FINAL PERFORMANCE PROGRESS AND EVALUATION REPORT

(GH002263)

Reporting period: 1st October 2020- 30th September 2023

Date: 27th September, 2023

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ACRONYMS AND ABBREVIATIONS

CHAM	Christian Health Association of Malawi
AE	Adverse Event
ANC	Antenatal Care
CDC	Centres for Disease Control and Prevention
DHO	District Health Office
DQA	Data Quality Assessment
HDA	HIV Diagnostic Assistant
HRH	Human Resources for Health
HTS	HIV Testing Services
M & E	Monitoring and Evaluation
MCM	Medical Council of Malawi
MCs	Male Circumcisions
MOH-DHA	Ministry of Health department of HIV/AIDS
NAC	National AIDS Commission
NMCM	Nurses and Midwives Council of Malawi
NMT	Nurse Midwife Technician
PEPFAR	President's Emergency Plan for AIDS Relief
PMRA	Pharmacy and Medicines Regulatory Authority
QA/QI	Quality Assurance/Quality Improvement
SDG	Sustainable Development Goal
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
TWG	Technical Working Group
UHC	Universal Health Coverage
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

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1. ABSTRACT

In 2020, The Christian Health Association of Malawi (CHAM), received funding from the Centres for Disease Control and Prevention (CDC) to implement a project titled "Optimizing Human Resources for Health to Sustain Epidemic Control in Malawi under the President's Emergency Plan for AIDS Relief". The project which had 2 components, Voluntary Medical Male Circumcision (VMMC) and Preservice training, run from October 2020 to September 2023.

The Purpose of the VMMC component was to increase demand and access to high quality VMMC Services in CHAM facilities, in Lilongwe district, for HIV prevention. This component was integrated into health facilities' routine facility and community based health services, with focus on strengthening linkage between VMMC and non- VMMC services such as HIV testing services (HTS), Sexually Transmitted Infections (STI) services and Sexual and Reproductive Health (SRH) services.
On the other hand, the pre-service component which was implemented from October 2021 to September 2023, aimed to increase the number of healthcare workers trained at CHAM colleges for delivering HIV/AIDS services at high HIV burden PEPFAR supported sites. It also focused on enhancing e-learning, data management, and virtual tracking of graduates, improving the quality of education in all colleges, and building the capacity of faculty members and service providers in infection prevention, COVID-19 case management, and HIV/TB management.

In three years, the VMMC project achieved a total of 19,285 Male Circumcisions (MCS), representing 79% of the total project target (24500) for the 3 years. 62% of all the MCs (11,957) were done using Shang ring method. Best performance was achieved in year 1 where 9504 out of a target of 8250 MCs were done which represents 115% of the annual target. (*See Table 1*)

Regarding performance of the preservice component, CHAM managed to disburse 214 scholarships to financially needy and vulnerable students in 10 CHAM training institutions, focusing on mid-level health care workers. Of these, 175 scholarships were provided to students supported annually from their first year of study, while 39 students received one-time scholarship support.

The majority of scholarships were awarded to Malamulo College of Health Sciences, the only college in the CHAM network offering Biomedical Sciences (BMS) training, the primary target for this scholarship support. The scholarships covered various programs, with 52% for students in diploma in Nursing and

Midwifery (NMT), 22% for diploma in Biomedical Sciences (BMS), 15% for diploma in clinical medicine (DCM), and 11% for certificate in clinical medicine (CCM).

2. FINAL PERFORMANCE REPORT FOR THE VMMC COMPONENT

2.1 Background

The VMMC component was implemented through selected (nine) facilities namely St. Gabriel, Nkhoma, Likuni, Mbwatalika, Chimwala, Malingunde, Dzenza, Tachira and Bethel. Tachira and Bethel private clinics were engaged to complement VMMC service delivery at Likuni and Chimwala respectively. St. Gabriel and Chimwala health facilities were only engaged in year one and later dropped due to reduced project funding. The project was managed centrally by CHAM Secretariat and the implementation was through the implementing health facilities. Further, the project worked with Lilongwe District Health Office (DHO) and community stakeholders such as HIV implementing partners, education institutions, community and religious leaders who were vital in the implementation of project activities including mobilization and linkage of males (15 years and above) to VMMC services. The project ensured that all the project facilities have the following prerequisites; competent and adequate human resource, minimum infrastructural requirements and demand creation capacity. Guidelines from Ministry of Health department of HIV/AIDS (MOH-DHA) and the World Health Organization (WHO) were used to assess the capacity of VMMC services in the facilities. All facilities were supported to offer quality and integrated VMMC services' minimum package at both static and outreach sites; record and report data; and meaningfully engage communities for VMMC services demand creation. The role of CHAM in the project was to provide overall coordination and technical guidance and support, as well as financial support, for both demand creation and service delivery in all the sites.

2.2 General overview of Performance for VMMC Project.

CHAM VMMC project was assigned annual targets which ranged from 6,250 to 10,000 MCs per year. Guided by the annual targets, facilities were allocated different monthly, quarterly and annual targets by taking into consideration capacities of the facilities e.g. number of trained providers and support staff, catchment population and infrastructure. Targets were revised and relocated among the facilities through the year when necessary, based on performance and other factors.

The project surpassed the targets in year 1 and 2 while in year 3, only 31% was achieved. In year 3, the project did a smaller number of MCs due to early project close out which affected implementation of project activities and VMMC clinics from Quarter 3.

Table 1: Annual Performance against Target for the three-year period

Progress Summary (October 2020 to September 2023)				
Period	Annual Targets	Annual Achieved	% Achievement	Remarks
Oct,2020 – Sep,2021	8,250	9,504	115%	
Oct,2021 - Sep,2022	6,250	6,686	107%	
Oct,2022-Sep,2023	10,000	3,095	31%	Due to the funding delays explained above, these numbers MCs were mostly done between October 2022 till March 2023.
Total for 3 years	**24,500**	**19,285**	**79%**	

Figure 1 below shows how facilities performed against their targets during the three years of implementation after assigning them targets which ranged from 1,835 to 4,410 MCs per year.

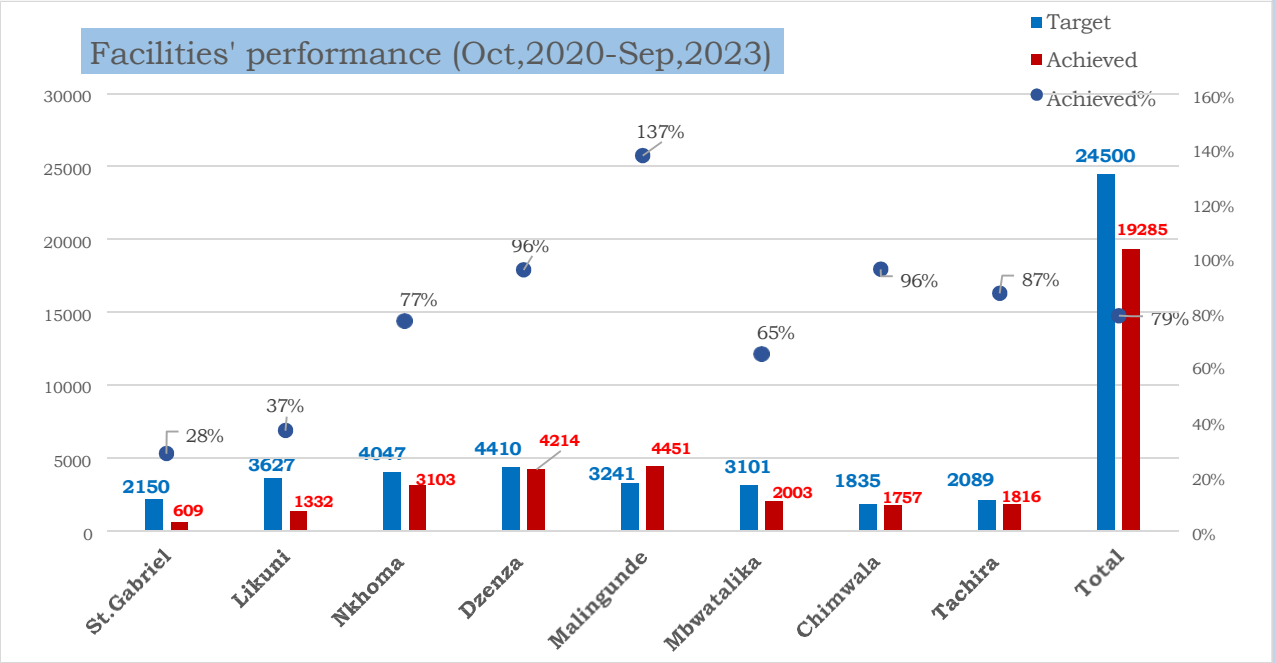

Figure 1:Facilities Performance against targets (Oct,2020 – Sep,2023)

Malingunde surpassed its target while Dzenza and Chimwala health centres achieved 96% of the target allocated for the entire three years of project implementation. St. Gabriel's and Likuni had low performance as explained below.; St Gabriel was dropped off from the second quarter.

The sites with highest performance (Dzenza and Malingunde) were centrally supported by CHAM to conduct outreach and static services. This support included transportation for clients, and additional staff from DHO and other CHAM facilities when need be. This contributed to the achievements as CHAM had a project team which was always on the ground supporting these facilities. On the contrary, Likuni and Nkhoma hospitals were sub-granted funds to manage the VMMC service delivery as they had capacity to manage the teams and finances. However, their performance was affected due to some operational challenges which resulted to irregular operation of VMMC clinics due to lack of transportation for the clients and providers. Going forward, CHAM will ensure that some of the activities are centralized as performance improves with CHAM's

centralized implementation.

2.2.1 Performance Per Service Delivery Model

The project used mixed service delivery models to achieve its targets as follows:

Static clinics- all health facilities offered weekly static clinics and differentiated services such as clinics on weekends and public holidays, to accommodate school going and working male clients. Static clinics were conducted on a weekly basis, with a minimum of three days per week in most of the implementing sites.

Outreach clinics and campaigns- monthly outreach clinics and occasional mini campaigns, were also conducted in to meet demand in distant sites within the facilities' catchment areas. These campaigns targeted school holidays and off farming seasons, to reach school going males and farmers. During the first year of implementation, two mini-campaigns were conducted, one in year two and none in year 3. All campaigns lasted between a minimum of two and a maximum of 4 weeks long. The campaigns contributed to 21% of the total target achieved for the project implementation period.

Depending on availability of funds, monthly outreach clinics (at least two weeks per quarter), were conducted in the sites' catchment areas, complemented by campaigns during school holidays. These were done to increase reach and access to males in distant communities away from the sites and also school going males.

The figure below shows the performance of the project per service delivery model, from 2020-2023.

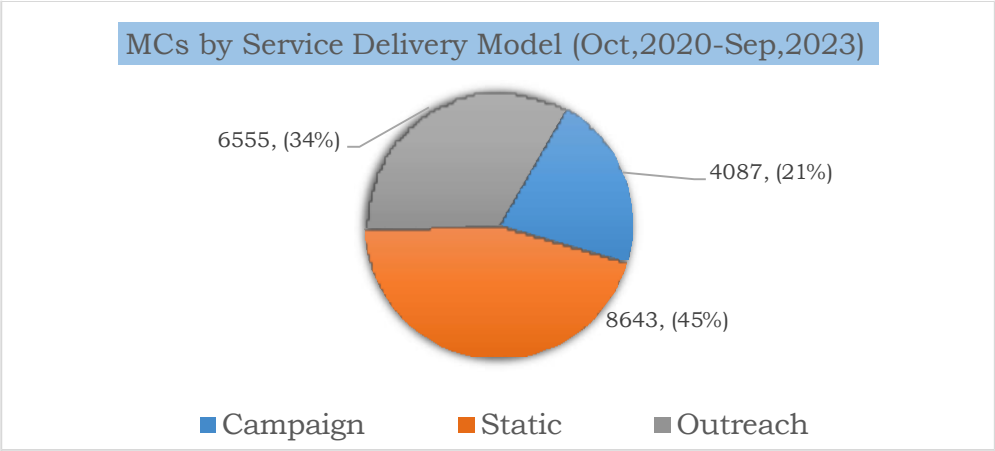

Figure 3: MCs by Service Delivery Model (Oct,2020 – Sep,2023)

As shown in Figure 3 above, outreach clinics and campaigns, though few and inconsistent, contributed 21% and 34% of the total MCs respectively. Static clinics alone contributed to nearly half of all MCs done.

Consistent operation of static sites in the target sites contributed to achievement of the static clinic figures which shows that demand for VMMC is still high in both static and distant sites, hence the need for continued support for the CHAM health facilities to continue offering VMMC services at both static and outreach sites. The static clinics utilization is a good thing as it shows that sustainability of VMM service delivery is possible and it's a way to go.

2.2.2 MCS Done Per Method

From end of year one, all health facilities offered both Dorsal slit and Shang Ring. This was because CHAM providers were trained in Shang Ring at this time of the project. Following the introduction of the Shang Ring in CHAM sites, the project saw a continuous increase in uptake of Shang Ring, such that cumulatively, 62% of all MCs done during the three years were Shang ring, while 38% were Dorsal slit, as shown in Figure 4 below.

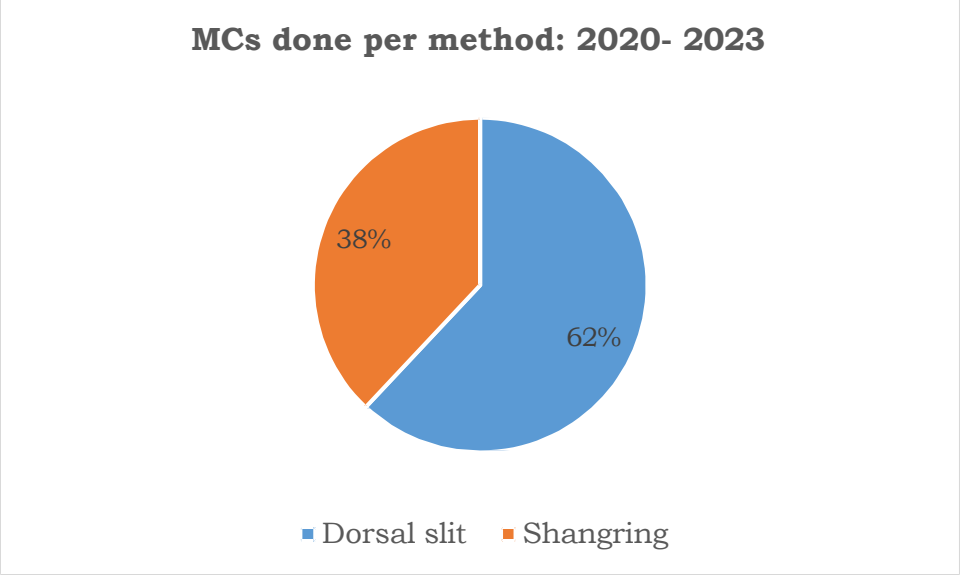

Figure 4: MCs done per Method, 2022-2023

This uptake trend was similar across all age groups. Less clinic visits, no injections and appealing cosmetic outcome after healing have been mentioned as among the key reasons for this, according to satisfied clients. However, research is needed to establish reasons for this.

Dorsal slit and Shang ring methods were the ones provided to Male Circumcision (MC) clients depending on preference and clinical assessment.

2.2.3 MCs Done Per Age Group

During the three years of implementation, 20-24 age group had highest number of MCs (44%), followed by 15-19 age group (37%); compared to the rest of the age groups.

Figure 5 below shows number of MCs done per age group:

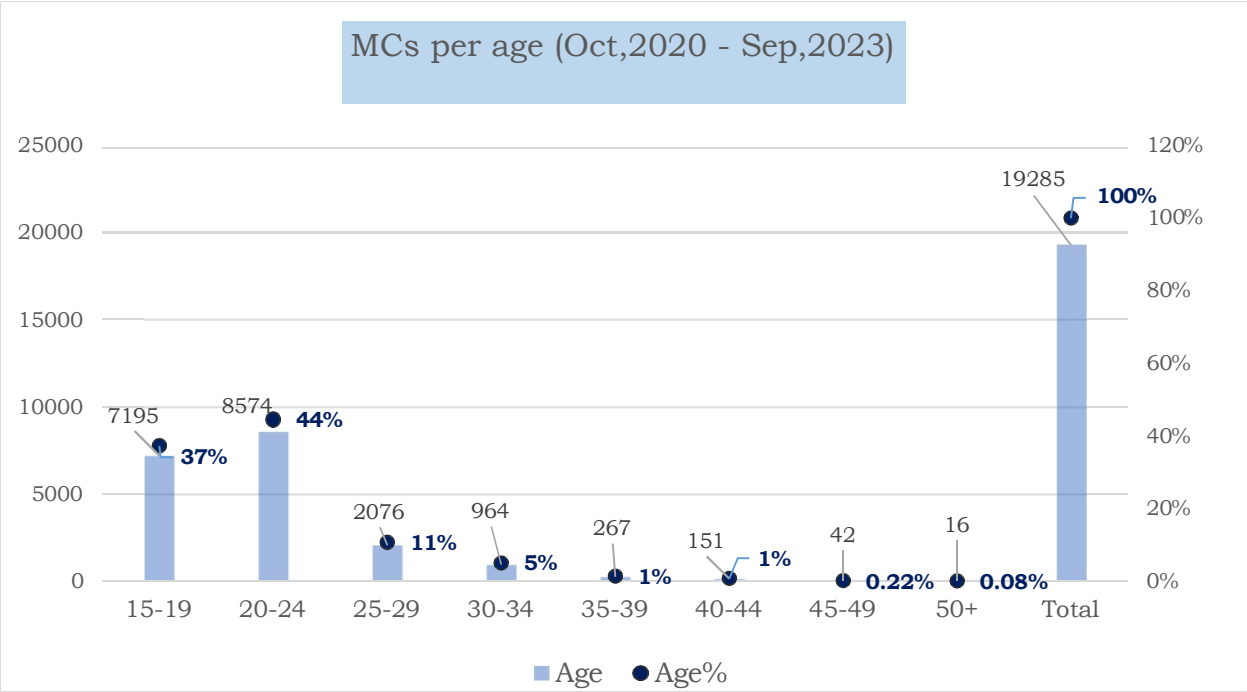

Figure 5: MC distribution per age group, year 1 to 3

The project implemented various tailored demand creation strategies targeting older men (25 and above) but uptake of services among this age group continues to lag behind younger age groups. This is a similar challenge across VMMC program at national level according to the national VMMC program data.

Across the years, a similar trend was experienced during the three years of implementation. Though the trend differed between 15-19 and 20-24 age groups across the years; uptake among older males (above 25 years) remained low as shown in Figure 6 below:

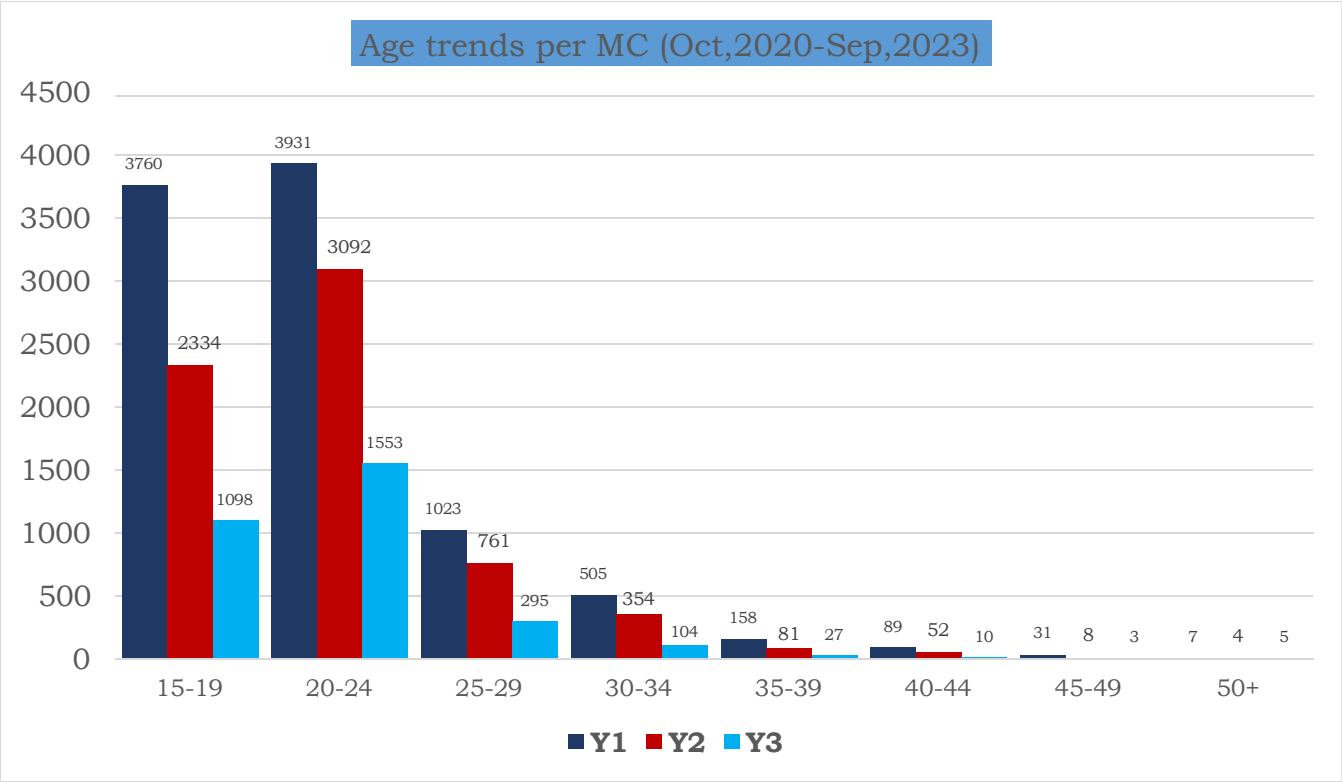

Figure 6: Trend for uptake of VMMC services among different age groups 2020-2023

According to figure 6 above, distribution of MCs across age groups were similar across the years, with age group 20-24 scoring the highest number of MCs, followed by 15-19. Least MCs were done among age groups 35 and above. This trend was similar to other partners and national trend.

2.3 HIV Testing Services and Linkage for HIV Treatment and Care

During the entire project period, the project collaborated with Lilongwe DHO HIV Diagnostic Assistants (HDAs) allocated in all the target sites, and supported them to provide HIV counselling and testing services (HTS) to all clients reporting to the VMMC sites.

In addition, all health facilities leveraged on other service delivery points for HIV and Sexual and Reproductive health services such as HTS, Antenatal Care (ANC)

and Sexually Transmitted Infections (STI) clinics, as referral and linkage points for VMMC services.

44,873 condoms were distributed across all the VMMC sites during the three year of project implementation.

99% of clients who patronized VMMC clinics received HTS services in line with ministry of Health (MOH) guidelines.

A total of 31 clients tested HIV positive across all sites and were successfully linked to ART clinics within the facilities. Six clients reported for VMMC while already on ART for more than three months and were done MC.

17,047 clients tested HIV negative while 2,232 clients were not tested. Reasons for not testing included a low risk assessment as determined by the screening tool and occasional stock out of HIV testing kits in the health facilities which was beyond the project's control.

2.4 Quality Improvement and Quality Assurance (QI/ QA)

In collaboration with MOH, the project implemented various QI/ QA activities in all the targeted sites. At facility level, the project oriented VMMC providers and support staff in Standard Operating Procedures (SOPs), to enable them provide quality VMMC services according to national guidelines.

In addition, weekly mentorship and coaching, both physical and virtual, were done in all sites, to support, monitor and strengthen QI in VMMC service provision, to ensure client safety, efficient use of resources and minimize adverse events.

The project only supported external QA (EQA) in the first year of the project as all EQA activities were facilitated by MOH and the National AIDS Commission (NAC) in the subsequent years. Two EQA assessment were done for the project sites as baseline and follow up. The project scored less than 80% during the baseline EQA because by this time, the project had not yet trained service

providers and only counted on the few providers who were available at project start in the facilities.

Though subsequent EQA results were above 80%, the project had not yet trained providers in emergency management at this time and this was the main gap noted by the assessors. The emergency management training was then conducted in quarter 4 of year 2, for all the providers.

Table below shows a summary of some QI/QA activities that were implemented between October 2020 and September, 2023:

Planned activity	Achieved	Comment
Train 30 providers in Dorsal slit and shangring	31 providers trained in Dorsal slit and 22 in Shangring	Additional 5 providers were incorporated into JHPIEGO training
Conduct orientation and refresher orientation sessions for 26 providers and 28 support staff per year, in VMMC standard operating guidelines.	All targeted positions oriented.	The activity was facility based, and was facilitated by CHAM and Lilongwe DHO.
Establish and maintain 7 QI working improvement teams, to oversee QI activities at facility level	7 work improvement teams established. These teams were continuously supported and mentored through CHAM and joint CHAM- DHO/ MOH supervision visits	All teams were continuously mentored throughout the project implementation period. Gaps identified included poor documentation and reporting on seven days follow up visits which were addressed during the mentorship visits.
Train 26 providers in emergency management to improve Adverse events (AEs)- management	24 providers drawn from all implementing facilities trained in emergency management.	Though two providers did not show up for the training, every implementing site has a trained emergency management provider
Transition all the 7 target sites to re-usable kits.	1 facility fully transitioned to reusable kits. Preparatory work in all the remaining facilities completed.	Nkhoma hospital was the only facility which use of re-usable kits was rolled out, and all health facilities had their reusable kits processed at this facility. Likuni was yet to roll out due to institutional arrangements.

Conduct 12 quarterly and 34 monthly supportive supervision and mentorship exercise	12 quarterly and 30 monthly supportive supervisions and mentorship visits done. The project conducted both virtual and physical mentorship to ensure that services are provided in line with national guidelines	Quarterly supportive supervision visits were combined with mini-campaign supervisions. Monthly supervisions and mentorship were integrated with demand creation activities. Virtual and 'surprise'/ un-announced mentorship visits were also done to ensure all sites are complying with the national guidelines.

Figure 7: Summary of QI Activities Done

2.5. Adverse Events (AEs)

During the project implementation period, the project recorded 62 AEs across all sites, with no Shangring related nor a severe AE experienced as shown in table 2 below:

Table 2: Summary of AEs

AE classification	***# of clients***	***Percentage(%)***	***Remarks***
Mild	58	0.3%	33 pain, 25 post-op wound infections, 4 post-op wound bleeding
Moderate	4	0.02%	3 post-op infection, 1 post-op bleeding
Severe	0	0	
Shang-ring related	0	0	

Of these, 58 were mild AEs, while 4 were moderate. Among the mild AEs, 33 were mild post-operative pain cases, 25 were post-operative wound infections while four were mild post-operative wound bleeding cases.

Three of the four moderate AEs were post-operative wound infections (between 48 hours and seven days' period), which occurred one each at Nkhoma, Dzenza and Mbwatalika.

All the cases occurred due to poor wound care by the clients and guardians. According to the findings of the root-cause analysis conducted in all these cases,

there was a positive history of use of local remedies.

All the three clients were successfully treated on site using oral antibiotics.

One moderate case was a post-operative wound bleeding which occurred due to a slipped ligature. The bleeding blood vessel was successfully identified, ligated and haemostasis was achieved.

3. Demand Creation Strategies Used

CHAM Secretariat provided overall planning, coordination and implementation of demand creation for all the target facilities, throughout the project implementation period.

The following are some of the key strategies and activities implemented during the three years of project implementation:

- One on one mobilization, where Community mobilizers and satisfied clients engages individual potential clients with in-depth VMMC messaging, question and answer-sessions, either in their homes, or any other opportunity that is available
- Engagement of women community structures such as Bank Mkhonde also improved uptake of VMMC in urban sites such as Dzenza and Chimwala. Figure below shows mobilizers engaging women with VMMC messaging at Dzenza:

Figure 9: Engagement of Women community structures to support mobilization

- Role model strategy, where local celebrities (musicians, comedians, football players etc.) in the communities were engaged as advocates and champions for VMMC
- Engagement of peers as satisfied clients. These peers reach out to their circles with VMMC messages, allaying fears and some questions that may arise from those not yet gone for VMMC
- School, work place and market mobilisation. These are part of mass mobilization activities where large gatherings are targeted with VMMC messaging.
- Engagement of gatekeepers as community mobilizers and satisfied clients, and secondary school champions, significantly contributed to the project's achievement. These champions and satisfied clients reached out to their peers with VMMC messages and linked them to the health facilities. Figure below shows some of the secondary school champions engaged under Dzenza and Mbwatalika health centers.

Figure 10: Some Secondary school level champion students engaged under at Dzenza and Mbwatalika health centers

- Engagement of school teachers and students, hotspots owners (pubs, groceries, saloons, groceries, taxi-ranks), religious leaders and community leaders as champions, satisfied clients and advocates for VMMC
- Engagement of dedicated Community mobilizers in each facility's catchment area

The mobilizers were responsible for demand creation in the communities and linked /referred potential clients to VMMC clinics. The mobilizers also offered general HIV prevention counselling as well as linking clients for VMMC and non-VMMC services where appropriate.

Figure 11 below shows some of the sessions with hotspot owners at a local drinking pub under Mbwatalika catchment area:

Figure 11: engagement of hotspot owners' session in progress at a local pub in Mbwatalika

4. Data Management

CHAM developed a comprehensive system for routine monitoring, reporting, and evaluation of the VMMC program in the implementing facilities. The system collected, and reported all VMMC indicators, ensuring that performance and evaluation data is used to make continuous improvements during project implementation. The data collection and management system ensured that data is captured, stored, analyzed and reported in real-time from various platforms. The system also made sure that data is accessible in a user-friendly manner to all audiences and stakeholders.

Throughout the project implementation period, CHAM collected data on all VMMC program and custom indicators to track short, medium - and long-term results, on weekly, monthly, quarterly and annual basis, to ensure that real time information is used for decision making. The project used CHAM VMMC Program

Dashboard, DHO reporting templates for monthly DHIS II reporting, DATIM, and CDC bi-weekly program reporting templates.

Over the quarters, CHAM conducted Data Verification Exercises and Data Quality Assessments (DQAs) for the VMMC key indicators. The DQA followed the MOH_CDC_FEPFAR DQA processes, ensuring the attainment of the six data quality dimensions (Validity, Reliability, Completeness, Precision, Timeliness, and Integrity). The DQA covered all reporting levels and assessed data collection tools, capacities of those collecting data, the consistency with which definitions and protocols are followed, and how data is managed, aggregated, and reported. In addition, reported data at all levels was compared with data in the raw data sources.

Data Clerks deployed in the implementing sites collaborated with facilities' focal persons and CHAM M& E personnel in capturing, storing, reporting and verifying the program data.

DQA approaches at facility-level used random sampling to select client files/data elements to assess the completeness of clinical records, examine the accuracy of clinical records and registers by calculating the total number of values that match between data sources; and, determine the proportion of patient records within the sample with complete data.

5. Collaborations

CHAM through its stakeholder's engagement strategy collaborated with all stakeholders at the facility, districts, and national levels. The engagement took into consideration each stakeholder's level of influence and defined the approaches to be taken to address project specific needs/challenges. The stakeholder engagement helped in creating enabling environment for project implementation, continuous quality improvement and identification of possible opportunities to reach the targeted clients through various platforms (i.e. religious and traditional leaders, workplaces, schools, markets, churches, and other settings).

CHAM was represented at VMMC and HIV/AIDS technical working groups (TWG)

where crucial programmatic decisions were made. Table 3 below highlights some of the key partners engaged:

Table 3: Collaboration with partners

NO	COLLABORATING PARTNER	AREA OF COLLABORATION
1.	Ministry of Health (MOH) – Department of HIV & AIDS (DHA)	Provided Policy, strategic direction, training, supervision and guidelines for VMMC service provision and demand creation
2.	CDC Malawi Office	Provided technical support and project direction, to ensure that the project adhered to PEPFAR and MOH standards. The office continuously offered up-to-date guidance and support towards evidence based demand creation and service delivery strategies and quality improvement.
3.	Health facilities and Communities	The implementing facilities' management offered tremendous support that enabled implementation of the project. The facilities integrated VMMC into their routines, offered recommendations for specific project interventions
4.	Lilongwe District Health Office	Provided support with supervision, guidelines, Providers, vehicles/driver during campaigns and data tools for the project
5.	Implementing partners [JHPIEGO, Family Health Services (FHS), PIH]	Shared best practices in demand creation strategies and Information, Education and Communication tools.

6. Lessons Learnt During Project Implementation Period

- Training VMMC providers who are also full time employees in CHAM health facilities can help improve continued availability and sustainability of VMMC services in CHAM facilities.
- Sound partnership and trust between CHAM and community structures /gatekeepers, stakeholders such as schools, youth and women groups and coordination between demand creation and service delivery teams, significantly contributed to achievement and monitoring of the project objectives.
- Use of knowledgeable and skilled team at project level is key for achievement of project objectives. CHAM Secretariat team coordinated the project efficiently, such that targets were surpassed for the first two years of the project. CHAM sites were also selected to be among those that Eswatini VMMC Team visited to learn on Shang Ring best practices.

BEST PRACTICES

- Public- Private Partnerships: Engagement of private clinics which are strategically placed in busy market areas is an effective way to reach out to older males and those that are busy with small scale businesses and piece works, and have no time to visit 'conventional' health facilities.
- Engagement of local celebrities and influential figures as role models and satisfied clients for VMMC yields better results in VMMC demand creation. The project engaged group village headmen and local musicians as satisfied clients and mobilizers in Malingunde, Dzenza and Mbwatalika.

PROJECT STRENGTHS

- Dedicated and trained VMMC Demand creation team in VMMC communication strategies, tools, and effective interpersonal communication skills, is key to the achievement of all year round VMMC messaging in communities.
- Supporting mobilizers with mobility such as bicycles, helped community

mobilisers to expand their reach to the facilities entire catchment areas with messaging and follow up, thereby increasing the number of successful referrals.

7. Challenges and Mitigation Strategies Deployed During Implementation of the VMMC Project

Challenges

Table 4: List of challenges and mitigating strategies

Challenge	Mitigation strategy
Transport challenges due to unavailability of project vehicles at the Secretariat and the facilities, compromised implementation of the project's work plan.	The project also collaborated with Lilongwe District Health Office which supported outreach clinics and campaigns with vehicles.
	Furthermore, the project hired vehicles for demand creation and service provision, though limited by funds
Shortage of VMMC providers in selected facilities-some facilities were not able to conduct VMMC clinics as planned due to shortage of staff. There is need to train more providers in the facilities.	Engagement of providers from DHO and other CHAM facilities to beef up number of providers especially during outreach clinics and campaigns. Additionally, the project supported locum payment to cover shortage in other departments where VMMC providers were drawn from
Early project close out which affected project implementation and achievement of targets in year 3	The project continued to offer services in static sites using available supplies and staff where possible.
Reduced funding in year two and 3, which led to dropping off one facility hence reduced catchment population for the service	The project engaged private clinics within busy market places within the catchment areas; to increase accessibility to the services especially for older males and business men who

	may have limited time to visit health facilities. The project conducted mentorship and coaching activities for all mobilizers across all facilities, to monitor and support them in demand creation. This helped the project to maximize reach to the potential clients within the existing catchment areas

8. Conclusion

During the entire project implementation period, CHAM has provided the requisite technical guidance and collaborated with the implementing sites, in ensuring that all eligible males within the sites' catchment areas are reached with comprehensive, accessible and quality VMMC information and services for HIV prevention. The 79% achievement for the 3 years of project implementation, with no severe adverse event nor Shang Ring related AE, is an indication of improved capacity of CHAM to effectively coordinate and implement VMMC program. The capacity built in these facilities and the communities, would be utilized to continue reaching out to the existing demand available in the facilities' catchment areas, with availability of financial support.

CHAM is grateful to CDC, MOH, Lilongwe DHO, the facilities and the communities, for the support rendered during the 3 years of project implementation, which significantly contributed to the success of the project.

9. Recommendations for VMMC Project Sustainability

Demand for VMMC still high in CHAM facilities' catchment sites hence the need for continued support for the CHAM health facilities to continue offering VMMC services at both static and outreach sites.

3.0 FINAL PERFORMANCE REPORT FOR THE PRE-SERVICE COMPONENT

3.1 Background

The pursuit of the United Nations' Sustainable Development Goals (SDGs), particularly SDG 3, "Ensure healthy lives and promote well-being for all at all ages," is integral to addressing global health challenges. The SDGs outline ambitious targets, including ending AIDS, tuberculosis, and malaria, reducing maternal and child mortality, expanding non-communicable disease coverage, and ensuring Universal Health Coverage (UHC). A key focus is on health system strengthening and the development of a robust health workforce. Target 3C of SDG 3 emphasizes the need to substantially increase health financing, recruit, develop, train, and retain health workforce in developing countries.

Despite commendable efforts by the government to enhance Human Resources for Health, the country faces a persistent shortage of skilled healthcare workers, particularly in remote areas. The current vacancy rates of 42% for the Ministry of Health and 24% for CHAM Health Facilities underscore the ongoing need for investment in the training of critical healthcare cadres. CHAM, through its 11 Training Institutions, plays a pivotal role in addressing this challenge by training over 80% of mid-level healthcare workers in the country, primarily nurses.

The CHAM training institutions include; Nkhoma College of Nursing; Daeyang University; St Luke’s College of Nursing; St Joseph College of Nursing; Holy Family College of Nursing; Malamulo College of Health Sciences; Mulanje Mission College of Nursing; Trinity College of Nursing; Ekwendeni College of Health Sciences; St John of God College of Health Sciences; and St John’s Institute for Health, all of which are spread across the country. These institutions, spread across the nation, collectively contribute to CHAM's pre-service goal of promoting the healing ministry of Jesus Christ through the training of competent health professionals. The CHAM Secretariat serves as a vital link between the Human Resources for Health stakeholders, regulatory bodies, and the CHAM Training Colleges.

Currently, the CHAM colleges enroll an average of 1,752 students annually,

totaling 5,997 as of September 30, 2023. The Centres for Disease Control and Prevention (CDC) has been a crucial partner, supporting CHAM Secretariat in enhancing human resources for health through the "Optimizing Human Resources for Health to Sustain Epidemic Control in Malawi under the President's Emergency Plan for AIDS Relief" project.

3.2 General overview of the Performance of pre-service Project

The pre-service component of the Cooperative Agreement, implemented from October 2021 to September 2023, sought to expand the number of healthcare professionals trained at CHAM institutions to provide HIV/AIDS services at high-burden PEPFAR-supported facilities. It also aimed to enhance e-learning capabilities, data management systems, graduate tracking, and overall education quality across all colleges. Additionally, the project built capacity among faculty and service providers in areas including infection prevention, COVID-19 case management, and HIV/TB management.

Through detailed project implementation, the CHAM-CDC collaboration demonstrates a concerted commitment to addressing critical health workforce shortages, aligning with SDG 3. The successful outcomes of the pre-service program meaningfully contribute to the overarching goal of achieving sustainable, equitable healthcare access for all Malawians by 2030.

The Cooperative Agreement between CHAM and CDC has yielded significant progress. A total of 214 scholarships were awarded to financially disadvantaged and vulnerable students across 10 CHAM institutions, focusing on mid-level healthcare roles. Of these, 175 students received annual scholarship support from their first year of study, while 39 were granted one-time scholarship assistance.

The majority of scholarships went to Malamulo College of Health Sciences, the sole CHAM institution offering Biomedical Sciences training, a key target area for scholarships. The awards covered various academic programs, including 52% for the Diploma in Nursing and Midwifery, 22% for the Diploma in Biomedical Sciences, 15% for the Diploma in Clinical Medicine, and 11% for the Certificate in Clinical Medicine.

CHAM focused on improving education quality through integrated supportive supervision and mentorship. Regular visits and evaluations were conducted for nursing, pharmacy, and clinical medicine programs by respective regulatory bodies. Notably, colleges excelled in general assessment and classroom teaching, but challenges were identified in clinical placement and data management areas.

Efforts were made to strengthen the capacity of lecturers, including training on e-learning platforms and development of clinical assessment and program evaluation tools. New lecturers received orientation, and existing staff were equipped with skills in test and measurement. Additionally, accreditation processes were successfully completed for all programs by relevant regulatory bodies.

CHAM addressed infrastructure challenges by procuring buses, facilitating student transportation to clinical placement areas. The overall progress indicates a commitment to continuous improvement and adaptation to emerging educational needs.

The implementation of the project encountered significant challenges, primarily stemming from delayed funding and limited resources. As a consequence, critical activities, such as the training of new NMCM accreditation team members, lecturers in teaching methodology, and the development and validation of the national phlebotomy training curriculum, were not executed as planned. The delayed funds also impacted essential project activities, including the payment of fees for CDC-supported students. Furthermore, certain vital activities, such as training of lecturers in infection prevention and COVID case management,

principals' meetings, and orientation of lecturers on revised HIV and TB management guidelines, were left unfunded due to resource constraints.

A major setback was the early termination of the CoAg, which will adversely affect the technical support provided by the CHAM Secretariat to training institutions. This support was instrumental in ensuring adherence to education standards across the institutions. To address these challenges, CHAM Core and training institutions co-funded some activities, such as quarterly principals' meetings. However, the sustainability of gains achieved through accreditation by regulatory bodies remains contingent upon continued support from the next implementing partner. It is crucial for this partner to collaborate with CHAM Secretariat in conducting critical activities in colleges, thereby upholding the established standards.

3.3 Performance on Increasing the Number Of Healthcare Workers Trained At Cham Colleges To Deliver HIV/Aids Services At High HIV Burden PEPFAR Supported Sites.

In this CoAg, CHAM disbursed 214 scholarships to financially needy students in 10 CHAM training institutions, which train mid-level health care workers. Of these 214 scholarships, 175 were provided to students who were supported annually from their first year of study, while 39 students received once off scholarship support.

3.3. 1 Provision of scholarship support to 175 continuing students

175 scholarships were provided to needy and deserving students studying various programs in 9 CHAM training institutions as shown in the figure below.

Scholarship distribution by institution

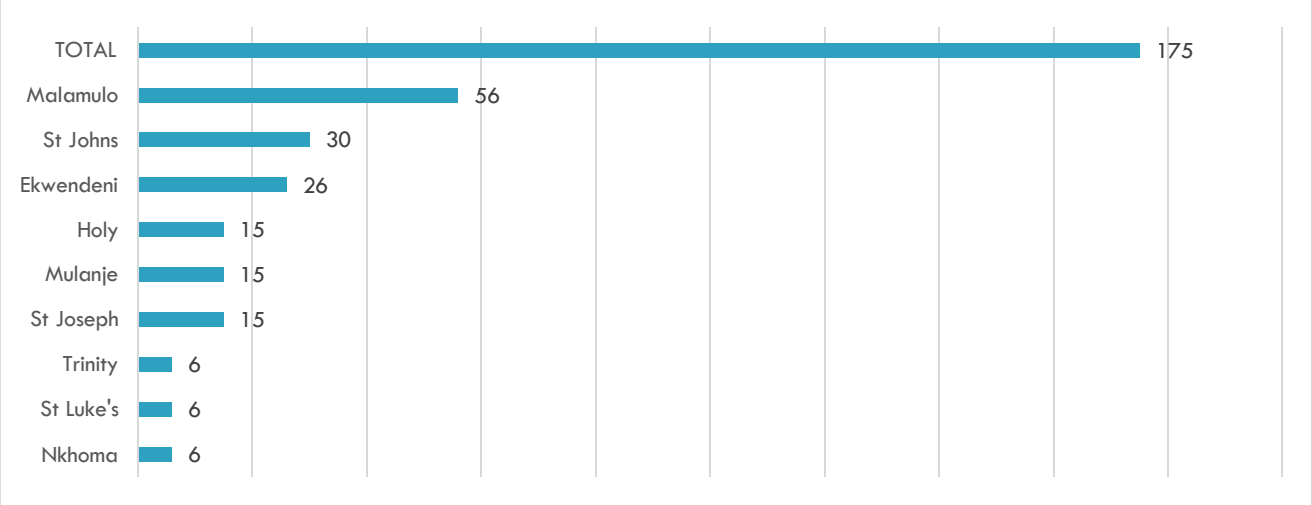

Figure 14: Showing CDC scholarship distribution by college

The figure above clearly shows that the majority of the scholarships have been provided to Malamulo College of Health Sciences. This is because the college is the only college within the CHAM network, which provides the Biomedical Sciences (BMS) training which was the main target for this scholarship support.

Scholarship distribution by cadre

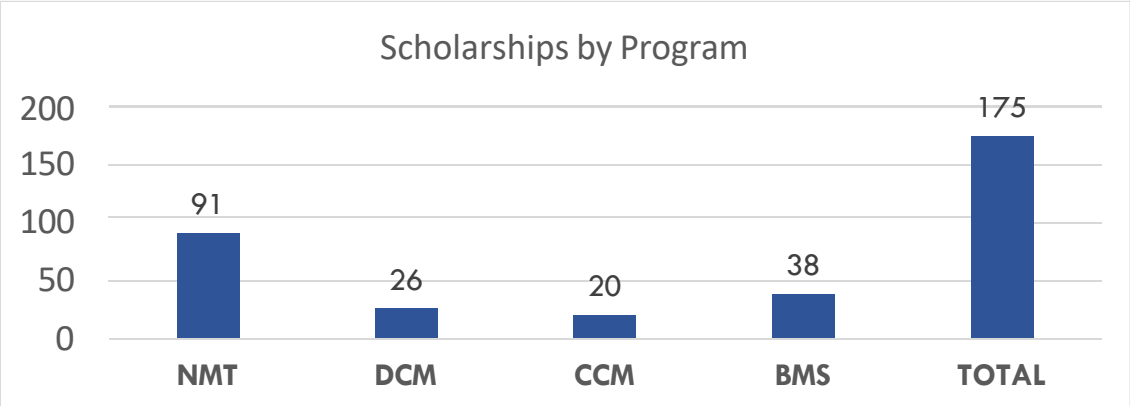

Figure 15: S*scholarship distribution by program*

The figure above shows that the CDC scholarships were awarded to students studying 4 different programs as follows; 91 scholarships to students studying diploma in Nursing and Midwifery (NMT) representing 52%, 38 to Diploma in Biomedical Sciences (BMS) students representing 22%; 26 to diploma in clinical medicine students (DCM) representing 15% and 20 scholarships to certificate in clinical medicine students (CCM) representing 11%.

The scholarship disbursement processes followed the guidelines, which have been stipulated in CHAM scholarship policy. Following the selection processes, interface meetings with the scholarship beneficiaries and college management teams was conducted for a bond signing exercise where the bonding system was explained and all the beneficiaries signed the bond agreements. The agreement stipulate that the students who have been supported through the scholarship will work in the country for the same period that they have been supported for, before they can attain employment outside the country.

3.3.2 Current status of CDC supported students and expected date of completion

#	Completion Date	Program	Current Status	
1	Jul - Sep 2023	Dip. in Nursing and Midwifery Technician	Completed	1
		TOTAL	Jul - Sep 2023	1
2	Oct - Dec 2023	Cert. in Clinical Medicine	Yr 2 Sem 4	12
		Dip. in Clinical Medicine	Yr 3 Sem 6	2
		Dip. in Nursing and Midwifery Technician	Yr 3 Sem 6	1
		TOTAL	Oct - Dec 2023	15
3	Jan - Mar 2024	Cert. in Clinical Medicine	Yr 2 Sem 3	8
		TOTAL	Jan - Mar 2024	8
4	Apr - Jun 2024	Biomedical Sciences	Yr 3 Sem 5	11
		Dip. Clinical Medicine	Yr 3 Sem 5	8
		Dip. in Nursing and Midwifery Technician	Yr 3 Sem 5	6
		TOTAL	Apr - Jun 2024	25
5	Jul - Sep 2024	Dip. in Clinical Medicine	Yr 3 Sem 5	15
		Dip. in Nursing and Midwifery Technician	Yr 3 Sem 5	30
		TOTAL	Jul - Sep 2024	45
6	Oct - Dec 2024	Dip. in Nursing and Midwifery Technician	Yr 2 Sem 4	39
			Yr 3 Sem 5	3
		TOTAL	Oct - Dec 2024	42
7	Jan - Mar 2025	Biomedical Sciences	Yr 2 Sem 4	27
		Dip. in Nursing and Midwifery Technician	Yr 2 Sem 4	11
		TOTAL	Jan - Mar 2025	38
8	Oct - Dec 2025	Dip. in Clinical Medicine	Yr 1 Sem 2	1
		TOTAL	Oct - Dec 2025	1
9	-	TOTAL	TOTAL	175

Figure 16: Showing current status of CDC supported students

The figure above shows that the scholarship program will have 16 early graduates who will complete their studies by December 2023. These include 2 NMT students, 2 DCM students and 12 CCM students. All the students who are on the scholarship program are expected to graduate by October 2025.

3.3.3 Provision of once off scholarships to 39 students

Through the CoAg an additional 39 students were supported in the last year of project implementation. These students were selected on the basis that they were on the verge of dropping out and some had already dropped out from the colleges. Priority was given to final year students to allow them to graduate. Refer to the figures below.

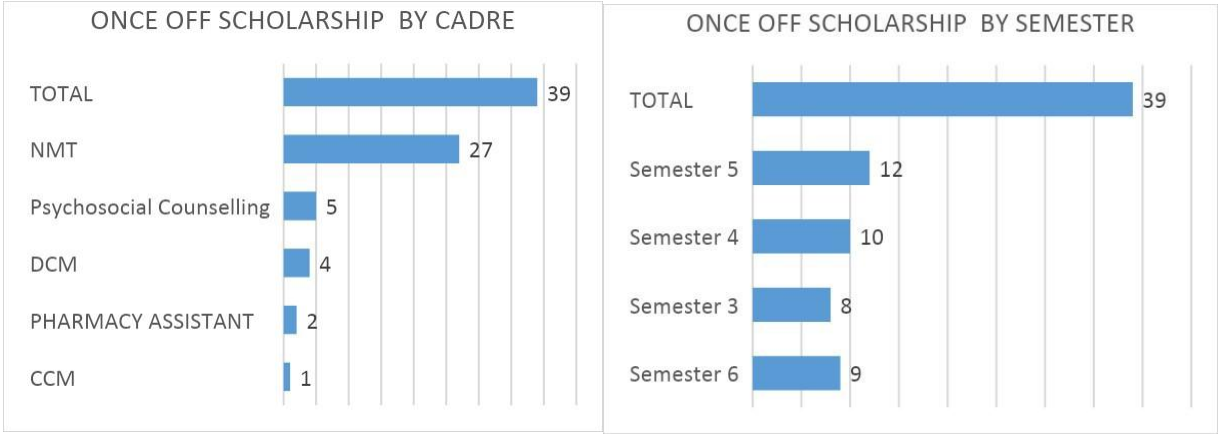

Figure 17-18: scholarship distribution by cadre and program of study

Figures 17 and 18 above show that the most number of scholarships (39) were awarded to NMT students and that the majority of the students are in their final year of study with 12 students in semester 5 and 9 students in their last semester. However, there are still some students that are in second year of their study and may require additional support when they are in their final year of study.

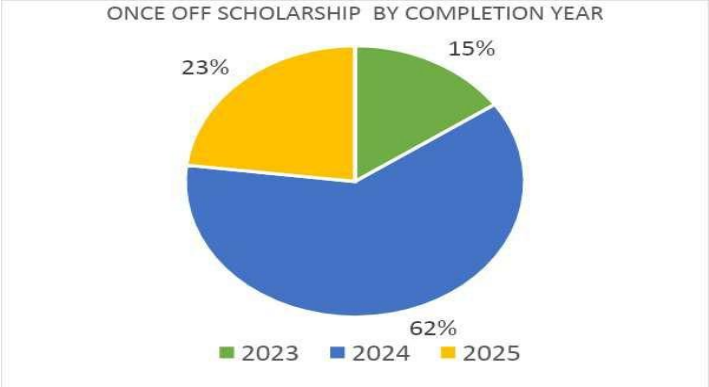

Figure 19: completion period

Figure 18 above shows that 15% of the students who were supported with once off scholarships will graduate in 2023 and that the majority (62%) of the students will graduate in 2024.

3.3.4 Reviewing the CHAM Scholarship policy

In this reporting period, CHAM Secretariat led a process of developing the scholarship disbursement guidelines. Among the participants for the workshop were representatives from Ministry of Health and the training institutions. The goal of these guidelines is to govern the distribution and monitoring of all donor funded scholarships including those funded by CDC. The guidelines cover the following areas; scholarship application processes; scholarship disbursement guidelines; and student agreement/bonding form. These guidelines have been adopted by the training institutions and all the processes were followed when disbursing the 175 CDC scholarships.

3.3.5 Coordination, monitoring and oversight visits during interviews for new intake and graduation ceremonies at training colleges

In the period under review, CHAM Secretariat provided technical support to the training institutions during interview processes for new intake and for scholarship beneficiaries

and during graduation ceremonies. Below is the current student population in all CHAM training institutions.

3.3.5.1 Current student population in CHAM training institutions

The current student population across the CHAM training institutions is 5,997 as of 30th September, 2023.

COLLEGE	TOTAL STUDENTS BY COLLEGE
Ekwendeni College of Health Sciences	1,342
Malamulo College of Health Sciences	1,003
St John's Institute for Health	721
Mulanje Mission College of Nursing and Midwifery	544
St Lukes College of Nursing and Midwifery	464
Trinity College of Health Sciences	387
Holy Family College of Nursing and Midwifery	370
Nkhoma College of Nursing and Midwifery	349
Daeyang Nursing College	305
St Joseph`s College of Nursing and Midwifery	295
St John of God College of Health Sciences	217
TOTAL	5,997

Figure 20: student population by college

The table above shows that of the 5,997 students currently studying various programs in CHAM Colleges, the highest population is at Ekwendeni College of Health Sciences with 1,342 students representing 22% and the least is St John

of God with 217 students representing 8%. This is because there are more programs at Ekwendeni College of Health Sciences than any other college within the CHAM network.

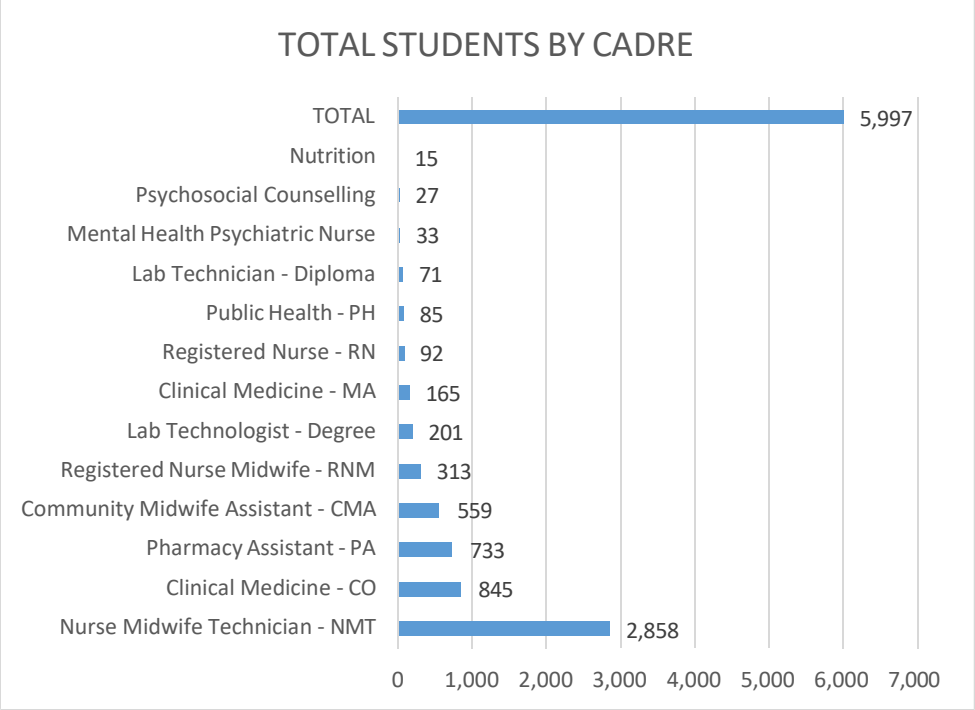

Figure 21: student population by program

The figure above shows that currently the majority of the students *(47%)* are studying diploma in nursing and midwifery seconded by diploma in clinical medicine *(14%)* and the least number of students are studying nutrition programs which has recently been introduced. Processes are currently at an advanced stage to introduce the diploma in public health program in 5 CHAM training institutions and this program will be regulated by the Medical Council of Malawi.

3.3.6 Licensure examinations results for CDC supported students

In November 2021, 238 students from 5 CHAM colleges were presented to sit for Nurses and Midwives Council of Malawi (NMCM) licensure examinations. Out of these, 237 passed and only 1 failed representing 99.58% pass rate. Out of the 238 students who sat for the licensure examinations, 9 students were CDC

supported students from St Luke's and Nkhoma Colleges and they all passed their examinations at the first attempt representing 100% pass rate. This was the last group of CDC supported students from the previous CoAg to sit for licensure examinations. This means that all the students who were supported in the previous CoAg are all licensed to practice.

In the current CoAg, only one nurse midwife technician student had graduated by the 30th September, 2023. This student has been presented to sit for the Nurses and Midwives' Council licensure examinations in November, 2023. The student has been supported with licensure examination fees and fees to undergo an intensive coaching exercise at the college prior to the examinations.

3.4 PROGRESS ON SUPPORT FOR E- LEARNING, DATA MANAGEMENT AND VIRTUAL TRACKING OF DEPLOYED PEPFAR SUPPORTED GRADUATES

3.4.1 Employment status for CDC supported graduates from 2014 to 2016 cohorts

In the period under review CHAM tracked 666 CDC supported graduates who were supported from the 2014 to 2016 cohorts in CHAM training institutions, with the aim of establishing their employment status and where they have been deployed to.

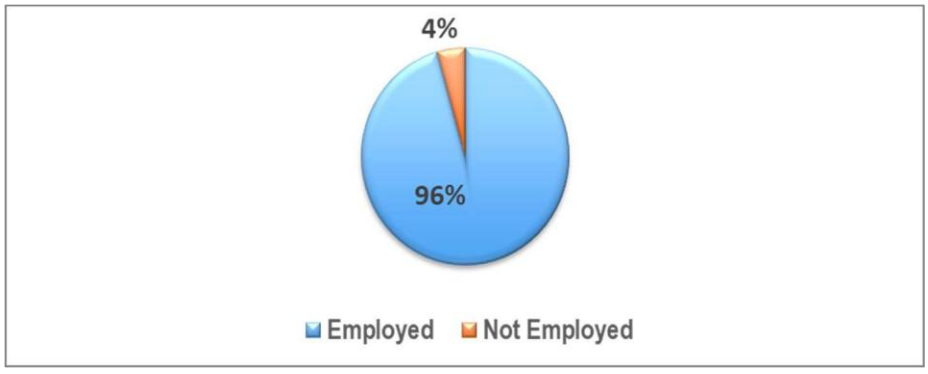

Figure 22: employment status of CDC supported students

The figure above shows that almost all the students (96%) that were supported are employed and that only 4% are not employed.

Type of employer for the CDC supported graduates

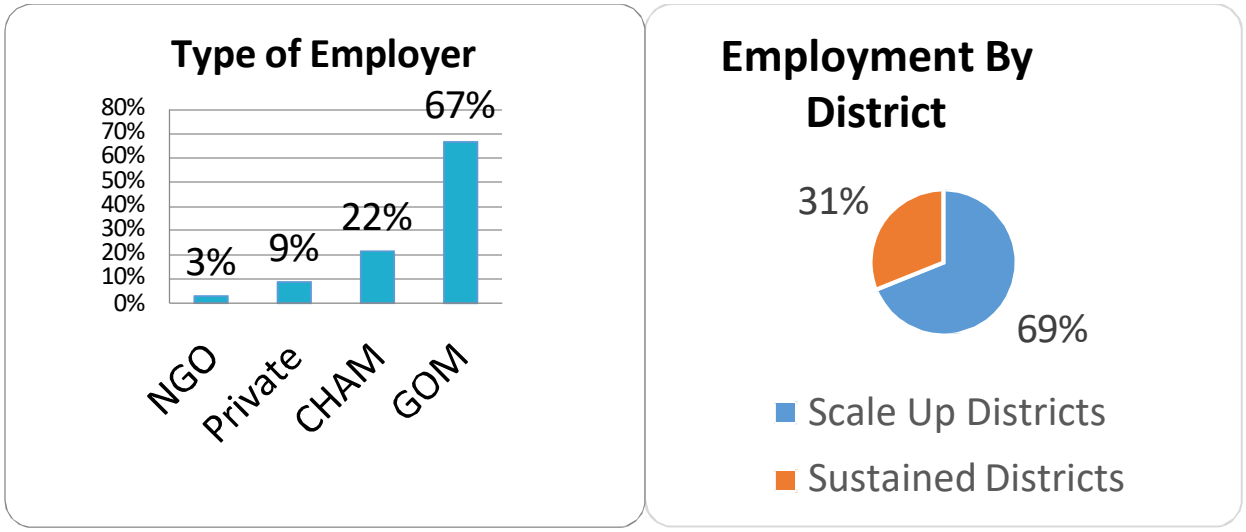

Figure 22-23: Deployment status of PEPFAR graduates

The figures above show that 69% of the students that are employed are currently serving in high HIV burden/scale up districts while only 31% are in sustained districts and that a majority of the graduates are employed by the Government (67%) seconded by CHAM facilities. This indicates that the goal of the scholarship has been achieved since most of the graduates are serving in the high HIV burden districts and are mostly working in public and not for profit health facilities.

Figure 24: Showing a group of graduating students from St Joseph's College

3.4.2 Internet support to the colleges for TrainSMART data management

During the period under review, all the training institutions were supported with monthly internet data bundles to ensure timely updating of student data in the TrainSMART system.

3.4.3 Support for E-Books subscription fees

In the period under review, all the 11 training institutions were supported with annual subscription and membership fees for the Malawi Library and Information Consortium (MALICO) to have access to e-learning resources

including e-books and e-journals for use by the lecturers and students. This was particularly important in the context of COVID-19 pandemic to limit the amount of physical contact among students and lecturers and has proved to be useful beyond the pandemic since it allows a larger group of lecturers and students to have access to updated information through the various e-resources facilitating learning and teaching.

3.4.4 Build the capacity of lecturers from the training colleges on utilization of e-learning facilities

In the period under review, CHAM organized a Virtual on-boarding orientation to Moodle Learning Management System (LMS) which was facilitated by Wisenet with support from Medical Benevolence Fund (MBF): Representatives from all the training institutions were present during the orientation session including heads of the institutions. This was organized in an effort to orient the colleges to the Moodle e-learning platform in preparation for e-learning program implementation.

Following this, the secretariat conducted a 4-day eLearning workshop, with funding from this CoAg for ICT staff, lecturers and library staff from all the 11 Training Institutions. 33 participants from the training institutions were taken through this training which was aimed at building capacity for the stated personnel by equipping them with adequate skills in setting up an eLearning Management System (LMS), managing and utilizing the LMS platform. Above all, the training also covered refresher training on the use of TrainSMART, e-library, Mendley as well as an orientation to the student results portal system. At the end of the workshop all the participants demonstrated a level of skills acquisition in all areas which include LMS setting-up, accessing the platform, content development, e-library and referencing.

In an effort to identify an efficient internet service provider to support with e-learning implementation, Malawi Research Education Network (MAREN) and TNM internet providers were invited to show case their services and give a presentation on how they can ably support the implementation of e-Learning programs. Following this, CHAM engaged MAREN to get all the colleges connected as their network is less costly, more efficient, more reliable and tailored to the needs of training institutions. As of 30th

September 2023, 4 colleges had been connected and processes are under way to get the remaining 7 colleges connected.

3.5 PROGRESS MADE ON IMPROVING THE QUALITY OF EDUCATION OFFERED IN THE CHAM TRAINING INSITUTUTIONS

3.5.1 Integrated supportive supervision and mentorship

As CHAM continues to provide technical support and guidance to its member units, The Secretariat in collaboration with the Ministry of health and all the regulatory bodies including Nurses and Midwives council of Malawi (NMCM), Pharmacy and Medicines Regulatory Authority (PMRA), Medical Council of Malawi (MCM) and CDC conducted supportive supervision and mentorship visits to all the 11 CHAM Training Institutions once every year. The aim of this was to monitor progress on instructional delivery, governance and infrastructure, clinical teaching, student data management systems and other issues that affect the quality of education in the colleges.

3.5.2 Supportive Supervision for Nursing programs

Each training institution was assessed based on the following tools; general assessment which focuses on curriculum implementation, governance and infrastructure; classroom teaching, clinical teaching and data management.

The colleges performed best in the general assessment tool and classroom teaching tool, with average scores of 88% and 81%, respectively. Clinical placement has a lower average score of 75% with various factors contributing the score. For example at Malamulo there were no students at clinical placement and this contributed to the lowest grade, St John of God had 1 student who was doing remedial practice for the 4th attempt of NMCM licensure examinations. From the four tools used, Data management has the lowest average score of 64%, indicating the need for colleges to really put an effort into updating student data in the TRAINSMART system. The colleges have been advised to adapt the data management policy as outlined in the CHAM Training Policy. Areas requiring improvement were discussed at length and colleges came up with corrective action plans.

Figure 25: procedure demonstration by a lecturer in the presence of supevisors

3.1.1 ***Supportive Supervision for pharmacy programs***

In the period under review, CHAM supported The Pharmacy and Medicines Regulatory Authority (PMRA) to conduct supportive supervision in 4 Colleges which are offering pharmacy programs (Ekwendeni, St Joseph, St John's and Holy Family). The visit was conducted jointly by PMRA and CHAM Secretariat to evaluate the performance of the pharmacy assistant program, to assess the implementation progress of the CAPA plans; and evaluate compliance with previous inspection results.

Figure 26: pharmacy dispensing laboratory at St John's Institute for health

The objective of the visit was to ensure that the recommendations and CAPA plans were being implemented and to identify and address challenges affecting student training and program quality.

During the visits, it was observed that some of the institutions had no pharmaceutical laboratory as well as Skills laboratory/Demonstration room/Dispensary. Upon review of the CAPA it was noted that one of the institutions had not done much on pharmaceutical laboratory apart from just identifying the room earmarked for the laboratory. It was further learnt that plans were underway to outsource funds through loan facility for the refurbishment of the identified room so that it fits to be the pharmaceutical laboratory. On the part of Skills laboratory, the CAPA did not adequately address

the shortfalls identified since it was observed that the rooms still lacked temperature controlling equipment, temperature monitoring device (Thermohygrometer), lockable cabinet for temporary storage of expired medicines and allied substances, and lockable cabinet for the storage of controlled medicines.

On a positive note, the learning resource centers/libraries for all the institutions were well equipped with eBooks for the pharmacy program which were made available offline in most of the computers in the ICT room. And it was learnt that more books had already been procured only that at the time of the visit they had not been delivered. There is still need to recruit additional lecturers for effective implementation of the program across all colleges.

The visit involved a meeting with the college management and faculty members to agree on the plan, review of the CAPA report, inspection of the institution, and an open discussion with students to hear about their experiences and challenges. The supervision team and college staff worked together to identify and correct weaknesses and strengths which were noted. An emphasis was made on maintaining the high levels of performance registered and ensuring quality education.

3.5.3 Supportive supervision of colleges by Medical Council of Malawi

The Medical Council of Malawi (MCM) and CHAM Secretariat jointly conducted supportive supervision to evaluate the performance of the clinical medicine program in 4 CHAM affiliated training institutions (Ekwendeni, St John of God, St John's, and Malamulo). The process aimed at assessing the compliance of training institutions to the standards for basic medical education set by the MCM.

The evaluation tool assessed colleges whether they have vision, mission, and objectives, policy documents and guidelines, curriculum availability and implementation, students and staff welfare, research and program monitoring and evaluation. The evaluation activity also included the physical inspection of the premises to ascertain the availability of necessary facilities to support program implementation.

Figure 27: Showing a team of supervisors providing mentorship to lecturers

Overall, the training institutions are doing very well in the areas of vision, mission and objectives, availability of curriculum and its implementation, policies governing curriculum implementation, availability of adequate technical staff where other staff are doing Masters in relevant fields, program evaluation and availability of necessary physical facilities for teaching.

Some of the challenges included poor program evaluation strategies, inadequate clinical assessment tools with some colleges relying on the NMCM tools only and that some colleges are still outsourcing some facilities like chemistry laboratories.

In conclusion, whilst the colleges are performing well in most of the areas, there is still room for improvement in clinical placement and data management. The pre-service program team continues to follow up with the colleges virtually to check the progress made on addressing the gaps identified.

3.5.4 Inspection of Teaching Hospitals by CHAM and Medical Council of Malawi

CHAM in collaboration with Medical Council of Malawi inspected 8 health facilities, including Trinity Hospital, Malamulo Mission, Nkhoma, Daeyang, St John's Mission, Ekwendeni Mission, and St John of God-Mzuzu. The inspection aimed at ensuring that the facilities are meeting the minimum requirements for service provision in Malawi.

The tool used for the assessment contained a list of equipment required in each area and included a section to show the number of staff at the facility per cadre.

Overall, the facilities had a high level of cooperation, but several challenges were identified, such as missing equipment, infrastructure issues, and lack of availability of some services. The recommendations included conducting follow-up sessions with the facilities on the developed action plans, distributing IPC guidelines, revising the inspection tool, and sharing the MCM formal report.

3.5.5 Regional coordination meetings

The meetings were organized by CHAM and conducted in collaboration with MOH and NMCM. Participants were drawn from all training institutions in the country including CHAM, Public and Private and all the teaching hospitals where colleges send students for their clinical practice. The main objective of these meetings was to discuss issues affecting clinical teaching of students.

Each region chose office bearers including the chairman and secretary who were entrusted to coordinate all the regional meetings. Action plans were developed for each region in line with the discussions most of which cantered on coordination between teaching hospitals and the training institutions and collaborative clinical teaching. Some of the recommendations which were made were that colleges should orient clinical staff on the objectives which students are expected to achieve at each allocation, colleges should provide adequate PPE to students and that student evaluation should be done by both lecturers and clinical staff.

3.5.6 Development of pre-service policy/ guiding documents

Through the supportive supervision and mentorship visits which were conducted in the training institutions, it was noted that there was need to have clinical assessment tools for all clinical placement areas and program evaluation tools to help training institutions to improve their programs.

3.5.7 Clinical assessment tools

CHAM organized a workshop where participants from all the CHAM colleges were invited to participate with the aim of developing clinical assessment tools to be used for evaluation of students' clinical learning. During the supportive supervision visits to the colleges it was noted that most colleges did not have all the relevant tools. These tools covered all levels for all the programs, which are regulated by the regulatory bodies that is nursing and midwifery clinical assessment tools, clinical medicine tools and pharmacy tools. The assessment tools have since been finalized and disseminated to the colleges.

Here is the link to the tools: https://drive.google.com/drive/folders/1cGy-8S9CLcsYvsZ168Bsgr3xIOAiNI08?usp=drive_link

3.5.8 3.3.2 Program evaluation tools

It was noted during the during the supportive supervision visits to the colleges that all the colleges lacked relevant program evaluation tools and effort were made by CHAM to have all these tools in place. The workshop drew participants from all CHAM training institutions and The Catholic University. Through the exercise, participants were oriented on program evaluation including what it is, types of program evaluation and why it is important to evaluate all the training programs at different levels.

Figure 28: Showing a team of participants developing program evaluation tools

The following program evaluation tools were developed; lesson evaluation; course evaluation; clinical teaching evaluation; classroom peer evaluation; end of program evaluation; and tracer study tools for customer/client/patient, employer and the graduate. Following the development process, all the tools were piloted in all the 11 colleges. A virtual meeting was held after the pilot phase to discuss the findings and relevant changes to be made. The tools have since been finalized and disseminated to all the training institutions for adoption and implementation. Here is the link to view the tools: https://drive.google.com/drive/folders/1Ry2Uzt9RTnX78g8BgtdpjkDHj1lcve_5?usp=drive_link

3.5.9 Building the capacity of lecturers in the development of test and measurement items

In an effort to continuously improve the assessment of students in the training institutions the Secretariat organized a training to equip lecturers with knowledge and skills in test and measurement to address the gaps that are there particularly among lecturers who did not specialize in education. The training was facilitated by education experts from Domasi College of Education.

Through this training the lecturers were equipped with knowledge and skills on how to; realize that the learning objectives are achieved or not; evaluate the learner so that feedback can be given; classify; and or grade the students using different assessment methods; check progress or improvement of the learner from time to time; evaluate different methods of instruction; develop effective multiple choice questions; and develop effective essay questions.

3.5.10 Induction for new lecturers

CHAM conducted an induction/introduction to teaching methodology and clinical teaching of new lecturers that have recently joined the training institutions. This activity was facilitated by the Training Manager, Nurses and Midwives Council officials, and other facilitators from MZUNI, Ekwendeni College of Health Sciences and KUHES.

Through this training new lecturers were oriented on the roles and functions of the Nurses and Midwives Council of Malawi (NMCM), standards for nursing and midwifery education, and curriculum implementation processes, clinical teaching, preceptorship and mentorship, Student assessment skills (test and measurement), ethics in nursing education and practice, teaching and learning Methodologies, learning theories, clinical teaching, ethics and professionalism in education, role of ministry of Health in nursing and midwifery education, assisting challenging students, competency-based clinical assessment, OSCE

and skills check off guidelines, Course outline development, and Simulation based education

3.5.11 Orientation of M&E team members from training institutions on the revised monitoring and evaluation tools

The NMCM recently revised the monitoring and evaluation tools, which they use to assess the standards of education in the training institutions. CHAM organized regional orientation workshops, which were successfully conducted in all the three regions. 71 participants attended the workshops, drawn from all the nursing training institutions including CHAM colleges, private and public colleges. Through these sessions, the M and E team members from all the training institutions were oriented on the revised M and E tools.

An emphasis was made on the significance of monitoring teaching and learning processes and all the training programs, as well as evaluating the effectiveness of the same. Among other things, recommendations and suggestions were made to MoH & NMCM regarding teaching hospitals for nurses and midwives. In Addition, training institutions were encouraged to collaborate in assisting students with clinical teaching and they were also encouraged to develop their own M&E tools with guidance from the NMCM M&E team for internal quality assurance.

3.5.12 Accreditation status of CHAM training institutions

In an effort to improve the quality of education offered in the training institutions, all the programs offered in the colleges are expected to be accredited by the relevant regulatory bodies. In the period under review, all the colleges were supported with resources to pay for accreditation fees to the relevant regulatory bodies.

3.5.13 Medical Council of Malawi Accreditation

As of 30th September 2023 all, the training institutions offering programs regulated by Medical Council of Malawi (MCM) were accredited. These institutions are; Malamulo College of Health Sciences; St John's Institute for Health; St John of God College of Health Sciences; and Ekwendeni College of Health Sciences.

3.7.2. Pharmacy and Medicines Regulatory Authority Accreditation

As of 30th September 2023 all, the training institutions offering programs regulated by Pharmacy and Medicines Regulatory Authority (PMRA) were accredited. These institutions are; St Joseph's College of Health Sciences; St John's Institute for Health; Holy Family College of Health Sciences; and Ekwendeni College of Health Sciences.

Figure 29: showing a group of students practicing skills in a skills laboratory

3.7.3. Nurses and Midwives' Council of Malawi Accreditation

As of 30th September 2023 all the current programs regulated by Nurses and

Midwives' Council of Malawi were accredited in all the 11 training institutions.

New programs were also accredited like Bachelor of Science degree in Nursing and Midwifery for Malamulo and St John of God. New programs which were not accredited are the Community Midwifery Assistant program at St Luke's College and the Bachelor of Science in Nursing program at Ekwendeni. The colleges will apply for re-accreditation and Ekwendeni College will commence the program once the program is accredited. St Luke's College has been allowed to continue with the first cohort of CMAs while working on the gaps which were identified like lack of clinical assessment tools. It is important to note that all the training colleges passed the institution accreditation.

3.5.14 Handover ceremony for buses

Through the CDC pre-service grant CHAM secretariat procured 5 buses to ease the transportation challenges which the colleges have with ferrying students to various clinical placement areas. The total value of all the buses was US$ 228,000 and the buses were bought from TATA Malawi. The handover ceremony was conducted at the CHAM Secretariat offices. The function was attended by CDC representatives, CHAM Secretariat staff, college principals and their proprietors and board members from the CHAM board and the college boards

Figure 30: Representatives from CDC, CHAM and the proprietors during the handover ceremony

It is important to note that all the 11 training institutions have problems with transportation but these 5 buses were donated to; Ekwendeni College of Health Sciences; Malamulo College of Health Sciences and St John's Institute for Health because this is where we have the most CDC supported scholars. Holy Family College of Health Sciences and Trinity College of Health Sciences because they were in dire need of the buses.

3.6 CHALLENGES AND MITIGATION STRATEGIES

The main challenge which was faced in the implementation of the project was delayed funding which resulted in some activities not being implemented. The activities which were not conducted due to delayed funds are; training of new NMCM accreditation team members; training of lecturers in teaching methodology; development and validation of the national phlebotomy training curriculum. Delayed funding also affected implementation of the project activities including payment of fees for the CDC supported students.

The other challenge which was faced was that some important activities were not funded due to limited resources. These activities are; training of lecturers in infection prevention and COVID case management; principal's meetings and; orientation of lecturers on the revised HIV and TB management guidelines

The biggest challenge is the early termination of the CoAg which will affect the technical support which CHAM Secretariat provides to the training institutions to ensure that they adhere to the standards of education.

To mitigate these, CHAM core and the training institutions co-funded some of the activities like quarterly principals' meetings. The next implementing partner, will have to continue supporting CHAM Secretariat to conduct some of the critical activities in the colleges to sustain the gains that have been achieved which resulted in all the institutions being accredited by all the regulatory bodies.

3.7 CONCLUSION

The CoAg has effectively contributed to the training and deployment of healthcare workers in Malawi, particularly in the context of HIV/AIDS. The scholarship program has supported vulnerable students across various programs, ensuring a diverse pool of skilled professionals. The high pass rates in licensure examinations reflect the success of the training programs. Additionally, the tracking of CDC-supported graduates demonstrates the program's impact, with a significant number employed in high HIV burden districts, aligning with the project's objectives. The adoption of scholarship disbursement guidelines and ongoing support for e-learning and data management further enhance the sustainability and effectiveness of the program. The collaboration between CHAM, CDC, and other stakeholders has resulted in a robust framework for healthcare workforce development in the fight against HIV/AIDS.

CHAM's initiatives in the period under review highlight a proactive approach to address challenges and enhance the quality of education in its training institutions. The organization successfully navigated the impact of the COVID-19 pandemic by embracing e-learning, building lecturers' capacities, and ensuring regulatory compliance. The supportive supervision and mentorship programs, along with the development of assessment and evaluation tools, reflect a commitment to maintaining high educational standards.

The collaboration with regulatory bodies, internet service providers, and educational experts underscores CHAM's dedication to a holistic approach in improving education quality. As CHAM continues to monitor and evaluate its programs, the identified areas for improvement, such as clinical placement and data management, provide valuable insights for future enhancements.

The handover ceremony for buses further exemplifies CHAM's commitment to addressing practical challenges faced by its training institutions. As CHAM looks ahead, sustaining and building upon these initiatives will be crucial for

continued progress and the delivery of high-quality education in the health sector.

The project however faced formidable challenges, particularly delayed funding and limited resources, leading to the non-implementation of crucial activities. The early termination of the CoAg poses a significant threat to the technical support provided by CHAM Secretariat to maintain educational standards. Despite the setbacks, co-funding efforts from CHAM Core and training institutions partially mitigated some challenges.

Looking ahead, it is imperative for the next implementing partner to step in and provide sustained support to CHAM Secretariat in order to uphold the gains achieved through accreditation. Continued collaboration is necessary to ensure the successful execution of critical activities, fostering the adherence to national standards by all CHAM training institutions. The lessons learned from the challenges faced in this project will inform future endeavors, emphasizing the importance of timely funding and resource allocation for the effective implementation of all project activities.

3.8 APPENDICES

Appendix A: Final list of 175 CDC supported students

CDC SCHOLARSHIP FINAL SELECTION LIST OF STUDENTS			
NUMBER	**NAME**	**SEX**	**PROGRAM**
MULANJE COLLEGE OF NURSING AND MIDWIFERY			
1	MARTIN CHIMWEMWE MAKWANGWALA	MALE	NMT 2021 OCTOBER
2	BEATRICE MPOTOLA	FEMALE	NMT 2021 OCTOBER
3	HARRISON SALANI	MALE	NMT 2021 OCTOBER
4	ALEX PETER MOPIWA	MALE	NMT 2021 OCTOBER
5	TRIPHONIA HILDA GUNDAMPANDA	FEMALE	NMT 2021 OCTOBER
6	LEBOHANG NGALAWA	FEMALE	NMT 2021 OCTOBER
7	MADALITSO BATALA	MALE	NMT 2021 OCTOBER
8	IVY MATHEZA	FEMALE	NMT 2021 OCTOBER
9	BEAUTY SADICK	FEMALE	NMT 2021 OCTOBER
10	MOSES MAKWITI	MALE	NMT 2021 OCTOBER
11	MARY MOYO	FEMALE	NMT 2021 OCTOBER
12	SAUTSO SOMANJE	FEMALE	NMT 2021 OCTOBER
13	ELIZA ZACHARIA	FEMALE	NMT 2021 OCTOBER
14	ESTHER LUKE	FEMALE	NMT 2021 OCTOBER
15	TITAMANDE MALUWA	FEMALE	NMT 2021 OCTOBER
TRNITY COLLEGE OF HEALTH SCIENCES			
1	Lonjezo Binzi	FEMALE	NMT NOVEMBER 2021
2	Desire Dalo	MALE	NMT NOVEMBER 2021
3	Ganizani Penu	MALE	NMT NOVEMBER 2021

4	Charles Kucheza	MALE	NMT NOVEMBER 2021
5	Petro Shawa	MALE	NMT NOVEMBER 2021
6	Phillips Shadreck	MALE	NMT NOVEMBER 2021
MALAMULO COLLEGE OF HEALTH SCIENCES			
1	Carloyn Taika	FEMALE	NMT FEBRUARY 2022
2	Ruth Gwera	FEMALE	NMT FEBRUARY 2022
3	Joseph Mbewe	MALE	NMT FEBRUARY 2022
4	Blessings Lumwira	MAE	NMT FEBRUARY 2022
5	Susan Kapindula	FEMALE	NMT FEBRUARY 2022
6	Falida Lapukeni	FEMALE	NMT OCTOBER 2021
7	Fanny Wezzie Dulani	FEMALE	NMT OCTOBER 2021
8	Thokozani Kwenda	FEMALE	NMT OCTOBER 2021
1	Greyson Kafumbwe	MALE	DCM JANUARY 2021
2	Chimwemwe Ndala	FEMALE	DCM MAY 2021
1	Mary Tchoza	FEMALE	DCM OCTOBER 2021
2	Francisco Frances	MALE	DCM OCTOBER 2021
3	Henry Clifford Kasonga	MALE	DCM OCTOBER 2021
4	Ibrahim Kwenda	MALE	DCM OCTOBER 2021
5	Prince Mphaludzu	MALE	DCM OCTOBER 2021
6	Damiano Chiwanga	MALE	DCM OCTOBER 2021
7	Peter Hendrick	MALE	DCM OCTOBER 2021
8	Amos Chindondo	MALE	DCM OCTOBER 2021

1	Estere Sitima	FEMLAE	BMS OCTOBER 2021
2	Tizayi Mushunje	FEMALE	BMS OCTOBER 2021
3	John Chimphamba	MALE	BMS OCTOBER 2021
4	Flonny Macheso	FEMALE	BMS OCTOBER 2021
5	James Khomba	MALE	BMS OCTOBER 2021
6	Davis Nkupa	MALE	BMS OCTOBER 2021
7	Kettie Ziyaya	FEMALE	BMS OCTOBER 2021
8	Boniface Makwenda	MALE	BMS OCTOBER 2021
9	Thom Kachimanga	MALE	BMS OCTOBER 2021
10	Eunice Witani	FEMALE	BMS OCTOBER 2021
11	Jacqueline Mbewe	FEMALE	BMS OCTOBER 2021
1	Alex Bwanali	MALE	BMS FEBRUARY 2022
2	Annie Thomson	FEMALE	BMS FEBRUARY 2022
3	Bright Moyo Kunyenga	MALE	BMS FEBRUARY 2022
4	Chimwemwe Lucious Matope	FEMALE	BMS FEBRUARY 2022
5	Christina Tome	FEMALE	BMS FEBRUARY 2022
6	Evance Alick	MALE	BMS FEBRUARY 2022
7	Grace Nkhoma	FEMALE	BMS FEBRUARY 2022
8	Grant Mulinga	MALE	BMS FEBRUARY 2022
9	Ishah Sandram	MALE	BMS FEBRUARY 2022
10	Jacqueline Khumbanyiwa	FEMALE	BMS FEBRUARY 2022
11	Josephine William Malisye	FEMALE	BMS FEBRUARY 2022
12	Kondwani Kamba	MALE	BMS FEBRUARY 2022
13	Maganga Misheck	MALE	BMS FEBRUARY 2022
14	Major Masandula	MALE	BMS FEBRUARY 2022

15	Mathews Kanyoza	MALE	BMS FEBRUARY 2022
16	Matthews Njobvu	MALE	BMS FEBRUARY 2022
17	Mayamiko Thom Damson	MALE	BMS FEBRUARY 2022
18	Paul Mothiwa	MALE	BMS FEBRUARY 2022
19	Shanice Grace Muwawa	FEMALE	BMS FEBRUARY 2022
20	Staniel Ganizani	MALE	BMS FEBRUARY 2022
21	Sylvester Mailosi	MALE	BMS FEBRUARY 2022
22	Tiyamike Kusimbwe	FEMALE	BMS FEBRUARY 2022
23	Yamikani Zanjo	FEMALE	BMS FEBRUARY 2022
24	Shadreck Kasonga	MALE	BMS FEBRUARY 2022
25	Susan Baduya Mwale	FEMALE	BMS FEBRUARY 2022
26	Lazurus Murima	MALE	BMS FEBRUARY 2022
27	Moses Kaputeni	MALE	BMS FEBRUARY 2022
NKHOMA COLLEGE OF NURSING AND MIDWIFERY			
1	STEPHEN CHIPETA	MALE	NMT AUGUST 2021
2	TADALA CHIPHADO	FEMALE	NMT AUGUST 2021
3	GABRIEL KAPHWETE	MALE	NMT AUGUST 2021
4	CHIFUNDO LIVALA	FEMALE	NMT AUGUST 2021
5	MARTHA STEVE	FEMALE	NMT AUGUST 2021
6	GRESIA TSITSI	FEMALE	NMT AUGUST 2021
ST LUKES COLLEGE OF NURSING AND MIDWIFERY			
1	BRIDGET KAMTONDO	FEMALE	NMT NOVEMBER 2021
2	FRANCISCO KHINGA	MALE	NMT NOVEMBER 2021
3	CHIFUNIRO TAULO	MALE	NMT NOVEMBER 2021

4	RABSON BANDA	MALE	NMT NOVEMBER 2021
5	SHANTIE BANDA	FEMALE	NMT NOVEMBER 2021
6	STEVEN TENGANI	MALE	NMT NOVEMBER 2021
EKWENDENI COLLEGE OF HEALTH SCIENCES			
1	MONICA BANDA	FEMALE	DCM 2021 MARCH
2	WILLIAM DZANJALIMODZI	MALE	DCM 2021 MARCH
3	KUMBUKANI GALETA	MALE	DCM 2021 MARCH
4	JOSEPH JERE	MALE	DCM 2021 MARCH
5	GENESIS KADZILIMBIRE	MALE	DCM 2021 MARCH
6	BINDA MCHENGA	MALE	DCM 2021 MARCH
7	NICHOLAS MILANZI	MALE	DCM 2021 MARCH
8	TRUST MHANGO	MALE	DCM 2021 MARCH
9	TARCIZIOUS MALEKA	MALE	DCM 2021 MARCH
10	GIFT MKUTE	MALE	DCM 2021 MARCH
11	TEMWANI NG'AMBI	MALE	DCM 2021 MARCH
12	CHRISTINA NYIRENDA	FEMALE	DCM 2021 MARCH
13	RODWELL JAMES	MALE	DCM 2021 MARCH
14	CHIFUNIRO KAMETA	FEMALE	DCM 2021 MARCH
15	DAVID MTAMBO	MALE	DCM 2021 MARCH
16	BRIGHT MBUGHI	MALE	DCM 2021 MARCH
1	PATRICK CHINKHUNKHA	MALE	NMT 2021 SEPTEMBER
2	JUSTICE CHIBALAZI	MALE	NMT 2021 SEPTEMBER
3	ADRAIDER GOVAT	FEMALE	NMT 2021 SEPTEMBER

4	ARNOLD KASAMBALA	MALE	NMT 2021 SEPTEMBER
5	BRIDGET KAYANGE	FEMALE	NMT 2021 SEPTEMBER
6	PHOEBY LUHANGA	FEMALE	NMT 2021 SEPTEMBER
7	GIFT MHANGO	MALE	NMT 2021 SEPTEMBER
8	EMILY NYONDO	FEMALE	NMT 2021 SEPTEMBER
9	JAMES NYIRENDA	MALE	NMT 2021 SEPTEMBER
10	ELEANOR TEMBO	FEMALE	NMT 2021 SEPTEMBER
HOLY FAMILY COLLEGE OF NURSING AND MIDWIFERY			
1	CAROLINE GOWA	FEMALE	NMT 2021 NOVEMBER
2	MPHATSO NASIYO	FEMALE	NMT 2021 NOVEMBER
3	TAMANDANI PRISCILLA SAMU	FEMALE	NMT 2021 NOVEMBER
4	TIONE MANDA	FEMALE	NMT 2021 NOVEMBER
5	YAMIKANI MULANJE	FEMALE	NMT 2021 NOVEMBER
6	ALFRED MALUMBO CHIUMIA	MALE	NMT 2021 NOVEMBER
7	GODFREY CHIMBUTO	MALE	NMT 2021 NOVEMBER
8	VITUMBIKO NYIRENDA	MALE	NMT 2021 NOVEMBER
1	FAITH FORTUNE SELEMANI	FEMALE	NMT 2020 NOVEMBER
1	ESTER SEGULA	FEMALE	NMT 2021 JUNE
2	ALBERT PHULANYA	MALE	NMT 2021 JUNE
3	DOUGLAS BAKUWA	MALE	NMT 2021 JUNE
4	FRANCIS GOMANI	MALE	NMT 2021 JUNE
5	KHUMBO KUBWALO	FEMALE	NMT 2021 JUNE

6	PATRICK LAPANI	MALE	NMT 2021 JUNE
ST JOSEPH'S COLLEGE OF HEALTH SCIENCES			
1	GLORIA CHIGHALI	FEMALE	NMT 2021 SEPTEMBER
2	BORNIFACE CHIKWAKWA	MALE	NMT 2021 SEPTEMBER
3	ETRESS GAMA	FEMALE	NMT 2021 SEPTEMBER
4	JUDITH GAMA	FEMALE	NMT 2021 SEPTEMBER
5	TRIPHONIA KADZOLA	FEMALE	NMT 2021 SEPTEMBER
6	CHIMWEMWE KALULU	FEMALE	NMT 2021 SEPTEMBER
7	JOSEPH KAPALASA	MALE	NMT 2021 SEPTEMBER
8	LAURENT KANDAWIRE	MALE	NMT 2021 SEPTEMBER
9	CEDRICK MLELEMBA	MALE	NMT 2021 SEPTEMBER
10	WINNECK MTIMANDIPANGE	MALE	NMT 2021 SEPTEMBER
11	AGNESS MUMBUWA	FEMALE	NMT 2021 SEPTEMBER
12	FRANKLIN PHAMBALA	MALE	NMT 2021 SEPTEMBER
13	SECRET TEMBO	FEMALE	NMT 2021 SEPTEMBER
14	EVELYN ZAMGULE	FEMALE	NMT 2021 SEPTEMBER
15	MARTHA MAPIRA	FEMALE	NMT 2020 JANUARY
ST JOHN'S INSTITUTE FOR HEALTH			
1	BORNVENTURE BANDA	MALE	CCM 2022 JANUARY
2	DAVID SIKAPONDA	MALE	CCM 2022 JANUARY
3	DEBORAH ZIMBA	FEMALE	CCM 2022 JANUARY
4	ELIMANCE MANDA	FEMALE	CCM 2022 JANUARY

5	FYSON KUSOWA	FEMALE	CCM 2022 JANUARY
6	EMMANUAEL C.KAPUKU	MALE	CCM 2022 JANUARY
7	LUSUNGU MAWERENGA	FEMALE	CCM 2022 JANUARY
8	RAPHAEL CHIRWA	MALE	CCM 2022 JANUARY
9	STAFFORD KABAMBE	MALE	CCM 2022 JANUARY
10	UPILE MLENGA	FEMALE	CCM 2022 JANUARY
11	GIFT MUSSA	MALE	CCM 2022 JANUARY
12	YAMBIKA MUNTHALI	FEMALE	CCM 2022 JANUARY
1	BRAIN NAMAKHWA	MALE	CCM 2022 MARCH
2	ERNEST MATHIMBA	MALE	CCM 2022 MARCH
3	CHRISTINA MKISI	FEMALE	CCM 2022 MARCH
4	MARTHA SAMBO	FEMALE	CCM 2022 MARCH
5	MISOZI NGOMA	FEMALE	CCM 2022 MARCH
6	WIGHANE MWANGONDE	MALE	CCM 2022 MARCH
7	MICHAEL NKUNIKA	MALE	CCM 2022 MARCH
8	JANE LWINGA	FEMALE	CCM 2022 MARCH
1	CECELIA ZIBA	FEMALE	NMT 2021 JULY
2	FLORENCE MTIKA	FEMALE	NMT 2021 JULY
3	PATRICK BANDA	MALE	NMT 2021 JULY
4	GLORY MAGAWA	FEMALE	NMT 2021 JULY
5	SAMUEL CHAMBANI	MALE	NMT 2021 JULY
6	HARRY MVULA	MALE	NMT 2021 JULY
7	THOKOZANI KAWILO	FEMALE	NMT 2021 JULY
8	MIRRIAM MSISKA	FEMALE	NMT 2021 JULY

9	BEATRICE PROTAZEO	FEMALE	NMT 2021 JULY
10	LINDA SOKO	FEMALE	NMT 2021 JULY
	TOTAL SCHOLARSHIPS	**175**	

Appendix B: Current status of CDC supported students

CURRENT STATUS OF CDC SUPPORTED STUDENTS

Number	College Name	Program	Cohort	Number of Students	Current Semester	Expected date of completing the program
1	Nkhoma College of Nursing and Midwifery	Diploma in Nursing and Midwifery Technician	Aug-21	6	Year 3 semester 5	Aug-24
2	St Johns Institute for Health	Diploma in Nursing and Midwifery Technician	Jul-21	10	Year 3 semester 5	Jul-24
		Certificate in Clinical Medicine	Mar-22	8	Year 2 semester 3	Mar-24
		Certificate in Clinical Medicine	Jan-22	12	Year 2 semester 4	Nov-23
3	Malamulo College of Health Sciences	Diploma in Clinical Medicine	May-21	1	Year 3 semester 6	Sep-23
		Diploma in Clinical Medicine	Jan-21	1	Year 3 semester 6	Dec-23
		Diploma in Nursing and Midwifery Technician	Feb-22	5	Year 2 semester 4	Feb-25
		Diploma in Nursing and Midwifery Technician	Oct-21	3	Year 3 semester 5	Oct-24

		Diploma in Clinical Medicine	Oct-21	8	Year 3 semester 5	Jun-24
		Biomedical Sciences	Oct-21	11	Year 3 semester 5	Jun-24
		Biomedical Sciences	Feb-22	27	Year 2 semester 4	Feb-25
4	St. Joseph's College of Health Sciences	Diploma in Nursing and Midwifery Technician	Jan-20	1	Completed	Jul-23
		Diploma in Nursing and Midwifery Technician	Sep-21	14	Year 3 semester 5	Sep-24
5	Ekwendeni College of Health Sciences	Diploma in Nursing and Midwifery Technician	Sep-21	10	Year 2 semester 4	Oct-24
		Diploma in Clinical Medicine	Mar-21	15	Year 3 semester 5	Aug-24
		Diploma in Clinical Medicine	Nov-22	1	Year 1 semester 2	Oct-25
6	Trinity College of Health Sciences	Diploma in Nursing and Midwifery Technician	Nov-21	6	year 2 Semester 4	Mar-25
7	St Lukes College of Health Sciences	Diploma in Nursing and Midwifery Technician	Nov-21	6	Year 2 semester 4	Dec-24

8	Holy family College of Health Sciences	Diploma in Nursing and Midwifery Technician	Jun-21	6	Year 3 semester 5	May-24
		Diploma in Nursing and Midwifery Technician	Nov-21	8	Year 2 semester 4	Nov-24
		Diploma in Nursing and Midwifery Technician	Nov-20	1	Year 3 semester 6	Dec-23
9	Mulanje Mission College of Nursing and Midwifery	Diploma in Nursing and Midwifery Technician	Oct-21	15	Year 2 semester 4	Oct-24

Appendix C: Current status of once off scholarship beneficiaries

ONCE-OFF SCHOLARSHIP DETAILS FOR CDC SUPPORTED STUDENTS					
NAME OF COLLEGE	**NAME OF STUDENT**	**PROGRAM OF STUDY**	**COHORT**	**CURRENT SEMESTER**	**DATE COMPLETION**
ST LUKES	GRACIOUS LUWEMBE	NMT	May-21	SEMSTER 5	Dec-24
ST LUKES	JANE NYAMA	NMT	Nov-20	SEMSTER 6	Jul-24
ST LUKES	GIFT MBOMA	NMT	Nov-20	SEMSTER 6	Jul-24
Nkhoma	Baharte Gondwe	NMT	Oct-20	SEMESTE R 6	Nov-23
Nkhoma	Beatrice Kathyole	NMT	Oct-20	SEMESTE R 6	Nov-23
Nkhoma	Promise Boniface	NMT	Oct-20	SEMESTE R 6	Nov-23
HOLY FAMILY	Yankho Jalasi	NMT	Apr-22	Semester 4	Apr-25
HOLY FAMILY	Martha Zakutha	NMT	Apr-22	Semester 4	Apr-25
HOLY FAMILY	Hajj Muhammed	PHARMACY ASSISTANT	Oct-22	Semester 3	Sep-25
HOLY FAMILY	BRIAN NKOLESYA	NMT	Apr-22	Semester 3	Mar-25
HOLY FAMILY	TISHANA KALIBWANJI	NMT	Jun-21	Semester 5	May-24
TRINITY	Kester Nansira	NMT	Aug-21	SEMESTE R 4	Oct-24
TRINITY	Sophia Patrick	NMT	Aug-21	SEMESTE R 4	Oct-24
TRINITY	Tiyanjane Anderson	NMT	Nov-21	SEMESTE R 4	Mar-25

ST JOHNS INSTITUTE	LINDA GONDWE	NMT	Jan-20	SEMESTER 5	Oct-25
ST JOHNS INSTITUTE	JuAKINE LOSS	NMT	Jan-20	SEMESTER 6	Oct-25
ST JOHNS INSTITUTE	PAUL NYASULU	PHARMACY ASSISTANT	Jan-21	SEMESTER 4	Oct-25
ST JOHNS INSTITUTE	BRIGHT CHINDODO	NMT	Jan-20	SEMESTER 5	Aug-24
ST JOHNS INSTITUTE	ANNA MANDA	CCM	Mar-22	SEMESTER 4	Mar-24
EKWENDENI	Emmanuel P. Gama	NMT	Oct-20	Semester 6	Dec-23
EKWENDENI	Christopher Mwenitete	NMT	Nov-20	Semester 6	Dec-23
EKWENDENI	Wezzie Nyirenda	DCM	Dec-20	Semester 6	Dec-23
ST JOSEPH	Sophie Chilenga	NMT	Sep-21	Semester 5	Sep-24
ST JOSEPH	Waliko Chipeta	NMT	Sep-21	Semester 5	Sep-24
ST JOSEPH	Chris Kapeni	NMT	Sep-21	Semester 5	Sep-24
ST JOSEPH	Salome Chumbi	NMT	Sep-21	Semester 5	Sep-24
ST JOSEPH	Overton Kambeta	NMT	Sep-21	Semester 5	Sep-24
MALAMULO	Rajab Aljazeera	NMT	Oct-21	Semester 5	Oct-24
MALAMULO	Charles Chakamba	DCM	Oct-21	Semester 5	Oct-24
MALAMULO	Edward Mabvumba	DCM	Oct-21	Semester 5	Oct-24
MALAMULO	Laston Aloni	DCM	Feb-21	Semester 3	Jul-25
MULANJE	Terai Chintuwa	NMT	Oct-21	Semester 4	Dec-24
MULANJE	Mphatso Dafu	NMT	Nov-21	Semester 4	Dec-24
MULANJE	Beatrice Malata	NMT	Dec-21	Semester 4	Dec-24
ST JOHN OF GOD	Clement Banda	Psychosocial Counselling	Jul-22	Semester 3	Jul-24

ST JOHN OF GOD	Wisdom Chembe	Psychosocial Counselling	Jul-22	Semester 3	Jul-24
ST JOHN OF GOD	Misheck Chisambi	Psychosocial Counselling	Jul-22	Semester 3	Jul-24
ST JOHN OF GOD	Gilbert Sungani	Psychosocial Counselling	Jul-22	Semester 3	Jul-24
ST JOHN OF GOD	Leonard Mboke	Psychosocial Counselling	Jul-22	Semester 3	Jul-24

Appendix D: Workplan progress update for October 2021 to September2022

CHRISTIAN HEALTH ASSOCIATION OF MALAWI

ANNUAL PRE-SERVICE PROGRAM PROGRESS (OCTOBER 2021 TO SEPTEMBER 2022)

ACTIVITY	INDICATOR	TARGET	PROGRESS	COMMENT
Objective 1.1: Increase the number of healthcare workers trained at CHAM colleges to deliver HIV/AIDS services at high HIV burden PEPFAR supported sites.				
Activity 1.1.1 Provide scholarship support and other necessary fees to 175 pre-service students enrolled in CHAM accredited teaching institutions.	Number of students supported with scholarships	175	100%	All 175 scholarships were disbursed
Activity 1.1.2 Reviewing the CHAM Scholarship policy	scholarship policy developed and validated	1	100%	Scholarship policy, reviewed and approved by the CHAM Board of Directors
Activity 1.1.3 Conduct coordination, monitoring and oversight visits during interviews for new intake and graduation ceremonies at training colleges	Number of colleges supported	11	100%	All colleges supported
Objective 1. 2: To provide support for E- learning, data management and virtual tracking of deployed PEPFAR supported graduates				
Activity 1.2.1 Conduct virtual tracking and verification of deployed PEPFAR supported graduates	Number of PEPFAR graduates tracked	665	100%	all 665 graduates from 2014 to 2016 cohorts tracked. 92% employed, 8% not empoloyed
Activity 1.2.2 Provide support to the colleges for trainsmart data management	Number of colleges provided with internet subscription and data management	11	100%	All 11 colleges were supported for all the 12 months
Activity 1.2.3 Support the colleges with subscription fees for E-Books for the lecturers and students to have updated information to facilitate learning and teaching	Number of colleges supported	5	100%	Trinity, St John of God, Holy Family, St Joseph and Mulanje Mission.

Activity 1.2.4 Build the capacity of ICT and Library staff from the training colleges to set up e-learning facilities	Number of colleges using e-learning facilities	11	45%	These activities were conducted together, with a total of 33 participants trained from across the colleges. Discussions are underway to get support from MBF on elearning facilities. 5 colleges are currently using e-learning facilities
Activity 1.2.5 Build the capacity of lecturers from the training colleges on utilisation of e-learning facilities	Number of lecturers trained	40	83%	
Objective 1.3: To improve the quality of education offered in the cham training insitututions				
Activity 1.3.1 Conduct an integrated supportive supervision including Trainsmart Monitoring	Number of Monitoring and evaluation visits conducted	1	100%	All 11 colleges were visited
Activity 1.3.2 Support the regional coordination meetings between teaching institutions and training colleges 3 times a year	Number of regional meetings supported	3	100%	all 3 regional meetings conducted
Activity1. 3.3 Facilitate and support accreditation of CHAM training Colleges by regulatory bodies (NMCM, PMRA, MCM)	Number of colleges accredited	11	45%	All the 11 colleges were supported. 5 colleges have been accredited, 6 have not been accredited
Activity 1.3.4 Conduct a workshop with representatives from Colleges to harmonize clinical assessment tools	Clinical assessment tools harmonized	1	0%	Not conducted due to delayed fundng. Activity deferred to next year.
Activity 1.3.5 Build the capacity of lecturers in the developoment of test and measurement items	Number of lecturers trained	40	55%	22 lectrers were trained. Due to the devaluation of the kwacha the resources available were not adequate to train all the 40 lecturers
Activity 1.3.6 Support the Training Manager to participate in a workshop organized by NMCM to develop guidelines for curriculum development	Number of people supported	1	0%	Nurses' Council cancelled the activity

Activity 1.3.7 Conduct an Induction exercise for new Tutors/lecturers	Number of lecturers inducted	30	65%	26 lectrers were trained. Due to the devaluation of the kwacha the resources available were not adequate to train all the 30 lecturers
Activity 1.3.8 Support NMCM to train new accreditation team members	Number of people trained	15	0%	Not conducted due to delayed fundng
Activity 1.3.9 Support NMCM to orient M&E team members on the new monitoring and evaluation tools	Number of people trained	15	0%	Not conducted due to delayed fundng
Activity 1.3.10 Support Pharmacy and Medicines Regulatory Authority to conduct supportive supervision in 3 Colleges which are offering pharmacy courses (Ekwendeni, St Joseph, St John's)	Number of colleges visited	3	100%	All the colleges were visited
Activity 1.3.11 Support Medical Council of Malawi to conduct supportive supervision in 3 Colleges which are offering medicine courses (Malamulo, Ekwendeni, St John of God, St John's)	Number of colleges visited	3	133%	4 colleges were visited using the same resources because St Jonh's Institute started implementing the CCM program
Objective 1.4: Build the capacity of faculty members from the training institutions and service providers from the VMMC implementing sites in infection prevention and COVID 19 case manegement				
Activity 1.4.1 Conduct training of tutors and VMMC service providers in infection prevention and COVID case management	Number of tutors and VMMC service providers trained	150	0%	Not done. The activity was not funded
Objective 1.5: Build the capacity of lecturers to ably deliver the HIV/TB management course				
1.5.1 Conduct 3 day orientation of lecturers on the revised HIV and TB management guidelines	Number of lecturers trained	132	0%	Not done. The activity was not funded

Appendix E: Workplan progress update for October 2022 to September2023

PROGRESS FOR PRE-SERVICE ANNUAL WORK PLAN OCTOBER, 2022 TO SEPTEMBER 30, 2023

ACTIVITY	TARGET	PROGRESS	COMMENTS
PRIORITY AREA 1: PRE-SERVICE TRAINING OF HEALTH WORKERS			
Objective 1.1: Increase the number of healthcare workers trained at CHAM colleges to deliver HIV/AIDS services at high HIV burden PEPFAR supported sites.			
Activity 1.1.1 Provide scholarship support and other necessary fees to 220 pre-service students enrolled in CHAM accredited teaching institutions.	220	214	The 175 scholarships in all the other cadres were provided and 39 scholarships were provided to needy students as once off support
Activity 1.1.2 Conduct coordination, monitoring and oversight visits during interviews for new intake and scholarship disbursement at training colleges	11		All the 11 colleges conducted their interviews and CHAM provided oversight
Objective 1. 2: To provide support for data management and virtual tracking of deployed PEPFAR supported graduates			
Activity 1.2.1 Conduct virtual tracking of deployed PEPFAR supported graduates	110		All the 110 students were tracked virtually
Activity 1.2.2 Provide support to the colleges for trainsmart data management	11		colleges were supported in all the months
Objective 1.3: To improve the quality of education offered in the cham training insitututions			
Activity 1.3.1 Conduct an integrated supportive supervision including Trainsmart Monitoring	2		4 colleges are yet to be visited
Activity 1.3.2 Support the regional coordination meetings between teaching institutions and training colleges 3 times a year	3		Not funded

Activity1.3.3 Build the capacity of lecturers in teaching methodology	26		Not conducted due to delayed funding
Activity 1.3.4 Conduct an Induction exercise for new Tutors/lecturers	25		Not funded
Activity 1.3.5 Support Pharmacy and Medicines Regulatory Authority to conduct supportive supervision in 4 Colleges which are offering pharmacy courses (Ekwendeni, St Joseph, St John's and Holy Family)	4		completed
Activity 1.3.6 Support Medical Council of Malawi to conduct supportive supervision in 4 Colleges which are offering medicine courses (Malamulo, Ekwendeni, St John's Institute, St John of God)	4		completed
Activity 1.3.7 Conduct a workshop with representatives from Colleges to harmonize clinical assessment tools	3		completed
Activity1. 3.8 Support NMCM to orient M&E team members from colleges and teaching hospital on the monitoring and evaluation tools	33		completed
Activity 1.3.9 Conduct a workshop to develop and validate the national phlebotomy training curriculum	1		Not conducted due to delayed funding
Activity 1.3.10 Conduct a workshop to develop program evaluation tools	3		
Activity 1.3.11 Printing of Pre-service policy documents	160		policies developed and approved, just awaiting funds for printing
Activity 1.3.12 Conduct principals meetings on a quarterly basis to discuss strategic areas to improve quality of pre-service training	4		Meetings were conducted. Jointly co-funded by CHAM and colleges
Activity 1.3.13 conduct a workshop with representatives from the colleges to develop the (Community Midwifery Assistant)CMA program core curriculum	1		Not funded
Activity 1.3.14 conduct a workshop with representatives from the colleges to develop the pharmacy assistant program core curriculum	1		Not funded
Objective 1.4: Build the capacity of lecturers to ably deliver the HIV/TB management course			
Activity 1.4.1 Conduct 12 day training of lecturers on the revised HIV and TB management guidelines	25		Not funded