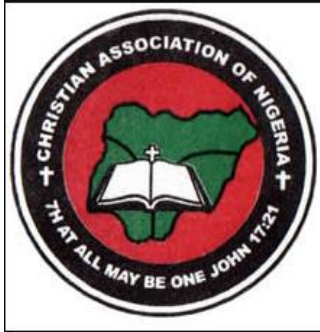


# ACHAP Annual Report | 2015-16



**AFRICA CHA PLATFORM**





**Communauté Baptiste au Centre de l'Afrique**  
Allez auprès des hommes de toutes les nations et faites d'eux mes disciples...  
Matthieu 28:19



Council of Churches in Namibia





**BUFMAR UEPN CFHA CHAL (LESOTHO)**

**BUFMAR****Contents**

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### Message from the Board Chair

It has been a great honor and pleasure to serve as ACHAP board chair since the February 2013 biennial conference in Zambia. The past four years have indeed been significant for the board and ACHAP secretariat as we have focused on establishing a stronger network which currently stands at 41 members from 30 African countries.

During the 2015 biennial conference held in Nairobi, Kenya; the 2013-2014 board was re-elected and the team worked closely with the Secretariat to ensure that gains from the 2013 – 2014 period were sustained. The secretariat also received two additional staff seconded from IMA World Health to strengthen the coordination and administrative functions of the secretariat.

The Christian Health Association of Kenya (CHAK) continued to host the ACHAP secretariat and we appreciate them for their support. We also extend our appreciation to the many partners that stood with us during the period and we look forward to even stronger partnerships and collaborations in the coming year.

The 7<sup>th</sup> ACHAP biennial conference was held in February 2015 under the theme, “***The role of the faith based health services in contributing to universal health coverage in Africa***” which could not have been possible without the support of our members and partners; IMA World Health, WCC, AstraZeneca, World Vision, Institute for Reproductive Health – Georgetown University, Charlie Goldsmith Associates, Gradian Health Systems, IDA Foundation, CRS, Emory University, CCIH and E2A among others.



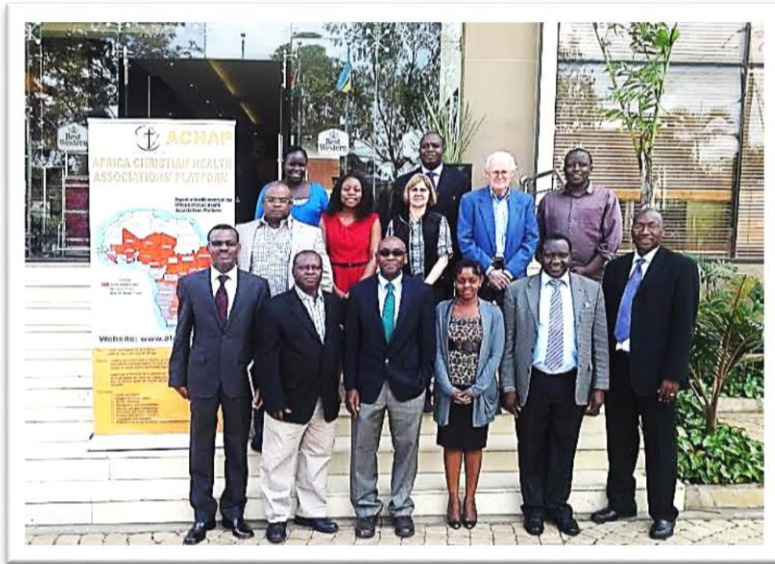
A handwritten signature in black ink, appearing to read 'K. Sickinga', positioned above a horizontal line.

Mrs Karen Sickinga, ACHAP Board Chair

## About 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. As at December 2016, ACHAP's membership stood at 41 CHAs in 30 countries in Africa.



*ACHAP Board members and ACHAP Secretariat staff with a visiting team from IMA World Health*

### 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 as a regional network organization.

### ACHAP's Key Functions

- **Advocating & lobbying**

This includes influencing relevant organizations 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.

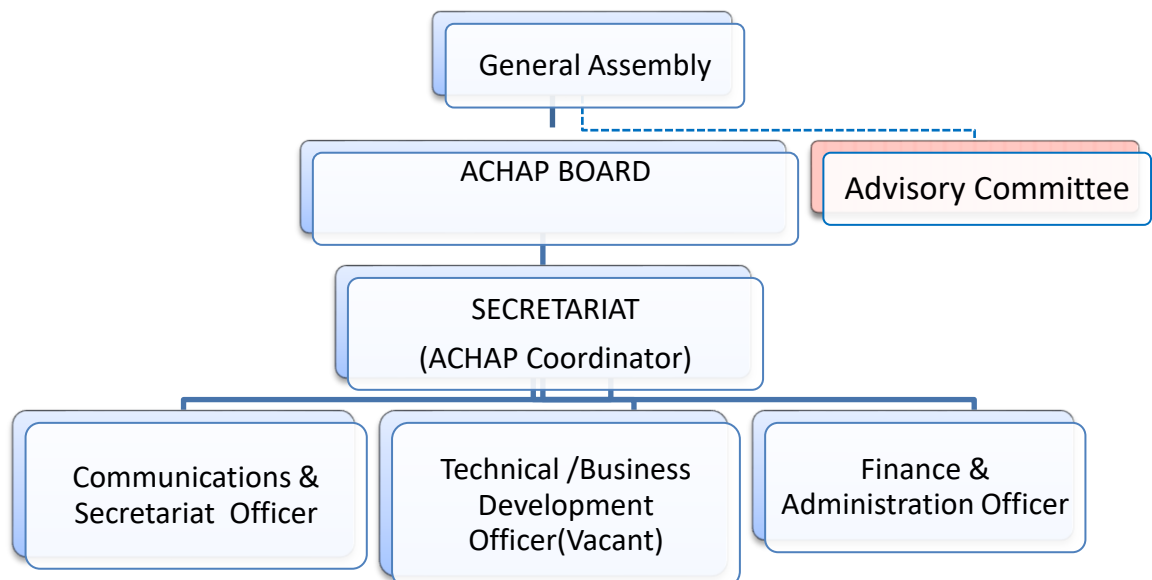
- **Coordination and synergy**

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. In order for ACHAP to pursue and support these key functions, the ACHAP board approved a new structure that would guide ACHAP's operations and particularly to include an advisory committee that would work closely with the board so as to more effectively position ACHAP.

### ACHAP Structure 2015 - 2017





## Elected Board Members (February 2015)

- |                                 |       |                     |
|---------------------------------|-------|---------------------|
| • Karen Sichinga                | CHAZ  | Board Chairperson   |
| • Dr Samuel Mwenda              | CHAK  | Board V/Chairperson |
| • Dr Daniel Gobgab              | CHAN  | Board Member        |
| • Dr Mwai Makoka                | CHAM  | Board Member        |
| • Dr Sam Orach                  | UCMB  | Board Member        |
| • Mr Leonard Onana <sup>1</sup> | CEPCA | Board Member        |
| • Dr Mirfin Mpundu              | EPN   | Board Member        |

## Advocacy

The 7<sup>th</sup> biennial conference of February 2015, provided ACHAP with an opportunity to expand its network and provided opportunities for stronger partnerships and collaborations at country, regional and global levels.

ACHAP was represented at both the 2015 and 2016 World Health Assembly (WHA) meetings in Geneva through the support of the World Council of Churches (WCC) and IMA World Health who sponsored the participation of the new ACHAP Coordinator; Nkatha Njeru in the 2016 WHA. The 69<sup>th</sup> WHA meeting themed “**Promoting health through the life-course**” provided a good opportunity for ACHAP to hold strategic meetings with WHO, WCC and the Global Fund among others to discuss FBOs future role in the 2030 agenda with more discussions being held at a WCC-ACHAP event titled “**Global Public Health**”. The future of faith-based organizations”.



*ACHAP Board Chair, Karen Sichinga (right) with WCC- Ecumenical Advocacy Alliance Coordinator, Manoj Kurian during the WHO-hosted engagement with FBO's on their role in the 2030 agenda. (Photo Peter Kenny).*

<sup>1</sup> Was replaced by Pierre Mbeleg in August 2015 when Mr Onana left CEPCA

The ACHAP board members and CHA representatives present at the WHA took the opportunity to deliberate on the 8<sup>th</sup> ACHAP biennial conference planned to take place in February 2017 in Lesotho and agreed on the theme: ***“Building Partnerships for FBO Health Systems Strengthening Towards Achieving the Sustainable Development Goals (SDGs)”***

## Negotiating and Contracting

### ACHAP Institutional Development

Following the 2015 Biennial conference in Nairobi, the ACHAP board identified and engaged an Advisory Team that has been available to the board for consultations and joint-advocacy efforts. The ACHAP secretariat also received support from IMA World Health which seconded two full-time staff to strengthen the network coordination and secretariat management. The host CHA, CHAK also continued to host the ACHAP secretariat and supported the Communications Officer position, by providing office space as well as supporting the transition of ACHAP financial process between 2015 until 2016 when ACHAP received approval from the NGO board in Kenya to open its own bank accounts in Kenya.



The draft ACHAP strategic plan for the period 2015 – 2020 was reviewed and approved by members during the 2015 7<sup>th</sup> biennial conference in Nairobi. Following approval of the strategic plan, the ACHAP secretariat developed a work plan for the period 2015-2017 to guide its activities and priority areas.

### UNAIDS Partnership with ACHAP

During the 2015 – 2016 period, ACHAP in collaboration with the University of Cape Town and St Paul’s University in Kenya participated in the UNAIDS Fast-Track initiative which promoted accelerated scale up of HIV testing, prevention, and treatment services to reach the 90-90-90 PEPFAR targets by 2020. Under this initiative, ACHAP’s engagement included collaborating with the University of Cape Town and St Paul’s University to:

- Collect, analyze and disseminate data on health care services provided by faith-based health service providers.

- Address stigma and discrimination in communities and health care settings.
- Strengthen HIV and AIDS related service provision to reach the most marginalized and at-risk populations with comprehensive, equitable HIV testing, prevention and treatment services through strengthened national partnerships, improved data collection and careful monitoring and evaluation. Through this initiative ACHAP in collaboration with CHAK identified and trained over 80 religious leaders in Kenya on counseling and referral of clients for treatment in September 2016. Follow-up is on-going to establish the impact of the training particularly among high risk populations.

Countries included in the project were Kenya and Zambia and plans are underway to include Nigeria and Zimbabwe in the second phase. UNAIDS plans to support a pre-conference workshop to share more on this initiative at the upcoming ACHAP 8<sup>th</sup> biennial conference that will take place in Lesotho in February 2017.



**Health worker working in one of the health facilities in Ghana (photo Doris Mwarey)**

### **IMA/CapacityPlus support for Human Resources for Health**

IMA World Health, through the global USAID CapacityPlus project continued to support the ACHAP HRH TWG and specific country initiatives in 2015 such as supporting CHAL (Liberia) in the review of its secretariat organizational staff needs following the Ebola crisis.

Through the support from the ACHAP regional HRH technical advisor,

CHAL was able to revise its staff job descriptions to reflect their new responsibilities and skills sets. IMA also supported a HRH diner meeting at the 7<sup>th</sup> ACHAP biennial conference in February 2015 where the ACHAP TWG members reflected on the initiatives and county HRH interventions during the previous period of 2013 and 2014. Representatives from; Lesotho, Ghana, Cameroun, Uganda, Zambia, Kenya, Tanzania and Malawi and other invited representatives including the ACHAP board chair, Mrs. Karen Sichinga and IMA World Health President and CEO, Rick Santos were in attendance. Past achievements of the TWG include:

- Development of an advocacy publication; *Because Health Workers Matter: They Need Our Support*, disseminated at the 6<sup>th</sup> 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, CHA's in Malawi, Ghana and Lesotho learnt from 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 results of an evaluation of this policy intervention with CHAK in efforts to replicate it in other countries.
- CHAG, a major MOH implementing partner in Ghana, implemented the Health Records Information System (HRIS) in 2014/2015 as a way to improve workforce data management and decision making. iHRIS has also been adopted by CHAK (Kenya), CSSC (Tanzania) and UCMB (Uganda).
- A workforce Productivity assessment toolkit was applied by CHAM (Malawi) to identify and priorities productivity improvement strategies.
- 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 *CapacityPlus* project such as an HRM Assessment approach which was adopted by CHAG (Ghana) in 2012 and which informed its strategic planning process.
- A monthly publication; *HRH Hotline* was regularly shared and was largely supported by CHA HR point persons who provided articles and achievements from country level.

The 2015 – 2016 TWG members included representatives from 10 CHAs; CEPCA (Cameroun), CHAG (Ghana), CHAK (Kenya), KCCB (Kenya), CHAL (Lesotho), CHAN (Nigeria), CSSC (Tanzania), UPMB (Uganda), UCMB (Uganda) and CHAZ (Zambia). During this period the TWG was chaired by Mr. Samuel Nugblega; Technical Advisor; Leadership Governance & HR at CHAG. The TWG met quarterly via skype however due to lack of funding during the period there were no face to face meetings held in 2016 and there was also limited support provided to the CHAs or TWG members when the ACHAP HRH Technical Advisor left in February 2016. ACHAP is however hopeful that continued efforts will be pursued to keep HRH initiatives at the top of its HSS agenda.

### Maternal and Child Health

CCIH and the E2A project jointly supported and facilitated a pre-conference on Family Planning during the 7<sup>th</sup> ACHAP biennial conference that took place in Nairobi Kenya in February 2015. Following the biennial conference, ACHAP member Christian Health Associations (CHAs) worked closely through inter-country projects such as the CAFPA, a grant funded by the Gates foundation through CCIH to three CHAs namely CHAK, CHAZ and EPN. The project aims to improve the policy and funding environment for Family Planning by engaging and training faith-based organizations as advocates, and creating a replicable model for faith-based advocacy for Family Planning. Some of the key initiatives carried out by this project in 2015/2016 period include:

- Media training of religious leaders in Advocacy for family planning in May 2016 by CHAK in Kenya.
- International conference on family planning was held in January 2016 in Bali, Indonesia with the faith based organizations holding a 2 days' pre-conference with a theme of advancing Family Planning through faith organizations. The training aimed at preparing attendees to become active participants in the implementation of the post-2015 SDG family planning agenda at national and international levels. The conference was sponsored by F2A, CCIH and Muhammadiyah.



The ACHAP Family planning representatives during the Bali Conference

- The General Secretary of CHAK and the CHAK FP Project Coordinator attended the CCIH meeting in Baltimore in 2016 and participated in advocacy efforts with the Congress at Capitol Hill. Partners in the Gates project also held a meeting to discuss activities, achievements and next steps for the next year. The meeting was attended by CCIH, CHAK, EPN and CHAZ staff

### **The Africa Christian Health Associations (ACHA) Family Planning Project**

The ACHA family planning project is a joint family planning project implemented by

*Staff at UPMB (Uganda) display Family Planning advocacy materials as part of the ACHAP FP project*

CHAK (Kenya) and UPMB (Uganda) and is funded by the Packard foundation. The project started in 2012 and was extended for a further three years in 2015.

The project networks to provide high quality, sustainable FP information, Education, counseling and service delivery. In 2016 outreaches were conducted in participating health facilities in Kenya and Uganda to extend integrated family planning services to the communities. Mobilization for the outreaches was done by the CHWs and religious leaders.

The baseline of the number of clients given FP methods in Uganda in new sites during the 2015/2016 period was 1,154 and by the end of 2016, the number had risen to 3,946

clients given FP methods. Some lessons learnt by CHAK and UPMB during the period included:

- The need to equip village health teams (VHTs) with the right tools and resources so that they can effectively bridge the gap between the communities and facilities.
- Through Continuous sensitizations especially by religious leaders, behavioral change aspects related to family planning such as myths and misconceptions can be addressed.

- Religious leaders are willing and ready to create awareness in their communities hence serve as family planning advocates.

## Management and Member Support

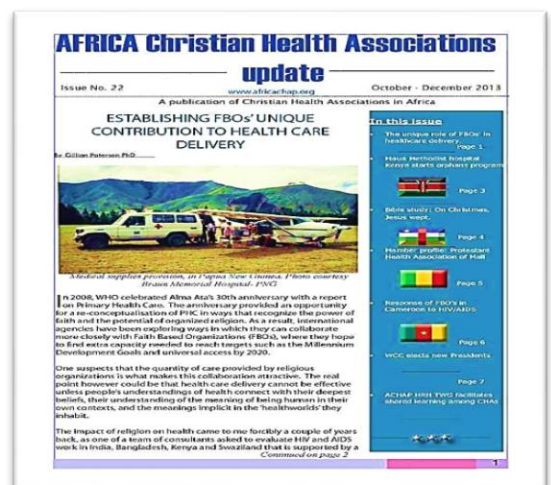
The secretariat continued to engage its members and the ACHAP board on a regular basis to ensure sharing of current information and resources. During the

period, members were reminded regularly to pay subscription fees and to actively participate in technical workings groups, reporting and information sharing. As at December 2016, ACHAP's membership stood at 41 Christian Health Associations in 28 African countries. Full details on the ACHAP membership are outlined in appendix 1 and 2.

Members held their AGM in February 2015 during the 8<sup>th</sup> ACHAP biennial conference in Nairobi Kenya. Most members paid their subscriptions for the period 2015/2016 which currently stands at 200USD per year.

## Coordination and Synergy Communications

Over the period, members were updated regularly through the ACHAP quarterly bulletin and the HRH Hotline. The ACHAP website has also been revamped to include a more attractive end-user interface, use of corporate colours and the addition of online registration forms.



## Leadership, Value Building & Impact

ACHAP provided input to the development of a tool developed by the University of Capetown aimed at establishing a criteria for identifying and assessing the effectiveness of health network associations. In collaboration with Emory University and St Paul's University, an exchange program aimed at strengthening leadership and governance was supported in 2014/2015 between the Christian Health Association of Lesotho (CHAL) 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 in 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.

Following the biennial conference in February 2013, scale up of the FBO/Private sector partnership with Novo Nordisk on diabetes management was scaled up to Zambia. 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. Other multi-country partnerships and collaborations were established and strengthened during the 2015 – 2016 period.



*Staff at the CHAK Healthy Heart Initiative (HHA) donate a computer to a CHAK member health unit to help with data entry*

The Human Resources for Health (HRH) efforts through the support of IMA World Health and the CapacityPlus project since 2010, 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 addressing health systems and health worker challenges in member health facilities. By 2015 12 CHAs had identified or hired full-time HR professional staff at their secretariats.

### Our Approach

ACHAP's strength lies in its members and it has therefore grown through leveraging resources, expertise and shared learning from its members, partners and other regional bodies. Member health associations have participated in joint projects, technical seminars and exchange and learning workshops such as technical working groups which serve as technical reference points for ACHAP and inform advocacy efforts. During the 2015 – 2016 period, active technical working groups included; HRH (supported by IMA World Health and CapacityPlus project), Communications and Advocacy (supported by WCC), HIV/AIDS / Service Delivery (partly supported under the AIDSFree project through IMA World Health), Pharmaceuticals and essential drugs (coordinated by EPN). Due to closure of some projects such as the CapacityPlus project, there were limited activities carried out by the TWGs and further approaches will be explored by the ACHAP members and partners at the 8th biennial conference in February 2017.

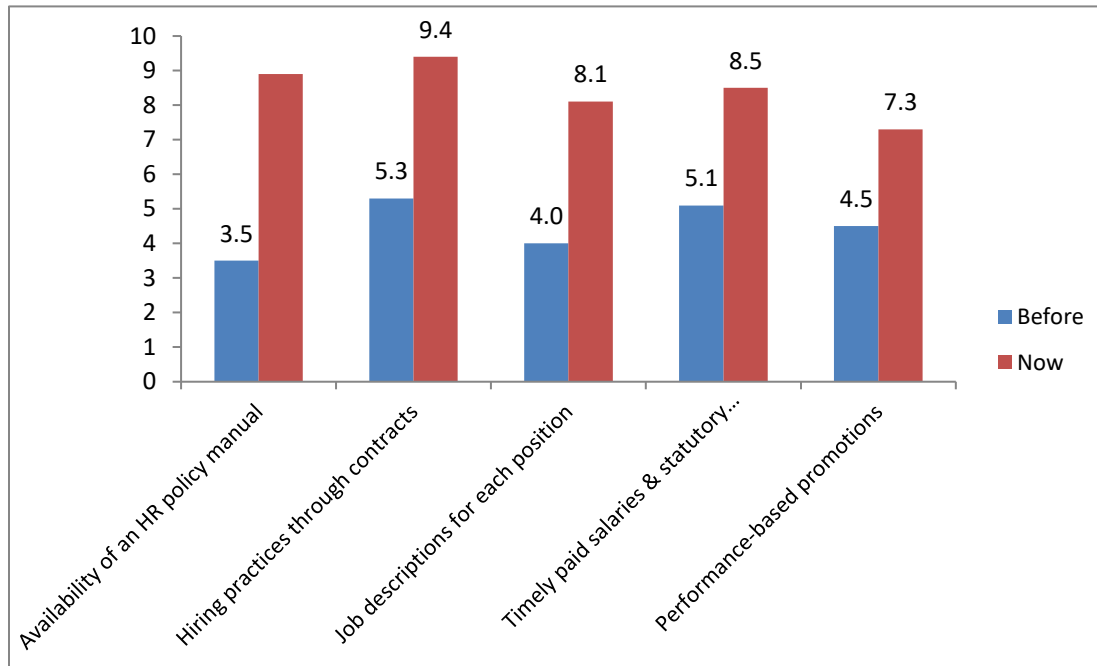
During the period, members actively participate by providing in-kind support. The Christian Health Association of Kenya (CHAK) for example has been hosting the ACHAP secretariat since inception in 2007 and provides office space, staff time and other office supplies to the secretariat team based in Kenya. Members contributed knowledge and information that is published in the ACHAP website and in the quarterly bulleting or other monthly bulletins.

### Research Involvement

ACHAP participated in a study 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”*. ACHAP members participated as respondents in different countries. Findings from this study were published by the Lancet in 2015. Through the support of CapacityPlus, a study on the effects of implementing HR policies on service delivery was carried out in 2014/2015 in Kenya, featuring 25 CHAK hospitals. The study findings showed positive effects as shown in the table below from the interviews held with leaders, managers and health workers. The study findings were published by the *Journal of Public Health in Developing Countries* in December 2015; lead author was Dr Alfredo Fort (CapacityPlus) with Doris Mwarey (IMA/ACHAP HRH Advisor), Patrick Mbindyo (Consultant) and Ann Yang (CapacityPlus).



**Findings from the CHAK study on the effects of implementing HR policies on service delivery:  
(source: CapacityPlus)**



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.

### Resources and Financial Management

Following the ACHAP 2015 general assembly, the board mandated the ACHAP secretariat to work on establishing a separate financial management system from the host organization so as to comply with the NGO regulations in the country of registration – Kenya.

In 2016, ACHAP opened a separate bank account and began to keep separate books of accounts from its host organization. Support was also provided by IMA World Health who seconded two staff to the ACHAP secretariat to support the financial management and coordination of the Platform. The 2015 finances were however audited together with the host organization's accounts because ACHAP's resources at the time continued to be channeled through CHAK. In addition some of the funds allocated to ACHAP were directly expensed by the partners and donors for specific activities and interventions such as direct payment of staff salaries for staff seconded by IMA World Health and direct support for pre-conference workshops at the 7<sup>th</sup> biennial conference by conference sponsors and ACHAP partner organizations.

## Sources of Funds 2015/2016

Source	2015	2016	Nature of Support
<b>CHAK</b>	30,430.97	29,114.43	Communications Officer and Operational Costs (in-kind Support)
<b>Packard Foundation</b>	151,227.15	200,000	FP Project for CHAK & UPMB (received and expensed directly by CHAK)
<b>IMA World Health</b>	116,464.16	23,591.73	Seconded staff support (Salaries, travel, HRH interventions) and Board Support (directly expensed by IMA)
<b>WCC</b>	24,563.95	26,238.71	ACHAP participation in WHA 2015 and 2016 (in-Kind support)
<b>UNAIDS</b>	-	10,000.00	ACHAP participation in Rome Conference in 2016 (in-Kind support)
<b>Emory University</b>	5,000.00	-	HSS initiative for CHAK & CHAL (Lesotho) (in-kind support)
<b>CHAs</b>	5,620.00	1,544.60	Member Subscriptions (paid directly to ACHAP secretariat)
<b>EPN</b>	-	597.00	Towards ACHAP representation at EPN forum (in-kind support)
<b>University of Cape Town</b>	-	8,000.00	Towards ACHAP representation in the CHESAI activity (in-kind support)
<b>Biennial Conference</b>	109,227.00*	-	*(sponsored by several partners)
<b>TOTAL</b>	<b>442,533.23</b>	<b>299,086.47</b>	

## Sustainability Strategy

The General Assembly meeting of 2015, resolved to continue supporting the establishment of the ACHAP secretariat and the network at large by:

- Increasing in kind support from members, partners and donors.
- Identification of long-term partners and donors to walk with ACHAP in the implementation of the ACHAP strategic plan 2015 – 2020.
- Strengthening the ACHAP secretariat through sourcing technical assistance from partners and donors.
- Establish and strengthen strategic partnerships and collaborations to leverage on limited resources.
- Continued use of the technical working groups approach as mechanisms to fundraise for technical activities and interventions.

## Membership

New members/aspiring members can access information on our website [www.africachap.org](http://www.africachap.org). In the 2015 Biennial Conference, we added the Association Protestant de la Santé de Mali (APSM) as well as the Dispensaire Baptiste de Torogo and Caritas Congo to our membership. In the 2017 Biennial Conference, we have received re-knewed interest from Madagascar

## Looking Forward and Celebrating 10 Years in 2017

**Finance:** We expect to increase funding through diverse ways; member contributions, collaborations and partnerships, in-kind support and 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 8<sup>th</sup> ACHAP biennial conference on the theme: ***“Building Partnerships for FBO Health Systems Strengthening Towards Achieving the Sustainable Development Goals (SDGs)”*** Maseru, Lesotho February 27<sup>th</sup> 2017 – March 3<sup>rd</sup> 2017 more details on the conference available at the website; [www.africachap.org](http://www.africachap.org)

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## PROFILE OF SELECTED ACHAP MEMBERS



### 1. Uganda – Uganda Catholic Medical Bureau (UCMB)

Formed in 1934, the Uganda Catholic Medical Bureau is now 82 years old.

The UCMB is the health department of the Uganda Episcopal Conference (UEC), a body fully incorporated under the Trustees Incorporations Act.

Mission of Uganda Episcopal Conference is “To promote Integral Human Development in the Whole World Inspired by Gospel Values (Lk 4:18 ff)”

Mission of UCMB is “In Faithfulness to the Mission of Christ, provide professional and sustainable holistic health services, through partnership, to enable the population to live their lives to the full”.

It is principally mandated to coordinate all Catholic Church founded health facilities, ensure quality, build the capacity of, and strengthen health systems in the catholic health network. From the first Catholic health facility formally started in 1899, UCMB now has 295 health facilities across the whole country currently accredited to it with a total workforce of over 8400; it is the largest network of non-State health facilities working within the national Health Sector Strategic Plan. These facilities make up 23% of the total hospitals, 13% of total health centers (clinics) in Uganda. UCMB hospitals make up 56% of all Private-not-for-profit (PNFP) hospitals and they contribute 28% of total hospital beds, UCMB has 39% of the institutions training nurses, midwives and lab technicians. Overall, health facilities under UCMB serve approximately 15-17% of the total population in the country with the contribution being bigger in some districts, especially the hard-to-reach. They are non-discriminatory but serve with preferential option for the poor.

Health facilities accredited to UCMB provide a wide range of services both clinical and preventive. It also provides Clinical Pastoral Care and trains Clinical Pastoral Care givers.



**The Uganda Protestant Medical Bureau (UPMB)** is a national umbrella organization and Technical Organization registered as a charitable, faith-based non-governmental organization founded in 1957 by the Anglican Church of Uganda and Seventh Day Adventist Church Uganda Union under government notice No. 672 and serves as the technical arm of the Churches.

UPMB has a Network of 290 health facilities and has over five decades of experience with the majority (80%) of the health facilities located in rural and remote areas and include 18 hospitals with 15 Health Training Institutions; 10 HC IVs; and 262 lower level health facilities. UPMB provides about 40% of the facility based Private not for Profit (PNFP) which provide about 45% of Health services in Uganda. To ensure access to Quality and affordable medicines and medical supplies UPMB and UCMB established the Joint Medical Store.

The health facilities represent an important social asset for the communities in which they are located as they have grown out of initiatives of congregations to address identified needs. The health facilities provide promotive, preventive, curative, and rehabilitative health care regardless of ethnicity, religious creed, gender and socio-economic status.

The UPMB network is an important stakeholder in the Uganda health sector complementing the government's efforts to ensure quality health services for the nation. Institutional partnerships have been built at International, National and District levels with the aim of raising the profile of faith-based health facilities while at the same time strengthening recognition and integration of these health facilities into the national health system.



## 2. The Zimbabwe Association of Church Related Hospitals (ZACH)

The Zimbabwe Association of Church related Hospitals,(ZACH) is a non-governmental, and non-profit member based Organization, founded in 1974 and is the medical arm of Christian churches in Zimbabwe. ZACH's mandate is to assist and support member institutions in the provision of Quality Health Care and Service Delivery to all Zimbabweans, especially to the most vulnerable groups who are mainly in rural areas. ZACH is basically a network coordinating health activities of church related health institutions.

However this basic role has increasingly been transformed into that of an implementing agency responsible for programs funded by bilateral and multilateral organizations. Currently ZACH is supporting 126 hospitals and clinics country wide. With the support of government, external development partners, a committed secretariat and its affiliates; Mission Hospitals have been able to be the major provider of choice to rural communities. In Zimbabwe, the church-related health institutions, which are predominantly ZACH affiliates, contribute about 35% of the national health facilities and 68% of the national rural health facilities, based on bed capacity alone.



## 3. The Christian Social Services Commission (CSSC)-

The CSSC is an ecumenical body established in 1992 by Christian Council of Tanzania (CCT) and Tanzania Episcopal Conference (TEC) to coordinate and facilitate the delivery of social services (health and education) by member churches in Tanzania. The vision of CSSC is : ***An enlightened and well educated community that is enjoying quality life and is free from diseases of poverty.***

CSSC works with a network of over 900 church health facilities including **102 Hospitals**, whereby 2 are Zonal Referral and Consultant Specialized Hospitals, 10 Referral Hospital at Regional Level, 38 District/Council Designated Hospitals and 52 Voluntary Agency Hospitals. In addition there are **104 Health Centres** and **694 Dispensaries**.

Being a member of CHA, CSSC and the Church member health facilities has benefited with some projects and support rendered by EPN such as carrying out

survey on children medicine. The survey was carried out in the Northern and Lake zone part of the Country whereby EPN trained CSSC staff and Zonal Managers to be trainers who later on trained Church member health facility staff on management of children medicines.

Also CSSC and the member church health facilities trained were supported with tools such as drug counting trays. Every year EPN has been supporting CSSC with reference materials for improvement of pharmaceutical management and rational use of drugs (brochures, journals) have been circulated to the facilities for use.

The church member health facilities contribute nearly 38% of the health services provided in the country. Majority of the health facilities (70-80%) are located in the rural and/or remote areas.



#### **4. The Christian Health Association of Malawi**

The Christian Health Association of Malawi (CHAM) is an association of Catholic and Protestant churches' health institutions in Malawi. Established in 1966, CHAM currently operates 12 training colleges, 40 hospitals, 90 health centres with maternity and 54 health centres with only outpatient care. CHAM provides up to 37% of health care in Malawi and trains about 80% of Malawi's health work force. Over 85% of CHAM facilities are located in rural areas whereby they promote equity in access to health care.

##### **Memorandum of Understanding with the Government**

CHAM entered into a Memorandum of Understanding with the Government in 2004, whereby the Government pays salaries for health workers and college tutors. In turn, CHAM provides health services at minimal user fees and also provides pre-service training for nurse-midwife and other cadres. Graduates from CHAM colleges are deployed 60% to Government health facilities and 40% to CHAM. In addition, health workers who access training scholarships (pre-service or post-graduate) that have been mobilized by CHAM are bonded to work in a CHAM member facility for a specified period of time. These arrangements help to ensure that staff are available in CHAM facilities. However, retention remains a challenge due to the rural location of the health facilities and lack of other high value incentives.



## 5. AIDS Action of the Assemblies of God (ASAD) – Burkina Faso

The assemblies of God church has been a Christian evangelical church in Burkina Faso for 96 years, (set up in 1921)

- It has about 50 000 members to date
- More than 4000 pastors spread out in the 62 counties of the country.
- It has about three (3) Health centers
- More than 60 learning institutions
- (7) Theological schools which are permanent institutions that see more than 200 pastors graduate every year.

The AG church of Burkina enjoys immense popularity in the country. It is made up of a structure that covers the entire country. It has put in place structures to manage

- Women (Association of the Servants of Christ, ASC),
- Youth (Youth of the Assemblies of God, JAD),
- Children (Children's department) and
- Men (Ministry of the AG Church of Burkina, MHEB).

This structure offers a big opportunity for close supervision and as such helps to positively influence behaviour in the community within domains such as the fight against AIDS. In 1998, the executive office of the national Council of the Assemblies decided to create the AIDS action of the assemblies of God (ASAD) so as to affirm their firm belief in the fight against STI/HIV/AIDS, in accordance with the national strategy of the National Council on the fight against STI/HIV/AIDS.

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## 6. The Protestant Health Association of Mali (APSM)- Mali

The NGO APSM was created on 6<sup>th</sup> of May 1992 by health agents from the different protestant churches and missions in Mali; they met during a general assembly in Bamako and decided to create the association known as **THE PROTESTANT HEALTH ASSOCIATION OF MALI (APSM)**. It is apolitical inter-denominational and not for profit.

**Vision** : Being a Non-Governmental Association that gives service to Malian people , The APSM's wish is that all Malians prosper and be of good health both physical and spiritual.

**Mission** : Undertake health and education actions that will contribute to the socio-economic development of the most vulnerable populations (Women and Children) in Mali.

**Core Values:** The values of the APSM are Christian. Like the Saviour Jesus Christ, APSM wants to serve by:

- Sharing the love and compassion of Jesus Christ with everyone;
  - Being the salt and the light of the world making Jesus Christ known to all men;
  - Proclaiming the truth about the justice of Jesus Christ;
  - Taking into account the three dimensions of man (body, soul and mind);
  - Championing dignity, honesty and transparency.
-



## 7. The Christian Health Association of Ghana (CHAG)

The Christian Health Association of Ghana (CHAG) is a faith-based network organization of 21 Christian church denominations, involved in the provision of health care and training of health professionals.

Established in 1967, the Association currently comprises 58 hospitals, 114 health centres and clinics, and 12 health training institutions, Membership has gone up from 25 in 1967 to 184 from 2010 onwards.

CHAG's governance structure is derived from its constitutions. The governance structure comprises three very distinct layers: i.e. the Council, the Board and Secretariat. The Council meets once a year to discuss issues of concern to members thus setting the direction of the organization in any given year. The Board is composed of nominated representatives of the Ghana Catholic Bishops' Conference and the Christian Council of Ghana and the Ghana Pentecostal Council.

The uniqueness of CHAG as an organization is the independence and autonomy of its members. This is recognized as the strength of the organization where the diversity of its members is respected and harnessed for human centred, affordable and high quality patient care. CHAG is the 2nd largest provider of Health Care Service after Ghana Health Service in Ghana. The catchment area population she serves it mainly rural or peri-urban and strives at all times to be innovative in providing services to its clients guided by her Core values.

The contribution of CHAG to improve the National Health Outcomes is seen in the limited inputs that are used to deliver high quality services with support of evidence based information to continuously improve performance. This maiden edition contains valuable information concerning CHAG's performance as a network extracted from your facility data, teams commissioned to undertake researches and results of research carried out.

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## 8. The Christian Health Association of Liberia

CHAL is the result of coincidence of experiences of its founding members. The medical authorities of four hospitals belonging to mainstream Christian denominations of Liberia (Lutheran, Episcopal, Methodist and ELWA (SIM) realized in the early 1970s that delivery time and costs of their drugs and medical supplies were significantly reduced if they procured together in bulk. The overwhelming advantages in their newly discovered scheme quickly propelled the four hospitals (Curran Lutheran, Phebe, Ganta United Methodist and ELWA) toward the formation of the Christian Health Association of Liberia in 1975.

**Mission:** Of the same faith they quickly embarked on a mission to be dedicated to the healing ministry of our Lord and Savior Jesus Christ through advocacy, facilitation and providing wholistic Christian health care to people in Liberia.

**Vision:** They also shared the vision that health and healing shall be available wherever a CHAL health institution existed.

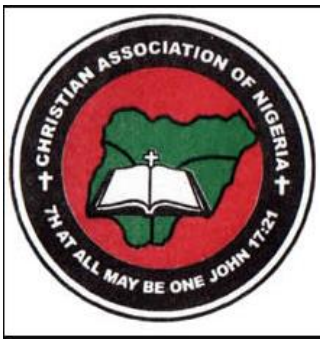
**Values:** To actualize its mission and vision CHAL considered honesty, accountability, trustworthiness, respect for all, service to all, transparency, community-based care and credibility as core values.

### **Impact of CHAL's Activities on Health Care in Liberia**

The role of CHAL and impact it has made on the health care system of Liberia can not be overemphasized. Human resource development through its many training programs before, during and after the war leaves a core of dependable health workers at many health institutional and community levels. The association fielded as the only local health organization catering to persons in extreme needs on all sides of the military strata during the heat of the crisis, thereby saving lives. In normal times CHAL would boast of nearly 40 percent of health services rendered in Liberia with its existence in twelve of the fifteen counties. CHAL takes to credit the pioneer of trauma healing and reconciliation to cater to victims (mainly women and children) of the civil war **when she was sponsored by the Mennonite Board of Missions in 1991**. The exercise continues today both at CHAL itself and in other institutions whose trauma healing staff are products of CHAL.

Out of this came the famous Student Palaver Management program which has reduced conflict settling burden on school administrations as students become skilled in nonviolent resolution to misunderstandings and conflicts on school campuses.

HIV/AIDS projects in River Cess, River Gee, Maryland, Grand Bassa and Lofa Counties provided not only mass awareness for inhabitants of these counties but facilities for persons to become aware of their HIV status.



## 9. The Christian Health Association of Nigeria (CHAN)

The Christian Health Association of Nigeria (CHAN) is an umbrella organization Founded in 1973 by the catholic Bishop’s conference of Nigeria (CBCN), the Christian Council of Nigeria (CCN), and the Northern Christian Medical Advisory council of Nigeria. The main aim was to strengthen and coordinate church sponsored health care programmes and activities in the country. CHAN was formed to facilitate cooperation between member institutes ( MIs) and to help build their capacities in order to serve better the health needs of the Nigerian population. CHAN has forged a strong association of Member Institutes whose many successes include providing primary health care services prior to the start of government services with the aim of meeting the needs of people otherwise “unreached” – the rural poor and under privileged. As the largest, oldest health FBO-NGO, CHAN is regarded as the “voice of FBO Non-Government Organizations (NGO, in Nigeria, and acts as a meeting point on health matters for over 20 Christian denominations. Member institutes highly value the supply by CHAN Medi-Pharm of reliable and effective drugs at affordable prices.

CHAN has been providing support services to her Member Institutions (MIs) for over forty decades now. It is structurally organized to provide the support right from her head office through zonal offices to the MIs which implement health programmes and

provide services to the communities. The MIs together provide health care tertiary, secondary and primary) to about 40% of the Nigeria population.

Presently, there are 400 registered members whose activities are carried out in 3,500 health facilities of various sizes and located in both urban and rural settings. CHAN has the mission of reaching more people, especially the 'unreached' through the MIs with health services that is of high quality, affordable and client friendly.



## **10. The Churches Health Association of Zambia**

The Churches Health Association of Zambia (CHAZ) is an umbrella organization for Church administered health institutions whose main objective is to represent the interest of its members in the healing and preaching ministries. It started as the Churches Medical Association of Zambia (CMAZ) and was formally registered in 1970 when the Protestant and Catholic medical committees joined forces to work in health.

Prior to this, each of the two medical committees of the Christian Council of Zambia (Protestant) and the Catholic Sisterhood operated separately but occasionally liaised with each other.

Convinced of the mutual benefits and synergies that would arise from coming together, the two committees merged with their primary role being to coordinate their health mandates in collaboration with the Ministry of Health (MoH).

Guided by its latest strategic plan (2011- 2015), CHAZ is focusing its efforts on three strategic directions:

- (a) Improvement of health services delivery,
- (b) Improvement of organizational effectiveness,
- (c) Ensure sustainability.

The strategic directions area buildup of CHAZ's formal strategic planning processes that begun in 1994.

They are also interwoven with the World Health Organisation's (WHO) six areas of focus in the field of health.

CHAZ's unique features include its ecumenical nature which brings together Protestants and Catholics, its large constituency of both denominations spread over large geographical parts of the country, its Memorandum of Understanding with the government which guarantees that the government will fund 100% of mission health facilities.



## 11. CARITAS CONGO

Caritas Congo ASBL is a technical department of the Catholic Church in DRC which is concerned with health promotion actions, emergency rescue and support of sustainable development. In the health sector, it provides 40% of the health services in DRC within 152 main hospitals, 125 secondary hospitals, 1303 health centers, and 8 regional drug distribution centers who sit within the board as board members.

As a state partner in the health sector, Caritas Congo ABSL manages the human resource in two ways; under statutory regulations for state personnel working within their institutions and under contract for the other personnel.

### a) Human Resource retention Strategies

Caritas Congo developed retention strategies for human resources (both at the national level and at the Caritas diocese level) supported by the following factors :

- Clear identification of all personnel that works for its growth.
- Social actions based on the principle of solidarity ;
- A competitive salary scale and health insurance for workers;
- Bank loans for individuals and groups ;
- On the job training for the personnel

### The main challenges faced by Caritas Congo are

- Drastic of mobilized funds. This decrease is attributable to the reduction of financial resources allocated to the public for development under the international cooperation project.
- Poaching of personnel by international organizations which pay better salaries than Caritas

**b) Participation in the development of a health policy**

Caritas Congo regularly participates in the drawing up of different documents on the health policy of the country and notably the PNDS (National program on the development of healthcare) the SRSS (strategy for the building of the health system) Since 2014, it has participated in the putting in place of the HRIS platform (Human resources Information System) by the ministry of health with the support of international partners.

- c) Caritas Congo's Asbl actively participates in the main mechanisms of the coordination of healthcare activities bringing together the main technical and financial partners around the ministry of health so as to promote the interests of its members. These are the national pilot committee in the health sector, the CCM (coordination mechanism within the Global fund for the fight against HIV/AIDS, Malaria and tuberculosis).

**12. The Christian Health Association of Kenya (CHAK)**

The Christian Health Association of Kenya (CHAK) is a leading national Faith Based Organization (FBO) of Protestant churches' health facilities and programs from all over Kenya. Established in 1946, CHAK has the goal of promoting access to quality health care. The organization's structure includes member health facilities and member programs, governance organs which include a regional structure and the Secretariat based in Nairobi.

The organization's core functions may be broadly categorized as:

- a) Health service delivery
- b) Health systems strengthening
- c) Governance and accountability

**Core activities:****Advocacy and lobbying**

CHAK lobbies on behalf of its members with Government and other stakeholders in health for allocation of resources, secondment of staff and involvement in policy dialogue. CHAK serves as the secretariat for the Ministry of Health- FaithBased Health Services- Technical Working group (MOH-FBHSTWG), a structured forum for regular engagement with the Government and development partners in health. Through

strategic advocacy and the work of the MOH-FBHS-TWG, the Faith Based Health Services providers completed the process of developing an MoU with Government. The MOU was signed in July 2009 by religious leaders from CHAK, Kenya Episcopal Conference (KEC) and the Supreme Council of Kenyan Muslims (SUPKEM) as well as permanent secretaries in the Ministry of Medical Services and Ministry for Public Health & Sanitation.

### **Networking**

CHAK facilitates networking between members through Regional Coordinating Committees, the Annual Health Conference and Annual General Meeting, and publication of articles in the network newsletter, CHAKTimes. CHAK also hosts the Africa CHAs Platform (ACHAP) secretariat which produces the Africa CHAs Bulletin quarterly in both English and French to aid in sharing of best practices among Christian Health Associations in Africa and their partner organizations.

### **Medical equipment program**

CHAK runs a Medical Equipment Program known as Health Care Technical Services (HCTS), which procures, installs, repairs and maintains medical equipment in church health facilities in Kenya. The programme operates a National HCTS workshop for medical equipment maintenance and facilitates procurement of spare parts and medical equipment. The workshop technicians provide a wide range of routine maintenance services and specialize in X-ray and anesthesia equipment installation and maintenance, serving church health facilities around the country.

### **HIV AIDS programs**

CHAK through its member health facilities provides comprehensive HIV/AIDS prevention, care and treatment services. The strategies engaged include behavior change communication, pediatric and adult ARV treatment, PMCT, VCT, home-based Care (HBC) including palliative care, Post Exposure Prevention/Prophylaxis (PEP) and management of opportunistic infections.

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### **13. The Joint Medical Stores (JMS)- Uganda**

JMS is a non-profit making organization with a well constituted Board of Directors. JMS mission is to provide medicines, medical equipment and related health care supplies and training of assured quality to the people of Uganda at affordable price assuring preference treatment for health units registered with UCMB and UPMB.

It procures, stores, and distributes pharmaceutical products through the various health networks of the two churches and other faith based and community organizations throughout Uganda. JMS started operation in 1979 within a fabricated warehouse at the premises of Uganda Catholic Secretariat in Nsambya. With time, JMS has galloped through stages of growth and development. In 1999, it constructed its first warehouse and an office block from where it has been operating. In 2007, it started the construction of the 2<sup>nd</sup> warehouse which has now been completed and due to be opened on 26<sup>th</sup> February 2010.

In addition to supplying the health units accredited to the two Catholic and Protestant churches, JMS also provide services to Government, other faith based units, NGOs and some private not for profit health units . Today the members units contribute about 30% of the volumes of health supplies distributed by JMS. There are 644 member health units served by JMS and spread across the entire country. In addition JMS serves close 500 other private not for profit health units and NGOs.

#### **Strategic Plan**

JMS based its operations following a periodic strategic plan. The current plan runs from 2011-2014 and was developed using the framework of National Health Plan 2010 and National Health Sector Strategic and Improvement Plan (HSSIP 2010-2015). The major strategic areas for the period have been:

- Increasing access to essential medicines and health supplies for its member units;
  - Ensuring sustainability of the supply chain logistics for the private not for profit;
  - Enhancing the use of information, technology and communication tools to improve on medicines and health supplies management at the level of the health units;
- Improving the organization's effectiveness.



#### **14. The Mission for Essential Drugs and Supplies (MEDS)**

In the mid 1980s, Prior to the establishment of MEDS church health facilities were struggling to survive, owing to poor economic conditions and reduced budgetary allocations by the government of Kenya. The churches were unable to receive medical supplies from the then Central Medical Stores. This meant that the poor, who were mostly served by the church facilities suffered as the institutions did not have collective bargaining power with pharmaceutical suppliers. It was while serving as the head of Kenya Catholic Secretariat-Medical department of Kenya Episcopal Conference, that Sr. Devane, an American medical missionary and pharmacist, experienced the struggles of the church health facility. Greatly moved, she advocated for the Catholic and Protestant churches in Kenya to join hands in setting up a joint medical supplies procurement programme.

Reverend Sister Joan Devane a Medical Missionary and a Pharmacist, born in Chicago, USA, was the driving force behind MEDS. During her tenure as the Head of Kenya Catholic Secretariat - Medical Department of the Kenya Episcopal Conference (now the Kenya Conference of Catholic Bishops - KCCB), she got firsthand experience of the struggles of the church health facilities. She advocated for the Catholic and Protestant churches in Kenya to join hands in setting up a joint medical supplies procurement programme.

#### **1983**

The Kenya Catholic Secretariat Medical Department and the Protestant Churches Medical Association (now the Christian Health Association of Kenya - CHAK) agreed to form the joint programme for the purpose of purchase and resale of quality drugs and supplies at a not-for-profit basis to Church health facilities in Kenya. The Church joint project named Mission for Essential Drugs and Supplies (MEDS) was set up with two objectives: a) To procure and store sufficient stock and range of essential drugs and supplies for resale of a not-for-profit basis to church health units and establish a Revolving Fund from the same to sustain the organization's operations. b) To train doctors and health workers on the rational use of drugs.

MEDS was born in September 1986. MEDS currently provides a reliable supply of essential medicines and medical supplies of good quality at affordable prices to over 2,300 public and private health facilities in Kenya. MEDS also endeavors to be the East and Central African regional supply chain hub serving health facilities in the region. The organization has over the years consolidated expertise in selection and quantification, procurement, warehousing and inventory management, rational medicine use, distribution and logistics management. In order to provide customers with real-time

information on their accounts with MEDS, the status of their orders and stocking levels, the organisation has put in place a Customer Relationship Management(CRM) Module for that purpose.

### Quality assurance

1. **Quality Control Laboratory** - On average, more than 100 drug samples are analysed every month in the MEDS Quality Control Laboratory including those from other African Countries: Uganda, Zambia, Madagascar, Republic of Congo and Burund among others. This prequalification status makes it the first faith based pre-qualified laboratory in the world and the fourth in the sub-Saharan region.
2. **Mini lab** - This is a portable and easy to- use lab laboratory which is used to verify drug content and detect fake medicines by employing inexpensive analytical techniques Supplier audits - all suppliers are audited to ensure conformity to Good Manufacturing Practices, MEDS has a stringent and transparent procurement system that ensures that all products procured meet international quality standards.

### SERVICES RENDERED

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## Capacity Building

MEDS Capacity Building programmes seek to contribute to the social pillar of Kenya's Vision 2030 by developing the capacity of practicing health workers to ensure that they have the relevant skills and competencies to serve Kenyans. This also contributes towards health workforce retention in the rural and marginalized areas. Since 1987, MEDS has trained over 25,000 health workers in diverse fields and cadres including medical, nursing and clinical officers.

Tailor made courses for health workers include: Health Facility Management, Project Management, Customer Care and Public Relations, Human Resource Management, Health Care Financing, Commodity Supply Chain Management, Clinical management of common diseases and HIV Testing & Counselling amongst others.



## 15. Evangelical Health Association of Chad(AEST)

### About us

The Evangelical Health Association of Chad is a non-governmental association that came into being through the initiative of certain Christian denominations. It obtained official authorisation to work from the Chadian authorities. It is a humanitarian organisation, apolitical and not for profit. Its headquarters are found in N'Djamena. Its corporate structure is as follows:

- A General Assembly
- A board
- An Executive

Our members are from different Christian denominations of Chad, Religious hospitals religious health centres, and any other person of good will that accepts our values mission and vision.

**Our vision** is to proclaim the Gospel of Christ through different social actions. .

**Our values** are: Love, Compassion, Integrity, Dignity, Justice and Well-being.

**Our Mission:** The Evangelical Health Association of Chad aims to:

- Proclaim and live the Gospel of Christ
- Contribute to the improvement of Human health
- Work for the strengthening of Capacities in FBO health institutions.
- Promote and witness the love, compassion and justice of Christ

### Our actions

So as to have a real impact on the development and improvement of the state of health for the population, we work within the following domains:

- The development of health infrastructure by FBOs
- Initial training and on the job training for health personnel
- Medical Supply of drugs and equipment within the hospitals.
- Community health (hygiene, Getting borehole water using a foot pump, awareness creation, testing of children, supply of mosquito nets...)
- Development of operational research
- Advocacy and partnerships.

Within this main aim of coming together for the greater good, support from any quarters is welcome. Your prayers, advice and aid of any kind will make AEST count within the national and African playing field of organisations that work for the improvement of local health systems. More than an integration tool of Christian medical actions in Chad, AEST is a necessity and a dream come true and we pray to God that he continues to sustain it step by step for its growth and the attainment of its goals all to his glory.



## **16. Ethiopian Evangelical Church, Mekane Yesus**

The Ethiopian Evangelical Church Mekane Yesus (EECMY) is a national Church in Ethiopia proclaiming the Good News of the Lord Jesus Christ. The EECMY is the largest Lutheran Church in Africa with some five million members.

We have a deep concern, not only for the spiritual needs of a person, but also for his/her physical needs. Our motto of service is "Serving the Whole Person", better known as, Wholistic Ministry.

The EECMY has been called by God to take part in His mission. It is a mission to "go" out to his people to proclaim Christ as Lord and Saviour of all human kind. The scope of God's mission, to which EECMY has been called to actively take part in, is local, national, regional, global and universal. She lives and acts to fulfill this most noble task in cooperation with her units, Churches and Ecumenical Partners across the globe.

At the turn of the 19th Century, Ethiopian Christians began proclaiming the Gospel with the help of Lutheran and Presbyterian Missions in Ethiopia. From these joint efforts the Ethiopian Evangelical Church Mekane Yesus (EECMY) was instituted as a national Church on January 21, 1959.

The EECMY supports the idea that all Christian communities are working for the same goal and believes that she has to contribute something as well as to gain from worldwide Christian communities. Therefore, EECMY became a member of the Lutheran World Federation in 1963, (though the Addis Ababa Mekane Yesus Congregation was a member from 1957), a member of the All Africa Conference of Churches in 1974 and of the World Council of Churches in 1979. She joined the World Alliance of Reformed Churches as of 2000 and there has been very good relationship with these Church organizations all along.

#### Appendix 1: ACHAP Members as at December 2016

S/N	COUNTRY	ORGANIZATION	ACRONYM
1	Angola	Christian Medical Commission of Angola	CICA
2	Botswana	Association of Medical Mission of Botswana	AMMB
3	Burkina Faso	Union Chrétienne Médicale et Paramédicale	UCMP
4	Burkina Faso	Assemblée de Dieu de Burkina Faso	ASAD
5	Cameroon	Conseil des Eglises Protestantes du Cameroun	CEPCA
6	Central African Republic	Association des Oeuvres Médicales des Eglises pour la Santé en Centrafrique	ASSOMESCA
7	Central African Republic	Communauté Baptiste au Centrale de l'Afrique	CBCA
8	TChad	Association Evangelique Pour la Santé au Tchad	AEST
9	Democratic Republic of Congo	Eglise du Christ au Congo	ECC
10	DRC Congo	Caritas Congo	
11	Ethiopia	Ethiopian Evangelical Church; Mekane Yesus Development and Social Services Commission	EECMY - DASSC
12	Ghana	Christian Health Association of Ghana	CHAG
13	Guinea Conakry	Mission Philafricaine	MPA
14	Ivory Coast	Hôpital Baptiste de Ferkessedougou	HBDF
15	Kenya	Kenya Conference of Catholic Bishops	KCCB
16	Kenya	Christian Health Association of Kenya	CHAK
17	Kenya	Mission for Essential Drugs and Supplies	MEDS
18	Kenya	Ecumenical Pharmaceutical Network	EPN

19	Lesotho	Christian Health Association of Lesotho	CHALe
20	Liberia	Christian Health Association of Liberia	CHAL
21	Madagascar	Church of Jesus Christ in Madagascar	FJKM
22	Malawi	Christian Health Association of Malawi	CHAM
23	Mali	Association Protestant de la Sante de Mali	APSM
24	Namibia	Council of Churches in Namibia	CCN
25	Niger	Union des Eglises Evangéliques Protestantes du Niger	UEEPN
26	Nigeria	Christian Health Association of Nigeria	CHAN
27	Nigeria	CHAN - MEDIPHARM	CHAN-MEDIPHARM
28	Rwanda	Bureau des Formations Médicales Agrées du Rwanda	BUFMAR
29	Rwanda	Caritas Rwanda	
30	Sierra Leone	Christian Health Association of Sierra Leone	CHASL
31	South Africa	Southern African Catholic Bishops Conference	SACBC
32	South Sudan	Christian Health Association of Sudan	CHAS
33	Swaziland	Churches Forum on HIV/AIDS Republic of Swaziland	CFHA
34	Tanzania	Christian Social Services Commission	CSSC
35	Tanzania	Mission for Essential Medical Supplies	MEMS
36	Togo	L'Association Protestant des Oeuvres Medicales Sociales du Togo	APROMESTO
37	Uganda	Uganda Protestant Medical Bureau	UPMB
38	Uganda	Uganda Catholic Medical Bureau	UCMB
39	Uganda	Joint Medical Stores	JMS
40	Zambia	Churches Health Association of Zambia	CHAZ
41	Zimbabwe	Zimbabwe Association of Church-Related Hospitals	ZACH