 233,422 admittances.
Maternal Care Services

Antenatal Care

CHAM facilities registered 242,901 antenatal visits in 2015, out of which 106,055 were initial visits, i.e., unique pregnancies. This is however only about 50% of the total number of expected pregnancies within CHAM facilities’ catchment populations (200,104 expected). The DHS estimates that 96% of pregnant women nationally access ANC services, it is therefore likely that many women travel out of CHAM catchment areas to access ANC services in non-fee paying facilities.

There is ongoing debate about user fees, and this report shows how pertinent this debate is. This report also points to areas for strengthened data management, community engagement and innovative models of service delivery to ensure equity in access to these services.

Labor and Delivery

In 2015, CHAM facilities conducted 83,800 deliveries, treated 9,071 obstetric complications, and conducted 6,457 Caesarian sections. Prolonged labor, bleeding, eclampsia and post-partum infection were the most common obstetric complications.

These statistics are in keeping with the earlier observation of reduced service utilization. CHAM facilities, especially the health centres, are located in hard-to-reach areas where people travel very long distances to reach the health facility – in some cases traveling up to 20km. Though these populations may be in the ‘catchment area’ they are, in fact, underserved. Growing rural poverty coupled with poor performance of service level agreements are also contributing factors to low service utilization.

Malaria

CHAM facilities treated 510,349 malaria cases, of which 51% were under-five children. Malaria remains the biggest disease burden in children under five.

CHAM facilities also participated in other malaria control initiatives, include distribution of treated mosquito nets and prophylaxis in pregnancy.
CHAM facilities had a total of 213,203 anti-retroviral therapy (ART) clinical registrations – 19.8% of Malawi’s total clinical registrations (1,076,920). This is about 35% lower than expected, given CHAM’s catchment population. However, this is in part due to demographic distribution of the HIV epidemic: HIV is more prevalent in urban areas, and CHAM’s clinics are predominantly located in rural parts of the country. Additional HIV support services that are not part of the funded national HIV programme are available at a fee, which may limit their utilisation by the rural poor. There is thus a need for exploring public–private partnerships and other measures to reduce out-of-pocket user fees and increase accessibility.

In 2015, 53.8% of those registered in the HIV program were on ART. Within CHAM facilities specifically, this proportion was significantly higher, at 55.8% (118,929 clients) (p=.006). ART adherence was also generally high, with 89.8% fully adherent (missing not more than three doses per month). Treatment default rate within CHAM facilities was also lower than the national average (17.6% versus 19.2%; p=.06).

These differences are significant, and are likely due to more effective facility practices for ART enrollment. In addition, some CHAM facilities are typically less crowded that public facilities, allowing clinicians to spend adequate time on HIV counseling.

Of those receiving ART, 8.4% (17,802) were children under age 15, and 1.8% (3,898) were under 2. About 65% were female (139,720). This reflects both higher HIV burden among women, as well as poorer health seeking behaviour among men.

Of women seeking ART, 6.7% (9,328) were breastfeeding and 19.5% (27,279) were pregnant during 2015. This proportion of pregnant women on ART is higher than the national average, perhaps signifying more effective implementation of Option B+.

CHAM facilities are also making strides towards achieving the 90–90–90 targets. There is increased enrolment in ART, as well as adherence support.
What is 90-90-90?

In October 2014, UNAIDS declared a new goal: By 2020, 90% of HIV positive people will know their status, 90% of those who know their status will be on ART, and 90% of those on ART will be virally suppressed. This is part of a strategy to end the HIV epidemic by 2030.

CHAM would like to recognize our facilities for achieving or near-achieving 90% ART coverage within their communities:

<table>
<thead>
<tr>
<th>Facility</th>
<th>ART Coverage</th>
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<tbody>
<tr>
<td>Sr. Theresa HC</td>
<td>97.9%</td>
</tr>
<tr>
<td>Chididi HC</td>
<td>97.7%</td>
</tr>
<tr>
<td>St. John of God HC</td>
<td>94.1%</td>
</tr>
<tr>
<td>PIM HC</td>
<td>93.8%</td>
</tr>
<tr>
<td>Chiringa HC</td>
<td>93.8%</td>
</tr>
<tr>
<td>Soche HC</td>
<td>88.9%</td>
</tr>
<tr>
<td>Enukweni HC</td>
<td>87.5%</td>
</tr>
<tr>
<td>Matiya HC</td>
<td>85.2%</td>
</tr>
<tr>
<td>Nthorowa HC</td>
<td>82.3%</td>
</tr>
<tr>
<td>H. Parker Sharp HC</td>
<td>81.0%</td>
</tr>
<tr>
<td>Lunjika HC</td>
<td>80.8%</td>
</tr>
<tr>
<td>Nankhwali HC</td>
<td>80.5%</td>
</tr>
<tr>
<td>Senzani HC</td>
<td>80.5%</td>
</tr>
<tr>
<td>Matandani HC</td>
<td>80.1%</td>
</tr>
</tbody>
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HIV Co-Morbidities: Tuberculosis

A total of 3.5% (7,441) people registered with HIV services in CHAM facilities reported tuberculosis (TB) within the past 2 years and 2.6% (5,582) received TB treatment in 2015.

TB services within CHAM facilities in 2015 were relatively good. TB testing in HIV+ patients was notably higher than the national average (28.4% versus 18.6%). Further, more confirmed TB cases were on TB treatment than the national average (96.2% versus 77.9%)

HIV Co-Morbidities: Kaposi’s Sarcoma

1.7% (3,602) of those receiving ART were treated for Kaposi’s Sarcoma. This is in line with the national average. †
Memorandum of Understanding

In December 2002, CHAM entered into the first formal MOU with the Government through the Ministry of Health, with the intent of expanding health services, especially for rural, poor Malawians.

Since the early 1980s, MOH provided support to CHAM facilities through informal arrangement. The MOU provided a formal mechanism for Government to support staff in CHAM health facilities by paying their salaries, thereby reducing user fees. The MOU also included other elements of mutual benefit, such increasing student intake and seconding of Government tutors to CHAM Colleges. To the extent that Malawi made significant strides towards the Millennium Development Goals, the MOU is credited to have been generally successful.

In 2015, CHAM and MOH negotiated a new MOU. The negotiations included a critical analysis of the Malawian health sector, weaknesses of the 2002 MOU and other emergent issues. In particular, the negotiations took cognisance of the Public Private Partnership Act (2010).

While coverage of health services improved in many geographical locations, pockets of poor coverage remain across the country, where people travel for over 20km to the nearest health facility. It was thus regrettable to note that since 2002, some health facilities have been built in close proximity to pre-existing CHAM facilities.

The new MOU made provisions to address these, as well as other observed weaknesses. In particular, it contains a commitment not to construct a new health facility within an 8km radius of another facility, unless by mutual consent. The MOU also mandates quarterly meetings between the Secretary for Health and the CHAM Executive Director, and biannual meetings between the Minister of Health and the CHAM Board Chairman. These meetings are to ensure joint planning, identifying and addressing problems before they escalate, as well as promoting partnership between the two parties.

The new MOU was signed on 18 January 2016 and took effect on 1st July 2016. It may be accessed on the CHAM website. †
Service-Level Agreements

CHAM remains the Government's key partner in expanding access to high-quality, life-saving health services for under-resourced, rural and hard-to-reach populations.

"Service agreements shall be established wherever possible as a mechanism for maximising efficiency in the management of health services and maximising access of the population at large to health services, particularly those included in the Essential Health Package (EHP)". 2002 MOH-CHAM Memorandum of Understanding Article 6, Paragraph 5.

CHAM health facilities offer services on a user-fee basis. While these fees are subsidized through governmental salary support, they still pose a significant financial barrier to access and therefore, to Universal Health Coverage (UHC). Equity is also compromised, as those with access to public facilities receive care with no out-of-pocket payment. However, local collection and managment of user fees has improved quality of care through better availability of drugs and supplies, etc. (maternal and neonatal health)

In 2015, 53 CHAM facilities had functional SLAs in 25 districts, while 16 SLAs had been suspended. The positive effect of SLAs on health service utilisation remained evident. Inadequate funding to the health sector, inflation and growing poverty among the rural poor make SLAs a critical factor in ensuring access to health care for many.

In 2015, after 3 years of negotiation, MOH and CHAM revised SLA prices. CHAM also worked closely with MOH to identify funding to cover SLA arrears, which was secured from the African Development Bank. Actual payments started in 2016. †
CHAM's 11 training colleges contribute 80% of mid-level health workers in Malawi.

Year after year, CHAM's training colleges are reducing the high nurse:patient ratio in Malawi.

In 2015, CHAM’s training colleges had a peak of 4,110 students and 163 training staff. 1,093 new students were admitted in the following programs: Nurse Midwife Technician (863); Clinical Officer (108); Laboratory Technician (70); and Public Health Officer (30).

CHAM training institutions graduated 849 healthcare workers in 2015 in the following programs: NMT (551), Clinical Officer (105), Community Midwifery Assistant (91), Medical Assistant (54), Laboratory Technician (38).

Scholarship Administration

We began 2015 with a comprehensive audit (head–count) of all students. With this audit we established total student population, verified scholarship statuses, removed duplications and rectified other anomalies. Thus establishing a clean student database.

Unlike in former years, where the school calender was frequently disrupted by untimely payment of scholarship bursaries, the year 2015 went smoothly. This achievement was due to improved collaboration between CHAM Secretariat, training schools, and bursary sponsors. To facilitate this collaboration, CHAM held two stakeholder meetings this year. During these meetings, stakeholders shared their concerns and agreed on practical actions to ensure smooth operation of the training colleges.

The stakeholders also agreed on measures to streamline their activities to better support the colleges. For instance, partners agreed to conduct joint monitoring visits to reduce duplication of efforts and fatigue on the part of the hosting colleges.
CHAM training colleges train 80% of mid-level health-care workers in Malawi.

Council exam pass rate has increased from 68% in 2009 to 97% in 2015.

Over 1,000 students started at CHAM colleges in 2015- up from about 800 in 2012.

Graduation rates increased by 300% from 2011 to 2015.

A project funded by NCA has built the capacity of CHAM training colleges to conduct original research projects.
Standard Operating Procedures

This year, we began the process of developing Standard Operating Procedures for all CHAM Training Colleges, which will improve operations in the colleges and also promote transparency and accountability. They will be finalized in 2016.

Research

With support from Norwegian Church Aid, CHAM training colleges conducted research on improving nursing education, beginning in 2014. These studies were concluded and disseminated in 2015. The research papers have been published and can be accessed at www.research.no.

Through this project, the colleges have acquired knowledge and skills in key aspects of research. CHAM hopes they will put these to use by implementing their own self-initiated research activities. This would not only contribute to the body of knowledge, but also help improve the teaching and practice of nursing in Malawi.

Using the skills gained in the project, CHAM hopes to encourage and invest in research at training colleges and health facilities for many years to come.

Challenges

NMT career progression, retention of teaching staff and monitoring students in clinical practice were noteworthy challenges in the year. We look forward to learning from the challenges we have encountered in the coming years.

Partners

During the year 2015, we enjoyed the support and collaboration of the many organizations, particularly:

- Clinton Health Access Initiative: construction of classrooms and hostels, provision of minibuses, 490 student scholarships
- Ministry of Health: 900 student scholarships, MoU salary support
- Norwegian Church Aid: IT equipment, training in management, research, and textbooks
- I-TECH: monitoring of students through TrainSMART
- US. Agency for International Development: 212 student scholarships
- Centers for Disease Control and Prevention: 183 student scholarships
- Gates Foundation: 30 student scholarships
- World Learning: 138 student scholarships

Colleges & Programs

Malamulo College of Health Sciences
  Diploma in Nursing & Midwifery
  Diploma in Clinical Medicine
  Diploma in Biomedical Sciences
  Certificate in Clinical Medicine

Daeyang Luke College of Nursing*
Ekwendeni College of Nursing*
Holy Family College of Nursing*
Mulanje Mission College of Nursing*
Nkhoma College of Nursing*
St. John's College of Health Sciences*
St. John's College of Nursing*
St. Joseph's College of Nursing*
St. Luke's College of Nursing*
Trinity College of Nursing*
  *Diploma in Nursing & Midwifery
Projects

Together with our local and international partners, CHAM implemented several projects in 2015. These projects had diverse goals and topics; however, constant across our work is our commitment to a healthy, happy Malawi.
Malawi is still in the midst of a health workforce crisis. An urgent need remains within the limited resources to improve productivity of the existing workforce and maximise efficiency towards universal health coverage.

IMA World Health has supported a number of Christian Health Associations in Africa to implement the "Health Workforce Productivity Analysis and Improvement Toolkit" with through ACHAP with funding from PEPFAR/USAID.

The toolkit measures the amount of health services produced by health workers in a given period of time at the health facility level. IMA World Health extended technical and financial support to CHAM to pilot the Productivity Toolkit from November 2014 to June 2015.

Out of a desire to maximize cost-effective, quality services, CHAM partnered with CapacityPlus, a USAID and PEPFAR-funded project, to carry out a health workforce productivity assessment in November 2014. The purpose of the assessment was to determine productivity, diagnose the root causes of inefficiencies, and identify appropriate interventions to optimize health worker productivity. Assessments were conducted at nine facilities in Dedza district.

Health workforce productivity was measured comparatively; that is, the highest-performing health facility’s productivity was rated at 100, and all other performance evaluation was based on this rating.
Evaluations were done within the health facilities and focus group discussions were conducted with local communities to determine the root causes of inefficiencies and low productivity. Focus groups also examined the barriers that prevent community members from seeking health services, and served as a venue for facilities to encourage community members to seek services.

Various challenges to productivity and attendance were identified, including the high cost of treatment, lack of transparency, variability of prices, lack of available ambulances, long wait times, inadequate staffing, delegation of duties to non-clinical staff, and lack of family planning methods available within facilities.

In order to tackle these challenges, various interventions have been proposed:

- **Increased Transparency**
  Prices explained and posted on facility walls to increase objectivity.

- **More Family Planning Services**
  Health surveillance assistants will support areas with low family planning coverage.

- **Equal Ambulance Coverage**
  District Health Office committed that ambulances would serve all facilities in Dedza.

- **Better Customer Service**
  Facility staff members were trained on customer care. Patient rights were publicized within communities and facilities.

- **Village Insurance Schemes**
  CHAM will pilot a community-based insurance project at Kaundu and Kanyama HCs in early 2016 to address user fees.

Implementation of most interventions began in 2015. Individualized interventions at facilities were developed on an as-needed basis, such as human resources adjustments and capacity building.†
Projects

CHAM-CDC HIV/AIDS Project

About the Project

Focus Area(s):
HIV/AIDS prevention & intervention: capacity-building

Funded by:
CDC

Duration:
2015 – 2020 (6 years)

Location:

* = Continued 2015–2020

In 2009, CHAM and the Centers for Disease Control and Prevention (CDC) began a partnership to expand access to quality HIV services, increase human resources for health through training scholarships and scale up voluntary medical male circumcision (VMMC). The project began in four health facilities, but expanded to 22 facilities by 2012. This project closed in 2015, by which time all facilities had achieved complete independence in HIV service delivery and expanded community outreach services.

In 2015, CHAM received an award for a second grant cycle from CDC. This new phase of the project will be within seven high-need facilities. The project will continue to support the expansion of HIV services, largely through technical and infrastructural capacity support.

In-Service and Pre-Service Healthworker Training

In order to increase health facility capacity to provide HIV services, the project trains staff in the provision of HIV services, including the prevention of mother-to-child transmission of HIV, early infant diagnosis, provider-initiated testing and counseling, anti-retroviral therapy, individual and couples HIV treatment counseling, and monitoring and evaluation of HIV/AIDS services. Noting that traditional methods of supportive
supervision were insufficient for new graduates, clinical skills mentorship was provided. This mentorship provided a bridge between the didactic training curricula offered at training institutions and how that training is applied in practice. Training and mentorship benefitted both clinical and laboratory staff.

As of 2015, the CHAM–CDC project has funded the education of 625 clinicians at Diploma level, with more currently in training. These clinicians are helping to reduce the clinician to patient ratio and thus the treatment gap for HIV/AIDS in Malawi. To receive their scholarships, clinicians must agree to a five–year service bond. All in all, these 625 healthcare professionals will serve 3,125 cumulative years in Malawian health facilities. Many more clinicians are in–training or will be trained through the project, so we can expect even greater human resource inputs in Malawi’s health sector from the CHAM–CDC project.

Technical and Infrastructural Capacity-Building

In 2015, laboratory equipment and testing reagents were procured for all project facilities, enabling them to diagnose opportunistic infections. The new phase of the project also saw a continuation of infrastructural support provided to facilities. In the 2009–2015 period, 8 facilities were renovated to expand and improve services (Ntonda Clinic renovations shown above). In the project’s new phase, all seven facilities have benefitted from at least minor renovations to laboratory and clinical spaces. A detailed summary of construction projects can be found in Appendix 2.

Future Directions

Due to its focus on infrastructural repair, some facilities that needed new structures built or had buildings unfit for use were unable to benefit from the project. In the future, CHAM hopes to be able to build new infrastructure in these facilities. Further, staff turnover was a problem within the project, and remains a problem in health facilities throughout Malawi. CHAM hopes to implement staff incentives, such as educational curricula like the ones within this project, to increase staff knowledge and tenure. ⤵

10,082
Voluntary medical male circumcisions performed between 2009 and 2015.

13,536
People tested for HIV (2009-2015). Over 50% of those tested were pregnant women.

15,354
New clients tested and initiated into anti-retroviral therapy (2009-2015).
Projects

Comprehensive Sexuality Education and Family Planning for Protection and Empowerment of Adolescents and Women

In 2015, CHAM started implementing a 5–year project, entitled “Comprehensive Sexuality Education and Family Planning for Protection and Empowerment of Adolescents and Women” (CSEFP Project). The main objective of this project is to improve the well–being of vulnerable people and their families in hard–to–reach and underserved areas by improving reproductive health. The project targets adolescent boys and girls (age 10 to 24). The project is being implemented in 5 districts (Mwanza, Neno, Nkhata Bay, Ntchisi, and Rumphi) and 29 health facilities, 6 of which are CHAM facilities. Project success will be measured based on four key result areas, listed at right.

The project is funded by the European Commission and is implemented by a consortium of partners. Led by Save the Children International, the consortium also includes Banja la Mitsogolo, CHAM and Kamuzu College of Nursing. Although all activities point towards the main project objectives, each partner has unique roles and responsibilities.

CHAM’s work within the project is chiefly focused on achieving the first and second key result areas. Specifically, CHAM is working to expand the capacity of three groups of health service providers: healthcare workers, health surveillance assistants (HSAs) and youth community–based distribution agents (YCBDAs). In the next steps of the project, healthcare workers will be trained in the provision of youth–friendly health services, HSAs will be trained in the provision of family planning services (including injectable contraceptives), and YCBDAs will be recruited and trained in the provision of short–term family planning methods. Service provision from each of these groups will be integrated to improve the sexual and reproductive health of youth in all catchment areas.

Key Result Areas

1. Increased availability and access to sexual and reproductive health (SRH) services through an increased number of outlets.
2. Improved quality and range of available SRH services.
3. Adolescents and young adults are empowered with the knowledge, attitudes and skills they need to make healthy choices.
4. Strengthened accountability and capacity of coordination of SRH services at the community, district and national level.
About the Project

Focus Area(s):
Sexual & reproductive health & rights (SRHR); youth empowerment; capacity-building

Funded by:
European Commission

Implementing Partners:
Save the Children International
Banja la Mtsogolo
Kamuzu College of Nursing

Duration:
2015 – 2019 (5 years)

Location:
Neno, Ntchisi, Rumphi, Mwanza, Nkhata Bay.

2015 marked the initiation of project implementation. Most project activities will roll out in 2016. To date, CHAM and its partners have completed all preliminary activities, including:

- Recruitment of project staff
- District-level stakeholder meetings
- Site verification exercises
- Orientation of Area Development Committees, Village Development Committees, and District Executive Committees
- Orientation with practicing community-based distribution agents and village health workers
- Recruitment of YCBDAs
- Project orientation for health workers and HSAs
- Training of HSAs

The collaborative nature of the project creates many opportunities for increased impact. However, it also brings delays in the project schedule. In coming years, the consortium hopes to improve the collaborative processes to minimise delays and leverage on each other’s strengths.
Catholic Relief Services (CRS) is supporting CHAM to implement the 2015 – 2019 Strategic Plan through its Health Systems Strengthening program. This includes supporting finalisation of Constitutional review, and development of health facilities' guidelines in human resources and governance.

This project will also strengthen financial risk management at the Secretariat through updating financial accounting software and supporting training.

The programme runs from October 2015 to September 2016. 2015 activities included project negotiations and implementation of start-up activities.
Projects
Malawi Health Sector Programme - Technical Assistance Component

CHAM began receiving support from the UK Department for International Development (DfID) in 2014 in the context of the Malawi Health Sector Programme – Technical Assistance Component. This support was given to strengthen implementation of the Health Sector Strategic Plan and is being provided to both CHAM and the Ministry of Health through Options Consulting.

In 2014, CHAM and Options conducted two seminal institutional analyses. The first was a financial management analysis, which made specific financial recommendations and mapped areas for subsequent technical assistance. The second analysis focused on institution-wide matter, including governance and financial sustainability. Later, we placed an auditor within Secretariat to help address issues raised in management letters, audit the debt burden, and begin repayment. A Human Resources analysis was also conducted.

In 2015, Options supported recruitment of the Head of Finance by providing salary support: provided financial support for consultations towards establishing the CHAM Pension Fund: and a follow-up evaluation of governance and financial sustainability, with a zero draft of the new constitution.

MHSP–TA provided financial support for revision of the Memorandum of Understanding between the Government and CHAM. MOU negotiations involved several round–table discussions, field visits and meetings of policy–level officials. It was an extensive exercise and goes a long way towards strengthening our health sector.

We also held a team–building retreat in January 2015, mid–year retreat, and a managerial retreat in November. These retreats have helped CHAM staff to become more cohesive, communicate better and work better as a team. Indeed, staff turnover has since declined.

About the Project
Focus Area(s):
Capacity–building; systems strengthening
Funded by:
Department for International Development (DFID) through Options
Duration:
2014–2016 (3 years)
Malawi’s population relies on subsistence farming, and food sources are becoming increasingly insecure due to climate change. Malnutrition is a constant and growing problem, and one that is also exacerbated by HIV. With funding from Bilka through DanChurchAid, CHAM piloted a project to integrate health and nutrition in rural communities.

The project was implemented in three health facilities with high rates of malnutrition, including stunting, namely: Chambo in Chitipa, Malembo in Mangochi and Tchalo in Thyolo. The project took a community–based approach, involving numerous stakeholders to ensure community ownership. A full–time project coordinator was placed at each facility who facilitated community interventions.

The project sought to increase community education on various issues, and delivered community–wide trainings as well as training community–based trainers: 90 community malnutrition trainers and 339 community members were trained. These trainers delivered trainings on various topics (listed at bottom right). 18 community kitchens were established and equipped, serving as training centers on nutrition, cooking and sanitation. Cooking demonstrations were held in the kitchens, reaching about 2,200 people. To diversify diet and further nutrition education, community gardens were established. In the project’s final year, poultry production began, so as to expand community diet to include all six key food groups.

Despite challenges, such as a short project period, lack of monitoring capability, and delayed funding, the project was successful. 23,095 people were reached through the project, and food security was improved for more than 21,600 people and 80% of under–five malnutrition cases in the community were treated successfully.

This project will likely prove sustainable, as all resources used can be locally–sourced and the education that was acquired will be applied beyond the project. Moreover, as the projects were implemented through health
21,600+ beneficiaries with greater food access and production

80% reduction in under-5 malnutrition

Community Trainings
✓ Food mobilization
✓ Organic farming
✓ Food storage & utilization

Training of Trainers
✓ Community nutrition
✓ Gender
✓ Human rights
✓ Entrepreneurship
✓ Poultry-rearing

2,205 people educated in community kitchens
90 new community nutrition managers
23,095 people reached through the project
339 human rights holders and duty bearers trained
21 community cooking demonstrations
Projects
Maternal, Neonatal and Child Health Training & Systems Strengthening Project

Project Outcomes
1. Improved maternal, child and neonatal health service delivery in CHAM health units.
2. Improved quality of nursing and midwifery training in CHAM training colleges.
3. Improved capacity of CHAM Secretariat to lead and coordinate CHAM health units.

The MNCH project was initiated in 12 member units under NCA coordination, and was extended to 13 other facilities under CHAM Secretariat coordination. Under the three project outcomes several activities have been undertaken, including:

- Construction and rehabilitation of infrastructure in health facilities (Appendix 2)
- In-service trainings on the integrated care of childhood illnesses and community-based family planning
- Encouragement of men’s engagement in antenatal care
- Establishment of MNCH Village Savings and Loan committees
- Provision of educational materials to training colleges
- Trainings, mentoring and monitoring at CHAM colleges
- Infrastructural and financial support to CHAM Secretariat

Project Outcomes
1. Improved maternal, child and neonatal health service delivery in CHAM units

126% increase in 1st trimester ante-natal care visits
190% increase in male involvement in antenatal care
20% decrease in neonatal deaths
38% decrease in births before arrival to facilities.

Prior to the project, 1st trimester ANC visits made up 4.3% of total ANC visits. Attendance more than doubled to 9.7% of total visits. Male attendance at ANC visits almost tripled, from 13.9% of total visits to 40.4% (top right: men accompanying women on ANC visits at Mwanga HC). Neonatal death rates in the units decreased from 6.9 to 5.5 per 1,000 live births, and births occurring before arrival
to health facilities decreased from 7.2% to 4.5%. Outcomes were inconsistent across and within facilities, with many facilities succeeding in some result areas while struggling in others. Generally, facilities with greater 1st trimester ANC attendance saw greater improvement across indicators.

2. Improved quality of nursing and midwifery training in CHAM training colleges

Training colleges were mentored and monitored to increase procurement capacity, reduce fraud and improve training. 19 computers, 48 books and 2 printers were procured for 10 training colleges.

3. Improved capacity of CHAM Secretariat to lead and coordinate CHAM units

Several IT systems were installed at CHAM Secretariat. The telephone system and the local area network (LAN) were upgraded. Two computer servers were also installed that have anchored new institutional e-mail systems for the Secretariat (cham.org.mw) and the facilities (chamunits.org). Each health facility now has a CHAM e-mail address.

These efforts have strengthened internet connectivity, reducing downtime from 8 hours/week to less than 1 hour/week and improved email communication. Over 70% of facilities now access their email (up from 40%).

This project also partially supported procurement of payroll software for payroll and for finance management.

Challenges

Despite improvements in capacity at the Secretariat, capacity challenges remain at the facility level, especially regarding access to IT equipment.

Programmatically, maternal mortality was not significantly reduced. Future interventions need to be better designed to affect this.
Projects

Shang Ring Study

The Shang Ring (at right) is an innovative circumcision technique developed by Chinese designer Jiang–Zong Shang. The technique relies on the Shang Ring device to produce a circumcision that is safe, painless and aesthetically pleasing. With support of FHI 360, CHAM conducted a study to assess the safety and acceptability of the Shang Ring circumcision device.

498 men from the St. Gabriel’s Hospital catchment area participated in the study. After a thorough explanation of the procedure and obtaining informed consent, men were circumcised using the Shang Ring. Follow-up care was provided to check healing and to determine the men’s satisfaction with the procedure and its outcome.

Results

As shown in the statistics at right, the Shang Ring received high acceptability levels amongst study participants and service providers, and was confirmed to be safe through the study. Adverse events were uncommon and at most, moderate.

Next Steps

Dissemination of preliminary results took place at the CHAM Annual Genral Conference in Mangochi, December 9–11th, 2015. The results will officially be disseminated at St. Gabriel’s and at the Ministry of Health during the VMMC Technical Working Group Meeting in 2016. The device will be registered in Malawi for general use following governmental approval.

About the Project

Focus Area(s):

Voluntary medical male circumcision (VMMC): research

Funded by:

FHI360

Duration:

April – December 2015

Location:

Lilongwe
# CHAM Shang Ring Study

N = 498

## Patient Satisfaction

<table>
<thead>
<tr>
<th>Satisfaction with results</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied with appearance of circumcised penis</td>
<td>488 (98.0%)</td>
</tr>
<tr>
<td>Would recommend Shang Ring procedure to friends/family</td>
<td>496 (99.6%)</td>
</tr>
<tr>
<td>Noted improved personal hygiene</td>
<td>404 (81.1%)</td>
</tr>
<tr>
<td>Reported pain/discomfort during erection</td>
<td>87 (17.4%)</td>
</tr>
</tbody>
</table>

## Adverse Events

<table>
<thead>
<tr>
<th>Event (Severity)</th>
<th>N (%) [95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty applying device (moderate)</td>
<td>1 (0.2%) [0.0 – 1.1]</td>
</tr>
<tr>
<td>Excess bleeding (moderate)</td>
<td>2 (0.4%) [0.1 – 1.4]</td>
</tr>
<tr>
<td>Infection (moderate)</td>
<td>3 (0.6%) [0.1 – 1.8]</td>
</tr>
<tr>
<td>Pain (moderate)</td>
<td>1 (0.2%) [0.0 – 1.1]</td>
</tr>
</tbody>
</table>

## Healing Status

<table>
<thead>
<tr>
<th>Date wound healing was noted by physician</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 1 week follow-up</td>
<td>6 (1.2%)</td>
</tr>
<tr>
<td>Between 1 and 6 week follow-up</td>
<td>1 (0.2%)</td>
</tr>
<tr>
<td>At 6 week follow-up</td>
<td>461 (92.6%)</td>
</tr>
<tr>
<td>Post-6 week follow up</td>
<td>30 (6.0%)</td>
</tr>
</tbody>
</table>

98% of participants were very satisfied with penis appearance after circumcision.

99.6% of participants would recommend the Shang Ring to friends or family.
Projects
South-South Health Exchange Program

Fredskorpset Norway (FK Norway) is part of Norway’s national development policy that facilitates mutual learning and development of institutions and local communities. FK Norway gives financial support to organisations to exchange staff with one another.

Since 2009, CHAM has participated in a tripartite FK Norway South–South Exchange Program with the Christian Health Association of Kenya (CHAK) through St. John’s Community Centre (SJCC) and the Churches Health Associations of Zambia (CHAZ).

In 2015, CHAM sent Oscar Kamboto, a procurement and administrative officer to CHAZ and Julia Phensere a nurse tutor to SJCC. Oscar is from Mlambe Hospital while Julia is from Nkhoma Nursing School.

In return, CHAM received Martin Kimemia, an auditor from SJCC and Lilian Mwelwa, a human resources officer from CHAZ.

Julia coordinated and implemented community HIV projects in Nairobi slums. Martin supported the audit of various CHAM projects in the health facilities. Lilian participated in personnel audits in health facilities and many other HRH activities. All these officers implement home–coming projects to help consolidate their learning, and share the new realities they experienced with their home institutions.

The Director General of FK Norway, Ms. Nita Kapoor, visited CHAM on 6 March 2015. She was accompanied by Ms. Nova Stella Era, Senior Adviser in Ministry of Foreign Affairs, Ms. Tutu Jacobsen, Team Manager & Senior Program Adviser in FK Norway, and Mr. Erik Thompson, Communication & Network Adviser in FK Norway.

Dr. Makoka and Ms. Kapoor discussed the effectiveness of the current program and areas for further collaboration.

About the Project
Focus Area(s):
Capacity–building: youth leadership
Funded by:
Fredskorpset Norway
Duration:
2014–2016 (3 years)
Projects

Supporting Health Outcomes through the Private Sector (SHOPS) & Supporting the Efforts of Partners (STEPS)

About the Project

Focus Area(s):
Capacity-building; technical assistance

Funded by:
USAID

Duration:
2015–2016 (1 years)

CHAM received support from the USAID–funded SHOPS project, implemented by Abt Associates, to support development of a Strategic Plan. This support covered costs for holding consultative meetings with stakeholders and for convening meetings of the Board of Directors and the General Assembly to approve the plan. The project ran from December 2014 to April 2015.

From 2013–2014, SHOPS supported 5 CHAM hospitals to implement measures to increase efficiency. While the SHOPS project as implemented by Abt Associates has since closed, it made valuable contributions to CHAM, both at the Secretariat and health facility levels.

In 2015, CHAM also negotiated a USAID–funded STEPS Project implemented by Counterpart International. We conducted an organisational capacity assessment and developed a work plan to address the identified gaps. This built on the institutional analyses completed during the strategic planning process, and eventually supported activities in the 2015 Work Plan.

Activities in this project are continuing in 2016, including revision of finance and procurement manuals for Secretariat, development of a human resources manual for the health units, and other projects in line with the Strategic Plan.
Projects

Strengthening Public-Private Partnerships Within the Health Sector

In the framework of Financial Cooperation (FC) between the Republic of Malawi and Germany, the German Government has committed to the Ministry of Health (MoH) a financial contribution of €6.8 million as part of the project Strengthening Public Private Partnerships (SPPP) within the Health Sector.

The purpose of the Project is to improve the availability of, access to, and utilisation of quality maternal and neonatal health care i.e. Basic Emergency Obstetric and Neonatal Care (BEmONC) or Comprehensive Emergency Obstetric and Neonatal Care (CEmONC). This is to contribute to improve the health status of the Malawian population (particularly the poor, women, and children).

The participating health units (HUs) of CHAM are supported through the provision of infrastructure, medical equipment and operational management support measures, enabling them to enhance the quantity and quality of the services they provide.

SPPP is managed by EPOS in partnership with GOPA and Mediconsult as Project

About the Project

Focus Area(s):

Maternal and neonatal health (MNH); basic & comprehensive emergency obstetric care (BEmOC & CEmOC); capacity- and partnership-building

Funded by:

KfW Development Bank

Implementing Partners:

Malawi Ministry of Health

Duration:

February 2015 – May 2016

Location:

Dedza, Dowa, Lilongwe, Ntcheu, Ntchisi, Mchinji
Management Consultant (PMC), implemented by CHAM as Project Implementing Agency, supervised by MoH as Project Executing Agency and financed by KfW on behalf of the German Government.

This project is implemented in 16 CHAM health facilities in the central region that were selected using objective criteria: distance to nearest referral facility, catchment population, service utilisation, condition of physical infrastructure, as per attached Scoring System, with higher scores signifying greater need (Appendix 1).

Project activities in 2013 centred on selection of participating health facilities and negotiations with respective proprietors, District Health Officers, MoH and KFW. An Inception Report was produced and Investment Agreements signed.

In 2014 we made architectural designs, developed bills of quantities and tender documents, and eventually awarded the contract for construction works to Nangaunozge Building Contractors.

Construction works started in 2015 and are due for completion by December 2016.

Additional works, marked by an asterisk (*) in Appendix 1 have become possible due to availability of funds after some costs have been determined. These works as well as procurement of the medical equipment are being done in 2016.

This project is well on track and it is envisaged that the objectives will be achieved. The Selection Criteria have been included in this report to demonstrate an inexpensive and objective method of deciding infrastructural investments with a public health approach.
Projects

Strengthening the Availability of Life-Saving Commodities for Women

CHAM received a grant from Population Action International (PAI) to strengthen availability and utilisation of life-saving commodities for women. The UN Commission on Life-Saving Commodities included 13 commodities in the areas of reproductive, maternal, neonatal and child health.

This project focused on the three maternal commodities (magnesium sulfate, misoprostol and oxytocin), which are used to treat high blood pressure and bleeding.

CHAM was involved in this project in the context of Malawi being one of 8 designated "pathfinder" countries.

The project’s main activities included: envisioning the nursing and midwifery training curriculum, to incorporate these three life-saving drugs, supporting their availability and utilisation. Fortunately, the Nurses and Midwives Council of Malawi was in the process of revising the curriculum already and welcomed CHAM as a participant in this process. The project then produced posters, banners and job aides to promote utilisation of these drugs. Integrating these life-saving commodities into pre-service training in CHAM colleges has ensured sustainability of this intervention. The job aides, protocols and other IEC materials are promoting wider adoption of the intervention.

PAI also supported CHAM participation at the Reproductive Health Supplies Coalition annual meetings in 2013 and 2014, which exposed CHAM to more partners and activities in the area of reproductive health supplies. †

About the Project

Focus Area(s):
Maternal health: capacity-building

Funded by:
Population Action International

Implementation Partners:
Nurses & Midwives Council of Malawi

Duration:
2014 – 2015

Location:
National
Our Impact

Since 1966, CHAM has been a key provider of health care for Malawians.

Through our network of over 170 healthcare facilities and 12 training colleges, CHAM has a substantial impact on the health of individuals and communities in Malawi.

Health Facilities

CHAM health facilities deliver approximately 37% of health services in Malawi, and serve about one-third of Malawi’s population. Most CHAM facilities are located in rural and hard-to-reach areas, where 85% of Malawi’s population lives. In such rural areas, CHAM provides approximately 70% of health services.

CHAM facilities provide high-quality services that are monitored consistently by CHAM Secretariat.

12
Training Colleges

Serving for
50 years

37%
of Malawi's
Health Services

849
2015
Graduates

Training
80%
of Mid-Level
Health Workers
CHAM facilities operate as integral parts of the District health system, under the District Health Officer. They participate in vertical and integrated health programmes accordingly, and submit service delivery and surveillance data to the district health management information system (DHMIS).

In 2015, CHAM tested almost 90,000 individuals for HIV, and provided treatment counseling to over 140,000 HIV+ individuals.

Health facilities have implemented numerous community-based projects, including school-based eye clinics, family planning, HIV prevention and empowerment programs.

**Training Colleges**

CHAM trains 80% of Malawi’s mid-level healthcare professionals, making it a main partner in the development of human resources for health.

In 2015, CHAM offered 11 different training programmes at its member training colleges including clinical medicine, mental health, and nursing and midwifery, among others.

95% of CHAM trainees have their fees paid through scholarship programs, chiefly sponsored by the Malawian government and the Centers for Disease Control and Prevention.

From 2004 to 2011, CHAM training colleges increased their intake of new trainees by over 60%, and is committed to expanding training colleges further.
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<thead>
<tr>
<th>Category</th>
<th>Page</th>
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<tbody>
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<td>Pension Fund</td>
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<td>Pharmacy</td>
<td>47</td>
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<tr>
<td>Finance &amp; Administration</td>
<td>48</td>
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<tr>
<td>Human Resources</td>
<td>49</td>
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<tr>
<td>Information &amp; Communications</td>
<td>50</td>
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<tr>
<td>Technology</td>
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</tr>
</tbody>
</table>
General Conference

From 7 - 9 December 2015, CHAM hosted its first general members conference. The conference aimed at uniting CHAM units, governing bodies and partners towards a common goal under the theme "Towards Sustainable Church-Based Healthcare in Malawi."

Stakeholder engagement is one of the commonly cited challenges within the CHAM family. Thus, the general conference was convinced to facilitate collaboration within CHAM and with external stakeholders.

The conference was held for two and a half days with about 230 participants (from health facilities, secretariat, proprietors, boards of health facilities, private sector and development partners). The Guest of Honour was the Minister of Health, Honourable Peter Kumpalume. Other dignitaries present included the Secretary for Health, Dr. MacPhil Magwira; the Chairperson of the Parliamentary Committee on Health, Ms. Juliana Lunguzi; the Country Representative for Norwegian Church Aid, Stein Villumstad; and the WHO Resident Representative, Dr. Eugene Nyarko. In a special way, we were joined by the Executive Director of the Zimbabwe Association of Church–related Healthcare, Ms. Vuyelwa Chitimbre.

The programme of the conference was designed to address the theme through the six WHO building blocks of health systems. There were plenary presentations and discussions, as well as break–away sessions. The regulatory bodies (Nurses Council and Medical Council) as well as the Blood Transfusion service (MBTS) also engaged with the participants on pertinent issues.

We enjoyed the participation of the private sector who mounted displays, made presentations and also contributed financially towards the conference. Old Mutual Investment Group was the Gold Sponsor, and other sponsors included Pharmanova, Worldwide Pharmaceuticals and SMI Healthcare International.

Participants to the General Conference appreciated it as a unique opportunity for the various CHAM stakeholders to meet and collaborate. Another conference will be held in 2016 together with Golden Jubilee celebrations.
Pension Fund

Establishment

In line with provision of The Pension Act (No. 6 of 2010); Financial Services Act (No. 26 of 2010); and Financial Services (Licensing and Registration of Pension Entities) Directive 2014, the CHAM General Assembly approved establishment of the CHAM Stand-Alone (Segregated) Pension Fund in December 2014. This decision was further ratified by the Mother Bodies at their joint meeting on 19 March 2015.

The process of establishing this fund was further guided by i) Reserve Bank of Malawi Guidelines For Registration Of Restricted Pension Funds And Licensing Of Individual Trustees, and ii) Reserve Bank of Malawi Restricted Fund Model Trust Deed And Pension Rules.

Trustees

The fund has been duly registered with the Reserve Bank of Malawi with six Trustees, as follows:

<table>
<thead>
<tr>
<th>Employer Representatives</th>
<th>Employee Representatives</th>
</tr>
</thead>
</table>

The CHAM Group Pension Fund has amalgamated four separate funds: the one for the majority of CHAM facilities, CHAM Secretariat, Livingstonia Synod health facilities and St. John of God College and Hospital.

By the end of December 2015, the total fund value was over 4 billion MWK, with over 9,000 members.

CHAM acknowledges the Reserve Bank of Malawi, Pension and Insurance Supervision Department for their support and guidance during the establishment of this fund.
RESERVE BANK OF MALAWI

FINANCIAL SERVICES ACT, 2010

LICENCE TO OPERATE A PENSION ENTITY

A LICENCE is hereby granted to:

CHRISTIAN HEALTH ASSOCIATION OF MALAWI (CHAM) GROUP PENSION FUND

(Name of Entity)

Located in

CHAM BUILDING, P.O. BOX 30378, LILONGWE

(Address of Entity)

and authorises the said Entity to operate as a STAND-ALONE RESTRICTED PENSION SCHEME in Malawi. This licence is issued subject to the provisions of the Financial Services Act, 2010.

Date of issue 06 November 2015

 LICENCE No. PEL/RPF-SA/003/15

Registrar of Financial Institutions
(Signature)
Pharmacy

CHAM Secretariat is responsible for the provision of pharmaceutical technical support to its member units, and is working to create profit-generating subsidiaries through CHAM's Drug Revolving Fund (DRF).

Selection & Quantification Analysis

Conducting a selection and quantification analysis is the first step in the procurement process within the greater pharmacy supply-chain management process, as is standardized by the WHO. At CHAM, the selection process, the primary step in procurement, was conducted through a combination of WHO’s morbidity and consumption methods. Presentations on this process were given at regional meetings, with surveys distributed via email and at the meetings. Despite the challenge of non-response from some facilities with low connectivity, the process was successful and enabled CHAM to create a list of drugs that are necessary to stock within the pharmacy.

As of late 2015, CHAM has begun the second stage of this preliminary process: quantification, or determining how much of each drug to stock within the pharmacy. Through measuring average monthly consumption of the selected drugs, CHAM will finish this stage of the procurement process in 2016. The results from this process will guide the creation of a business plan for the pharmacy, as well as the restocking of the Secretariat’s pharmaceutical supplies in the future.

Capacity-Building

In 2014, the Ecumenical Pharmacy Network supported CHAM in implementing "Essentials of Pharmacy Practice" – a 3-month training for member unit staff. In April 2015, 25 CHAM facility staff members graduated from this program, becoming pharmacy attendants in their local facilities.

In 2015, CHAM Secretariat increased its capacity to deliver high-quality pharmaceutical technical support to its member units through the recruitment of a pharmacy manager. The manager is expected to lead on technical issues going forward.

Drug Revolving Fund

In 2015 we continued to run our DRF. Lack of capital remains the main challenge in the operations of this facility. Inability to procure internationally means that our prices are not competitive on the market, and CHAM is making efforts to recapitalise the fund.

In 2015, we conducted a survey of health facilities to help determine the few essential commodities that DRF can stock and specialise in order to develop a competitive advantage and ensure steady supply. Efforts to revitalise the DRF are continuing in 2016.
Finance & Administration

Capacity-Building at the Secretariat

2015 was an exciting year for finance at the Secretariat, as two senior members of staff joined the team: the Head of Finance in January 2015 and the Finance Manager in May 2015.

In November 2015, CHAM Secretariat conducted a financial review with the support of Options. The report found that financial management at the Secretariat has greatly improved. This finding was supported by the fact that fewer issues were raised within the 2014 and 2015 iaudits.

Finance, Pharmacy, Human Resources, and Information & Communication Technology Department staff underwent training on Sage Accpac, a financial management software program, in June 2015. This has greatly improved reporting and data capture for the Secretariat.

Membership Fees

In May 2015, membership fees for CHAM facilities were revised downwards from 3% of the annual wage bill to 1.5%. During the year, facilities that paid dues on time were given a discount and only asked to pay 1% of their annual wage bill. 24 facilities with an outstanding membership fee record were awarded membership certificates during the CHAM General Conference in December 2015.

Financial Performance

CHAM experienced a growth of 37% in its total assets during the year from K959 million to K1.3 billion. While 11% of growth was in non-current assets, 81% was in current assets. Grants and projects have contributed substantially to this growth, with an increase of 61% in grants income in 2015 compared to 2014 (K13.1 billion against K8.1 billion, respectively). The biggest donor remains the Malawi government, contributing 90% of the total grants/projects income in support of salaries for CHAM units, followed by CDC that contributed 57% of all other service delivery projects income.

The Secretariat recorded a lower surplus during 2015 than 2014 (K28 million compared to K36 million in 2014). Income went down by 9%, largely due to a 17% drop in the payment of membership fees.
Human Resources

CHAM Secretariat

In 2015, we were joined by 8 new staff, while 5 left. In addition, 3 people were promoted. An HR review was conducted with support from Options, which helped CHAM reorganise the positions within the Secretariat.

Staff that joined were:

Ms. Mary Ching’ang’a – Head of Finance
Dr. Titha Dzowela – Head of Health Programs
Mrs. Benita Fernandez – Pharmacy Manager
Mr. Adrian Kalua – Finance Manager

Mr. Rodney Maganga – ICT Manager
Mrs. Pacharo Matchere – SRHR Programs Manager
Mr. Harold Brighton – Office Assistant
Mr. Louis Dingani – Driver

Staff that were upgraded or otherwise moved to other duties are:

Mrs. Mary B. Liyati – Human Resources Officer
Mrs. Elizabeth Mwale – Executive Assistant

Staff that left CHAM in 2015 are:

Mr. Paul Makaula – Laboratory Coordinator
Mr. Blessings Manda – ICT Officer
Mr. Bernard Ng’anjo – Internal Audit Assistant

Ms. Maggie Lindani – Data Clerk
Mr. Mphatso Kalamula – Administrative Assistant
Ms. Mtemwa Nyangulu – Head of Programmes

Mr. Bernard Ng’anjo retired in December 2015 after serving CHAM for 11 years. He is appreciated for his dedication to his work, and the years of service that he devoted to CHAM.

Internship Programme

In 2013, CHAM started running an Internship programme to contribute to national youth development. The interns are hosted for a period of 6 – 9 months in a department at CHAM Secretariat and are exposed to all issues within the organisation. In 2013 we had 1 intern, 2 in 2014 and 4 in 2015. We will continue to grow this programme.

CHAM Units

The 2013 Government ban on new recruitments continued in 2015 and staff shortages in the health facilities worsened. Further, in rural and hard-to-reach areas, recruitment of trained health workers is contingent upon staff housing as there are no means of renting housing in their neighbourhoods.

We analysed the staffing of the CHAM units in a bid to find ways of rationalising the current staff positions to improve efficiency in service delivery. Only 60% (15,703) of the approved staff establishment was filled, of which 73% were support staff and 27% were trained health workers. Functionally, the staff were distributed as follows: attendants (37%), clerical/other function (19%), nursing (17%), artisans (13%), medical/clinical (4%), allied health technical support staff such as lab technicians or pharmacists (3%), and tutors (1%). We also applied the Productivity Toolkit to 4 hospitals and analysed their productivity. These analyses have initiated a conversation which we would like to take forward in line with our strategic theme of sustainability of the services.

We also updated our payroll database. We followed up on the 2014 head–count exercise by conducting follow–up targeted visits to health facilities, deleted all ghost workers from the payroll: and also provided full names and passport photographs.
Information & Communication Technology

Systems Strengthening

CHAM Secretariat expanded its ICT department within 2015, both in infrastructure and human resources. Chiefly, 2015 saw the recruitment of a new ICT manager, who joined CHAM in June.

With the support of Norwegian Church Aid (NCA), the Local Area Network at the Secretariat was restructured and two domain servers were added. The secretariat e-mail system was revitalised (@cham.org.mw), and additional server was created for the member units (@chamunits.org). In addition to desktop and laptop computers, these e-mail domains are accessible through smartphones. These technical additions have significantly improved communication between CHAM Secretariat, health facilities and other partners.
Appendix 1

CHAM Member Units

Northern Region

Chitipa
Chambo HCM
Kaseye CH

Karonga
Atupele CH
Lusubiro RC
Sangilo HC
St. Anne’s (Chilumba) HCM

Likoma
St. Mary’s HCM
St. Peter’s CH

Mzimba
Edingeni HC
Ekwendeni GH
Ekwendeni TC
Embangweni GH
Enukweni HCM
Kalikumbi HCM
Katete CH
Lunjika HCM
Mabiri HCM
Mharaunda HCM
Mzambazi CH
Nkhorongo HC
St. John’s GH
St. John’s TC
St. John of God MH
St. John of God TC

Nkhata Bay
Chilambwe HC
Luwazi HCM

Rumphi
David Gordon Memorial GH
Luwuchu HCM
Mlowe HC
Nthenje HCM
St. Patricks HCM
Tcharo HC
Zunga HC

Central Region

Dedza
Kanyama HCM
Kaundu HCM
Matumba HCM
Mphunzi HC
Mua Hospital
Nakalazi HCM
Kasina HCM
Mikondo HCM
Mtendere HCM
St. Anne’s (Bembeke) HCM
St. Joseph’s (Chiphwanya) HCM

Dowa
Chezi–St. Mary’s RC
Francisco Palau (Mtengowanthecha) CH
Madisi Hospital GH
Mvera HCM

Kasungu
Mpasadzi/Newa HCM
Nhamenya CH
St. Andrews HCM
St. Faith Anglican Clinic (HC)

Lilongwe
ABC Clinic (HCM)
ABC Hearing Clinic (MC)
Chimwala HC
Chiwe HC
Daeyang Luke GH
Daeyang Luke TC
Dzenza HCM
Likuni GH
Lutheran MC
Malingunde HCM
Mbwatalika HCM
Miale CH
Mlodza HC
Mziza HC
Nambuma CH
Nkhoma GH
Nkhoma TC
St. Gabriel’s GH

Mchinji
Our Lady of Mt. Carmel (Kapiri) CH
St. Joseph (Ludzi) CH
St. Michael’s Guillaume CH

Nkhotakota
Alinafe CH
Chididi HC
Kapiri HCM
Liwaladzi HCM
St. Anne’s GH

Ntcheu
Chigodi HCM
Chiole HC
Lakeview HC
Mlinda HCM
Muluma HC
Nsipe CH
Ntonda CH
Ganya–Kande HC
Gowa HCM
Matanda HCM
Nrama HCM
Sharpevale HCM
Sister Theresa (Mikole) CH
Tsangano HCM

Ntchisi
Chinthembe HCM
Malambo St. Theresa HCM

Salima
Chitala HCM
Kaphatenga HCM
Ngodzi HC
Senga Bay Baptist Medical HC
Thavite HCM

<table>
<thead>
<tr>
<th>Acronym Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH: Community Hospital</td>
</tr>
<tr>
<td>GH: General Hospital</td>
</tr>
<tr>
<td>HC: Health Center</td>
</tr>
<tr>
<td>HCM: Health Center with Maternity</td>
</tr>
<tr>
<td>MC: Mobile Clinic</td>
</tr>
<tr>
<td>MH: Mental Hospital</td>
</tr>
<tr>
<td>RC: Rehabilitation Center</td>
</tr>
<tr>
<td>TC: Training College</td>
</tr>
</tbody>
</table>
Southern Region

**Balaka**
- Comfort Clinic (HC)
- Kanikao HCM
- Kapire HCM
- Phalula HCM
- Senzani HCM
- Ulongwe HCM
- Utale I HCM
- Utale II HCM

**Blantyre**
- Chileka HCM
- Lumbira HCM
- Malabada HCM
- Miambe GH
- St. Joseph (Nguludi) GH
- St. Joseph TC
- St. Vincent HC
- Soche HC

**Chikwawa**
- Misomali HCM
- Ngabu HC
- St. Montfort GH

**Chiradzulu**
- Providence Industrial Mission HCM
- St. Joseph’s HCM

**Machinga**
- Gawanani HCM
- Mpiri HCM
- Namandanje HCM
- Nsana HCM
- Nthorowa ZEC HCM

**Mangochi**
- Katema HCM
- Koche HCM
- Lugola – Saiti Masungu HCM
- Luilanga HCM
- Luwalika / Makanjira HCM
- Malambo HCM
- Mase HCM
- Mpondasi HC
- Mulibwanji HCM
- Namalaka HCM
- Nankhali HCM
- Nkope HCM
- St. Martin’s CH
- St. Peters (Utale I) HCM
- Sister Martha CH

**Mulanje**
- Mulanje Mission GH
- Namasalima HCM
- Sukasanje HCM
- Thembe HCM

**Neno**
- Matandani HCM
- Matope HC
- Neno HCM
- Nsambe HC

**Nsanje**
- Chididi HCM
- Kalemba CH
- Luwe HC
- Trinity GH
- Trinity TC

**Phalombe**
- Chiringa HCM
- Holy Family GH
- Holy Family TC
- Mwanga HCM

**Thyolo**
- Chingadzi CH
- Chipho HC
- Hellena Oakley HCM
- Makapwa HCM
- Malamulo GH
- Malamulo TC
- Maureen Murray HC
- Mbalanguzi HC
- Namulenga HCM
- St. Joseph (Mitengo) HCM
- St. Martin’s–Molere HC
- Thomas HCM

**Zomba**
- Chilipa HCM
- Chipini HCM
- H. Parker HC
- Magomero HCM
- Matiya HCM
- Mayaka HC
- Mposa HC
- Namikango Maternity Clinic (HCM)
- Namisu HC
- Nkasala HCM
- Pirimiti CH
- St. Luke’s GH
- St. Luke’s TC
- Thondwe Pastoral Clinic (HC)
### Appendix 1

#### CHAM Construction Projects

<table>
<thead>
<tr>
<th><strong>DCA Construction Projects</strong></th>
<th><strong>KfW Construction Projects</strong></th>
</tr>
</thead>
</table>
| **Msumbe Health Centre & Maternity Chitipa** | CHAM Secretariat *  
Rehabilitation of Equipment Workshop and Drug Store  
Provision of workshop tools |
| **Chigodi Health Centre & Maternity Ntcheu** | Chigodi  
Minor rehabilitation works for maternity ward  
Provision of solar powered electrical system for maternity ward, emergency lighting for labour ward, new borehole including water tower, water tank and solar pump, external gas tank shelter, new pit latrines, incinerator, placenta pit and sharps pit  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds, mattresses  
Provision of new laundry *  
Rehabilitation of 5 staff houses *  
Connection to ESCOM system incl. transformer * |
| **Chintembwe Health Centre & Maternity Ntchisi** | Chintembwe  
Rehabilitation of existing OPD/ maternity building and restructuring of functionality by creating an adequate labour and antenatal ward  
Extension of the guardian shelter with open shed. rehabilitation of existing and provision of one additional staff house: External gas tank shelter, new pit latrines, emergency lights for labour ward  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds  
Provision of one staff house * |
| **Chiwe Health Centre & Maternity Lilongwe** | Chiwe  
Rehabilitation of existing OPD/ maternity building, kitchen, guardian shelter and three staff houses  
Provision of electrical back-up system for delivery ward and adjacent support rooms: new septic tank, incinerator, shower block, new pit latrines and laundry  
Upgrading of borehole pump system and water tank and associated works  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds  
Provision of new maternity building  
Rehabilitation of existing OPD/ maternity building  
Provision of attendants shelter, kitchen Rehabilitation of existing and construction of one additional staff house.  
Additional septic tank, provision of solar powered electrical system for maternity ward and adjacent support rooms, review/ upgrading water tower, water tank and solar pump, external gas tank shelter, new pit latrines, incinerator, placenta and sharps pit  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds  
Provision of one staff house * |
| **Kaundu Health Centre & Maternity Dedza** | Kaundu  
Provision of new borehole including water tower, water tank and solar pump:  
2 oxygen concentrators, 1 ultrasound |
| **Ludzi Community Hospital Mchinji** | Malambo  
Provision of new maternity unit  
Provision of guardian shelter and kitchen facilities  
Provision of 3 staff houses (co-funded by Katholische Kirche Vorarlberg, Austria)  
External gas tank shelter  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds  
Provision of new pit latrine, linen posts, incinerator, screen wall and tank stand *  
Provision of new solar borehole and associated works *  
Connection to ESCOM system incl. transformer * |
<table>
<thead>
<tr>
<th>Project Name</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Matanda Health Centre & Maternity** | Provision of new maternity building  
Rehabilitation of existing maternity building, attendants shelter and kitchen  
Provision of one additional staff house  
Provision of septic tank, solar powered electrical system for maternity building, review/upgrading of water tower and water tank, provision of solar water pump for existing borehole, external gas tank shelter, new pit latrines, incinerator, placenta pit  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds |
| **Matumba Community Hospital**       | Provision of new borehole including water tower, water tank and solar pump  
Supply of supply of gas and few basic equipment missing |
| **Mbwatalika Health Centre & Maternity** | Provision of new maternity building  
Rehabilitation of existing OPD/maternity building and kitchen  
Construction of an additional staff house  
Transformation of secondary clinical building into guardian shelter  
 Provision of an septic tank, connection to ESCOM transformer, emergency lighting for labour ward and adjacent support rooms, new borehole including water tower, water tank and solar pump, external gas tank shelter, new pit latrines, incinerator, placenta pit  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds  
Provision of one staff house |  
| **Mikondo Health Centre & Maternity** | Provision of new maternity building  
Rehabilitation of existing OPD/maternity building  
Rehabilitation of existing and provision of one staff house  
Additional septic tank, provision of solar powered electrical system to maternity building new borehole including water tower, water tank and solar pump, external gas tank shelter new pit latrines, incinerator, placenta pit  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds  
Provision of one staff house  
Rehabilitation of guardian shelter & kitchen and one auxiliary clinical structure |  
| **Mua Mission General Hospital**     | Construction of new operation theatre including sterilisation  
Rehabilitation of maternity, OT and laboratory building  
Upgrading of emergency access area  
Consolidating the functionalities of ante-natal, post natal, maternity and labour ward, dependency and kanganoo ward, pharmacy, laboratory and blood bank, minor OT  
Supply of CEmONC and OT equipment, mobile x-ray, ultrasound, furniture, autoclave, laboratory and blood bank equipment, patient beds |
| **Mvera Health Centre & Maternity**  | Minor rehabilitation of maternity unit and waste disposal area  
Construction of external gas tank shelter, emergency lights for labour ward: incinerator, placenta and sharps pit  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds  
Provision of one staff house and guardian shelter  
Rehabilitation of 6 staff houses and mothers waiting home |  
| **Nakalanzi Health Centre & Maternity** | Rehabilitation of existing OPD/maternity building and restructuring functionality by creating an adequate labour ward and ante-natal ward  
Rehabilitation of existing staff house, of convent roofing and ceiling  
Additional septic tank, provision of solar powered electrical system for maternity ward a adjacent support rooms, review/upgrading water tower, water tank and solar pump, external gas tank shelter, new pit latrines, incinerator, placenta and sharps pit  
Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds  
Provision of one new staff house, guardian shelter and kitchen  
Connection to ESCOM system incl. transformer  
Rehabilitation of 5 auxiliary clinical structures and water services |  
| **Nambuma Community Hospital**       | Construction of new operation theatre, including sterilisation, laboratory & blood bank  
Rehabilitation of labour ward, maternity ward and staff houses  
Connection to ESCOM system incl. transformer, provision of emergency lighting for OT and labour ward, review/upgrading of borehole solar system, additional septic tank, external gas tank shelter, new pit latrines, upgrading of incinerator, placenta pit and sharps pit  
Construction of new tank stand, solar borehole and associated works  
Rehabilitation of 19 staff houses  
Connection to ESCOM system incl. transformer |
### KfW Construction Projects (Continued)

**Shape Vale Health Centre & Maternity Nchewe**
- Minor rehabilitation works for maternity ward
- Review/ upgrading of solar powered electrical system for maternity ward, gas tank shelter
- Supply of basic BEmONC equipment, furniture, gas sterilizer
- Rehabilitation of OPD and 5 auxiliary structures

**Tsangano Health Centre & Maternity Nchewe**
- Provision of new maternity building
- Rehabilitation of existing OPD/ maternity building, Transformation of existing secondary clinical building into attendants shelter, rehabilitation of existing and provision of one additional staff house, rehabilitation of kitchen
- Provision of electrical back-up system for delivery ward and adjacent support rooms, additional septic tank, review/ upgrading of borehole pump system and water tank, external gas tank shelter, new pit latrines, incinerator, placenta pit
- Supply of basic BEmONC equipment, furniture, gas sterilizer, patient beds
- Provision of one staff house

### NCA Construction Projects

**Chambo Health Centre & Maternity Chitipa**
- Provision of new maternity building
- Rehabilitation of existing OPD
- Provision of guardian shelter
- Provision of three staff houses
- Provision of septic tank, solar powered electrical system for maternity building, review/ upgrading of water tower and water tank, provision of solar water pump
- Supply of basic BEmONC equipment, patient beds

**Likuni General Hospital Lilongwe**
- Provision of new maternity building
- Provision of two staff houses
- Supply of basic BEmONC equipment, patient beds

**Lumbira Health Centre & Maternity Blantyre**
- Provision of new maternity building
- Provision of three staff houses
- Provision of guardian shelter
- Scaping of the terrain
- Supply of basic BEmONC equipment, patient beds

**Tchalo Health Centre & Maternity Rumphi**
- Provision of new maternity building
- Rehabilitation of existing OPD and guardian shelter
- Provision of three staff houses
- Provision of septic tank, solar powered electrical system for maternity building, review/ upgrading of water tower and water tank, provision of solar water pump
- Supply of basic BEmONC equipment, patient beds

**Thomas Health Centre & Maternity Thyolo**
- Provision of new maternity building
- Provision of three staff houses
- Connection to ESCOM power, review/ upgrading of water tower and water tank
- Supply of basic BEmONC equipment, patient beds
<table>
<thead>
<tr>
<th>Project Inclusion Criteria</th>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Catchment Population</strong></td>
<td>Catchment population &lt; 10,000</td>
<td>0</td>
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<tr>
<td></td>
<td>Catchment population 10,000 – 15,000</td>
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<tr>
<td></td>
<td>Catchment population 15,000 – 20,000</td>
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<tr>
<td></td>
<td>Catchment population 20,000 – 30,000</td>
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<td></td>
<td>Catchment population &gt; 30,000</td>
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<tr>
<td><strong>Remoteness</strong></td>
<td>Distance to the next HU less than 8 km</td>
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<td>Distance to the next HU 8–10 km</td>
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<td></td>
<td>Distance to the next HU 10–15 km</td>
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<td></td>
<td>Distance to the next HU 15–20 km</td>
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<td></td>
<td>Distance to the next HU more than 20 km</td>
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<td>Distance to the district hospital 40–50 km or more than 2 hours</td>
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<tr>
<td></td>
<td>Distance to the district hospital more than 50 km or more than 3 hours</td>
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<td><strong>Utilization</strong></td>
<td>No deliveries taking place at the HU yet</td>
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<tr>
<td></td>
<td>% of deliveries at the HU less than 30%</td>
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<tr>
<td></td>
<td>% of deliveries at the HU 30–50%</td>
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</tr>
<tr>
<td></td>
<td>% of deliveries at the HU 50–70%</td>
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<tr>
<td></td>
<td>% of deliveries at the HU above 70%</td>
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<td><strong>Need for Infrastructure Investment</strong></td>
<td>No infrastructure measures required</td>
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<tr>
<td></td>
<td>Highest demand for infrastructure measures concerning (a)</td>
<td>1-4</td>
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<tr>
<td></td>
<td>Rehabilitation / extension of MNH clinical buildings (b) Rehabilitation / extension of ancillary buildings, (c) Improvement of electrical supply, and (d) Improvement of water supply</td>
<td>4</td>
</tr>
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</table>
## Statement of Financial Position

CHRISTIAN HEALTH ASSOCIATION OF MALAWI  
STATEMENT OF FINANCIAL POSITION  
For the year ended 31 December 2015

<table>
<thead>
<tr>
<th>Notes</th>
<th>2015 K'000</th>
<th>2014 K'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
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<tr>
<td>Non-current assets</td>
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<td>Investment property</td>
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<td>115 782</td>
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<tr>
<td>Property, plant and equipment</td>
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<td>567 340</td>
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<tr>
<td><strong>Total non-current assets</strong></td>
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<td>683 122</td>
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<tr>
<td>Current assets</td>
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<td>Inventories</td>
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<tr>
<td>Trade and other receivables</td>
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<td>Cash and bank balances</td>
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<td><strong>Total current assets</strong></td>
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<td><strong>Total assets</strong></td>
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<td><strong>RESERVES AND LIABILITIES</strong></td>
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<td>Reserves</td>
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<td>General fund - secretariat</td>
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<td>General fund – programmes</td>
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<tr>
<td>Capital reserves</td>
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<tr>
<td>Revaluation reserves</td>
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<tr>
<td>Capital grants</td>
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<td>Accumulated surplus/(deficit)</td>
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<td><strong>Total reserves</strong></td>
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<tr>
<td>Liabilities</td>
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<td>Non-current liabilities</td>
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<td>Employees benefit</td>
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<td>Current liabilities</td>
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<td>Bank overdraft</td>
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<td>Trade and other payables</td>
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<td>125 884</td>
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<tr>
<td>Deferred income</td>
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<td>489 579</td>
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<tr>
<td><strong>Total current liabilities</strong></td>
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<tr>
<td><strong>Total liabilities</strong></td>
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<td>681 081</td>
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<tr>
<td><strong>Total reserves and liabilities</strong></td>
<td></td>
<td>1 309 665</td>
</tr>
</tbody>
</table>

These financial statements were approved and authorized for issue by the Board of Trustees on 22nd May 2016 and were signed on its behalf by:

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Board of Trustees Chairperson

Board of Directors Chairperson
# Statement of Comprehensive Income

**CHRISTIAN HEALTH ASSOCIATION OF MALAWI**  
**STATEMENT OF COMPREHENSIVE INCOME**  
For the year ended 31 December 2015

<table>
<thead>
<tr>
<th>Notes</th>
<th>2015 K'000</th>
<th>2014 K'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
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<tr>
<td>Grant income</td>
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<td>13,191,126</td>
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<tr>
<td>Membership fees</td>
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<td>103,416</td>
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<tr>
<td>Drug levy</td>
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<tr>
<td>Administration fees</td>
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<tr>
<td>Other income</td>
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<td>176,366</td>
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<tr>
<td>Increase in fair value of investment property</td>
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<tr>
<td><strong>Total income</strong></td>
<td></td>
<td>13,521,346</td>
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<tr>
<td><strong>EXPENDITURE</strong></td>
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<tr>
<td>Operating expenses</td>
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<tr>
<td>Project expenses</td>
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<tr>
<td><strong>Total expenses</strong></td>
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<tr>
<td><strong>Surplus for the year</strong></td>
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<tr>
<td><strong>OTHER COMPREHENSIVE INCOME</strong></td>
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<tr>
<td>Revaluation surplus</td>
<td></td>
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<tr>
<td>Capital grants amortisation</td>
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<td>(371)</td>
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<tr>
<td><strong>Total other comprehensive income</strong></td>
<td></td>
<td>81,834</td>
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<tr>
<td><strong>Total comprehensive income for the year</strong></td>
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<td>231,721</td>
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