



AFRICA CHA PLATFORM

ACHAP THREE-YEAR REPORT



2019 - 2021

ABOUT US

The African Christian Health Association Platform (ACHAP) is a regional faith-based organisation providing a platform for advocacy, networking and capacity building for Christian Health Associations (CHAs) and Church Health Networks in Sub-Saharan Africa. Established in January 2007 through a declaration of commitment by the 3rd Africa Christian Health Associations Biennial Conference held in Bagamoyo, Tanzania, ACHAP brings together about 40 national level faith-based networks providing services in 32 countries across Sub-Saharan Africa to share resources, establish technical working groups (TWGs), and provide ongoing training and technical assistance (TA) to its members. Members of ACHAP play a critical role in public health as they partner with their governments towards achieving equitable access to quality healthcare in Africa.

VISION

Health and Healing for all in Africa.

MISSION

Inspired by Christ's healing ministry, to support Christian Health Associations and Networks to fulfil their mandate of providing sustainable health services in Africa.

CORE VALUES

Christ-centeredness

Transparency and accountability

Inclusivity and diversity

Innovation

Professionalism

Partnerships

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ABBREVIATIONS/ACRONYMS

Abbreviation/Acronym	In full
ACHAP	Africa Christian Health Associations Platform
BP	Blood Pressure
CHA	Christian Health Association
CHMT	County Health Management Team
CHN	Christian Health Network
CHVs	Community Health Volunteers
COVID-19	Coronavirus Disease of 2019
FBO	Faith-Based Organisation
HA	Health Advisor
HCW	Health Care Worker
HHA	Healthy Heart Africa
HR	Human Resource
IEC	Information, Education and Communication
IPC	Infection Prevention and Control
IMA	IMA World Health
MEAL	Monitoring, Evaluation And Learning
MIHR	Momentum Health Integration Resilience
MNCH/FP	Maternal, Newborn and Child Health, Family Planning
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NCHN	Neonatal and Child Health and Nutrition
OCA	Organisation Capacity Assessment
PHC	Primary Health Care
PLWH	Persons Living With HIV
PPE	Personal Protective Equipment
RH	Reproductive Health
RMNCH	Reproduction, Maternal, Newborn And Child Health
TA	Technical Assistance
ToT	Training-of-Trainers
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UHC	Universal Health Coverage
USAID	United States Agency for International Development
VHTs	Village Health Teams
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

MESSAGE FROM THE CHAIRMAN

Throughout the years, we have tasked ourselves with investing in our members through project implementation support, operational, organisational, and health systems strengthening, advocacy, and information sharing, empowering them to effectively support their member health facilities. There have naturally been challenges associated with this work, including funding. ACHAP, along with its partners, has worked industriously to attract funding from several development partners including USAID and IMA World Health. It is through the financial support and goodwill of these stakeholders that ACHAP has been able to fulfil its objectives and mandate as presented in this annual report.

The board is cognisant of the fact that we still have a long way to go. We are therefore going to look back at what we have accomplished, and what may have encumbered our work. It is crucial that we take key lessons from our past performance and take appropriate measures to ensure success in future. I must reiterate the importance of all stakeholders' involvement in strengthening the systems at ACHAP and setting clear strategic goals and objectives to guide its operations.

ACHAP has over the last two years grown significantly in terms of human resources, project portfolio and physical presence in member countries. The Secretariat has relentlessly worked with members to support them uncover challenges that hinder their capacity and performance. I trust that as we look forward to the coming years, we bear in mind these challenges, while innovating ways to address them.

To be forward-thinking, the Board in collaboration with key stakeholders has developed the 2022–2026 ACHAP Strategic Plan to provide direction and a roadmap for achieving its strategic objectives and goals in the next five years. The Board will work with and support the Secretariat to operationalise and implement the strategic plan in a targeted, efficient and creative way.

As you are all aware, the faith-based health sector is currently providing between 30% to 60% of health care services in CHA member countries. That role was further enhanced by the significant contribution of the sector in the response to the COVID-19 pandemic. This important role and contribution of ACHAP can be cemented if we can ensure that we expand the voice of the faith-based health sector in the health conversations across the African continent. It is the desire and commitment of the Board to work with the Secretariat to support, strengthen, and coordinate member CHAs across the continent to enable them to expand and entrench their footprint in their national health systems. To this end, the board will continue supporting the secretariat to engage CHAs in a manner that is sustainable and effective, while utilising the valuable funds in the most efficient ways.

On behalf of the ACHAP Board, it is with great pride and confidence that I present to you, the 2019-2021 Annual Report. It outlines key programming areas and the output and achievements made during the period. I hope the journey and achievements of ACHAP inspire you.

Peter Yeboah,
ACHAP Board Chair

FOREWORD

These three years since our last biennial conference and AGM have had unprecedented challenges on a global scale, with the Covid-19 pandemic presenting challenges and lessons in equal measure, especially in the health sector. The faith-based health system was impacted greatly, forcing us to think on our feet on the possible ways we could work with our communities and governments and leverage our partnerships and collaborations.

Despite these challenges, ACHAP experienced tremendous growth in relationships, partnerships, collaboration and funding during this period, accentuating our place as a strategic platform. In July 2020, the United States government awarded ACHAP a three-year community reproduction, maternal, newborn and child health (RMNCH) project in Kenya and Uganda as a prime partner under the USAID New Partners Initiative.

Following the declaration of Covid-19 as a pandemic by the World Health Organization in March 2020, ACHAP began working with members in various countries to identify their immediate needs. At the time, basic infection prevention supplies and infrastructure for WASH were major priorities. In partnership with IMA World Health, we were able to support health facilities and health workers in several severely affected countries. We have continued to play a significant role in the control of the pandemic, including being involved with Africa CDC through Amref Health Africa supporting African governments in vaccination drives.

Beyond the pandemic ACHAP has continued to support its members as they execute their mandate. With the support of UNAIDS, we continue to spearhead dialogue among health care workers, people living with HIV and religious leaders, using the Framework for Dialogue Model with the aim of reducing stigma and discrimination associated with faith-based health facilities. ACHAP has also been involved with one of USAID's Momentum projects: Momentum Health Integration Resilience (MIHR). Working with local organisations, governments and humanitarian and development partners, the project works to accelerate reductions in maternal, newborn and child illness and death in fragile settings by increasing the capacity of these countries to introduce, deliver, scale up, and sustain the use of evidence-based, quality maternal, newborn and child health, family planning and reproductive health (MNCH/FP/RH) care.

In addition, ACHAP has continued to support organisational capacity strengthening of our members through organisational capacity assessments and subsequent support in preparation and implementation of action plans. As a platform for advocacy and collaboration among other functions, one of our biggest successes during this period has been sustaining engagement with our francophone members, whose connection to ACHAP has been greatly improved following the recruitment of a full-time bilingual officer.

One of our other important milestones is the development of the 2022–2026 Strategic Plan that will guide ACHAP for the next five years. The significant growth in our capacity as an organisation informs our confidence in our ability to implement the plan. From two part-time officers, the Secretariat currently has 23 staff members spread across different countries.

We are grateful to our members for their support, including during the development of the strategic plan. Without your support and cooperation, we would not have achieved the growth highlighted in this report. We look forward to further engagement as we propel ACHAP to greater heights.

Above all we remain grateful to God for He has been good and faithful to ACHAP. We can indeed testify of His goodness.

Nkatha Njeru,
Coordinator

THE ACHAP BOARD



MR. PETER KWAME YEBOAH, CHAIRMAN

Mr. Yeboah is the Executive Director of the Christian Health Association of Ghana (CHAG), the largest private-not-for-profit and non-state provider of health services in Ghana. With over two decades of experience in the faith-based and national health systems, his acquired expertise includes health systems strengthening/development, social policy, health policy planning & financing, and community based primary health care. He holds two post-graduate degrees; a joint Master of Science in Health Policy, Planning & Financing from the London School of Economics and the London School of Hygiene & Tropical Medicine, and a Master of Public Health/ICHD from the Royal Tropical Institute (KIT) in Amsterdam, The Netherlands.



MS. NKATHA NJERU, COORDINATOR/CEO

Ms. Njeru, MPH, is an experienced public health professional who has worked with the faith sector in Kenya and regionally for the past 17 years. She has extensive experience in health systems strengthening where she has worked to support non-profit organisations (especially faith-based) in organizational capacity development, policy formulation, strategic planning, human resources for health, as well as health financing. She is experienced in project design, coordination and management, having provided project leadership and oversight for funding from various donor agencies and governments. She heads the Secretariat.



DR. MWAI MAKOKA, WORLD COUNCIL OF CHURCHES REPRESENTATIVE

Dr. Makoka, MBBS, is a Programme Executive for Health and Healing at the World Council of Churches in Geneva. He qualified as a medical doctor in Malawi in 2002, and received further training in public health microbiology and infectious diseases in the U.S. Besides clinical practice, Dr. Makoka has worked in academia and the national HIV programme, and was previously Executive Director of the Christian Health Association of Malawi. He also serves on the boards of the Ecumenical Pharmaceutical Network (EPN) and Christian Connections for International Health (CCIH).

THE ACHAP BOARD



DR. TONNY TUMWESIGYE, EASTERN AFRICA REGION REPRESENTATIVE

Dr. Tumwesigye, MD (MUK), DPH (LSHTM), Msc.PH (LSHTM) is the Executive Director of the Uganda Protestant Medical Bureau (UPMB). He has previously served for 10 years as the CEO and Medical Superintendent of Kisiizi Hospital, and Director of the Joint Medical Store and its subsidiary for-profit companies. His work includes promoting healthy timing and spacing of pregnancies (FP), health systems strengthening, strengthening partnerships, and putting to scale innovative interventions towards attainment of the SDGs. He holds, among other awards, The Presidential Distinguished Services Award for his outstanding contribution to health services in Uganda.



DR. DJÉKADOUM NDILTA, CENTRAL AFRICA REGION REPRESENTATIVE

Dr. Ndilta is a medical doctor and holds a Master's in Public Health. He is the Executive Director of the Association Evangélique pour la Santé au Tchad (AEST) and manages the Evangelical Hospital of Koyom. Dr Ndilta has coordinated several health projects in HIV/AIDS, malaria, hygiene, pharmaceutical management and maternal and child health. He is involved in various field research projects, notably on malaria and geo-helminths. He also served as a board member of EPN from 2008 to 2014.



DR. SAMUEL MWENDA, HOST CHA

Dr. Mwenda is the General Secretary of the Christian Health Association of Kenya (CHAK). Prior to his time at CHAK, he served for six years as the CEO of the 250-bed Maua Methodist Hospital in rural Kenya. He has also worked as a medical officer for Kenya's Ministry of Health. He is a member of the board of Mission for Essential Drugs and Supplies (MEDS), chairs the board of the Institute of Family Medicine in Kenya, and has previously served as a board member of IMA World Health.

THE ACHAP BOARD



MR. MICHAEL IDAH, WESTERN AFRICA REGION REPRESENTATIVE

Mr. Idah is the Country Director/Secretary General of the Christian Health Association of Nigeria (CHAN). He holds bachelor's and master's degrees in Public Health Administration and has extensive experience in public health, disability inclusion, and community development.



MS. VUYELWA SIDILE-CHITIMBIRE, SOUTHERN AFRICA REGION REPRESENTATIVE

Ms. Chitimbire is the Executive Director of the Zimbabwe Association of Church-Related Hospitals (ZACH). She holds bachelor's and master's degrees in Biology and Advanced Hospitals Management from Adelphi University, and Arnold and Marie Schwartz School of Sciences, Brooklyn, and has more than 30 years' experience in the health sector. She is a Certified Management Consultant (CMC) specialising in the management, planning, appraisal, and reform of the health sector, systems analysis, change management, institutional strengthening, and project management. She has previously served as President of the Zimbabwe National Institute of Consultants.



MR. RICHARD NECI, DRUG SUPPLY ORGANIZATIONS REPRESENTATIVE

Mr. Neci is the Executive Director of the Ecumenical Pharmaceutical Network (EPN). He holds a bachelor's degree in Pharmaceutical Sciences from the University of Kinshasa, an advanced diploma in humanitarian logistics from ISS-DRC and a Postgraduate Certificate of Management from Cumbria University. He also serves as President of the Provincial Council of Pharmacists, and was previously Managing Director of the Dépôt Central Médico-Pharmaceutique 8e CEPAC (DCMP 8th CEPAC) in DRC.

THE ACHAP SECRETARIAT



Nkatha Njeru, MPH – Coordinator

An experienced public health professional who has worked with the faith sector in Kenya and regionally for the past 17 years. She has extensive experience in health systems strengthening where she has worked to support non-profit organisations in organisational capacity development, policy formulation, strategic planning, human resources for health, as well as health financing. She is experienced in project design, coordination and management.



Dr. James Mukabi, MBCHB – Chief of Party

Dr. Mukabi has over 20 years' experience in public health, with a demonstrated track record of building partnerships with local governments, donors, multilateral organisations and academia, among others. He is an expert in implementing large donor funded integrated health programs on HIV/AIDS, TB and RMNCAH. Previously, Dr. Mukabi was the head of the Department of International Health Relations at the Kenyan Ministry of Public Health and Sanitation, where he coordinated development of partnerships between the ministry and other organisations at national, regional and international levels.

THE ACHAP SECRETARIAT



George Ochieng', CPA (K), MBA – Finance Manager

He is an experienced financial and accounting professional who has worked with the faith sector in Kenya and regionally for the past 19 years. He has extensive experience in financial management, accounting, organisational and partner systems strengthening, business development, strategic planning and overall grant management and compliance. He is experienced in proposal development, project start-up, implementation and close out



Rachel Wambui, MBA – HR and Admin Manager

She has over 20 years of work experience in administration, project management and human resource management both at corporate and NGO sectors. She holds an MBA in Strategic Management and is a member of the Institute of Human Resource Management.

THE ACHAP SECRETARIAT



Martin Oluoch – HSS Advisor

A seasoned public health and development professional with 30 years of experience in leading and overseeing national health systems strengthening and institutional capacity building initiatives in the public and civil society sectors in developing countries. Martin has technical competencies in health leadership and governance, strategy and planning, health policy, financing and budgeting, project management and human resources for health. He has vast experience in the public and faith-based health sectors' systems.



Dr. Alex Muhereza, M.D – Senior Technical Advisor, MNCH

An experienced public health professional with work experience in non-profit organisations, including the faith-based sector for the past 15 years. He has extensive experience in health systems strengthening in HIV, Malaria, TB, family planning, and MNCH programmes in Uganda and Kenya. He is experienced in proposal development, project start-up, implementation and closeout.

THE ACHAP SECRETARIAT



**Lonah Chebet, CPA (K) – Senior Finance Officer,
Grants and Compliance**

A specialist in programme, administration, grants management and compliance professional with experience in proposal development budgeting, subaward management, performance and financial monitoring of implementing partners. She has more than nine years of experience in INGOs, public and private organisations.



Rita Njeru, CPA (K) – Finance Officer

She has over 11 years of experience in financial management, financial analysis, grant management, budget management and partnership cycle strengthening in the faith sector in Kenya and regionally. Her work experience has mainly focused on accounting and grants management.

THE ACHAP SECRETARIAT



Caroline Njoroge – Finance Officer

A finance professional with over 20 years of experience in accounting and grants management including budgeting, contracts, cashflow and financial risk management, payroll and tax administration, financial planning, reporting and compliance analysis. She has over the years managed contracts and cooperative agreements from donors and development partners including USAID, Global Fund, Ford Foundation and Bill & Melinda Gates Foundation.



Linda Tina Akello, MPH – Country MNCH Lead, Uganda

A public health specialist with over 10 years work experience in community health programming and health system strengthening with non-profit organisations. She has extensive experience in RMNCAH, WASH & HIV programing in both emergency and post emergency response, having coordinated and provided leadership in various responses in Uganda.

THE ACHAP SECRETARIAT



Ruth Gemi – WASH and Nutrition Officer, Uganda

A public health officer with a strong clinical and environmental health background. She has more than six years of experience in TB/HIV, ASRH, MNCH, WASH and nutrition programming. She has experience working with non-profit organizations in emergency response and development operations, health systems strengthening, leadership and advocacy.



Winnie Nyabenge, MPH – Program Manager/MNCH Lead, Kenya

She is a public health professional with over a decade of experience in health and gender project design, management, implementation, and advocacy. She has worked with rural and refugee communities and supported local organisations in East Africa in design and oversight of implementation of MNCH, FP, SRHR, HIV, WASH, GBV and menstrual hygiene management programmes.



Dennis Kinyoki – MEAL and Research Specialist

M&E and data management professional with over 10 years' experience driving achievement of TB/HIV, FP, RMNCAH, nutrition, WASH, OVC and AMR surveillance programme objectives by formulating and implementing effective M&E strategies and plans. Proven experience in developing, managing and implementing activity monitoring, evaluation and learning plans and systems; identifying and measuring project performance indicators; providing leadership and capacity building for M&E teams and project staff; and coordinating data collection, analysis, and reporting to support evidence-based decision-making.



Musa A. Musa – MEL Officer, Kenya

He has over eight years' experience in M&E spanning FP, RMNCAH, WASH, OVC, FGM and PMTCT and household economic strengthening programmes. Musa has worked with both local and international organisations in various M&E roles with keen interest in design and implementation of M&E plans, indicator development, impact and outcome assessment, gap analysis, data quality assurance as well as data collection and analysis for evidence-based interventions.



Cornelia Mukandie – Communications Officer

She is a bilingual communications specialist with expertise in international relations, crisis communications, PR, and stakeholder relations. She has extensive experience working in INGOs, particularly in the public health and humanitarian sectors.



Simon Ssentongo – MEL Officer, Uganda

He has over 10 years' experience in providing technical leadership and strategic direction for program M&E activities, frameworks, plans and indicators. He is knowledgeable in designing project M&E systems and related tools as well as implementing and supervising M&E activities, as well as setting up beneficiary complaints and feedback mechanisms for programme accountability and effectiveness. He has worked with both international and local not-for-profit organisations.

THE ACHAP SECRETARIAT



Sandra Itenya – Administrative Assistant

A passionate multi-skilled administration professional with over 10 years of work experience in travel and events planning, customer service, human resource management, office administration and front office management in the not-for-profit sector.



Monica Namnaba – SBCC/Gender Officer

An industrious professional with diverse working experience of more than 15 years in resource-limited settings in Africa. Highly skilled in community health and development in INGOs as well as the faith-based sector. Proficient in health system service delivery, specifically HIV, reproductive health GBV, and health promotion. Demonstrated effective health system strengthening in the integration of gender and GBV in HIV programming.

THE ACHAP SECRETARIAT



Dr. Coulibaly Ouonna M.D, MPH – Project Management Consultant

He has over 19 years of work experience, including 12 years in the humanitarian context. Proven experience in providing management leadership in programmatic, financial and administrative aspects of projects, ensuring alignment of the programmes with national and international standards. He has led numerous international projects in the health sector, including UNHCR's health and WASH programme for refugees in Burundi, and the Expanded Program on Immunization (EPI) for Darfurian refugees and Chadian IDPs. Dr. Ouonna is experienced in disease surveillance, and successfully managed outbreaks of cholera, measles, yellow fever, polio and COVID-19 in humanitarian situations. He is currently the PM of the HHA project in Cote d'Ivoire



Stephen Gitau – Logistics Assistant

Stephen is a dependable driving and administrative professional with over 15 years' experience, 10 of them in the development sector. He holds a diploma in motor vehicle systems.



Theophile Ngala – Logistics Assistant

A professional mechanic/driver with 14 years of work experience in non-profit organisations.

SUMMARY OF PROGRAMMES AND ACTIVITIES

The following are some of the highlights of the programmes that ACHAP has been engaged in between 2019 and 2021.

RMNCH PROGRAMMING – ACHAP AFYA

ACHAP Afya is a three-year, USAID-funded regional program implemented in Kenya's Kilifi County and Uganda's West Nile region led by ACHAP, with the Christian Health Association of Kenya (CHAK) as the local implementing partner in Kilifi County and the Uganda Catholic Medical Bureau (UCMB) as the local implementing partner in the West Nile Region. The programme aims to reduce deaths and illness of mothers and children in Kenya and Uganda by implementing high-quality, high-impact community health interventions for RMNCH/FP, nutrition, and WASH.

The project leverages the large faith-based platform provided by ACHAP's local partner organisations to reach targeted local communities with health care services. ACHAP Afya has partnered with the health management teams and local leadership to plan and implement project activities. ACHAP Afya is building the capacity of local community health teams, community leaders (including faith leaders), and health management teams to sustain life-saving health interventions. In Kenya, the project is implemented in Ganze, Rabai, Kaloleni, Kilifi South and Magarini sub-counties of Kilifi. In Uganda, it is implemented in Ajia, Logiri, and Arivu sub-counties in Arua District; and Ndheu, Akworu, and Kucwiny subcounties in Nebbi District in the West Nile Region.

PROGRAMMATIC PROGRESS

(a) Milestones

With the support USAID's Accelerating Support to Advanced Local Partners (ASAP), ACHAP developed its first set of capacity strengthening milestones for ACHAP Afya project. These 62 milestones focused on strengthening ACHAP capacity in line with the NUPAS recommendations. The ACHAP Afya project successfully accomplished 57 milestones (92%) from the first set of milestones. The project moved three milestones into the follow-on set, while two milestones were delayed.

The project developed a second set of 52 capacity milestones for the February to December 2021 period. These focused on developing the FY21 work plan, budget, activity monitoring, evaluation, and learning plan, and scaling-up activity implementation. ACHAP accomplished 18 of these milestones successfully by August 2021, before this set was revised. The AOR and USAID team revised ACHAP's second set of capacity milestones in July 2021 to streamline reporting and shift the focus of project activities to achieving health results. The revision removed the existing remaining 34 milestones and replaced them with 12 new milestones to form the third set of project milestones for the September 2021-August 2022 period. ACHAP has achieved six of the milestones to date.

(b) Work plans and budgets

ACHAP Afya developed and submitted an 18-month (July 2020- December 2021) PY1 work plan and budget in March 2021. The project developed the work plan in consultation with local Ministry of Health (MoH) teams in Kilifi County and Nebbi/Arua Districts. The work plan was approved in May 2021. ACHAP subsequently adjusted the performance period for the PY1 work plan and budget to July 2020 - September 2021. The PY2 work plan and budget for October 2021-August 2022 received full approval in September 2021. The work plan and budget was subsequently extended to cover the period October 2021 - September 2022.

(c) Field activity implementation

The project began community-based activity implementation in May 2021.

{ 71,083 } Estimated number of households in Kilifi	{ 23,991 } Estimated number of households in Nebbi and Arua districts
{ 68 } Number of health facilities in the project in Kilifi	{ 15 } Number of health facilities in the project in Nebbi and Arua districts

Result 1: Use of high-quality community health services expanded

Working with local MoH teams, ACHAP Afya trained 84 community health advisors (CHAs) in Kilifi and health assistants (HAs) in West Nile to serve as master trainers under a training-of-trainers (ToT) model. The ToTs then trained 996 community health volunteers (CHVs) – 99% of the target – in Kilifi and village health teams (VHTs) in West Nile in the core project training package (an evidence-based package of care for community health services in FP, MNCAH, nutrition, and WASH; community nutrition; and community-based distribution of family planning [CBDFP]). The project launched CHV/VHT “help desks” at all supported health facilities in Kilifi and West Nile. Situated at the reception area in the facility outpatient department, the desks served as the first contact for clients accessing health services. The project supported CHVs and VHTs to conduct monthly household visits as a key community health intervention. The project also facilitated community outreach by health workers from primary health facilities to targeted communities; community maternal, perinatal death surveillance and response (cMPDSR) committee meetings to discuss causes of maternal and newborn deaths in their communities; and monthly supportive supervision and mentorship by CHAs/HAs to CHVs/VHTs.

Result 2: Practice of health-seeking behaviour improved and scaled-up

- ACHAP trained 85 CHAs/HAs, 633 CHVs/VHTs, 83 community gatekeepers, 42 religious leaders, and 123 male champions on social and behavioural change communication (SBC) and to create demand for community health services.
- Supported up to 122 peer support groups for pregnant and lactating women to hold monthly meetings. The meetings provided an opportunity for group members to share their experiences and challenges and receive health information.
- Procured 600 starter packs for adolescent mothers. The packs are provided to pregnant adolescents who complete at least four ANC visits and deliver under SBA.
- Procured and distributed WASH kits to 112 supported primary health facilities. The kits are placed around labour and delivery areas to increase clean and safe delivery.
- Facilitated 34 project-supported community units in Kilifi and 30 parishes in West Nile to hold a community health dialogue day every quarter. Topics commonly discussed during the sessions included high teenage pregnancy, late initiation of ANC, and low SBA.

{ 123 } Number of male champions trained in Kilifi and in Nebbi and Arua districts
{ 122 } Number of peer support groups for pregnant women offered support

Some key performance results as at end of March 2022 include the following:

- 28,306 community members received family planning services through community-based distribution of commodities.
- 6,949 (60%) of pregnant women completed at least 4 ANC visits.
- 4,914 (44%) of pregnant women accessed skilled birth attendance.
- 7,774 (74%) of children under 1 year were fully immunized.

- 18,461 children under 2 years reached with nutrition interventions in the community.
- 27,807 households supported to construct handwashing facilities.

After the travel restrictions necessitated by the COVID-19 pandemic were eased, the ACHAP Afya project team convened in-person meetings with the Kilifi County Health Management Team (CHMT) to discuss the high-impact interventions the project aimed to implement in the county, focusing on the hard-to-reach sub-counties of Ganze, Kaloleni and Rabai. The MoH had noted considerable gaps in service delivery, particularly in RMNCH, due to limited access to healthcare facilities, limited mobility for community health workers, unavailability of information for adolescents and young mothers, and cultural gender-normative barriers. The CHMT pledged to support the work of the ACHAP Afya project to ensure its benefits reaching the targeted individuals.

Similar meetings were held with the District Health Management Team in Arua to discussions the seamless implementation of the project in Uganda.

Support from the respective MoHs has made it possible for ACHAP to reach the most marginalised and vulnerable individuals, and improve RMNCH outcomes in both countries. One of the most notable results from these interventions is the decline in deaths of underweight newborns following the introduction of at-home Kangaroo Mother Care in Uganda and the support supervision granted by VHTs under instruction and guidance from the ACHAP Afya team.

WASH in health care facilities

ACHAP-Afya supported a rapid WASH needs assessment in the health facilities within West Nile Region and Kilifi County. In Kilifi 5 sub-counties-Ganze, Kaloleni, Rabai, Magarini, and Kilifi south. The results from the assessment adequately informed procurement of WASH items in 68 targeted primary health facilities. In Uganda WASH assessment was done in 44 healthcare facilities.

The items have been useful in ensuring SAFE quality of care as far as WASH/infection prevention and control (IPC) services in the MCH clinics, delivery and labour wards, and postnatal wards is concerned. The items included handwashing stations, menstrual hygiene bins, waste segregation bins, water treatment kits, and information, education and communication (IEC) materials.

The ACHAP Afya project continues to work with HCFs in order to reactivate and functionalise the WASH/IPC committees in HCFs to strengthen accountability mechanisms and empower them to act as advocacy forums for WASH.



Staff at Logiri HCIII in Uganda receive WASH items

Community WASH

ACHAP Afya supports and promotes community engagement, sensitisation and education on WASH through mass campaigns to counter misinformation and myths. This is done Mother-to-Mother Support Groups/Binti groups on the minimum WASH package for a homestead. It has also continued to support communities in Kilifi, Nebbi and Arua through participation in the commemoration of global WASH days.

ACHAP nutrition

ACHAP Afya has supported the training of CHAs and CHVs on the Baby-Friendly Community Initiative in Kilifi, and training of HAs and VHTs on maternal, infant and young child nutrition in West Nile. The

aim of the course/training was to provide CHVs, community mother support group (CMSG) members, and lead mothers with knowledge and skills to support mothers/caregivers to adopt optimal maternal, infant, and young child feeding practices at the community level. The project also supports nutrition assessment/screening at community level using community structures. The Arua District Health Office supported ACHAP Afya with 1,000 MUAC tapes in a bid to strengthen and intensify nutrition assessment at community level. In Kilifi, the project supported the county with 1,000 MUAC tapes and nutrition counselling cards.



Checking a baby's nutrition status

Challenges

- (i) COVID-19-related restrictions led to delays in implementation of some activities. This was a major challenge at the start of activity implementation mid-2021 and led to postponement of many activities. The project team engaged local leadership to allow for selected activity implementation, in keeping with government COVID-19 protocols.
- (ii) A prolonged drought spanning four months in late 2021 caused shortage of water and food in Kilifi County and hampered many community members from participating. The project continued to encourage CHVs to schedule and communicate with community members early enough on planned interventions.
- (iii) There have been delays in approval for implementation of some planned activities by MoH teams due to competing activities. The project team has continued to engage closely with MoH leadership to ensure effective planning for activities.
- (iv) The project has experienced insufficient funding to implement some planned activities since January 2022. The available budget is not adequate to cover activity implementation through September 2022. However, the project continues to monitor where it can find savings from activity implementation and will channel such savings to activities that have been affected.

Successes and adaptive learning

- (i) Conducting pre-training assessments and providing content in local languages helped to improve training outcomes.

- (ii) The project adopted the use of local community halls and faith-based meeting halls as training venues, with community members providing catering services. This approach was very cost-effective and enabled the project to train more community teams with available resources.
- (iii) The CHV/VHT desks initiated by the project across all supported health facilities in Kilifi and West Nile helped to improve linkage between the community and health facilities. This improved access to health services by clients.
- (iv) With the engagement of male champions as change agents, the project has registered more support by male spouses to their wives during pregnancy, childbirth, and after delivery. The male champions have been able to challenge some of the social norms that hinder male engagement in MNCAH/FP.
- (v) Community health dialogue days provide a platform for community members to discuss identified health problems guided by available local data and come up with local solutions. Key issues are picked by community leaders for discussion with health facility staff, as well as advocacy with relevant leaders at county/district levels.



Tippy tap demonstration in Nebbi District, Uganda

NON-COMMUNICABLE DISEASES – HEALTHY HEART AFRICA

In May 2021, ACHAP partnered with AstraZeneca to implement the Healthy Heart Africa (HHA) programme in Côte d'Ivoire. HHA is an initiative by AstraZeneca that contributes to prevention and control of cardiovascular diseases with a focus on hypertension. The two-year project aims to further early detection, prevention and control, strengthen health systems through training of healthcare providers, and implement local treatment protocols to standardize care in the five regions of Haut Sassandra, Bélier, Marahoué, Poro, and Tchologo, covering a total of 20 health facilities. The project is led by ACHAP's in-country partner, Initiatives Chrétiennes Pour la Promotion Humaine (ICPH).



A guest during the launch of the HHA project

To date, the HHA project has trained a total of 60 health care workers and 100 CHVs; procured and distributed health care worker job aides, digital blood pressure (BP) measuring equipment and rechargeable batteries, weighing scales and height meters and IEC materials. It has also supported radio talk shows and BP screening outreach events.

Hypertension in Côte d'Ivoire

Patient Journey Programme Implementation Resources

Education & Awareness	Screening	Diagnosis	Treatment & Monitoring
Client is educated on Hypertension and the risk factors, family is encouraged to get checked	Client is screened for high blood pressure in the community and appropriately referred to clinic for diagnosis	Patient attends the clinic in timely manner for confirmation of diagnosis and is treated by healthcare worker	Patient is provided with treatment choice and remains adherent to treatment with regular follow ups
• IEC materials • Community Healthcare workers • Branded items	• BP screening equipment • Registers for screening & referral • IEC materials	• Training for health workers delivered through Train the • Trainer sessions • IEC materials/ Treatment Protocol • Screening equipment	• Treatment protocol developed/endorsed by MSHP • Treatment registers • IEC materials
Effective patient tracking mechanisms throughout journey			

HHA - Côte D'Ivoire outlook as of May 2022

	456,910 BP screenings conducted in 20 supported HHA sites		36,020 persons above 18 years with initial BP reading > or = 140/90 mmHg)		10,671 individuals diagnosed with hypertension & treated with lifestyle advice or medicine
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ACHAP and ICPH, through the HHA programme and in collaboration with the NCD department of the Ivorian Ministry of Public Hygiene and Universal Health Coverage, marked the World Hypertension Day 2022 in Abidjan and 18 other sites, highlighting the low rate of hypertension awareness worldwide, promoting accurate BP measurement methods, and underscoring the importance of improving hypertension control to live longer and healthier in line with the 2022 theme.



HHA programme supported the commemoration of the World Hypertension Day, including screening events, in Abidjan on May 17, 2022

STRENGTHENING SERVICE DELIVERY IN FRAGILE SETTINGS – MIHR

Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale (MOMENTUM) Integrated Health Resilience (MIHR), is a global USAID cooperative agreement designed to strengthen quality maternal, newborn, and child health, voluntary family planning and reproductive health care and service delivery in fragile settings. MIHR's goal is to reduce maternal, newborn, and child mortality and morbidity and increase the health resilience of families, communities and nations.

IMA World Health (IMA) has partnered with JSI Research & Training Institute, Pathfinder International, GOAL USA Fund, Cooperative for Assistance and Relief Everywhere (CARE), and ACHAP to implement the project. In Africa, the MIHR is implemented in South Sudan, Democratic Republic of Congo, Niger, Mali, Burkina Faso and Sudan and Tanzania.

ACHAP provides technical leadership in capacity strengthening of local partners in the seven project countries. Specifically, ACHAP has the responsibility of strengthening the organisational and technical and grants management capacity of non-governmental organisations, including faith-based organisations (FBOs), to support the provision of FP/RH/MNCH/nutrition services and promote social accountability at community level. In addition, the local partner will contribute to improvement of NCHN/ FP/ RH/ nutrition outcome and enhance overall health resilience.



ACHAP Health Systems Strengthening Advisor Martin Oluoch (standing) mentors a local NGO partner's senior staff in Juba South Sudan on organisational capacity self-assessment in May 2022

Under the technical leadership of ACHAP in capacity strengthening, MHIR has to date:

- (i) Developed a comprehensive capacity strengthening strategy outlining the purpose, guiding principles, processes and pathways for capacity strengthening in the project. The strategy is currently guiding capacity initiatives in the seven project countries.

- (ii) Developed and adapted a comprehensive integrated tool for assessing local partners' organisational and technical capacity and performance.
- (iii) Developed a suite of guides, tools and templates for operationalisation and implementation of the MIHR capacity strengthening strategy.
- (iv) Disseminated and trained MIHR country and local partner staff on MIHR capacity strengthening strategy assessment tools and other guides in South Sudan and the Democratic Republic of Congo.
- (v) Supported two local NGO partners in South Sudan to undertake self-assessment and develop and commence implementation of their organisational and technical capacity strengthening plans.

ACHAP is currently providing leadership in the Request for Application process to identify and contract local partners in Mali, Niger, and Burkina Faso to participate in the MIHR FP/RH/MNCH/nutrition programming at community level. As local partners in all countries come on board, ACHAP will provide technical assistance, and monitor implementation, documentation and learning during capacity strengthening initiatives.



ACHAP participated in the MIHR annual retreat and Year 3 work planning in Washington DC in June 2022

ELIMINATION OF HIV STIGMA AND DISCRIMINATION – UNAIDS/PEPFAR INITIATIVE

FBOs play an integral role in the health of communities. In September 2015, US President's Emergency Plan for AIDS Relief (PEPFAR) and UNAIDS launched an initiative aimed at strengthening the capacity of faith leaders and organisations to advocate and deliver a sustainable HIV response.

Through this project, ACHAP strives to contribute to the elimination of stigma and discrimination at health facilities. ACHAP has been engaged in Kenya, Uganda and Nigeria, leveraging our strength in communities. These three countries were selected based on the following statistics:

Kenya has the fifth largest number of persons living with HIV (PLWHIV) in the world, estimated at 1.4

million people. The national HIV prevalence is 4.9% among adults, with urban prevalence at 4.7% and rural at 5%. HIV prevalence in Kilifi County stands at 2.3%. Overall, HIV prevalence among those aged between 15 and 64 years is higher in women than men, with the female prevalence rate at 6.6% and that of males at 3.1%.

Like many countries in sub-Saharan Africa, **Nigeria** is equally burdened with HIV/AIDs infections. The country is ranked fourth in the world with about 1.8 million PLWHIV. South Africa, India and Mozambique are ranked ahead of Nigeria.

For close to 37 years, HIV has been one of **Uganda's** highest-burden infectious diseases. The country had a HIV prevalence of 5.4% among adults aged between 15-49 with prevalence for women being higher at 6.8%. An estimated 1.4 million adults and 98,000 children are living with HIV. The government of Uganda continues to work with several donors, collaborating institutions and civil society organisations to provide treatment and other forms of support. Out of the 1.4 million PLHIV, 1.1 million are accessing antiretroviral therapy (ART).

Working with health care workers, religious leaders, people living with HIV, and other community stakeholders, we have fostered adoption of the UNAIDS Framework for Dialogue to jointly address stigma and discrimination towards ensuring that faith-based health facilities are considered 'safe-spaces' for care and treatment.

Achievements in the last three years include:

- (i) **Formation of steering committees in the three countries:** ACHAP conducted meetings to engage with 10-member committees in the three countries. The role of each committee is to steer and coordinate the Framework for Dialogue process as well as all the other project approaches. In attendance were religious leaders, PLWHIV, district and county health officers, and HIV implementing partners.



Arua District (Uganda) participants at Golden Courts Hotel at the end of the committee meeting

- (ii) **Face to face dialogue meetings:** These aimed to increase collaboration between PLWHIV and religious leaders at national and local levels, and improve response and access to HIV interventions and services, while addressing stigma and discrimination by identifying priority areas of collaboration. To date, 231 participants (132 male, 99 female) have attended the dialogues.



Kenyan participants engaged in a group discussion during a face for face dialogue session

- (iii) **Capacity building of religious and community leaders:** A total of 233 leaders have been trained as champions against stigma and discrimination and provided with appropriate tools.
- (iv) **Training of health care workers as ToT on stigma reduction:** A total of 93 (41 male, 52 female) health care workers have been trained on how to end stigma and discrimination against PLWHIV in their facilities. This is in tandem with UNAIDS 95:95:95 targets of ending HIV and AIDS by 2030.



Nigerian health care workers during training on HIV stigma reduction

COVID-19 RESPONSE

On March 11, the World Health Organization (WHO) declared Covid-19, an infectious disease caused by the new coronavirus, a pandemic. Following this, ACHAP sort to offer assistance to members to mitigate the spread of the disease.

IMA WORLD HEALTH SUPPORT

Shortly after the declaration, IMA World Health (IMA) partnered with ACHAP to support the response of Christian Health Associations in selected countries.

Seven countries were chosen for the project, with the main criteria being the number of cases reported in the countries at the time. The selected countries were Cameroon, Democratic Republic of Congo, Ghana, Kenya, Nigeria, Rwanda and Uganda. Funding from IMA was channeled through ACHAP to support the selected CHAs and their facilities. This support was to cover supply of basic personal protective equipment (PPE), various hand hygiene supplies such as hand washing equipment, soap and sanitizer, as well as production of messages on Covid-19 aimed at health workers, CHVs and faith leaders.

{ 7 }
Number of countries
covered in the first phase of
the COVID-19 response

In **Cameroon**, the project was implemented by the Cameroon Baptist Convention Health Services (CBCHS). In total, five health facilities were provided with equipment and supplies such as infrared thermometers, sanitiser, handwashing stations, liquid soap, and many other IPC items. The project further trained HCWs on COVID-19 preventive measures and case detection, and messages were disseminated to 200 CHVs, 5,000 HCWs, and 1,500 religious leaders.

Caritas Congo implemented the project in the **Democratic Republic of Congo**. Project health facilities were provided with equipment and medical supplies. The project also trained health workers and CHVs. A total of 442 HWs were reached with messages on COVID-19, 268 CHVs trained, and 77 religious leaders equipped with knowledge and skills to educate congregations on the disease.



Training for CHVs in DRC

In **Ghana**, the project was implemented by the Christian Health Association of Ghana (CHAG). Healthcare facilities were provided with equipment and supplies, and supported in case handling/ referrals. Furthermore, medical staff were trained on IPC. In total, 28,000 HWs, 4,000 CHVs and 1,750 faith leaders were reached.

In **Kenya**, the project provided the project healthcare facilities with equipment and medical supplies, and supported training of HCWs and ToTs. In total, 34 ToTs were trained. They then cascaded the training

to 180 HCWs. Furthermore, IEC materials with COVID-19 messaging were printed and distributed. A total of 500 CHVs, and more than 100 faith leaders were reached with COVID-19 messages.

Nigeria's response was spearheaded by the Christian Health Association of Nigeria (CHAN). In total, five facilities were provided with IPC equipment and supplies. Furthermore, medical and support staff were trained in IPC and more than 20 community education meetings held during the project period. A total of 1,013 health workers and 1,398 CHVs were reached with COVID-19 messages.

In **Rwanda**, the project was implemented by Bureau des Formations Médicales Agréées du Rwanda (BUFMAR), with health facilities being provided with IPC equipment and supplies. A total of 290 HCWs, 2,942 CHVs and 335 faith leaders received messages on COVID-19.

Lastly, in **Uganda**, the response was spearheaded by UPMB. The project health facilities were provided with IPC equipment and medical supplies, and supported on training of HCWs, and printing and distribution of IEC materials. An estimated 5,945 HCWs, 7,690 CHVs and 150 faith leaders were reached with messages on COVID-19.

All CHAs involved in this project formed steering committees which have continued to coordinate COVID-19 response activities.

In the last quarter of 2020, IMA and ACHAP partnered once again to support the COVID-19 response in five countries. Project implementation was focused on equipping medical facilities with clinical supplies for management of Covid-19, training healthcare workers to manage isolation and treatment areas, sensitization campaigns at community level, reinforcement of WASH as a preventive measure, providing PPE across healthcare facilities, printing and distributing IEC materials on preventive measures, and raising awareness through radio spot adverts, social media and newspaper articles.

Implementation was led by the respective in-country partners:

- i. **Nigeria:** CHAN supported 10 hospitals through drilling of boreholes and piping of water. In seven of the facilities, a three-metre-high metal stand was constructed and a 3,000-litre tank installed.

- ii. **Malawi:** Through the Christian Health Association of Malawi (CHAM), 10 healthcare facilities were supplied with equipment and consumables, 40 HCWs were trained and the facilities supported with case documentation, communication and media.



Commissioning one of the boreholes in Nigeria

- iii. **Burkina Faso:** Through the Union Chrétienne Médicale et Paramédicale de Burkina (UCMP) and the Assemblée de Dieu De Burkina Faso (ASAD), the project supported the training of pastors and facilitators, provision of communication and media materials, and supply of equipment and consumables to health facilities. Over 4,000 people were sensitised on COVID-19 preventive measures.
- iv. **Zimbabwe:** The Zimbabwe Association of Christian-related Hospitals (ZACH) implemented the project by supporting 20 mission hospitals through the supply of IPC equipment and training of HCWs. The project also supported the provision of IEC materials.
- v. **Chad:** The project implemented by the Association Evangelique pour la Sante au Tchad (AEST) ran for six months in 10 healthcare facilities. Activities included training HCWs and facilitators on COVID-19 prevention, detection and management, supply of cloth masks, communication and media and, distribution of consumables. Over 9,000 people were sensitised.

For Malawi, Nigeria, Zimbabwe and Chad, the project ran from October 2020 to July 2021. The Burkina Faso project kicked off in April and ended in October 2021. At the close of the project, more than 13,500 masks had been distributed, 10 boreholes drilled and equipped, and more than 300 faith leaders and health workers trained.

{ 10 }

Number of people sensitised
on Covid-19 prevention in
CHAD under the IMA sponsored
programme



A facility receives COVID-19 preventions supplies and IEC materials

AFRICA CDC SUPPORT

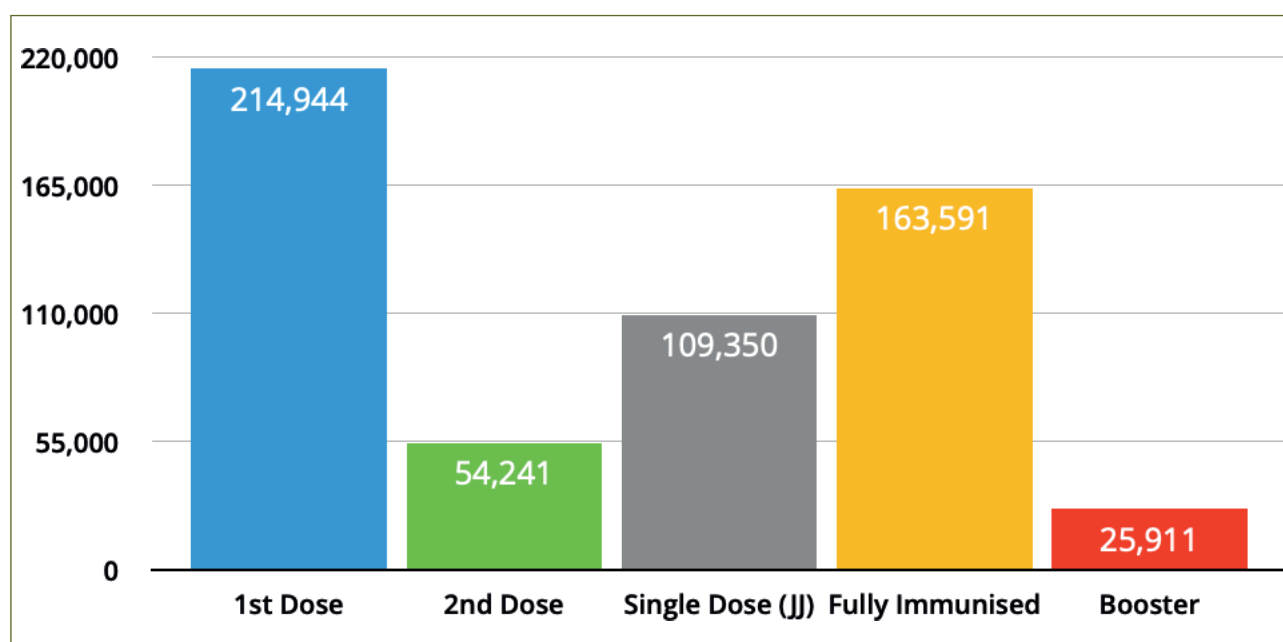
AMREF Health Africa partnered with ACHAP in December 2021 to implement the Partnership for COVID-19 Vaccination in Lesotho. The project aims to support the Government of Lesotho to implement COVID-19 vaccination activities in the country, with funding from Africa Centers for Disease Control (Africa CDC).

The key focal areas of this project are:

1. Vaccination capacity (CVCs and staff training)
2. Risk Communication and Community Engagement (RCCE).

The table below outlines the project's current progress:

Key Performance Indicator (KPI)	Results to date
Data clerks trained and currently collecting real-time data	52
Data clerks recruited and currently running the call desk	44
Health officers recruited and currently running the call desk	4
Community leaders (key influencers) engaged to share supportive messaging on COVID-19 vaccination	4
Live community radio/TV discussions held to inform on COVID-19 vaccination	120
Flyers on COVID-19 vaccination distributed to the public	150,000



Doses administered during the urgent support

ORGANISATIONAL STRENGTHENING

During its first nine months, the project focused on strengthening the organisational capacity of ACHAP to effectively manage donor projects. The project underwent a Non-US Pre-Award Survey (NUPAS) in April 2020 to develop tailored recommendations for organisational capacity strengthening activities. Consultants from USAID's Accelerating Support to Advanced Local Partners (ASAP) supported ACHAP Afya to address the NUPAS recommendations. This work increased compliance to USAID rules and regulations during project implementation in the short-term and enhanced ACHAP's long-term organisational sustainability. Key achievements from these capacity strengthening initiatives included:

HUMAN RESOURCE

ACHAP established its own HR unit, hired a qualified focal person, and developed HR systems under the project's capacity strengthening initiatives. We developed relevant HR management documents to support these HR functions, including an updated HR policy manual and a staffing plan. We also established a staffing plan to guide; hired 19 staff required for its home office and for ACHAP Afya project implementation; developed the first comprehensive staff performance management system.

GOVERNANCE

After assessing the ACHAP governance structure and processes a number of gaps were identified and measures taken to address them. ACHAP developed a comprehensive [ACHAP Board Charter](#) to facilitate more efficient and accountable execution of its oversight role. In addition, the Board established committees to oversight programmes, finance, and HR functions. We also signed a revised Memorandum of Understanding (MoU) with CHAK that enabled us to operate and manage our functions in a more autonomous manner while maintaining a good relationship with CHAK. At the same time, ACHAP applied for and received an income tax exemption certificate from the Kenya Revenue Authority (KRA). As a result, ACHAP's donor funds are now exempt from taxation.

LEADERSHIP AND STRATEGY

The ACHAP board led a comprehensive and inclusive process to develop the 2022-2026 ACHAP Strategic Plan to ensure that the organisation possessed a clear pathway for implementing its mission and achieving its vision. The plan provides viable implementation strategies to address challenges and achieve ACHAP's objectives, enabling the organisation to focus its resources, time, and energy on critical issues.



A section of the ACHAP Board and staff during a strategic plan retreat session

Key priority areas of the ACHAP Strategic Plan (2020 – 2026)

- a) Strengthening leadership and governance
- b) Sustainability
- c) Communication and advocacy
- d) Performance monitoring and knowledge management
- e) Leveraging technology, ICT, and innovation
- f) External relations, networking, collaboration and partnerships
- g) Support to network members to implement their mandates effectively

RESOURCE MOBILISATION

ACHAP strengthened its capacity in donor mapping, proposal writing and donor engagement to increase and diversify the organisation's revenue base. ACHAP secured funding worth \$29,248,894 for seven new projects with its members since July 2020.

FINANCIAL MANAGEMENT

ACHAP established a full-fledged Finance Department led by a Finance Manager and supported by three finance officers. We also procured the SAGE accounting software to manage and document our financial transactions in real-time. We also revised our finance and operations policy to more effectively support the organisation and comply with US government regulations.

PROCUREMENT

ACHAP established a full-fledged procurement department, developed a procurement policy manual, and improved segregation of procurement duties. This policy puts in place adequate checks and balances mechanisms to ensure procurement operations are executed within the established internal control requirements.

SUB-AWARDS MANAGEMENT

ACHAP developed a Sub-Award Management Manual to strengthen management of subrecipients executed sub-agreements with CHAK and UCMB. ACHAP also conducted organisation capacity assessment (OCA) of the two organisations and subsequently worked with the partners to develop and implement capacity strengthening plans. Strong progress has been made by the partners, including in providing timely and complete monthly reports and in financial management.

COMMUNICATION AND NETWORKING

ACHAP strengthened its communication function to streamline its engagement with member associations and other strategic partners. The organisation hired a bilingual communication officer (French/English), which has significantly improved ACHAP's engagement with its francophone members. We also improved our online presence by revamping and updating our website and management of other online platforms. ACHAP is currently writing and issuing a regular newsletter to its members and other key stakeholders.



Following extensive planning, ACHAP finally acquired and set up new offices. The dedication of the offices was held in January 2022

MEMBER ENGAGEMENT

As part of ACHAP's member engagement plan, a three-part webinar series was held in March 2021 with the theme: Sustaining gains made in the response to COVID-19: Lessons learnt from ACHAP's response.

This informative series was divided into three topics:

- Leadership & governance in crisis: Reflecting on ACHAP's lessons
- Supply chain: Lessons learnt
- Lessons learnt in delivering services during a pandemic

The webinars were conducted by nine presenters across ACHAP membership.

ACHAP's francophone partners also held a webinar in May 2021 themed: COVID-19: *Lessons learnt from ACHAP's francophone members* (COVID-19: Leçons apprises des membres francophones de ACHAP). This webinar featured presentations from four panelists representing Chad, Burkina Faso, Cameroon and Guinea.

COVID-19 DANS NOS PAYS

Discussions:

- La tendance épidémiologique de covid-19 dans nos pays.
- Les mesures préventives barrières, leur applications au sein de la communauté dans les formations sanitaires.
- Les enjeux de la vaccination dans nos pays respectifs et le degré d'implication des Associations chrétiennes de la santé dans le programme de vaccinations covid-19 dans nos pays.
- Sommes nous préparés à participer à la campagne de vaccination ?

JEUDI, LE 4 NOVEMBRE 2021; 1200H UCT

MODERATEUR	PRESENTATEURS
Dr. Djékadoum Ndilta, ED AEST	Pasteur Aguibina Ouedraogo- ASAD, Burkina Faso Mme Sylvie Tala- AEST, Chad Jeremie Sagara- APSM/ Mali

AFRICA CHA PLATFORM

<https://meet.google.com/kwo-jqth-gkj>

The webinar recordings are available for download on the ACHAP website.

The hiring of a fulltime bilingual communication officer has increased engagement with francophone members. A WhatsApp group was also formed for these members and they have been actively engaging with each other.

During the development of the 2022–2026 Strategic Plan, all ACHAP members were involved, including the francophone constituency. A virtual meeting was convened between the consultant and representatives from ACHAP's francophone members to conduct an in-depth SWOT analysis of their membership, and draw recommendations for inclusion in the strategic plan.

During the period, there were a number of learning and working visits by other faith organisations members. These visits and meetings were mainly aimed at capacity building.



Presbyterian Church of South Sudan officials during a visit of the ACHAP offices



BUFMAR officials and ACHAP staff during a visit to the ACHAP offices

ADVOCACY AND REPRESENTATION

1. ACHAP 9TH BIENNIAL CONFERENCE

Every two years, ACHAP holds a conference to reflect on regional and global health issues and priorities that have an impact on countries and communities served by faith-based health organizations. The 9th Biennial Conference and General Assembly of ACHAP was held from 25th February to 1st March in Yaoundé, Cameroon, with the theme: Re-Igniting Primary Health Care: The role of ACHAP.

The conference was focused on five objectives:

- i. To promote FBO-government partnerships at country, sub-regional and regional levels.
- ii. To strengthen faith-based health systems that include primary health care (PHC) towards universal health coverage (UHC).
- iii. To explore financing models for PHC.
- iv. To Increase visibility and advocacy leverages
- v. To consolidate ACHAP's/CHAs' innovative approaches in managing the HIV/AIDs epidemic and strengthen their capacity for upcoming grant opportunities/acquisition, program management, financial accountability and transparency.

These objectives were in line with ACHAP's need to review its engagement in PHC, identify successes and failures, codify collaborative learning and develop scalable innovative models attractive to both donors and governments in a bid to improve investments towards achieving UHC.

Present at the opening was the Minister of Public Health Malachie Manaouda, who in his opening remarks, highlighted the importance of FBOs in healthcare across Africa, the significant role that CHAs and other faith-based health providers play as reliable partners of the state in the implementation of health policies, their support towards achievement of the Sustainable Development Goals concerning health, their expertise, their reputation and credibility by the quality of services they offer, and the accompaniment of all these aspects in the implementation of UHC.

A key outcome of the conference was the signing of the Yaoundé Declaration, which affirmed the principles, ideals and values of PHC as the pathway to promoting Jesus Christ's healing ministry.

The conference was hosted by ACHAP member Cameroon Baptist Convention (CBC).





Participants at the 9th Biennial Conference in Cameroon in 2019

2. ACHAP AT THE FOREFRONT OF MENTAL HEALTH ADVOCACY

Following the outbreak of COVID-19, a negative shift in mental health was noted around the world, with many people developing anxiety, not only over their health and that of their families, but also over the economy. ACHAP, in collaboration with IMA, developed a document focused on mental health – *Mental Health, Faith, Community and COVID-19* – that was offered as a resource for faith and community leaders. The document provides four key guidelines on managing mental and physical health:

- i. **Follow the health guidance of the WHO and local officials.** It is focused largely on instructing faith leaders on how to reinforce official government policies such as social distancing, the mask mandate and other publicly imposed restrictions. *(Guided by John 10:3 and Deuteronomy 30:19-20)*
- ii. **Be present for congregation members, even if you cannot physically be near them.** It outlines the importance of compassionate listening to alleviate stress. Faith and community leaders are urged to be available as often as possible to their community members while remaining careful to minimize COVID-19 exposure risks by exploring digital engagements. *(Guided by Galatians 6:2 and 2Corinthians 1:3-4)*
- iii. **Create a sense of community.** This is a call to leaders to go the extra mile in uniting their communities by setting up one on one calls or small group chats, particularly using WhatsApp. *(Guided by Ephesians 2:19-22, 1Thessalonians 5:11, and 1John 3:11)*
- iv. **Pray or meditate.** This guideline serves as a reminder for leaders to pray or meditate alone or as a group to provide spiritual stability. Leaders are urged to take specific prayer requests, organize online/digital prayer groups, pray for the world and its leaders, and for the health, economic stability, and emotional and spiritual resilience of community members. *(Guided by Psalms 46:1, Philemon 4:6-7)*

3. COLLABORATION WITH RELIGIOUS LEADERS

ACHAP has been closely working with religious leaders on various programmes. It has partnered with the All Africa Conference of Churches and other organisations to train religious leaders on health matters.

ACHAP, in consortium with eight faith-based institutions, developed a guide on HIV/AIDS counselling for religious leaders that was published in February 2019 through the support of the UNAIDS/PEPFAR-Faith Initiative, and in close collaboration with religious leaders, medical experts from faith-based organizations, as well as Kenya's National AIDS Control Council (NACC) and National AIDS & STI Control Programme (NASCOP).

The guide stipulates that the main aim of counselling is to help the affected to cope with the stress related to HIV or AIDS and to think through personal decisions relating to HIV and AIDS services.

Religious leaders are empowered as counsellors due to their great influence and credibility within their communities, and are looked upon as pillars of morality. Given this responsibility, training them to effectively engage with HIV/AIDS patients is crucial, especially in ensuring that the patients' dignity and humanity is prioritised. Training is not only focused on the dos and don'ts of communication, but on equipping religious leaders with accurate medical information about HIV, its treatment and management, and dealing with the grief that often accompanies sickness, separation and death. This guide is currently being used in the implementation of the UNAIDS programme, an intervention towards the adoption of UNAIDS's Framework for Dialogue.



Religious leaders with copies of the guide in Uganda

The ACHAP leadership also held meetings and attended meetings in pursuit of partnerships and advocating members' interests.



ACHAP and EPN Norvatis officials in a meeting to explore partnerships with FBOs last year



The UNAIDS team during a visit to the ACHAP offices

NEW BUSINESS

ACHAP continues to pursue projects and collaborations in the interest of improving access to quality healthcare in sub-Saharan Africa (SSA).

IMA-ACHAP COV-FAB PROJECT

With the overall goal of reducing loss of life and spread of COVID-19 in SSA and contributing to global health security through targeted capacity strengthening of CHA networks, the project started in April 2022 and will be implemented up to March 2024. It is funded by IMA World Health with support from the Osprey Foundation.

The project is being implemented in Zimbabwe in UMP, Mudzi and Mutoko by the Zimbabwe Association of Church-Related Hospitals (ZACH) and Sierra Leone in the Western Area by the Christian Health Association of Sierra Leon (CHASL). Other ACHAP member countries have been considered to help them fill specific gaps in their country vaccination efforts through their membership of FBOs, meeting immediate needs and better positioning them as MoH partners. These include the Christian Health Association of Zambia (CHAZ), Association des œuvres Medicales pour la Santé en Centre Afrique (ASSOMESCA) in Central African Republic, Fianganon'i Jesoa Kristy eto Madagasikara (FJKM) in Madagascar, Christian Health Association of Liberia (CHALi), ICPH in Ivory Coast, and Christian Social Services Commission (CSSC) in Tanzania.



IMA World health, ACHAP and CHASL representatives after a consultative meeting with the Sierra Leone National COVID-19 Emergency Response Centre chairperson Freetown in May 2022

The project will provide technical and financial support to help ZACH ,CHASL and the rest of the selected CHAs to rapidly increase the scale and effectiveness of COVID-19 vaccine rollout in their target geographies while strengthening local capacity. Building on efforts initiated early in the project, the organisations will coordinate with their respective MoH to ensure they are providing support in the geographic areas where they can best address identified gaps, contribute to documented progress towards national targets, and add value as faith-based networks uniquely positioned to promote equitable access and distribution.

ACHAP will:

- Lead country-level activity implementation with technical support from IMA and Internews.
- Support member CHAs through large and small subgrants, with complementary capacity strengthening activities.
- Develop or strengthen peer-to-peer platforms, such as a Global Health Security Technical Working Group and mentorship between CHASL and ZACH.
- Increase institutional capacity as a resource for member CHAs, including through improved communications strategies and trainings.

IMA will:

- Provide technical support for ACHAP, particularly in the areas of CHA capacity strengthening, vaccination microplanning, and management of small-grants programme.
- Lead assessment and SBC approaches to address healthcare worker vaccine hesitancy.
- Provide oversight and support of ACHAP subgrants, including financial oversight, through IMA's regional office and technical review of CHAs' proposals, workplans and other milestones.
- Support adaptation of IMA's participatory development of sermon guides for faith leaders in addressing public health issues.
- Provide technical assistance to ACHAP as it improves visibility and influence with international actors in public health.

Internews will:

- Help ZACH and CHASL to develop and implement communications strategies that expand use of diverse local media channels to deliver evidence-based messaging on COVID-19 vaccines.
- Leverage global initiatives including Rooted in Trust and IEAs.
- Provide consultation and training to strengthen the ACHAP Secretariat's support to COVID-19 communications across CHA members, including tips on media outreach.

In May 2022, a team from ACHAP and IMA World Health held project kick-off and consultative meetings with the respective MoH and other partners in Zimbabwe and Sierra Leone who pledged full support to the project. Some of the key issues discussed included:



Staff from ACHAP, IMA World Health and ZACH after a consultative meeting in Harare with Dr Munyaradzi Dobbie, the chief director of public health at the Ministry of Health and Child Care in Zimbabwe

FINANCIAL SUMMARY

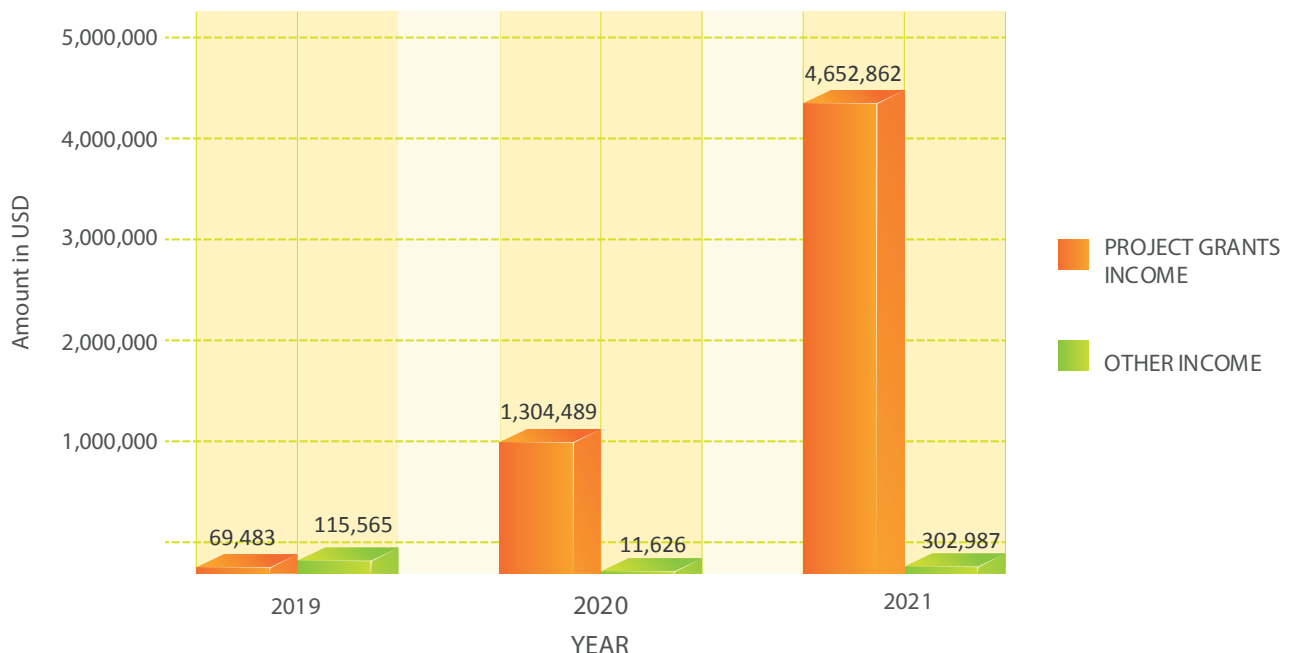
ACHAP Sources of Income (USD)

PROJECT GRANTS INCOME	2019	2020	2021	TOTAL
Achap Afya USAID		802,042	3,927,747	4,729,789
HHA		-	298,735	298,735
AMREF CVC		-	121,066	121,066
IMA Momentum		161,619	162,476	324,095
UNAIDS	69,483	110,284	91,118	270,885
IMA Covid Response		225,094	35,179	260,273
IMA Strategic Plan Project		-	16,541	16,541
World Council of Churches		5,450	-	5,450
TOTAL PROJECT GRANTS INCOME	69,483	1,304,489	4,652,862	6,026,834
OTHER INCOME				
10% Deminimis		-	273,657	273,657
Christia Connections for International		5,000	-	5,000
Interest Income	531	3,488	22,966	26,985
Member's subscription fees	4,785	-	5,522	10,307
Gain on exchange	-	1,303	842	2,145
Refunds	-	1,835	-	1,835
Biennial Conference income	109,269	-	-	109,269
Contribution in Kind CHAK	980	-	-	980
TOTAL OTHER INCOME	115,565	11,626	302,987	430,178
GRAND TOTAL INCOME	185,048	1,316,115	4,955,849	6,457,012

ACHAP Sources of Income Summary

	2019	2020	2021	TOTAL
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ACHAP Sources of Income Summary



ACHAP MEMBERSHIP

NO.	COUNTRY	MEMBERS	ACRONYM
Central Africa			
1	Cameroon	Conseil des Eglises Protestantes du Cameroun	CEPCA
2	Cameroon	Cameroon Baptist Convention Health Services	CBCHS
3	Central Africa Republic	Association des œuvres Medicales pour la Santé en Centre Afrique	ASSOMESCA
4	Central Africa Republic	Communauté Baptiste au Centrale de l'Afrique (CBCA)	CBCA
5	Chad	Koyom Hospital/ Bureau d'Appui Conseil	AEST
6	D. R. Congo	Eglise du Christ au Congo ECC/CARITAS Congo. Eglise du Christ au Congo ECC	ECC
7	D. R. Congo	CARITAS Congo	
EASTERN AFRICA			
8	Burundi	Communauté des Eglises de Pentecôte au Burundi, CEPBU	CEPBU
9	Sudan	Christian Health Association of Sudan	CHAS
10	Ethiopia	Ethiopia Evangelical Church Mekane Yesu:Development & Social Services Commission	EECMY - DASSC
11	Kenya	Christian Health Association of Kenya.	CHAK
12	Kenya	Kenya Episcopal Conference	KCCB
13	Kenya	Mission for essential Drug Supply	MEDS
14	Kenya	Ecumenical Pharmaceutical Network	EPN
15	Rwanda	Bureau des Formations Médicales Agréées de Rwanda	BUFMAR
16	Rwanda	CARITAS Rwanda	
17	Tanzania	Christian Social Services Commission	CSSC
18	Tanzania	Mission for Essential Medical Supplies	MEMS
19	Uganda	Uganda Protestant Medical Bureau (UPMB)	UPMB
20	Uganda	Uganda Catholic Medical Bureau (UCMB)	UCMB
21	Uganda	Joint Medical Stores	JMS

NO.	COUNTRY	MEMBERS	ACRONYM
SOUTHERN AFRICA			
22	Angola	Christian Medical Commission of Angola	CMCA
23	Botswana	Associations of Medical Missions of Botswana	AMMB
24	Lesotho	Christian Health Association of Lesotho	CHALe
25	Swaziland	Churches Forum on HIV/AIDS Republic of Swaziland	CFHA
26	Madagascar	Eglise du Jesus Christ à Madagascar/Church of Jesus Christ in Madagascar	FJKM
27	Malawi	Christian Health Association of Malawi	CHAM
28	Namibia	Council of Churches in Namibia	CCN
29	South Africa	Christian Aids Bureau for S.A	CHASA
30	Zambia	Churches Association of Zambia	CHAZ
31	Zimbabwe	Zimbabwe Association of Church Related Hospitals (ZACH)	ZACH
WEST AFRICA			
32	Benin	Association des Œuvres Médicales Privée confessionnelles et sociales au Benin	AOMPCB
33	Burkina Faso	Union Chrétienne Médicale et Paramédicale de Burkina	UCMP
34	Burkina Faso	Assemblée de Dieu De Burkina Faso (ASAD)	ASAD
35	Ghana	Christian Health Association of Ghana	CHAG
36	Guinea	Mission Philafricaine	MPA
37	Ivory Coast	Hopital Baptiste de Torgokaha/Hopitaux Baptistes De ferke. Centre Médico - Social Baptiste de Torgokaha	HBDF
38	Liberia	Christian Health Association of Liberia	CHAL
39	Mali	Association Protestante de la Santé au Mali	APSM
40	Niger	Union des Eglises Evangéliques Protestantes au Niger	UEEPN
41	Nigeria	Christian Health Association of Nigeria	CHAN
42	Nigeria	CHAN MEDIPHARM	CHAN-MEDIPHARM
43	Sierra Leone	Christian Health Association of Sierra Leone	CHASL
44	Togo	Association Protestant des Oeuvres Medicosociales du Togo	APROMESTO



AFRICA CHA PLATFORM



AFRICA CHRISTIAN HEALTH ASSOCIATIONS PLATFORM

PO Box 1069 - 00606 Nairobi, Kenya
AACC Building, Waiyaki Way
Email: communications@africachap.org
Telephone: +254 790 432 360, +254 786 664478
www.africachap.org
