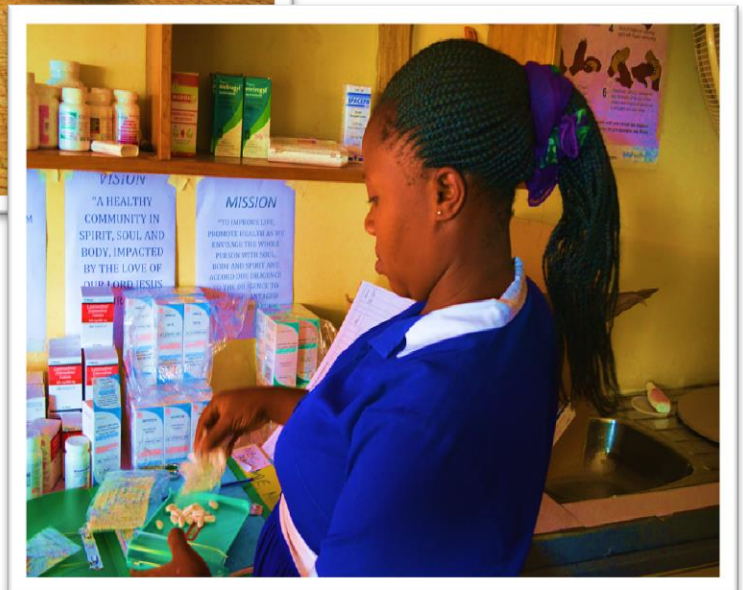# ACHAP Annual Report | 2013-14

AFRICA CHA PLATFORM

Message from the Board Chair

The period 2013 – 2014 marks a very significant time in ACHAP's History with the first official board being elected during the February 2013 biennial conference in Zambia. Indeed this is a milestone and affirms ACHAPs commitment to advancing our vision and mission for health and healing for all in Africa.

Despite start-up challenges as the first ACHAP board chair, it has been very rewarding and exciting to work with the ACHAP secretariat, our members and the interim board that I am indebted to for their hard work in ensuring ACHAP's registration in April 2012.

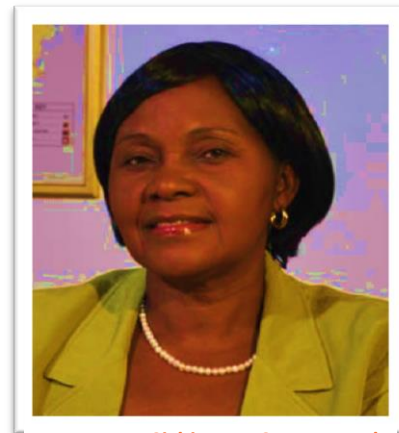
Mrs Karen Sichinga, ACHAP Board Chair

I also wish to thank the Christian Health Association of Kenya (CHAK) for hosting the ACHAP Secretariat and for providing substantial support to the operations of the Platform.

We appreciate all our partners and donors who have continued to walk with us over the years since ACHAP's inception in 2007.

The IMA World Health and Capacity*Plus* for their support to the Human Resources for Health Technical Working Group and for providing technical assistance in human resources for health to our members in a bid to address the vast HRH challenges faced by our member health facilities. ACHAP appreciates, the Packard Foundation, CCIH and the E2A project for supporting our members in Kenya, Uganda, Ethiopia and Zambia in implementing family planning projects. We also appreciate the work supported by the Emory university and St Paul's university in strengthening our member institutions in Kenya and Lesotho through a collaborative exchange and mentorship program and our founding partners the WCC for their continued support in supporting ACHAPs regional and global advocacy efforts.

ACHAP 2013 Elected Board Members

The Churches Health Association of Zambia (CHAZ) hosted the 6th ACHAP biennial conference held in February 2013 under the theme, "*increasing burden of non-communicable diseases (NCDs) in Africa; the challenge of sustainability in scaling up FBOs response* which could not have been possible without the support of our members and partners; IMA World Health, WCC, NovoNordisk, UNAIDS, E2A, CCIH among others.

As at January 2014, there were 34 Christian Health Associations' and Christian Health Networks from 26 Sub-Saharan African countries. As we continue to grow and support this great Platform, I believe that together we will soar to greater heights in 2015 and beyond.

Mrs Karen Sichinga, ACHAP Board Chair

ACHAP

The African Christian Health Association Platform (ACHAP) was established in 2007 as an advocacy and networking platform for improving knowledge sharing and joint learning among CHAs and Church Health Networks in Sub-Saharan Africa. CHA networks have a long history of working within developing countries to provide health care services to populations in need, and they form the integral link between the Ministry of Health and the faith-based health care facilities at the national level. ACHAP provides the framework for a collaborative network with a cohesive voice to advocate for equitable access to quality health care. ACHAP also provides the knowledge and skills for member facilities to deliver better care for their clientele. Currently ACHAP's membership includes 34 CHAs in 26 countries

Vision

'Health and Healing for all in Africa'

Mission

 Inspired by Christ's healing ministry, ACHAP supports Church related health associations and organizations to work and advocate for health for all in Africa, guided by equity, justice and human dignity.

Guiding Principles

- Equity and justice
- Respect for human dignity
- Gender sensitivity
- Transparency and accountability
- Integrity and good stewardship
- Innovation and resourcefulness
- Inclusiveness and non-discrimination
- Compassion and Solidarity

With the adoption of a new constitution and registration as an International NGO in May 2012, ACHAP began establishing formal organizational structures to better serve its members. This process was started in October 2012 through an institutional assessment that informed the need for the Platform to focus on five key functions a regional network organization.

ACHAP's Key Functions

Advocating & lobbying

This includes influencing relevant organisations without making binding agreements, in support of members or issues of concern to members.

Negotiating & contracting

This includes protecting and promoting interests of members by making externally binding agreements and securing funding.

Supporting members

This includes improving the capacity of members to better do what they do. These activities may be part of the membership benefits or partly paid for services or through direct donor support.
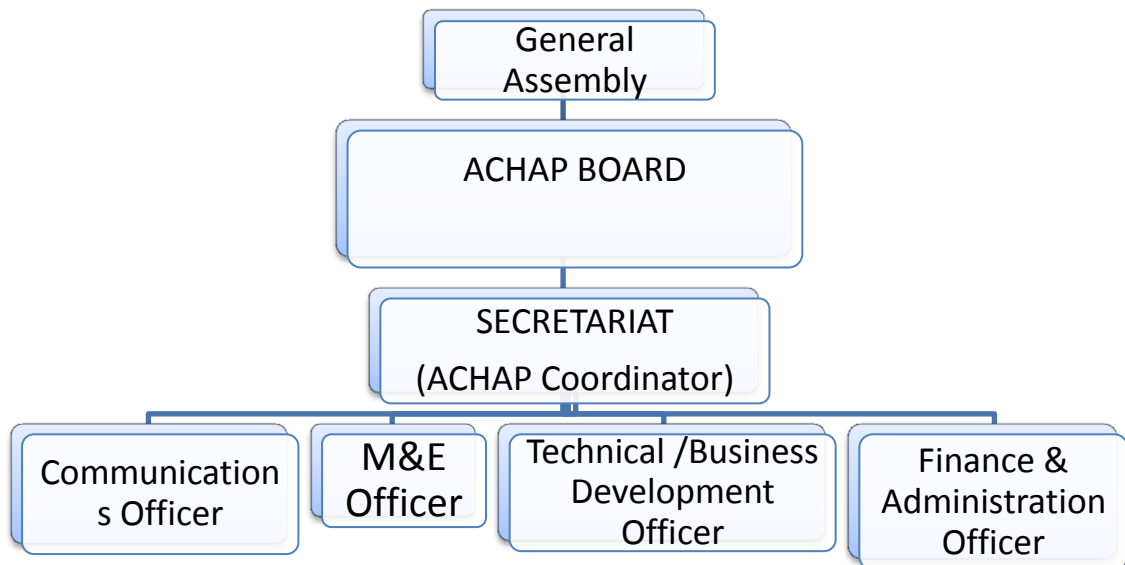
Coordination and synergy

This includes harnessing the collective strength of the network to support members through sharing of experiences and the promotion and application of best principles and practices.

Leadership & value building

This includes sharing and building a common body of thought, values and identity, creating solidarity

ACHAP Structure

Elected Board Members (February 2013)

Karen Sichinga	CHAZ	Board Chairperson
Dr Samuel Mwenda	CHAK	Board V/Chairperson
Dr Daniel Gobgab	CHAN	Board Member
Rose Kumwenda	CHAM	Board Member
Dr Sam Orach	UCMB	Board Member

Mr Leonard Onana   CEPCA   Board Member

Dr Mirfin Mpundu   EPN   Board Member

Advocacy

ACHAP maintained strategic links and collaborations with its key partners over the period. With several advocacy meetings held on behalf of ACHAP through its board members, CHAs and the secretariat. ACHAP was represented at both the 2013 and 2014 World Health Assembly meetings in Geneva as well as participation in FBO panels and side meetings organized by the WCC and Medicus Mundi International.   ACHAP board members also participated in the global network partner organizations such as CCIH who organized for advocacy sessions for our members with the US congress in 2013 and 2014.

Following the biennial conference of February 2013, the Advocacy and Communications technical working group was established as a coordinated mechanism to document and show case the work of the ACHAP members.

An advocacy publication; *Because Health Workers Matter: They Need Our Support*, was disseminated at the 6th biennial ACHAP conference in 2013 by the ACHAP HRH TWG to serve as a guide for FBO leaders, partners and stakeholders in advocating for increased support to the health workforce in Africa.

Negotiating and Contracting

Institutional Development

The first ACHAP board was elected and took over from the initial interim board during the 2013 biennial conference in Zambia.

In July 2013, the ACHAP secretariat received support from IMA World Health through seconding of two staff to the secretariat to strengthen coordination and Secretariat management. The host CHA, CHAK also provided substantial support on financial management, communications and other operational costs towards ACHAP.

A draft strategic plan for the period 2015 – 2020 was developed and completed awaiting approval / adoption by the general assembly planned for February 2015.

Human Resources for Health

The global Capacity*Plus* project continued to support the members of the ACHAP human resources for health technical working group and provided technical assistance on specific HRH initiatives in member associations in Ghana, Malawi and Kenya during the 2013 – 2014 period*.* Through this support the TWG has made achievements such as:

- Development of an advocacy publication; *Because Health Workers Matter: They Need Our Support*, disseminated at the 6th biennial ACHAP conference in Zambia in February 2013 to serve as a guide for FBO leaders, partners and stakeholders in advocating for increased support to the health workforce in Africa.
- Through regular exchange and learning, institutions from Malawi, Ghana and Lesotho learnt from similar FBO institutions in Kenya that implemented HR management policies as a way to enhance the management of their vast health workforce. The group benefitted from sharing the positive results of an evaluation of this policy intervention with CHAK in efforts to replicate it in other countries.
- CHAG, a major MOH implementing agency in Ghana, learnt from other country FBO institutions that have implemented HRIS systems and in 2014 initiated the HRIS system as a way to improve workforce data management and decision making. iHRIS has also been adopted by CHAK (Kenya), CSSC (Tanzania) and UCMB (Uganda).
- Application of the Productivity assessment toolkit by CHAM (Malawi)
- Other interventions by the team include; an analysis of the increasing burden of NCDs on health workers workloads and sharing of best practices in retention and adaptation of several tools developed by the Capacity*Plus* project such as; the HRM Assessment approach adopted by CHAG (Ghana) in 2012 which informed its strategic planning process.

- The monthly publication; *HRH Hotline* among others

The 2013 – 2015 TWG members included 13 representatives from:

	Country	Organization/CHA	Name	Title
1	Cameroun	CEPCA	Leonard Onana	Adjunct Executive Secretary
2	DR Congo	ECC	Dr Jacques Makambo	Coordinator; ECC Hospitals
3	Ghana	CHAG	Sam Nugblega (TWG Chair)	Technical Advisor; Leadership Governance & HR
4	Kenya	CHAK	Patrick Kyalo	HR Advisor; CHAK
5		KCCB	Jacinta Mutegi	National Executive Secretary - KEC

	Country	Organization/CHA	Name	Title
6		ACHAP /IMA	Doris Mwarey (TWG Coordinator)	Regional HR Technical Advisor; ACHAP
7	Lesotho	CHALe	Lebohang Mothae	Deputy Executive Secretary
8	Nigeria	CHAN	Peter Nanle Walman	Administrator
9	Tanzania	CSSC	Milton Lupa	Director; Finance & Administration
10		CSSC	Petro Pamba	ICT Coordinator
11	Uganda	UPMB	Dorothy Nakiyanzi	Institutional Capacity Building Officer
12		UCMB	Dr Ronald Kasyaba	
13	Zambia	CHAZ	Weddy Silomba	HR Manager

Maternal and Child Health:

Through a Packard Foundation grant, CHAK (Kenya) and UPMB (Uganda) were supported to implement a three-year family planning project aimed at utilizing the community faith based platform to improve contraceptive uptake. The project objectives include:
- The capacity of faith-based health networks and workers is strengthened to provide high quality, sustainable FP information, counseling and services;
- The capacity of religious leaders and other community stakeholders is built and strengthened to increase demand for FP
- A model for replication of strengthening FP with CHAs in other Sub-Saharan countries is developed and disseminated

At the end of the project, it is anticipated that participating health facility programs and trained CHWs ensure that they are:

- o Offering a wide range of contraceptive methods
- o Making services widely accessible through multiple service delivery channels
- o Making sure that potential clients know about services
- o Referring to evidence-based technical guidance
- o Providing Client-centered services

With the ultimate desired long-term outcome of *reduced unmet FP needs and improved maternal and child health outcomes in the catchment area of the program implementation*.

Achievements in 2013 – 2014
- There was an increase in family planning uptake in the implementing facilities in Kenya and Uganda.
- Each year, there was an increase of the number of people who received family planning messages form the religious leaders
- Community distribution of some of the FP methods was initiated and therefore services were taken closer to the people.

- Outreaches have worked well as they take services closer to the people who are unable to access the facilities and the communities are motivated by free access to FP services.
- In Uganda, none of the two health facilities offered long-term methods prior to the project but now they have all been equipped trained and are providing both short and long term methods
- Permanent surgical methods were realized through the developed referral mechanism and support where facilities are unable to offer the services
- Facilities receive routine supervision from CHAK and UPMB thus strengthening M & E.
- Management of side-effects has improved and this has increased uptake in the community
- Reporting has also improved due to the support given (computers and printers)
- Retention of CHWs and Religious Leaders has been a 100% on the project
- Established partnership with other government facilities – these facilities at times provide FP supplies to CHWs to reach communities that cannot easily access FP services at facilities due to distance related issues.
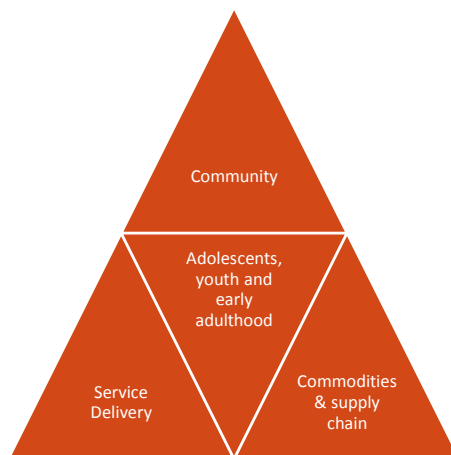
Project Model

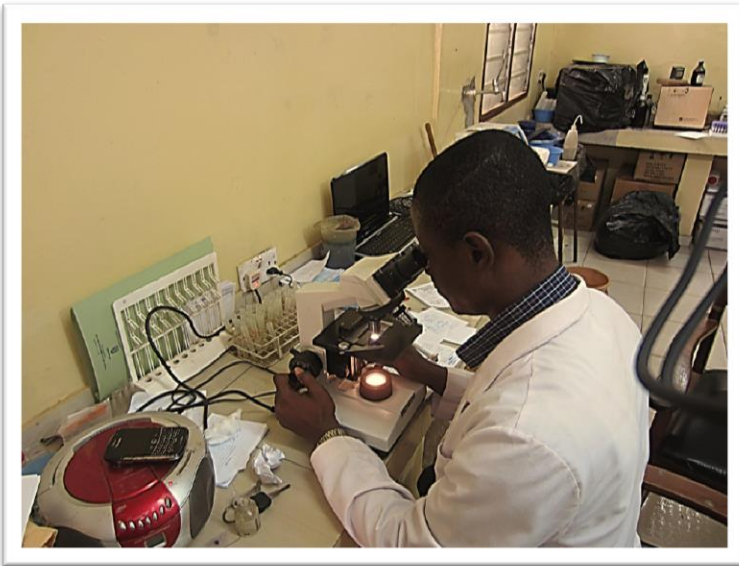**UPMB Data: Baseline against 2014 data: (2014 data on the upper line)**
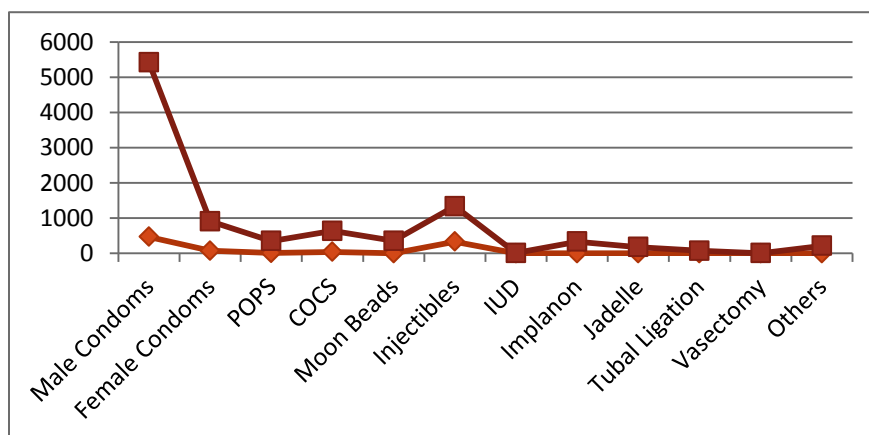
Other projects

Similar family planning projects have been supported by the CCIH and the E2A project in Kenya, Uganda, Ethiopia and Zambia. With CCIH hosting a pre-conference workshop on family planning during the Zambia 2013 biennial conference.

Management and Member Support

The secretariat continued to engage its members and the ACHAP board on a regular basis to ensure sharing of current information and resources. During the period, members were reminded regularly to pay subscription fees and to actively participate in technical workings groups, reporting and information sharing.

Biennial Conference

The secretariat, in collaboration with CHAK and the conference hosting institution CHAZ, successfully held the ACHAP 6th Biennial conference held in Lusaka, Zambia. The theme was *increasing burden of non-communicable diseases (NCDs) in Africa; the challenge of sustainability in scaling up FBOs response.* The conference drew attendance from 21 countries from Europe, the U.S.A and Africa. It was attended by 17 member Christian health associations and drug distribution agencies from 15 countries. In total, the conference attracted 93 participants.

Coordination and Synergy

Communications

Over the period, members were updated regularly through the monthly HRH Hotline and the quarterly ACHAP bulletin. The website was also regularly updated and documents translated into French for the benefit of the francophone members and partners.

Leadership and Value Building

ACHAP provided support to study and research tools aimed at establishing a clear criteria for identifying and assessing the effectiveness of health network associations. This was done in collaboration with the University of Capetown. ACHAP provided input to the tool development and use in a few member organizations. In collaboration with Emory Universiy and St Pauls University, an exchange program aimed at strengthening leadership and governance was supported in 2014 between the Christian Health Association of Lesotho (CHALe) and the Christian Health Association of Kenya (CHAK). The program involved an intensive experience learning and sharing approach that included field visits, practical study sessions and a three-day capacity building workshop held in Nairobi in 2014.

During the Ebola crisis, ACHAP collaborated with WCC, INERELA and EHAIA in hosting a consultation in November 2014 on the Church and religious leaders response and support during the crisis. The meeting brought together over 90 participants and was facilitated by presenters from WCC, INERELA, UNAIDS and with direct engagement with the team from the Christian Health Association of Liberia (CHAL) who played and continue to play a critical role is managing the Ebola crisis in Liberia. A key issue arising from the meeting was the need to reflect on potential lessons from HIV//AIDS response in managing the Ebola crisis.

Impact of our Work

Following the biennial conference in February 2013, scale up of the private sector partnership with NovoNordisk on diabetes management was scaled up to Zambia. Learning from the diabetes partnership project, interest was received for similar practices for hypertension with AstraZeneca signing a contract with our members in Kenya; CHAK and MEDS together with other

institutions; Abt Associates, Amref, JHPIEGO.

The HRH efforts have seen an increase in the number of CHAs investing in full-time HR professionals in their institutions as technical resources not just for the secretariat but also for the members. By 2014 12 CHAs had identified or hired full-time HR staff at their secretariats. This highlights the importance that faith based institutions place the human resource as part of the overall health system strengthening.

Institutional Strengthening of ACHAP

2007
Initial Conference discusses and agrees to establish ACHAP

2009
Decision made to officially register the Network in Kenya

2011
Interim Board Elected and Constitution Developed

2013
Follwing offical Registration in April 2012, 1st Board Elected in 2013

Our Approach

ACHAP's endeavors to leverage resources, expertise and shared learning from its members and partners. Members participate in thematic areas through belonging in technical working groups where they can more actively share expertise and learn from other members. Technical working groups serve as technical reference points for ACHAP that inform advocacy in key thematic area and are usually supported through technical partnerships. They include HRH (supported by IMA World Health and Capacity*Plus* project), Communications and Advocacy (supported by WCC), HIV/AIDS / Service Delivery, Pharmaceuticals and essential drugs (coordinated by EPN). Other emergent TWGs will involve areas such as health system strengthening.

Members also participate by providing in-kind support for example the host CHA CHAK provides office space, staff time and other office supplies to the secretariat team based in Kenya. Members contribute knowledge and information that is published in our website, the quarterly and monthly bulletins among others.

Research Involvement

ACHAP received information on faith-based related studies carried out by the University of Cape Town and the World Bank featuring the *"Comparative Nature of Faith-Inspired Health Care Provision in Sub-Saharan Africa"* in which ACHAP members participated as respondents in different countries.

Through the support of Capacity*Plus,* a study on the effects of implementing HR policies on service delivery was carried out in 2014 in Kenya, featuring 25 CHAK hospitals. The study findings showed positive effects as shown below from the interviews held with leaders, mangers and health workers. With this kind of evidence based research, ACHAP stands to contribute even better in advocating for human resources and other pertinent health service inputs necessary for better health outcomes.

Findings from the CHAK study on the effects of implementing HR policies on service delivery: (study carried out in collaboration with the Capacity*Plus*** project)**
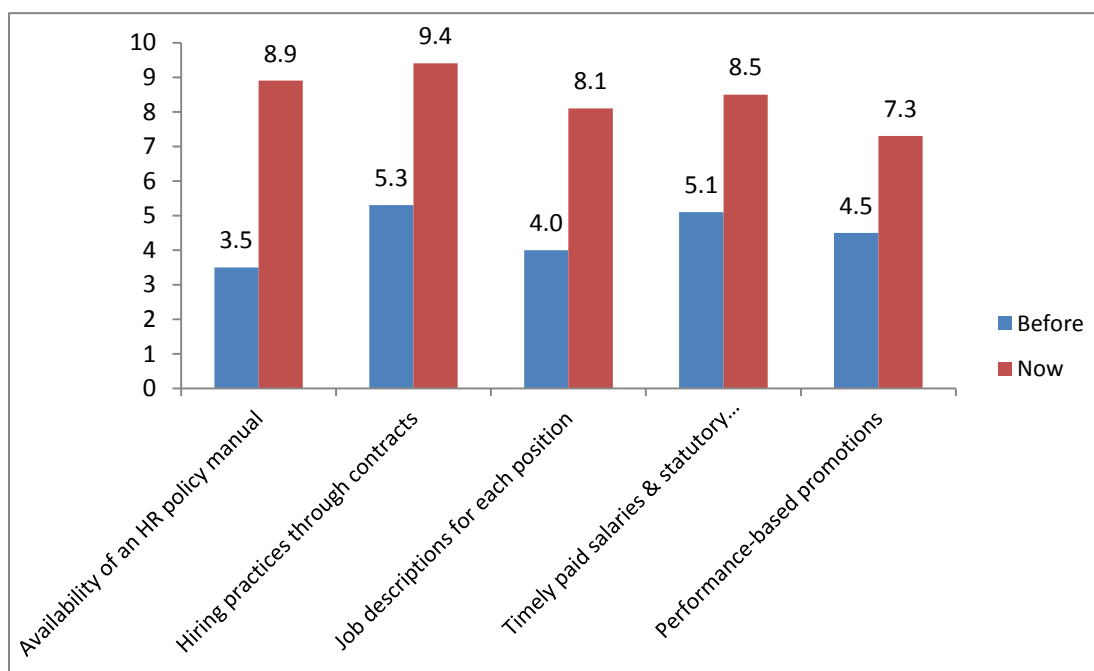
There is room for more research and participation by the ACHAP membership to ensure more evidence based data on the work we do is highlighted and supports our joint advocacy efforts.

Resources and Financial Management

In line with the ACHAP general assembly directions of 2013, the ACHAP finances were maintained by the host CHA CHAK who also provided its personnel to manage the ACHAP initiated grants. The ACHAP accounts for the period 2013 – 2014 were thus audited together with the CHAK financial reports. In addition some of the funds allocated to ACHAP were directly expensed by the partners and donors for specific ACHAP activities and interventions such as TWG activities and capacity building workshops.

Sources of Funds (in US Dollars)

	2013	2014		Activity
CHAK	19,297.50	22,834.50		Operational Costs
Packard	154,320.40	96,657.00		FP Project; Kenya and Uganda
IMA	52,000.00	94,941.00		Secretariat Staff salaries, travel, HRH interventions & Board Support
CHAs	12,680.00	726.50		Member Subscriptions
Biennial Conference	72,129.25	95,265.00*		Partner contributions* expensed in 2015
TOTAL	310,427.15	310,424.00		**(expenses incurred through the host organization are included in the host audited accounts for 2013 and 2014)**

Sustainability Strategy

As an emerging network, the General Assembly meeting of 2013, resolved to continue supporting the establishment of the ACHAP secretariat through other flexible means such as:

- Increasing in kind support from members, partners and donors
- Development of the ACHAP strategic plan 2015 – 2020 to guide resource mobilization efforts
- Support to the secretariat staff and negotiation for additional support and secondment of partners and donors of ACHAP
- Strengthen partnerships and collaborations to leverage on limited resources
- Utilize existing technical working groups as mechanisms to fundraise for technical activites and interventions in areas such as HIV/AIDS, Capacity building, Network management and development, human resources for health, advocacy, health systems strengthening among others.

Membership:

New members/aspiring members can access information on our website www.africachap.org

Looking Forward to 2015

As we look forward to a new year, we anticipate a lot of growth given ACHAPs new status and strategic plan of 2015 – 2020.

Finance: We expect to increase funding through diverse ways; member contributions, collaborations and partnerships, in kind support, online donations among others.

Programs: We hope to increase opportunities for learning, networking and exchange through scaling up of on-going successful interventions being implemented by member institutions in the areas of HIV/AIDS, family planning, HRH, addressing Non communicable diseases, partnership building, joint advocacy, capacity building and network management among other interventions.

Key Events: The 7th ACHAP biennial conference on the theme: "***The role of the faith based health services in contributing to universal health coverage in Africa***" Nairobi, Kenya February 2015 more details on the conference available at the website; www.africachap.org

Appendix 1: ACHAP Members as at January 2014

S/N	COUNTRY	ORGANIZATION	ACRONYM
1	Angola	Christian Medical Commission of Angola	CMCA
2	Botswana	Association of Medical Mission of Botswana	AMMB
3	Burkina Faso	Union Chrétienne Médicale et Paramédicale	UCMP
4	Cameroun	Conseil des Eglises Protestantes du Cameroun	CEPCA
5	Central African Republic	Association des Oeuvres Médicales pour la Sante en Centrafrique	ASSOMESCA
6	Central African Republic	Communauté Baptiste au Centrale de l'Afrique	CBCA
7	Democratic Republic of Congo	Eglise du Christ au Congo	ECC
8	Ethiopia	Ethiopian Evangelical Church; Mekane Yesus Development and Social Services Commission	EECMY - DASSC
9	Ghana	Christian Health Association of Ghana	CHAG
10	Guinea Conakry	Mission Philafricaine	MPA
11	Kenya	Kenya Conference of Catholic Bishops	KCCB
12	Kenya	Christian Health Association of Kenya	CHAK
13	Kenya	Mission for Essential Drugs and Supplies	MEDS
14	Kenya	Ecumenical Pharmaceutical Network	EPN
15	Lesotho	Christian Health Association of Lesotho	CHALe
16	Liberia	Christian Health Association of Liberia	CHAL
17	Malawi	Christian Health Association of Malawi	CHAM
18	Namibia	Council of Churches in Namibia	CCN
19	Niger	Union des Eglises Evangéliques Protestantes au Niger	UEEPN
20	Nigeria	Chrisitan Health Association of Nigeria	CHAN
21	Nigeria	CHAN - MEDIPHARM	CHAN-MEDIPHARM
22	Rwanda	Bureau des Formations Médicales Agrées de Rwanda	BUFMAR
23	Sierra Leone	Christian Health Association of Sierra Leone	CHASL
24	South Africa	Catholic Health Association of South Africa	CHASA

25	South Sudan	Christian Health Association of Sudan	CHAS
26	Swaziland	Churches Forum on HIV/AIDS Republic of Swaziland	CFHA
27	Tanzania	Christian Social Services Commission	CSSC
28	Tchad	Bureau D'Appui Conceil	BAC
29	Togo	L'Association Protestant des Oeuvres Medicauxsociales du Togo	APROMESTO
30	Uganda	Uganda Protestant Medical Bureau	UPMB
31	Uganda	Uganda Catholic Medical Bureau	UCMB
32	Uganda	Joint Medical Stores	JMS
33	Zambia	Churches Health Association of Zambia	CHAZ
34	Zimbabwe	Zimbabwe Association of Church-Related Hospitals	ZACH