



CHRISTIAN HEALTH ASSOCIATION OF MALAWI



2020 ANNUAL REPORT

DISTRIBUTION OF CHAM MEMBER INSTITUTIONS

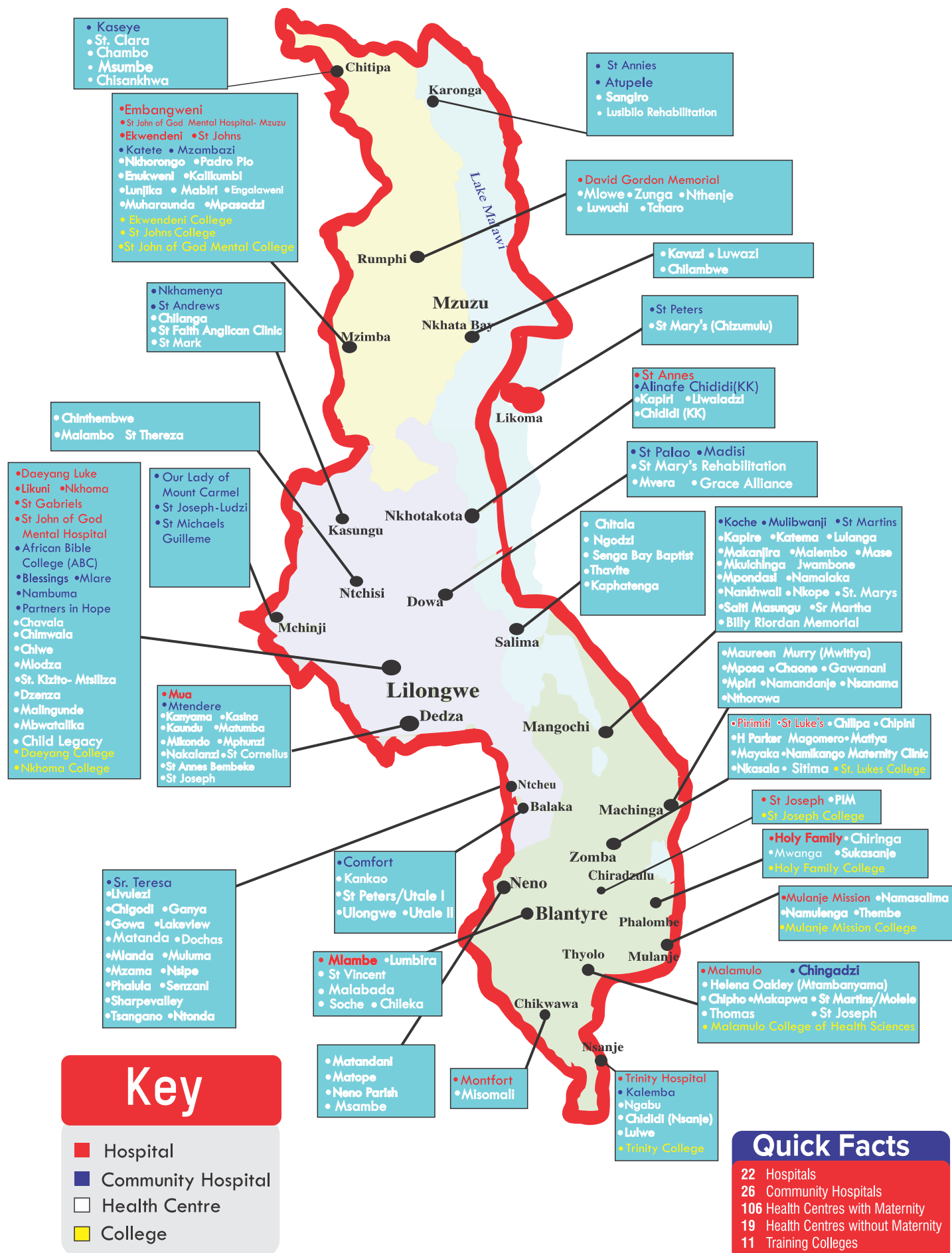


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ABBREVIATIONS

CDC	Centers for Disease Control and Prevention
CHAM	Christian Health Association of Malawi
CMST	Central Medical Stores Trust
CS	Caesarian Section
DHA	Department of HIV and AIDS
DHMT	District Health Management Team
DHO	District Health Office
DHS	District Health System
DMT	District Monitoring Team
ED	Executive Director
ECM	Episcopal Conference of Malawi
EHP	Essential Health Package
FCI	Faith Community Initiative
FY	Financial Year
GBV	Gender Based Violence
GGC	Go Girls Club
GOM	Government of Malawi
HCW	Health Care Worker
HAS	Health Surveillance Assistant
HIV	Human Immunodeficiency Virus
HF	Health Facility
HRM	Human Resources Manager
HSJF	Health Services Joint Fund
HSJF-FA	Health Sector Joint Fund – Fiscal Agent
HSSP	Health Sector Strategic Plan
HSM	Health Services Manager
ICT	Information Communication Technology
MCC	Malawi Council of Churches
MNCH	Maternal, Neonatal and Child Health
MoH	Ministry of Health
MoU	Memorandum of Understanding
MPIs	Management Performance Indicators
M&E	Monitoring and Evaluation
NMT	Nurse Midwife Technician
OPD	Out Patient Department
PE	Personnel Emolument
PPPs	Public-Private-Partnerships
SLAs	Service Level Agreements
SLA-MU	SLA Management Unit

MEMBERS FOR CHAM BOARD OF DIRECTORS



Rev. Fr. Dr. Alfred Chaima
Board Chairperson



Rev. Dr. Timothy Nyasulu
Vice Board Chairperson



Rev. Fr. Dr. Henry Saindi
Member



Bishop Gilford Matonga
Member



Ms. Rose Kamoto
Member



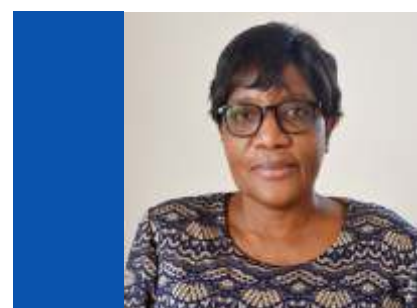
Ms. Matilda Maluza
Member



Mr. Patrick Chimutu
Member



Justice Justus Kishindo
Member



Ms. Hilda Khonje
Member



Mr. Moses Kasitomu
Member



Ms. Emily Kayimba
Member



Ms. Clara Gausi
Member

BOARD CHAIRPERSON'S STATEMENT



Greetings from the Christian Health Association of Malawi (CHAM)!

The year 2020 was a successful year for CHAM as we continued to 'promote the healing ministry of Jesus Christ by serving communities especially

in the hard to reach areas with quality holistic health services.

Despite being affected by the threat of COVID-19, we are grateful to the Episcopal Conference of Malawi (ECM), the Malawi Council of Churches (MCC), the development partners, the Government of Malawi and the various stakeholders for their financial and technical support to the operations of CHAM. We are also grateful to the various proprietors of the health facilities and training colleges and the management and staff of the CHAM Secretariat who have contributed a lot towards achieving CHAM's vision this far. We are also indebted to all our staff members in the 179 health facilities and 11 training colleges across the country who, committedly work day and night in toughest conditions and with limited resources to fulfill this mission. Your work is highly valuable.

The year 2020 was also exciting for CHAM as we worked under the guidance of our new 'Strategic Plan 2020-2024' in a revised organizational approach focusing on financial sustainability. We believe that this Strategic Plan, will renew our commitment to being a vibrant and efficient partner to the Government and people of Malawi in the delivery of quality health worker training and health care within the framework of Universal Health Coverage. We will continue our focus on serving the poor in rural, and emulate the healing ministry of Our Lord Jesus Christ.

I would also like to acknowledge our continued partnership with the Government of Malawi and all cooperating partners who continue to render CHAM tremendous support through various financial and technical expertise. As we take on new challenges, I pray that the spirit of harmony and unity continue to bind us all so that CHAM fully realizes its vision and mission.

Finally, yet importantly, I would like to thank my fellow Board of Directors and the Board of Trustees for their policy direction and diligence to the noble work of CHAM.

Fr. Dr. Alfred Chaima
CHAM Board Chairperson

EXECUTIVE DIRECTOR'S REMARKS



It has been an honor to serve for the past year as CHAM Executive Director.

I am pleased to share with you CHAM's 2020 Annual Report. This report highlights our performance and some of the achievements we accomplished in 2020. It shares our impact, and provides insights into the year ahead. Most importantly, the report affirms our ongoing commitment in ensuring that we continue the provision of holistic quality health services to the poor Malawian population in the hard to reach areas.

We have also revised the CHAM Conditions of Service and developed various policies and guiding documents that will ensure efficient and effective operations at the CHAM Secretariat and facilities. All these efforts are aligned towards achieving the seven key thematic outcomes in our strategic plan, which include: Leadership and Good Governance, Health Financing and Financial Sustainability, Health Service Delivery and Coordination of Technical Support, Human Resources Management and Capacity Development, Pooled Procurement of Pharmaceutical Products and Other Support Services, Monitoring, Evaluation, Accountability and Learning (MEAL), and Business Development, Marketing and Branding.

Our overall performance in various health programmes we implemented was tremendous and commendable as we reached our set goals.

We successfully managed to implement projects on Human Resources for Health, Voluntary Male Medical Circumcision, Faith and Community Initiative, COVID-19 Response, SCOPE Project, Pre-Service Training and Service Level Agreement thereby meeting the needs of our target groups.

In 2020, CHAM won the confidence of our development partners and stakeholders as we demonstrated accountability and transparency in our operations. Both our external auditors, Graham Carr and our internal audit team have been on track in ensuring that financial resources are well managed for the assigned purposes.

Our work in 2020 was successful and made possible through partnerships with various stakeholders at all levels. We are grateful to our partners who supported us with personal protective equipment during the COVID-19 pandemic. The PPEs helped to protect our frontline health care workers in all our facilities. I express my profound gratitude to the Government of Malawi through the Ministry of Health who allowed us to recruit 150 health care workers in response to the COVID-19 pandemic.

Finally, I would like to thank all CHAM Secretariat and facilities staff for the continued support that they render in the implementation of various interventions. This strong collaboration has enabled the Secretariat to fulfill CHAM's mission to serve the poor and marginalized people in rural and hard to reach areas where the majority of the population resides.

Happy E. Makala
CHAM Executive Director

CHAM STRATEGIC PLAN PILLARS 2020 - 2024



**Leadership and
Good Governance**



**Health Financing and
Financial Sustainability**



**Health Service Delivery
and Coordination of
Technical Support**



**Human Resources
Management
and Capacity Development**



**Pooled Procurement of
Pharmaceutical Products
and other Support Services**



**Monitoring, Evaluation,
Accountability and Learning
(MEAL)**



**Business Development,
Marketing and Branding**

ABOUT CHAM

The Christian Health Association of Malawi (CHAM) is an Association of 179 health facilities and 11 training institutions owned by two mother bodies, Malawi Council of Churches (MCC) and Episcopal Conference of Malawi (ECM). Membership is subject to a Christian identity, subscribing to CHAM's Constitution.

CHAM is the largest non-public health service provider in Malawi and provides health services particularly in remote and underserved areas. The Mission of CHAM is “to coordinate members by providing administrative, technical and financial support for better and effective delivery of health care services and training of human resources for health”.

CHAM is guided by its core values, which are based on Christian identity, human dignity and rights, professional medical norms and ethics, with a vision of “Sustaining, quality and equitable health care services for all people in Malawi as inspired by the healing Ministry of Jesus Christ”. CHAM is governed by a Board of Governors and directed by a strategic framework outlining medium term aspirations and approaches.

At the National level, CHAM operates a Secretariat, which provides stewardship, develops strategic partnerships, builds capacity and articulates the interest of the Association through lobbying, advocacy and policy dialogue. The larger Church denominations operate coordination offices at various levels providing financial, technical, logistical and program support to their respective health facilities. CHAM works closely with the Ministry of Health (MoH) and its Agencies at policy and implementing levels based on performance agreements and provides over 30% of health care services in Malawi.

Over the years, CHAM training colleges have expanded to offer more training programs with increased student intake. These colleges train about 80% of mid-level healthcare workers in Malawi.

This significant effort in capacity building has helped to create notable improvement in the healthcare practitioner to patient ratio in Malawi.



Misomali Health Centre - in Chikwawa District

Table 1 : CHAM'S CORE VALUES'

- Unity of purpose in the framework of its Christian identity and witness
- Delivery of quality services considering client centeredness, gender sensitivity, and respect for human dignity and rights
- Participatory approach, accountability and transparency in management of the CHAM member units
- Innovation and sustainability. The overall mandate for CHAM is to contribute to national health sector objectives and outcomes. Specifically, in relation to representation and partnership development.

Table 2 : CHAM'S MANDATE

- To coordinate health care services among all CHAM members.
- To be a conduit between CHAM Units and GOM in provision of healthcare services
- To provide technical support to members.
- To represent CHAM members in different fora.
- To ensure adherence to standards for provision of quality health care services in member units.
- To mobilize resources and support for capacity building
- To advocate for policy change and build partnerships in the interest of CHAM members.



Facility Members attending Central Regional Meeting

CHAM GOVERNANCE STRUCTURE

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

General Assembly

The General Assembly comprises leadership of all proprietor Churches and is the policy making body of CHAM. In 2020, the General Assembly met on 10 December at the Bingu International Convention Centre (BICC) in Lilongwe.

The Board of Trustees

As a registered Trust, the Board of Trustees governs CHAM. Trustees that continued to serve CHAM in 2020 are: Bishop John Ryan, Proprietor representative from (ECM) and Chairperson of Trustee, Mr. Isaac Songea, Legal Expert, Rev. Luckwell Mtima Proprietor representative from (MCC), Mrs. Evelyn Itimu, Finance representative and Mrs. Mphatso Phiri, member.

Board of Directors

The Board of Directors provides policy oversight and directs the implementation of the CHAM Strategic Plan. The Board reports to the General Assembly. Members serve a maximum of two 3-year terms. The BoD has four (4) subcommittees, which include: Finance and Audit, Appointments and Disciplinary, Programs and Technical and Fundraising and Resource Mobilization.

CHAM Secretariat Management

The CHAM Secretariat is the executive arm of CHAM, led by the Executive Director, who is supported by 4 Directors, (i.e. Director of Health Programmes, Director of Finance and Administration, Director of Business Development and Director of Human Resources).

Member Units

By end 2020, CHAM had 190 member units comprising of; 24 hospitals, 26 community hospitals, 105 health centers with maternity, 24 health centers without maternity and 11 training colleges, located across the country with over 9,899 health work force.

CHAM's 2020, EXECUTIVE SUMMARY

In 2020, CHAM solidified its health services and training provision through its network of 190 member facilities (i.e. Hospitals, Health Centers, Clinics and Training colleges). The Association made progress to strengthen its internal organisation processes and foster partnership development with stakeholders in health sector at national, regional, district and community levels. The year 2020 was marked by the threats of COVID 19 pandemic. The leadership of the Association (i.e. Executive Directorship) was filled in May 2020 after being vacant since 2018.

CHAM serves a total catchment population of about 4.2 million people in Malawi. In 2020, about 3.9 million (93%) of its total catchment population was covered under Service Level Agreement (SLAs). CHAM's overall five-year performance in averages of selected health outcome indicators show an improving trend. Notable positive trends have been observed in a number of key Health Management Information System (HMIS) indicators after more SLA contracts were signed and free service packages under Essential Health Packages (EHP) were expanded across CHAM facilities.

Furthermore, the selected performance indicators show considerable improvement over the years, where for example, total number of out-patient attendance increased across the years from 2016 to 2018 and then, slightly reduced in 2019 by 5% and then reduced further in 2020 by 20%. Total hospital admissions also took the same trend of increasing over the years from 2016 to 2018 and decreased by 10% in 2019, and further in 2020 by 22%. Provision of maternal health services remained prominent within the CHAM network with

an average increase of 16% from 2019, representing 24% of the national total deliveries. Caesarian Sections (CS) decreased by 30% (i.e. from 16,303 cases in 2019 to 11,457 cases in 2020) representing 19% of the national total. Used as a proxy indicator for all childhood vaccinations, the number of children vaccinated for BCG in 2020 significantly decreased by 18% from that of 2019.

The number of clients for voluntary health testing and counseling on HIV/AIDS decreased from 20.5% to 18.7% in 2020 from 2019. The average bed-occupancy rate stabilized between 65% and 70% since 2016.

The decrease in the figures for all the reported indicators, can be attributed to COVID-19 effects. This is the case, since as soon as the government announced the availability of the disease in the country in April 2020, most clients could not patronize hospitals to access health services due to misconceptions around COVID-19 disease.

Leadership and Governance

Leadership and governance relates to providing the direction, structure and stewardship to guide the organization to effectively achieve desired outcomes and impact. It involves the effective and transparent use of resources as well as competent performance management in an accountable, equitable and responsive manner. Important required competencies are strategic planning, organizational and institutional development, financial management, monitoring and evaluation, and networking and advocacy.

During the year 2020, the Health Coordinating Units conducted regular review and planning meetings for their respective constituencies at National, Diocesan/Presbytery levels.

The Secretariat continued to run quarterly regional meetings with all Health Coordinators and all facilities to review implementation and progress of programs, provide updates on health sector developments and to discuss strategies and policies.

During the last quarter of 2020, the board of governors and CHAM Secretariat management implemented the function review recommendations and reorganised

the organisation structure and also aligned personnel against program functions.

CHAM continued to participate in health sector joint meetings and Technical Working Group (TWG) sessions to promote member's interest, influence health sector policy development and advocate for the advancement of the health sector. Regular progress reports were prepared and discussed with health sector stakeholders.

During the reporting period, Malawi was confronted with COVID-19 epidemic and CHAM participated in the development of the National Preparedness and Crises Response Plan. CHAM was also appointed a member of Malawi Presidential Taskforce on COVID-19 response and management.

CHAM SECRETARIAT RECRUITMENT AND ACTING POSITIONS

In a bid to enhance its operations, Secretariat recruited a number of officers during the year. These included Mr. Happy E. Makala – (Executive Director), Mr. Osbin Fulirwa – (Business Development Manager), Mr. Godwin Kamanga – (Grants Manager), Mr. Parry Chinyama – (Internal Audit Manager), Mr.

Kondwani Kaunda – (Information and Communication Technology Manager), Mrs. Zione Salima – Voluntary Male Medical Circumcision (VMMC Manager), Mrs. Clara Joak – (Project Manager), Mr. Chimwemwe Chigona and Mr. Anthony Kaleso – (Monitoring and Evaluation Officers), Mrs. Mtisunge Khembo – (Resource Mobilization Officer), Mr. Michael Phiri – (Communications Officer) and Mr. Kondwani Kapewa – (Finance Officer).

Due to the vacancies in the offices of Director of Health Programs, Human Resources Manager, and Finance Manager, Mr. Elled Mwenyekonde, Mr. Frank Mmanga and Mr. Benjamin Kumwenda acted in the positions respectively. The acting appointments were meant to bridge gaps that would have existed.



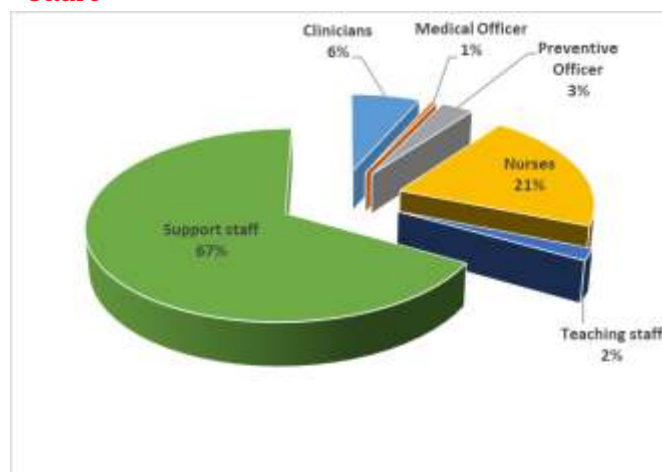
CHAM UNITS STAFF ESTABLISHMENT

Selected input indicators show a considerable improvement in the area of human resources with a noticeable reduction in vacancy rate from 45% in 2017 to 24% in 2020. As of 31st December, 2020, CHAM facilities had 9,899 filled positions out of a total Staff Establishment of 13,031.

The proportion of clinical staff relative to the total number of staff on CHAM payroll stands at 67%, with the following staff cadre distribution; 647 Clinical Officer/Medical Assistants, 56 Medical Officers, 307 Preventive/Health Technical Support, 2072 Nurses, 199 Teaching staff and 6618 support staff. The figure below

summarizes the above information.

Figure 1: CHAM Facilities' Staff Distribution per Cadre



Source: HR Norming System

CHAM HUMAN RESOURCES FOR HEALTH (HRH)

Human resources for health (HRH) relate to all aspects of availability, functionality, performance and management of staff to attain optimum workforce productivity. The production, distribution, development, retention and utilization of a health workforce of the appropriate quantity, quality and

the proper skill mix is essential to secure effective and quality health services.

It involves planning, pre-service training, continuing professional development and managing the performance of both clinical and support workforces.



Second Year Students at Trinity Training College

CHAM UNITS STAFF RECRUITMENT, PE AUDITS AND CAPACITY DEVELOPMENT

Staff Recruitments

Towards the end of 2020, Government through Ministry of Health and Population, allocated funds for recruitment of personnel for CHAM units in response to COVID-19 pandemic. 150 clinical positions were provided and all positions were recruited and deployed into CHAM facilities.

Personnel Emoluments (PE) Audits

CHAM Secretariat as the controller of CHAM Units Staff Establishment as per the Memorandum of Understanding (MoU) between Malawi Government and CHAM Units, is mandated to carry out regular PE Audits to ascertain proper use of government financial resources.

In view of the above, the Secretariat in collaboration with Ministry of Health and Department of Human Resource Management and Development (DHRMD) carried out PE Audits in a number of facilities during the year. The facilities visited include; Kaseye Community Hospital, Mzambazi Community Hospital, St John's Hospital and College, St Anne's Community Hospital (Chilumba), Nkhamenya Hospital, Mlale Community Hospital, Nkhoma Hospital, Mayaka Health Center, St Lukes Hospital, Mulibwanji Community Hospital, St Martins Community Hospital and Koche Community Hospital. The audit was spearheaded by CHAM's Internal Audit Department and there were no serious observations in the facilities visited.

CHAM Staff Needs Assessment for Capacity Development

During the year, CHAM HR department conducted a needs assessment exercise for CHAM staff with an aim to develop training plan for inclusion in the training budget for Ministry of Health. The national budget was presented in parliament and was approved.

CHAM HR Department also conducted other activities including; procurement of HR software, development of conditions of service that attracts and retain qualified personnel, facilitating annual performance based assessment for staff in line with board approved work plan and CHAM strategic plan and facilitating payment of annual professional subscription fees to professional bodies.

MINISTRY OF HEALTH AND POPULATION (MoH) SALARY GRANT

The Government of Malawi through Ministry of Health and Population (MoHP) continued funding CHAM Units salaries for the year 2020. As at 31st December 2020, a total of MK 25,253,024,234.02 salary grant for CHAM Units employees was received and paid out to the respective employees. In addition, government also paid CHAM Units employees MK 254,371,000.00 as leave grant for the year.

Over the years, CHAM has been very grateful for the memorandum of understanding and continued support by government towards health service delivery in CHAM facilities, without which it would be almost impossible to deliver quality health care services to the poor rural masses in the hard to reach areas.

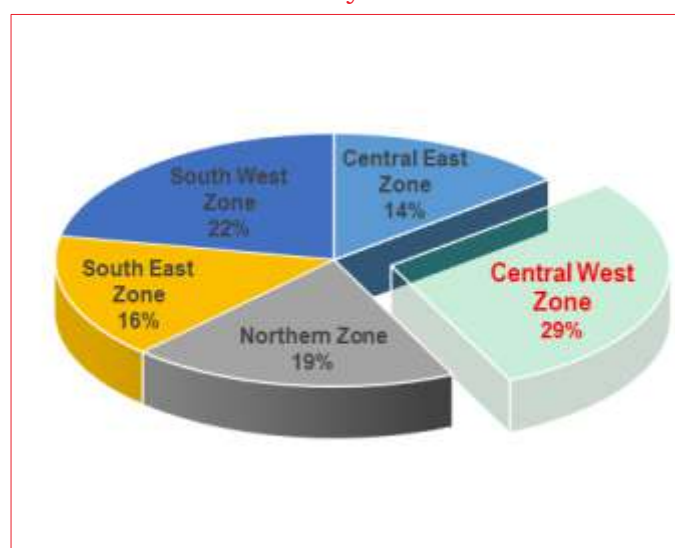
CHAM'S HEALTH SERVICE DELIVERY

1.FACILITY BASED INTERVENTIONS

Proportions of CHAM's number of Cases per Health Zones

CHAM's proportions on number of client/patients saved showed prominent variances across the five Health Zones of Malawi with Central West Zone registering more cases (i.e. 29%) followed by South West Zone with 22%.

Figure 3: Proportion of CHAM's Number of Cases by Health Zones: 2020



ANC Clinic at Utale II Health Center

CHAM's Maternal Health

Provision of sexual and reproductive health services remained a priority area for CHAM. The total number of deliveries by skilled labor in 2020 increased by 16% from that of 2019.

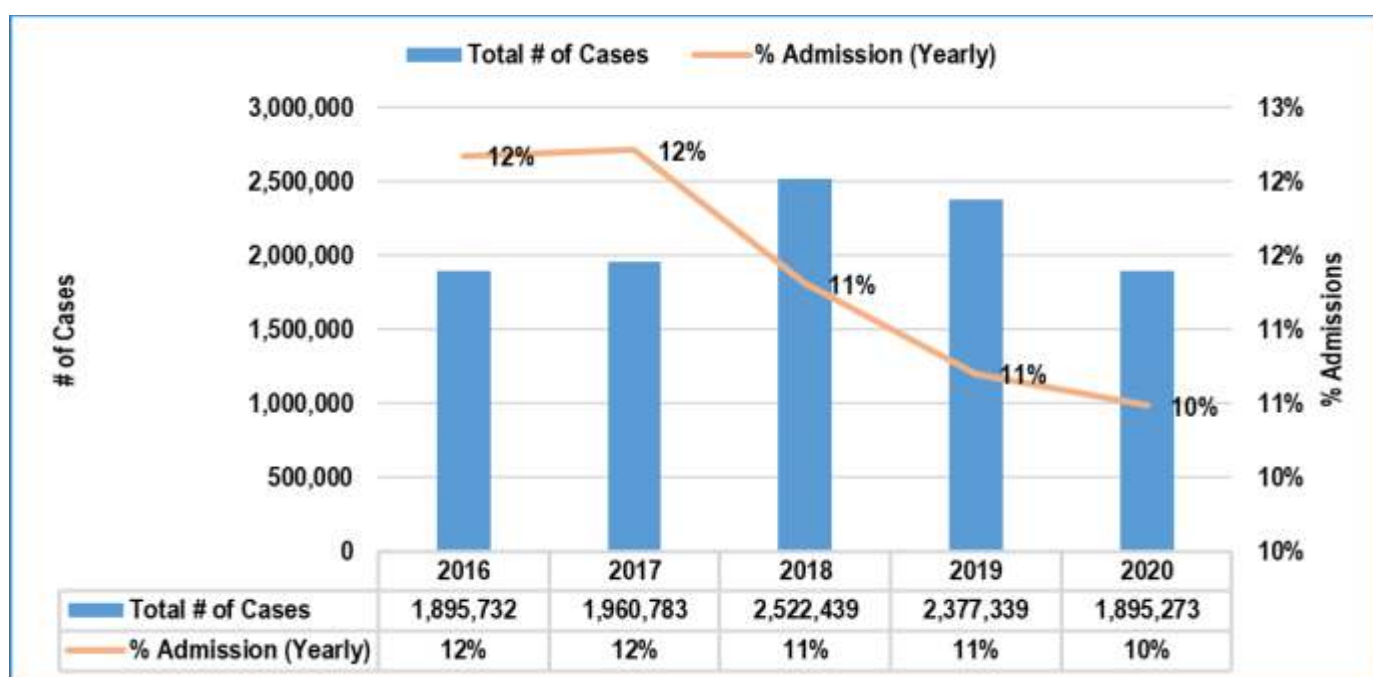
The proportion of CS on CHAM total deliveries decreased from 13% in 2019 to 8% in 2020. Total number of ANC visits and new attendees decreased by 19% and 18% respectively from those of 2019. The decreases mentioned above, can be attributed to the COVID-19 pandemic that made patients shun away from accessing health care services from the hospitals as a result of being afraid of being injected with COVID 19 virus.

Table 4: SRHR Service Performance indicator data: 2016-2020

Performance Indicator	2016	2017	2018	2019	2020	5-Year Trend
Total Deliveries (Skilled Labor)	70,100	106,863	133,616	121,348	140,543	Increasing
Total Caesarian Section	6,559	9,794	11,502	16,303	11,457	Decreasing
Total ANC new Attendees	95,899	130,036	139,373	150,478	123,745	Decreasing
Total ANC Visit	212,949	224,249	304,017	318,732	258,673	Decreasing

The 2020 proportion of deliveries conducted by CHAM relative to the total number of deliveries in public sector was 24%

Figure 4: Total CHAM Deliveries by Skilled Personnel relative to National Totals: 2016 - 2020



Source: HMIS-DHS2

CHAM'S HIV/AIDS Program

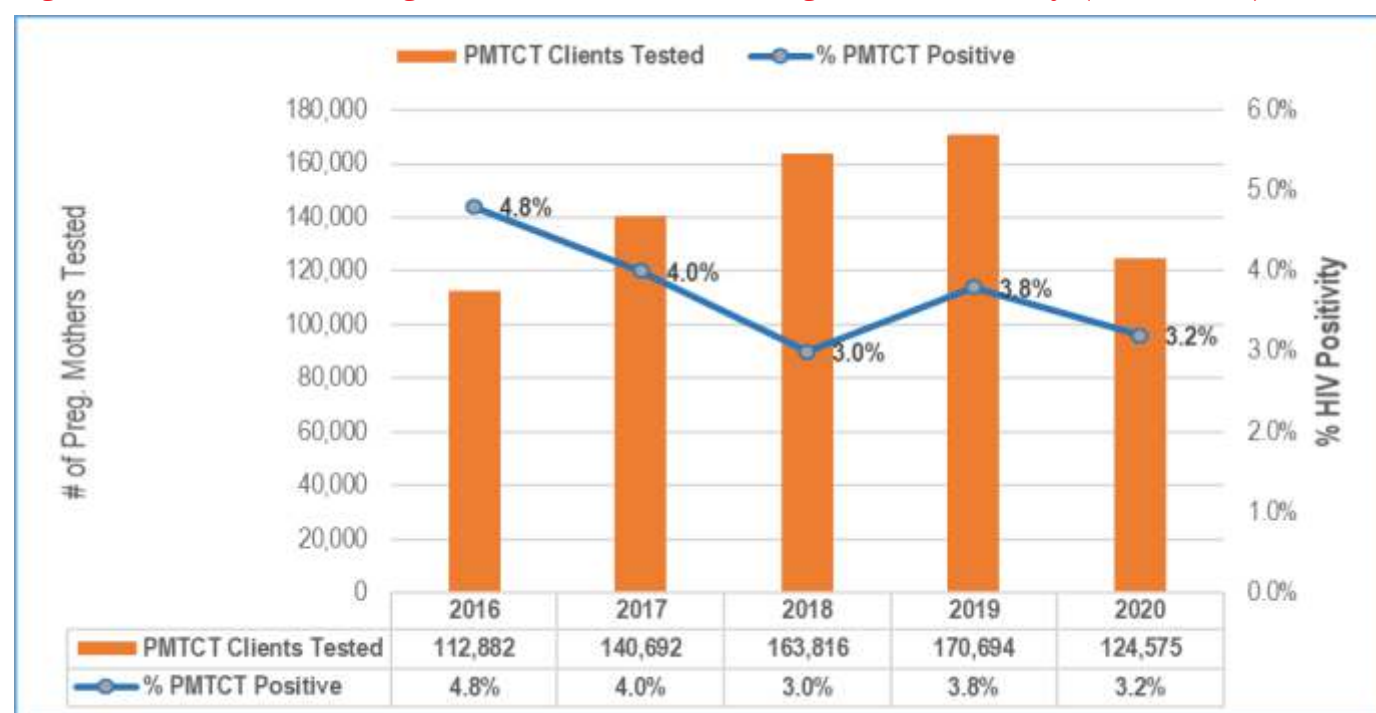
During 2020, CHAM continued to provide counseling and testing services for HIV/AIDS. 380,412 clients were counseled and tested for HIV representing a 19% of the national total. Over a 5-year period, CHAM has seen an increasing trend in HIV/AIDS counseling and testing for the First 3 years, (i.e. from 2016 – 2018) and then a decrease from 2019 to 2020, with increasing HIV positivity - (Yield) from 2019.

Table 5: HIV/AIDS Service Performance Indicator Data: 2016-2020

Performance Indicator	2016	2017	2018	2019	2020
HTC Client Counseled & Tested	381,023	532,415	624,412	572,730	380,412
% HTC Tested Positive	7.4%	5.5%	4.6%	4.7%	6.3%
No Clients ARV Treatment	209,863	228,340	224,091	226,895	177,026

124,575 pregnant women were tested and the proportion of PMTCT clients tested positive slightly decreased to 3.2% from 3.8% in 2019. The chart below summarizes the above information.

Figure 5: Total Number of Pregnant Women Tested for HIV against HIV Positivity: (2016 – 2020)



Source: HMIS-DHIS2



2. GRANT FUNDED PROJECTS

The Faith and Community Initiative (FCI), CDC - HIV/AIDS Funded Project

CHAM with support from Presidential Emergency Plan for AIDS Relief (PEPFAR) through Centers for Disease Control and Prevention (CDC) is implementing a 5-year Faith and Community Initiative (FCI) project entitled; “Strengthening the Delivery, Coordination and Monitoring of HIV Services in Malawi through Faith Based Institutions”.

The initiative has two strategic objectives, (a) to engage communities of faith to reach men and children with testing services, understand the epidemic, and raise awareness and (b) to strengthen justice for children through community leadership (i.e. Faith, Traditional and Schools).

CHAM is the prime recipient of the grant, and part of the funding is being sub granted to four (4) organizations having experience in working with communities of faith. The implementing partners (IPs) include; National AIDS Commission (NAC), Malawi Interfaith AIDS Association (MIAA), Malawi Network of Religious Leaders Living with or Personally Affected by HIV (MANERELA+) and Blantyre Synod.

The project is benefiting 5 HIV high burden districts of Blantyre, Zomba, Chiradzulu, Thyolo and Mzimba. To achieve its goals, the project is implementing different activities both at national, district and community levels.

The activities include; training national and district level faith leaders in new HIV messages of hope to disseminate to their congregants, recruitment of HIV Diagnostic Assistants (HDAs) and Expert Clients to support HIV case finding among men and boys through targeted distribution of HIV Self-Testing Kits and linking clients to care, training of faith leaders in different curricula such (e.g. Voices against Stigma and Faith Matters Programme) in order to address stigma

and faith healing challenges.

In 2020, some of the activities that were implemented include;
Translation of HIV messages of hope into local languages for use in faith communities, faith leaders orientation on messages of hope and how to disseminate the messages horizontally through homilies/media/sermons, production of Radio and TV jingles for faith community engagement, CHAM Project Staff orientation on six (6) topics of Men Star Insights, orientation meetings with HIV Coordinators and facility in-charges in all the implementing districts/TAs on targeted HIV Self testing, linkage and retention in faith communities.



CHAM's Pavillion During the Commemoration of World Aids Day at Mitundu in Lilongwe

Increasing Human Resources for Health, CDC - Pre-Service Scholarships Project

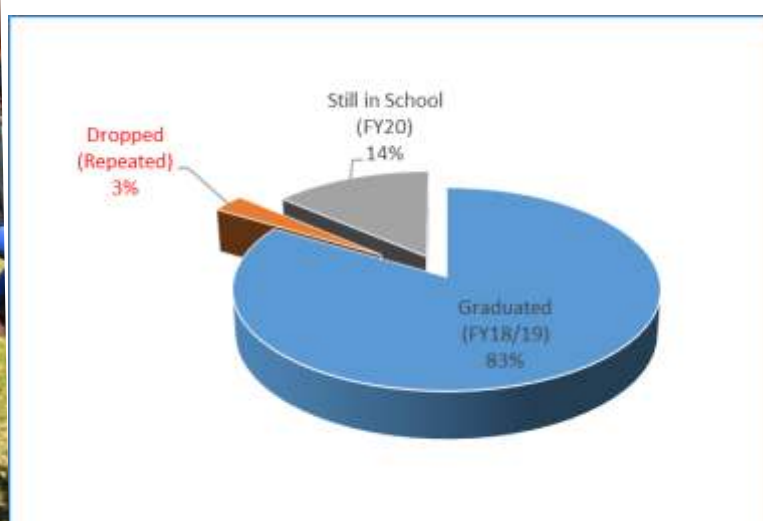
CHAM with funding from Centers for Disease Control and Prevention (CDC) has been supporting 566 needy students from 9 CHAM training colleges that were enrolled in 2016 and 2017 with scholarships. In 2020, CHAM continued supporting 77 students under the following cadres; NMT, Biomed, DCM and CCM with tuition bursaries. Out of the total bursaries (i.e. 566), 431 students completed their studies in 2019, 42 students finished in 2018, and 16 students were dropped out of the scholarships as they repeated classes which was against the terms of the scholarships. The total number of students who have completed their studies under the scholarship is 473.

Some of the activities that were implemented in 2020 include; support towards student graduation in the colleges,

tracking of PEPFAR supported students who graduated between 2010 and 2016, provision of internet subscription fees to training colleges for TrainSMART database management, merging of In-service module of TrainSMART to Pre-service Module including migration and hosting, trained college staff on Student Data Management, Coordinated principals' review meetings, finalized the NMT core curriculum and submit to Nurses and Midwives council of Malawi for approval, supported colleges with skills lab and library equipment, supported training colleges with the recruitment processes for college new intakes and coordinated Integrated Supportive M&E visits Including TranSMART Monitoring.



Figure 6: Status of CDC Scholarships, 2020 - (2016/2017 Intakes)



The Strengthening Community Outcomes through Positive Engagement (SCOPE) Project

The Strengthening Community Outcomes through Positive Engagement (SCOPE) Project is a five-year (2019-2024) USAID-funded New Partnerships Initiative project implemented in partnership with Christian Connections for International Health (CCIH). SCOPE aims to reduce preventable maternal and child mortality and morbidity in Malawi by engaging community health workers, faith leaders and community groups to advance reproductive, maternal, newborn and child health (RMNCH).

SCOPE envisions a country in which people of reproductive age, pregnant women, and caregivers of children under five adopt healthy behaviors and seek necessary care, and that high-quality community health services are accessible for all mothers and children.



Expanding Malawi HIV/AIDS Prevention with Local Organization Working for Effective Epidemic Response Project

On 15th May 2020, CHAM signed a partnership agreement with FHI 360 to implement a five year Expanding Malawi HIV and AIDS Prevention with Local Organizations working for an Effective Epidemic Response (EMPOWER) Project. CHAM together with FHI 360 and Pakachere Institute of Health and Development Communication received a grant amounting to USD 1.2 Million. FHI 360 is leading the consortium with funding from PEPFAR through USAID.

Signing a contract on behalf of CHAM, the Head of Finance and Administration Innocencia Chirombo highlighted the importance of winning such a competitive notice of funding opportunity. She said, “CHAM is privileged to be part of the consortium that will implement the

EMPOWER project here in Malawi. This will build the capacity of CHAM as a local nonprofit organization in terms of managing big grants”.

The main role of CHAM in this project is to provide facility based health care services to adolescents, girls and young women (AGYWs). Some of the services being provided under the project are: comprehensive Sexual Reproductive Health (SRH) and Gender Based Violence (GBV) services in DREAMS Clubs through strengthening linkages and referrals at a facility level as well as family planning services.

The project is being implemented in Machinga and Zomba districts.



Young woman accessing contraceptive methods

3. HEALTH FINANCING, SERVICE LEVEL AGREEMENTS (SLA)

Health financing is concerned with the mobilization, allocation and management of financial resources in order to finance public health care for CHAM's targeted beneficiaries. This involves; revenue collection, pooling of resources and the efficient use of these, not only for direct health expenditure but also for financing all in-direct expenses such as staff salaries and capital investments.

CHAM Secretariat gets its financing through; Facility Membership Fees, Project

Administration Fee Contributions and Real Estates. CHAM Facilities' financing is mostly through government Personnel Salaries grant and Service Level Agreements (SLA). This is in addition to Internally Generated Revenue mostly from user fees. Member institutions with wider range of services however benefit more than lower level, primary care facilities such as health centers without maternity services due to differences in tariffs paid and volumes of attendance.

Purpose of the SLA Program

The aim of the SLA program is to improve equity in access to Essential Health Package (EHP) services to the population served by CHAM facilities by removing the user fees charged. This program expands coverage for the EHP services with an aim of achieving Universal Health Coverage (UHC) for the poor population by making health services free at the point of delivery in CHAM facilities. Under SLAs the MOH reimburses CHAM health facilities for providing an agreed package of essential health services free of charge to the community. Over the years the program is known for a positive contribution towards improving health outcomes.

Program Milestones and Deliverables

The program aims at achieving seven (7) well-defined outcomes within FY 2019/20 as follows:

- Consolidate and expand SLAs coverage in CHAM and other Health Facilities across Malawi;
- Enhance cooperation and coordination between MOH and CHAM at central and regional levels;
- Secure program accountability and oversight including review- and evaluation practices;
- Strengthen capacity, skills and competencies of District SLA stakeholders to partner, oversee, manage, implement and utilize SLAs;
- Improve quality of health service provision and care;
- Improve supportive supervision, program verification and M&E and;
- Strengthen organizational capacity of SLA unit as well as skills and competencies of individual staff.



The visit of the Norwegian Minister of International Development at St. Palao

SLA Program Management & Administration

The activities under this thematic area relates mainly to the SLA contracts management between the DHOs and CHAM health facilities, between CHAM Secretariat and MoH, the management and payment of SLA bills corresponding to the offered services and the cooperation and coordination between the DHO and implementing health facilities.

Health Facilities SLA Contract Signing and Renewals

During the reporting period, a total of 9 new SLA contracts were signed bringing to a total of 155 SLA facilities signed out of the targeted 160 facilities for 2019-2020, representing 97%. The remaining facilities were expected to sign their contracts in the second half of the year but due to SLA budget limitations, they were advised to hold until the financial position is certain. Also notable is that amongst the 155 facilities, 6 facilities had signed contracts with more than 1 DHOs because they are geographically positioned in district boundaries. Hence making the total number of SLA contracts to be 169.

By end of June, 2020, 99% of facilities that were already implementing in FY2018/19 managed to renew their SLA contracts for the 2019-2020 fiscal year. The remaining were 2 facilities Trinity Hospital in Nsanje and St Anne's Hospital in Nkhotakota. Trinity Hospital suspended the provision of services in 2018/19 due to delayed invoices approval and payments whilst St Anne's Hospital

suspended their contract due to unresolved issues surrounding the status of the facility under CHAM and MOH MoU.

During the period under report, facilities were advised to ensure that they implement services within their allocated ceilings due to budget limitations, however it was noted that few facilities reduced the scope whilst some facilities exceeded their initial allocated budget ceilings before the year ended. To ensure continuity of services their contracts were amended with their ceilings adjusted upwards. Meanwhile other few facilities continued with expansion citing that they had already done community sensitizations and it was difficult to revert back at the same time others indicated that they did not get such a communication. As such there were some minor changes on the scope of services offered under SLA's by end of June, 2020, Mostly due to facilities adding on other services like U12 and adult OPD services. Refer to table (1) below.

Table 6: SLA Scope 2016-2020

SLA SCOPE	2016-17	2017-18	2018-19	2019-20
Maternal and Neonatal Health services (MNH) Only	94%	61%	46%	67(43%)
Maternal, Neonatal and Under-five Health (MNH+U5) services	2%	30%	33%	50(33%)
Maternal, Neonatal and Under twelve Health(MNH+U12) services	0	2%	1%	4(3%)
MNH+U12+Adult OPD Services	0	0	2%	8(5%)
Full Essential Health Package	3%	3%	7%	5%
Other packages (Mental, Referral, MNH+RTA , MNH + Referral, OPD)	1%	4%	11%	11%
Nutrition Rehabilitation Unit	0%	98%	98%	98%

SLA Bills Payments

The payment of SLA monthly invoices generated by CHAM health facilities is financed by MoH with support from HSJF. The MoH has specific reporting requirements for CHAM facilities which are to be strictly adhered to and are the basis for payment of claimed services. To ensure that MoH only pays for services that were provided, internal and external verification measures were put in place. The table below outlines the process.

Table 7: Existing SLA invoice claims process.

Step No.	Step description
1	CHAM Units generate invoices that are checked by respective facilities in charge or administrator invoices to be submitted to DHO by 5th of the following month
2	Verification by DHO-SLA Focal person and DHSS (DHO) to either refer back to CHAM Units and raise outstanding issues or recommend payment on behalf of DC; invoices to be submitted to CHAM SLA Unit by 15th of the following month
3	CHAM SLA Unit registers the received invoices and prepares file folders for them, entering data in an excel spreadsheet, checking for completeness & supporting documentation submission to District Monitoring team (DMT), an independent consultant for review
4	District Monitoring team (DMT) reviews to verify the claims against the services provided from beneficiaries' information, check adherence to set SOP's, accuracy, completeness and contracts invoices submitted back to CHAM SLA Unit to address issues raised and further processing
5	CHAM SLA Unit addresses outstanding issues from the files from District Monitoring team (DMT) in collaboration with responsible facilities. Prepares file folders for approved invoices; checking prepared invoices files for errors and correcting, copying of invoices approved, Updating the data in an excel spreadsheet. submission to MoH Planning and Finance for review
6	MoH Planning and Finance reviews to check adherence to set SOP's, accuracy, completeness and contracts submission to HSJF-FA for Payments
7	HSJF-FA conducts review of submissions pays CHAM Secretariat accordingly
8	CHAM Secretariat pays out to facilities through bank transfers

During the reporting period, 22 aggregate SLA invoice claims were processed. Out of which 7 were for FY2018-19, this is because of delayed submissions from the districts as well as reprocessing of claims deducted in the initial payments due to incomplete documentation and misclassification errors. The FY2018-2019 invoices claimed amounted to MK1,678,575,611.01 out of which MK1,484,672,747.15 (95%) was paid. The other 15 aggregate SLA invoice claims were for FY2019-2020 (i.e. from July 2019 to April 2020). These claims amounted to MK 3,246,941,305.57, out of which MK2,452,316,982.18 from 12 aggregate invoices were paid for, representing 76% of the claims received. In total, MK4,925,516,916.58 invoice claims were processed during 2019-2020 fiscal year, representing 102% of the annual budget.

Out of the total claims submitted (i.e. MK4,925,516,916.58), MK3,936,989,729.33 was paid representing 80% of the received claims. 36% of facilities exhausted their budgets

before the year ended in June 2020 due to inadequate funding. The budget was then increased from an initial allocation of MK3.2 Billion to MK4.1 Billion. The over expenditure was attributed to the FY2018-2019 invoices that were carried over to FY2019-2020. Additionally, this can be further attributed to increase in SLA prices for 2019-2020 as compared to the prices of the previous year and population growth of the designated catchment areas.

The total amount of claims rejected for FY 2019-2020 was MK138,415,630.11 representing 3% of the total paid. This is mainly due to incomplete documentation but also calculation and classification errors, specifically where some infections are misclassified as sepsis.

SLA Bills Payments

Immediate outcomes and results of the SLA program relate to improved access of universal health access and quality EHP services by Malawians irrespective of their ability to pay. Outcomes and results are measured in actual utilization levels of EHP services rendered by CHAM health facilities.

A total of 1,230,335 health service interventions were offered from July 2019 to April, 2020. However, priority was given to selected interventions based on the available financial resources and the capacity of facilities to offer the services. As such MNH and Pediatrics under five services were the most prioritized services offered. MNH registered 718,808 interventions which is 58.4% of all the interventions offered, Pediatrics under five services registered 371,332 interventions representing 30.2%. Pediatrics under twelve services registered 26,872 representing 2.2%, and adult services registered 111,318 interventions representing 9.1% and surgical services registered 2,003 interventions, representing 0.2%.

The total costs incurred from the claims received from July 2019 to April 2020 was MK3,246,941,305.57, out of which, MK2,475,088,139.65 (76.3%) was for direct costs related to drugs and medical supplies, MK578,889,874.44 (17.8%) was for indirect or overhead costs for facility operations and MK192,963,291.48 (5.9%) was for referral and outreach services.

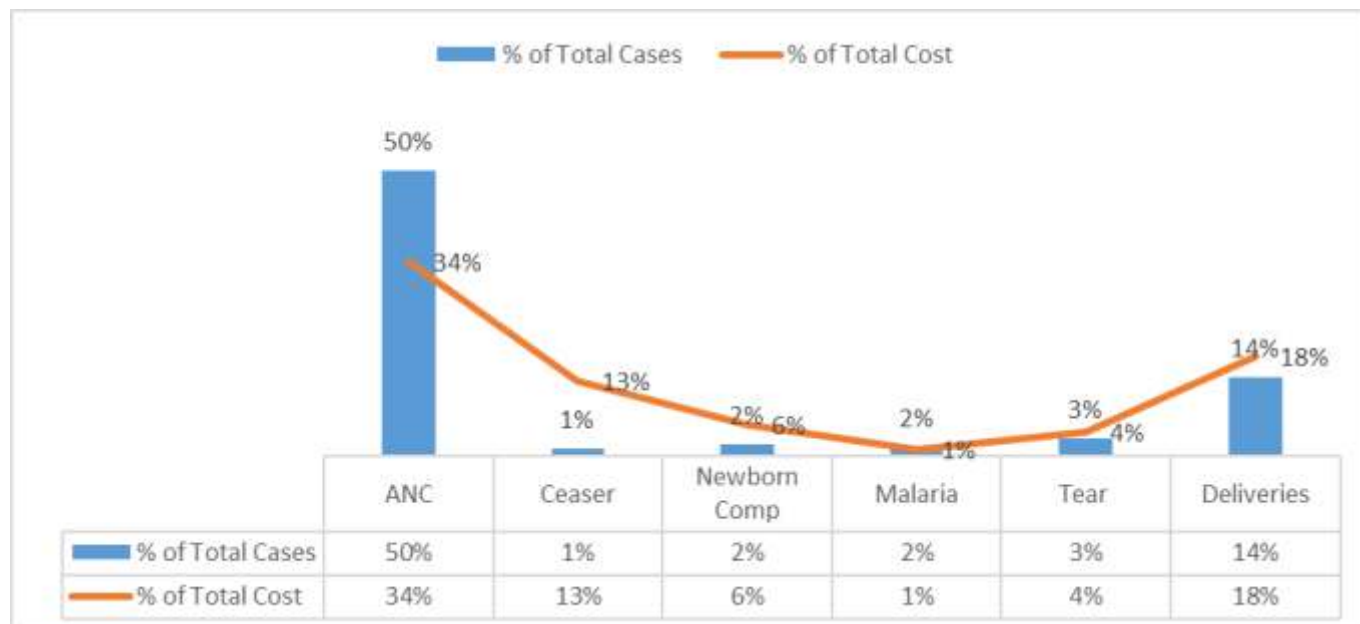
A similar pattern was equally observed with the costs incurred across the offered package of services, such that MNH services costed a total of MK1,510,687,837.55 (46.5%), Paediatric Under five services costed MK738,744,407.40 (22.8%). This is because most of the Paediatric under-five interventions offered were simple outpatient conditions unlike the MNH interventions. The details associated with the packages are outlined in the table below;

Table 8: Total Cases and Expenditure by SLA Package

PACKAGE	Total # of cases	% of Total Cases	Total diagnosis Cost	% of total diagnostic cost
MNH	718,808.29	58.42%	1,510,687,837.55	46.5%
PAEDS U5	371,332.32	30.18%	738,744,407.40	22.8%
PAEDS U12	26,872.42	2.18%	27,349,576.34	0.8%
ADULT	111,318.76	9.05%	185,234,240.31	5.7%
SURGICAL	2,003.45	0.16%	13,072,078.05	0.4%
Referrals			192,963,291.48	5.9%
Overheads			578,889,874.44	17.8%
TOTALS	1,230,335.24	100.00%	3,246,941,305.57	100.00

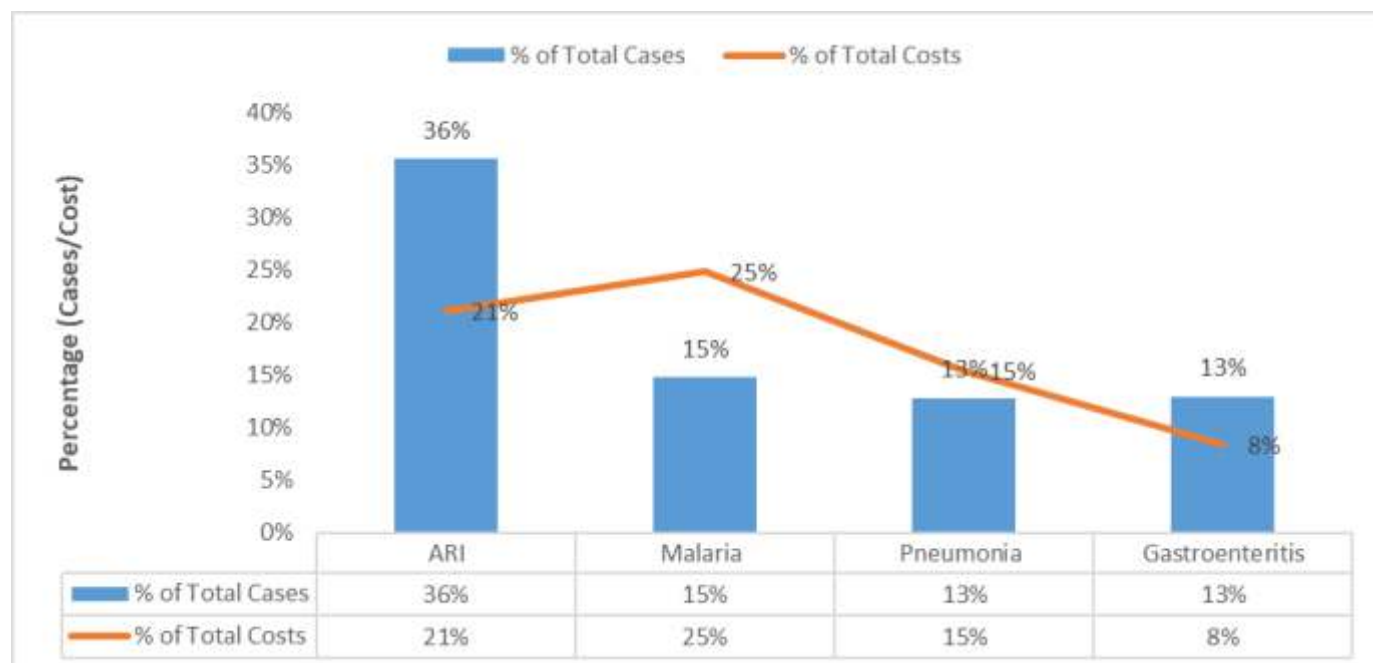
Data over the period July 2019 to April 2020 show a total of 718,808 MNH diagnostic interventions carried out. Antenatal Care (ANC), Postnatal check-ups, vaginal deliveries, tears and Acute Respiratory Infections (ARI) constituted most of the MNH cases; 50%, 14%, 14%, 3% and 3% respectively. Whilst the major cost drivers were Antenatal Care (34.1%), vaginal deliveries (17.5%), Caesarean Sections (13.2%), new-born complications (5.5%), Post-natal check (4.6%), and tears (3.9%) and these constituted 79% of all the MNH SLA invoices cost, refer to the 2 graphs below.

Figure 7: MNH Percentage of SLA registered Cases and claims July 2019 to April 2020



A total of 371,332 diagnostic interventions were carried out in Children Under-5 years of age for the period July 2019 to April 2020. The most prevalent conditions treated were Acute Respiratory Infections, Malaria, Gastroenteritis and Pneumonia, representing 35.6%, 14.8%, 13% and 12.9% respectively. Together with Impetigo, Dysentery and Asthma/Bronchitis, these interventions also constituted 85% of the total Paediatric costs.

Figure 9: Paediatric U5 - Percentage of Total SLA registered Cases and claims July 2019 to April 2020



COVID-19 PPEs DONATION RECEIVED IN 2020

On December 31 2019, the World Health Organization (WHO) was alerted of several cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China. WHO declared corona virus a pandemic on March 12, 2020. On March 20, 2020 COVID-19 was declared a National Disaster in Malawi and on April 2 2020 the country registered its first three cases of COVI-19.

In response to the pandemic, four renowned Institutions in Malawi Chinese Embassy, Retired Nurses Association of Malawi, Central Medical Stores Trust and Life-Net International donated hospital personal protective equipment (PPEs) to CHAM to help in the fight against corona virus.

The PPEs include face masks and hospital caps, which are crucial in preventing health care workers from contracting infectious diseases such as COVID-19. Since Malawi declared a State of National Disaster, corona virus has posed a challenge among health care workers. The shortage of PPEs for health care workers in the country did not spare CHAM health facilities.

CHAM Executive Director Happy Makala said, "The donation will lessen the challenges of shortage of PPEs currently being experienced in CHAM facilities". "You may wish to know that some of our facilities have been complaining of lack of PPEs but with the donation coming in, the situation will improve and this will enhance the provision of health services in our facilities," Makala added. CHAM also received a donation of PPEs from Government of Malawi through Central Medical Stores Trust (CMST) and Life Net International





COVID-19 Isolation Center; Malamulo Hospital

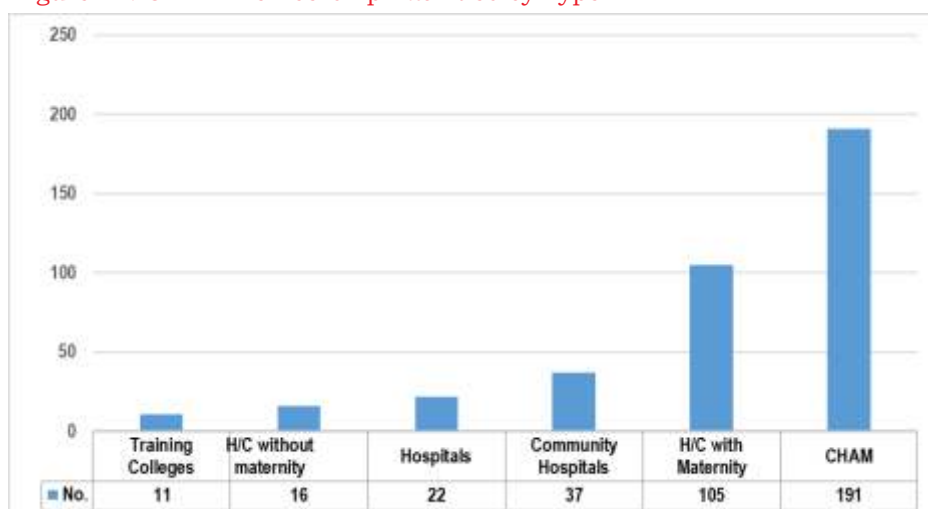


CHAM MEMBERSHIP

HEALTH FACILITIES BY LEVEL OF CARE

Currently, the CHAM network comprised 179 health facilities and 11 training institutions. In all, the CHAM network accounts for approximately 36% of the total health infrastructure in the health sector. CHAM health facilities are unevenly distributed in all the four (4) regions of Malawi. Of the 180 facilities majority are made up of health centers with maternity (55%) and community hospitals (19.4%). The remaining facilities are made up of hospital (11.5%) and health centers without maternity (8.4%) and training institutions (5.8%), as shown by the chart below.

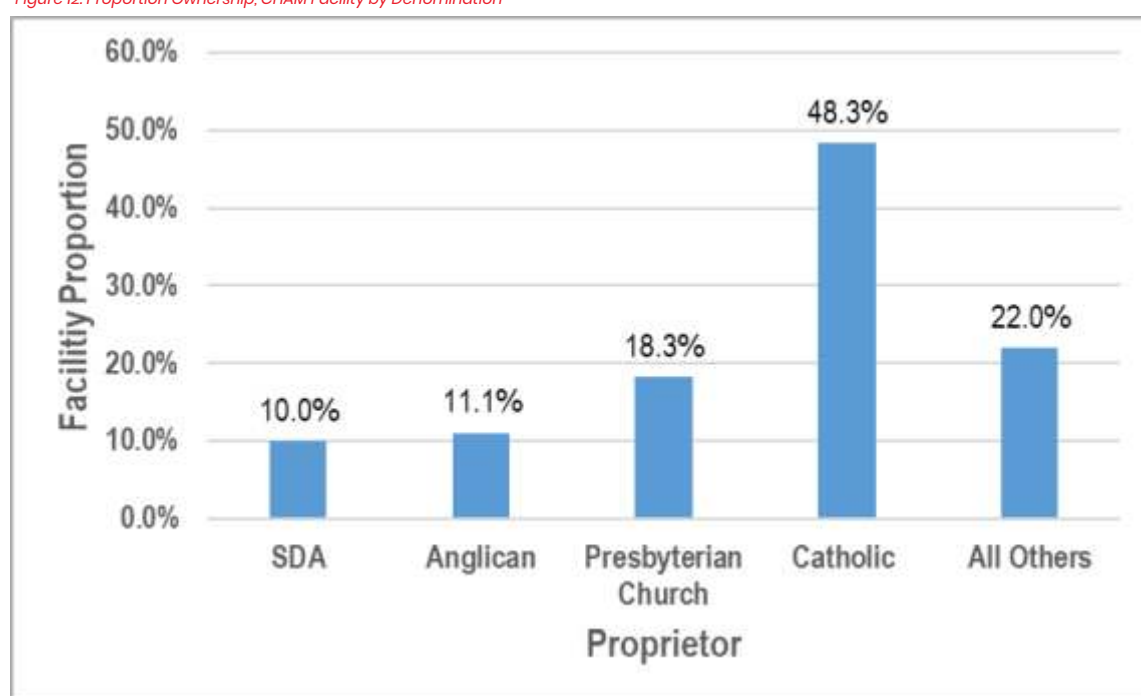
Figure 11: CHAM Membership Facilities by Type



A larger majority of CHAM facilities is owned by the Catholic Church (48.3%) followed by the Presbyterian Church (18.3%), the Anglican Church (11.1%) and then the Seventh Day Adventist Church (10%). 22% of the facilities are owned by other denominations, of which the one with highest number of facilities does not own more than 3%.

HEALTH FACILITY BY OWNERSHIP (PROPRIETOR)

Figure 12: Proportion Ownership, CHAM Facility by Denomination





HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Health information relates to all systems, procedures and staff aimed at the timely collection, analysis and dissemination of information for the purpose of planning, managing, monitoring and evaluating health services. Important aspects of health information are quality, reliability, timeliness and usage of service data in line with both, DHIS2 (MoH) and CHAM's minimum health service data set. Different stakeholders at various levels of the health sector (e.g. community, health facility management, DHO, MoH and CHAM) have an interest in reliable and useful information.

Being a partner of MOH, CHAM health facilities continued to provide routine health-service data within the Government DHIS2 system. DHIS2 data submission was satisfactory.

The use of information for evaluation of performance, planning and management at the individual health facility level can improve significantly. Although DHIS2 data are aggregated at the District, Regional and National levels, the possibility to extract disaggregated CHAM data at these respective levels remain a challenge. Overall 95% of all CHAM facilities report timely.

Table 10: CHAM's HMIS Reporting Rate by Facility Type: 2016- 2020

Facility Type	2016	2017	2018	2019	2020	5-Year Trend
Hospitals	97%	90%	97%	97%	98%	Stable
All others	69%	81%	87%	89%	91%	Improving
Overall	83%	86%	92%	93%	95%	Improving

CHAM continued to invest and improve data management at the health facility level. Most health facilities trained health information officers and other frontline staff in data collection and management. Additionally, the capacity of managers was built in the use of information for analysis and decision making. A newly and customized database (TrainSMART) for school management and student records was implemented in the 11 training institutions. The database has the potential to improve data management across the training institutions network.

CHAM Secretariat implemented the first annual work plan under the new 2020 – 2024 strategic plan (SP) along with its monitoring and evaluation framework providing detailed information on organizational performance of secretariat and member units. The new SP provides insights in the performance management of the secretariat and health facilities across Malawi. The framework complements the routine information already collected through DHIS2 and CHAMs SLA minimum dataset on health outcome indicators.



CHAM INTERNAL AUDIT

The role of internal audit is to provide independent assurance that an organizations risk management, governance and internal control processes are operating effectively. The internal audit function at CHAM has a duty to provide an unbiased, objective and independent assurance service to the board, audit committee and management by making sure that reviews are done on the effectiveness of governance, risk management and control processes that management put in place. The function also provides free internal audit services to its member facilities upon request.

In 2020, the audit section managed to conduct the following activities; personal emoluments audit in conjunction with CHAM HR and MOH, where several facilities across Malawi were visited, compliance audits, where several departments of CHAM Secretariat were audited, these include; Pharmacy, Finance, Administration, Human Resources, ICT and M&E.

The audit section also conducted spot checks on the following projects; HRH during training, CDC HIV- in Training Colleges, Verification exercise (Health care workers), FBO-review of sub guarantees, SLA-verification of invoices & Audits of facilities. The audit section also conducted Analytical Reviews on Membership Fees but also participated in several professional trainings and conferences (i.e. IIA Annual Conference, ICAM Annual Conference and IIA & ICAM Short courses). Recommendations on the outcomes of the above audits were made available the board and management on how best internal control processes can operate effectively.



Table 11: Member Institution by Facility Type, Denomination and Region

No	Facility Name	Facility Type	Proprietor	Region	No	Facility Name	Facility Type	Proprietor	Region
1	Chambo	Health Centre	Adventist Health Services	North	86	Chezi	Rehabilitation Centre	Lilongwe Archdiocese	Central
2	Chileka	Health Centre	Adventist Health Services	South	87	Chitala	Health Centre	Lilongwe Archdiocese	Central
3	Lakeview	Health Centre	Adventist Health Services	Central	88	Kaphatenga	Health Centre	Lilongwe Archdiocese	Central
4	Lunjika	Health Centre	Adventist Health Services	North	89	Likuni	Hospital	Lilongwe Archdiocese	Central
5	Luwazi	Health Centre	Adventist Health Services	North	90	Madisi	Hospital	Lilongwe Archdiocese	Central
6	Matandani	Health Centre	Adventist Health Services	South	91	Malambo St Theresa	Health Centre	Lilongwe Archdiocese	Central
7	Mbwatalika	Health Centre	Adventist Health Services	North	92	Mlale	Community Hospital	Lilongwe Archdiocese	Central
8	Mlodza	Health Centre	Adventist Health Services	Central	93	Mtengowanthena	Community Hospital	Lilongwe Archdiocese	Central
9	Namasalima	Health Centre	Adventist Health Services	South	94	Nambuma	Health Centre	Lilongwe Archdiocese	Central
10	Nkhorongo	Health Centre	Adventist Health Services	North	95	Our Lady of Mt.	Health Centre	Lilongwe Archdiocese	Central
11	Nsambe	Health Centre	Adventist Health Services	South	96	St. Gabriels	Hospital	Lilongwe Archdiocese	Central
12	Nthenje	Health Centre	Adventist Health Services	North	97	St. Joseph	Rural Hospital	Lilongwe Archdiocese	Central
13	Sangilo	Health Centre	Adventist Health Services	North	98	St. Michaels	Community Hospital	Lilongwe Archdiocese	Central
14	Senzani	Health Centre	Adventist Health Services	South	99	Thavite	Health Centre	Lilongwe Archdiocese	Central
15	Soche	Health Centre	Adventist Health Services	South	100	David Gordon	Hospital	Livingstonia Synod	North
16	Chididi	Health Centre	African Evangelical Church	South	101	Ekwendeni Mission	Hospital	Livingstonia Synod	North
17	Lulwe	Health Centre	African Evangelical Church	North	102	Ekwendeni	Nursing School	Livingstonia Synod	North
18	Chidiki Nkhotakota	Health Centre	Anglican Diocese of Lake	Central	103	Embangweni	Hospital	Livingstonia Synod	North
19	Kapiri	Health Centre	Anglican Diocese of Lake	Central	104	Erukweni	Health Centre	Livingstonia Synod	North
20	Liwaladzi	Health Centre	Anglican Diocese of Lake	Central	105	Kalikumbi	Health Centre	Livingstonia Synod	North
21	St. Anne's	Hospital	Anglican Diocese of Lake	Central	106	Mabiri	Health Centre	Livingstonia Synod	North
22	St. Faith Anglican	Health Centre	Anglican Diocese of Lake	Central	107	Mharaunda	Health Centre	Livingstonia Synod	North
23	St. Andrews	Community Hospital	Anglican Diocese of Lake	Central	108	Mlowe	Health Centre	Livingstonia Synod	Central
24	Chilambwe	Health Centre	Anglican Diocese of Northern	North	109	Mpasadzi	Health Centre	Livingstonia Synod	Central
25	St. Mary's	Health Centre	Anglican Diocese of Northern	North	110	Tcharo	Health Centre	Livingstonia Synod	North
26	St. Peters	Community Hospital	Anglican Diocese of Northern	North	111	Zunga	Health Centre	Livingstonia Synod	North
27	St. Luke's	Hospital	Anglican Diocese of Upper	South	112	Luwuchi	Health Centre	Livingstonia Synod	North
28	St. Luke's	Nursing School	Anglican Diocese of Upper	South	113	Malamulo	College of Health	Malamulo Hospital Seventh	South
29	Chilipa	Health Centre	Anglican Diocese of Upper	South	114	Malamulo	Hospital	Malamulo Hospital Seventh	South
30	Nkasala	Health Centre	Anglican Diocese of Upper	South	115	Mbalanguzi	Health Centre	Malamulo Hospital Seventh	South
31	Matope	Health Centre	Anglican Diocese of Upper	South	116	Ngabu	Health Centre	Malamulo Hospital Seventh	South
32	St. Martins	Community Hospital	Anglican Diocese of Upper	South	117	Comfort	Community Hospital	Mangochi Diocese	South
33	Gawanani	Health Centre	Anglican Diocese of Upper	South	118	Kankao	Health Centre	Mangochi Diocese	South
34	Lulanga	Health Centre	Anglican Diocese of Upper	South	119	Kapire	Health Centre	Mangochi Diocese	Central
35	Mpondasi	Health Centre	Anglican Diocese of Upper	South	120	Katema	Health Centre	Mangochi Diocese	North
36	Mposa	Health Centre	Anglican Diocese of Upper	South	121	Koche	Health Centre	Mangochi Diocese	South
37	Nkope	Health Centre	Anglican Diocese of Upper	South	122	Makanjira/ Lwalika	Health Centre	Mangochi Diocese	South
38	Senga Bay Baptist	Health Centre	Baptist Church Mission	Central	123	Mase	Health Centre	Mangochi Diocese	South
39	Chiringa	Health Centre	Blantyre Archdiocese	South	124	Mpiri	Health Centre	Mangochi Diocese	South
40	Holy Family	Hospital	Blantyre Archdiocese	South	125	Mulibwanji	Community Hospital	Mangochi Diocese	South
41	Holy Family	Training School	Blantyre Archdiocese	South	126	Namalaka	Health Centre	Mangochi Diocese	South
42	Mlambe	Hospital	Blantyre Archdiocese	South	127	Namandanje	Health Centre	Mangochi Diocese	South
43	Mwanga	Health Centre	Blantyre Archdiocese	South	128	Nankhwali	Health Centre	Mangochi Diocese	South
44	Namulenga	Health Centre	Blantyre Archdiocese	South	129	Nsanama	Health Centre	Mangochi Diocese	South
45	Neno	Health Centre	Blantyre Archdiocese	South	130	Phalula	Health Centre	Mangochi Diocese	South
46	St. Joseph (Mitengo)	Health Centre	Blantyre Archdiocese	South	131	Saiti Masungu	Health Centre	Mangochi Diocese	South
47	St. Joseph (Nguludi)	Hospital	Blantyre Archdiocese	South	132	Sister Martha	Community Hospital	Mangochi Diocese	South
48	St. Joseph's	Nursing School	Blantyre Archdiocese	South	133	St. Peters	Health Centre	Mangochi Diocese	South
49	St. Martins(Molere)	Health Centre	Blantyre Archdiocese	South	134	Ulongwe	Health Centre	Mangochi Diocese	South
50	St. Vincent	Health Centre	Blantyre Archdiocese	South	135	Utale II	Health Centre	Mangochi Diocese	South
51	Sukasanje	Health Centre	Blantyre Archdiocese	South	136	Atupele	Community Hospital	Karonga Diocese	North
52	H Parker Sharp	Health Centre	Blantyre Synod	South	137	Kaseye	Community Hospital	Karonga Diocese	North
53	Malabada	Health Centre	Blantyre Synod	South	138	Lusubilo	Rehabilitation Centre	Karonga Diocese	North
54	Mulanje Mission	Hospital	Blantyre Synod	South	139	St. Anne's (Chilumba)	Health Centre	Karonga Diocese	North
55	Mulanje Mission	Nursing School	Blantyre Synod	South	140	Katete	Community Hospital	Mzuzu Diocese	North
56	Kalembe	Community Hospital	Chikwawa Diocese	South	141	Mzambazi	Community Hospital	Mzuzu Diocese	North
57	Misomali	Health Centre	Chikwawa Diocese	South	142	Nkhamanya	Community Hospital	Mzuzu Diocese	Central
58	Montfort	Hospital	Chikwawa Diocese	South	143	St. John of God	Mental Hospital	Mzuzu Diocese	North
59	Trinity	Hospital	Chikwawa Diocese	South	144	St. John of God	Mental School	Mzuzu Diocese	North
60	Trinity	Nursing School	Chikwawa Diocese	South	145	St. John's	Hospital	Mzuzu Diocese	North
61	Namikango Maternity	Clinic	Church of Christ	South	146	St. John's	Nursing School	Mzuzu Diocese	North
62	Gowa Health Centre	Health Centre	Churches of Christ	Central	147	St. Patricks	Health Centre	Mzuzu Diocese	North
63	Ganya Health Centre	Health Centre	Dedza Diocese	Central	148	ABC	Clinic	ABC Clinic	Central
64	Kanyama Health	Health Centre	Dedza Diocese	Central	149	Chigodi	Health Centre	Nkhoma Synod	Central
65	Kasina Health Centre	Health Centre	Dedza Diocese	Central	150	Chinthembwe	Health Centre	Nkhoma Synod	Central
66	Kaundu Health Centre	Health Centre	Dedza Diocese	Central	151	Chiwe	Health Centre	Nkhoma Synod	North
67	Matumba Health	Health Centre	Dedza Diocese	Central	152	Dzenza	Health Centre	Nkhoma Synod	Central
68	Mikondo Health	Health Centre	Dedza Diocese	Central	153	Malembo	Health Centre	Nkhoma Synod	Central
69	Mtendere Health	Health Centre	Dedza Diocese	Central	154	Malingunde	Health Centre	Nkhoma Synod	Central
70	Mua	Hospital	Dedza Diocese	Central	155	Mlanda	Health Centre	Nkhoma Synod	Central
71	Nakalanzi Health	Health Centre	Dedza Diocese	South	156	Mphunzi	Health Centre	Nkhoma Synod	Central
72	Ngodzi	Health Centre	Dedza Diocese	Central	157	Mvera	Health Centre	Nkhoma Synod	Central
73	Nsipe	Community Hospital	Dedza Diocese	Central	158	Nkhoma Eye	Clinic	Nkhoma Synod	Central
74	Sister Teresa	Community Hospital	Dedza Diocese	Central	159	Nkhoma	Hospital	Nkhoma Synod	Central
75	Nzama	Health Centre	Dedza Diocese	Central	160	Nkhoma	Nursing School	Nkhoma Synod	Central
76	Sharpevale	Health Centre	Dedza Diocese	Central	161	PIM	Health Centre	PIM	South
77	St. Anne's (Bembeke)	Health Centre	Dedza Diocese	Central	162	Chippo	Health Centre	Seventh Day Baptist	South
78	St. Josephs	Health Centre	Dedza Diocese	Central	163	Chipwa	Health Centre	Seventh Day Baptist	South
79	Tsangano	Health Centre	Dedza Diocese	Central	164	Thembe	Health Centre	Seventh Day Baptist	South
80	Chingadzi	Community Hospital	Evangelical Brethren Church	South	165	Thomas	Health Centre	Seventh Day Baptist	South
81	Lutheran	Mobile Clinic	Evangelical Church in Malawi	Central	166	Chiole	Health Centre	Zambezi Evangelical Church	Central
82	Hellena Oakley	Health Centre	Evangelical Church of Malawi	South	167	Lumbila	Health Centre	Zambezi Evangelical Church	South
83	Maureen Murray	Health Centre	Evangelical Church of Malawi	South	168	Matanda	Health Centre	Zambezi Evangelical Church	Central
84	Daeyang Lukes	Hospital	Korean Church Mission	Central	169	Nthorowa Z.E.C.	Health Centre	Zambezi Evangelical Church	South
85	Chimwala	Health Centre	Korean Church Mission	Central	170	Ntonda	Community Hospital	Zambezi Evangelical Church	Central
					171	Chipini	Health Centre	Zomba Diocese	South
					172	Magomero	Health Centre	Zomba Diocese	South
					173	Matiya	Health Centre	Zomba Diocese	South
					174	Mayaka	Health Centre	Zomba Diocese	South
					175	Pirimiti	Community Hospital	Zomba Diocese	South
					176	Thondwe Pastoral	Clinic	Zomba Diocese	South
					177	Mziza	Health Centre	Nkhoma Synod	North
					178	Chambo	Health Centre	Adventist Health Services	North
					179	Chaohe	Health Centre	Mangochi Diocese	South
					180	Kuichinga Dyambone	Health Centre	Blantyre Synod	South

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DATA SOURCES

- Health Management Information System (HMIS) - Patient Records
- District Health Information System (DHIS-2)
- Training System Monitoring and Reporting Tool (TrainSMART)
- HR Norming Software (CHAM Payroll)
- Memorandum of Understanding (MOU), 2016.
- Contract Agreement between MOH and CHAM: "Strengthening SLA Program Management and Implementation"

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