



CHAM ANNUAL REPORT

2023



CHAM Facilities

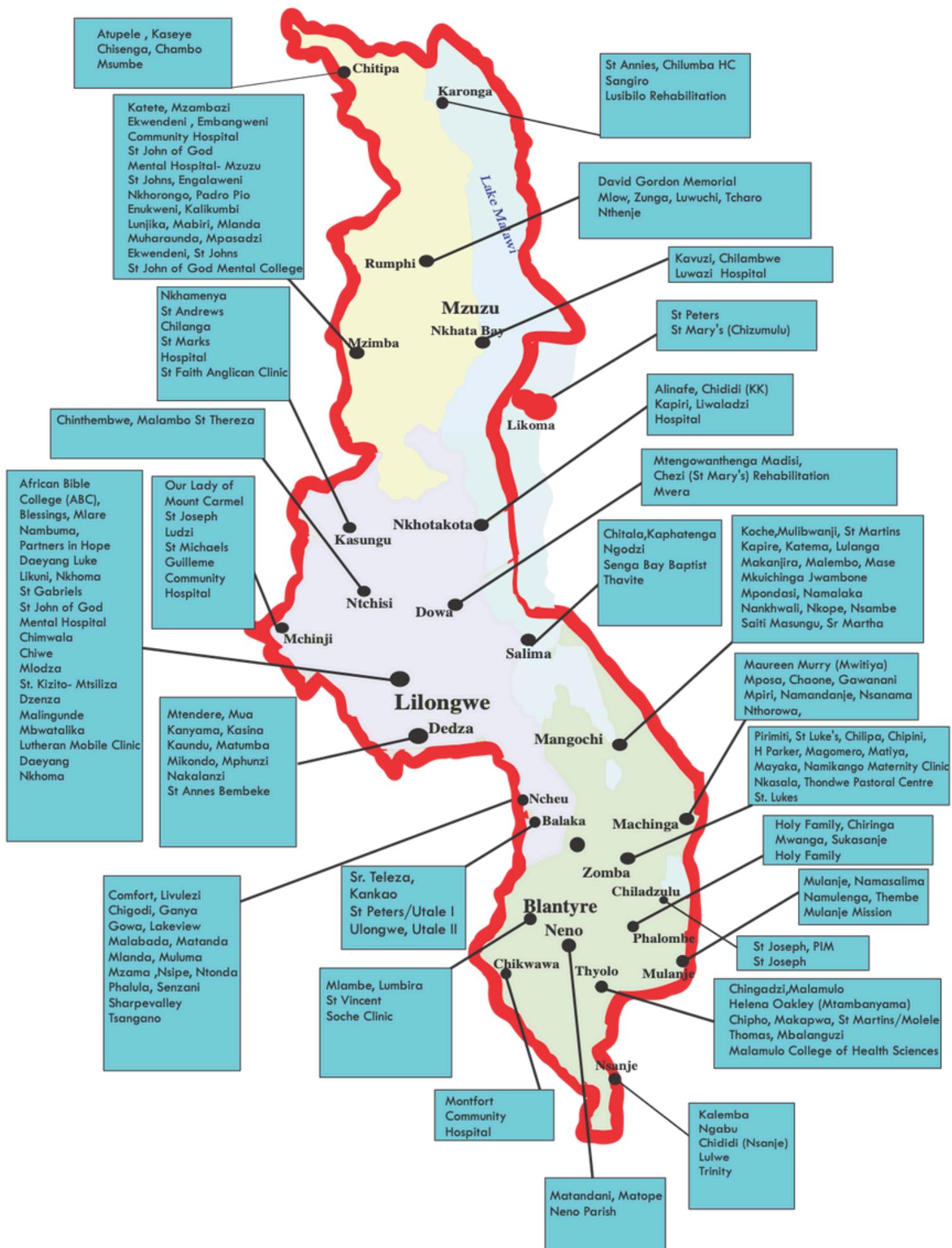


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Abbreviations and Acronyms

CDC	Centers for Disease Control and Prevention
CHAM	Christian Health Association of Malawi
CMST	Central Medical Stores Trust
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
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
HSA	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
MNCH	Maternal, Neonatal, and Child Health
MCC	Malawi Council of Churches
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
SLAs	Service Level Agreements

BOARD CHAIRPERSON'S STATEMENT



Dear Esteemed Partners and Colleagues,

With heartfelt greetings in the name of our Lord Jesus Christ, on behalf of the Christian Health Association of Malawi (CHAM), I extend warm greetings to each of you. As we look back on the year 2023, it is with great satisfaction that we recognize the remarkable achievements made in our continuous endeavour to extend the healing ministry of Jesus Christ. Our focus on delivering comprehensive health services, particularly in the most challenging and underserved areas of CHAM's catchment areas, has yielded significant successes.

These achievements were made possible through the unwavering support and collaboration of our esteemed partners. We express our sincere gratitude to the Episcopal Conference of Malawi (ECM), the Malawi Council of Churches (MCC), the Government of Malawi, and all our valued stakeholders for their invaluable financial and technical contributions. Your steadfast support is instrumental in driving our mission forward.

In this collective journey, it is imperative to acknowledge the selfless dedication of the proprietors of health facilities and colleges, the diligent management and staff of the CHAM Secretariat, and the entire personnel serving across our 194 health facilities and 11 training colleges. Your unwavering commitment to our vision and mission forms the bedrock of our accomplishments, and we deeply value your relentless efforts.

The continued support from the Government of Malawi and our cooperating partners has provided us with the necessary financial resources and technical expertise to confront the emerging challenges posed by COVID-19 and cholera. As we look to the future, may the spirit of unity and collaboration continue to guide us in advancing CHAM towards fulfilling its noble mission and vision.

I extend my heartfelt appreciation to my fellow members of the Board of Directors and the Board of Trustees for their exemplary leadership and unwavering dedication. Your strategic guidance lays a robust foundation for CHAM's remarkable endeavors.

While we celebrate the significant milestones of 2023, our journey is far from complete. Let us forge ahead with renewed enthusiasm, inspired by our shared vision and united in our determination to foster a healthier and more vibrant Malawi.

With deep gratitude and optimism

Very Rev. Emmanuel Makalande
CHAM Board Chairperson

EXECUTIVE DIRECTOR'S REMARKS



I am delighted to present the Executive Director's message within CHAM's Annual Report for the year 2023. The preceding year marked significant strides in our dedication to delivering exceptional healthcare services and education throughout Malawi. Our steadfast commitment to healthcare improvement, in partnership with our extensive network of 194 member facilities, including Hospitals, Health Centers, Clinics, and Training Colleges, has yielded notable results.

Throughout 2023, CHAM prioritized enhancing internal processes, fostering partnership growth, and expanding our reach within the healthcare sector at various levels. We take pride in serving a catchment population of approximately 5.4 million individuals in Malawi. In 2023, an impressive 93% of our total catchment population, equivalent to about 3.9 million people, benefited from our services through Service Level Agreements (SLAs).

Our dedication to ongoing enhancement is evident in the positive trend of key health outcome indicators in recent years. This progress is particularly noteworthy amidst the expansion of SLA contracts and the broader accessibility of free service packages under the Essential Health Package (EHP) across our facilities.

These accomplishments stand as a testament to the unwavering commitment and hard work of our entire CHAM team, member facilities, and the invaluable support of our stakeholders. We remain resolute in our pledge to deliver top-notch healthcare services and promote a healthier Malawi.

Looking ahead, our mission propels us to further elevate the health and well-being of our communities. With the collective efforts and steadfast support of all our partners, we are confident that CHAM will continue to make a meaningful difference in the lives of millions in Malawi.

Happy E Makala
CHAM Executive Director

CHAM BOARD OF DIRECTORS



Bishop John Ryan



Dr Ann Phoya



Duffren Msukwa



Henry Chilingulo



Justice Justus Kishindo



Moses Kasitomu



Moses Yakobe



Mrs Evelyn Itimu



Patrick Chimutu



Rev Alemekazeke Kenneth Phiri



Rev Fr Bernard Silungwe



Rev Lukewell Mtima

HISTORY OF CHAM



The Christian Health Association of Malawi (CHAM) comprises 194 health facilities and 11 training institutions, owned by the Episcopal Conference of Malawi (ECM) and the Malawi Council of Churches (MCC). Membership requires adherence to CHAM's constitution and a Christian identity. As Malawi's largest non-public health service provider, CHAM delivers healthcare, especially in remote and underserved regions. CHAM's mission is to facilitate its members through administrative, technical, and financial support to enhance healthcare services and human resources training. Guided by Christian principles, human dignity, professional medical norms, and ethics, CHAM envisions sustaining quality and equitable healthcare inspired by the healing Ministry of Jesus Christ for all Malawians



- 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
- A participatory approach, accountability, and transparency in the management of the CHAM member units
- Innovation and sustainability



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

CHAM GOVERNANCE STRUCTURE

CHAM is overseen by a Board of Governors and guided by a strategic framework outlining medium-term goals and strategies. At the national level, CHAM operates a Secretariat responsible for stewardship, promoting strategic partnerships, enhancing capacity, and advocating for the Association's interests through lobbying and policy dialogue. Major church denominations maintain coordination offices at various levels, providing financial, technical, logistical, and programmatic support to their affiliated health facilities. CHAM collaborates closely with the Ministry of Health (MOH) and its agencies at policy and implementation levels, governed by performance agreements, and contributes to over 30% of healthcare services in Malawi. Its training colleges have expanded to offer more programs, significantly increasing student intake. These colleges train approximately 80% of mid-level healthcare workers in Malawi, contributing to notable improvements in the healthcare practitioner-to-patient ratio. Under the Mother Bodies are three governance structures: The General Assembly, the Board of Trustees, and the Board of Directors.

THE BOARD OF TRUSTEES

As a registered Trust, the Board of Trustees governs CHAM. Trustees that continued to serve CHAM in 2022 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. By January 2022 the chairpersonship was with ECM. The BoD has four (4) subcommittees, which include: Finance and Audit, Appointments and Disciplinary, Programs and Technical and Fundraising and Resource Mobilization. In 2022, the BoD met 4 times.

GENERAL ASSEMBLY

The General Assembly comprises the leadership of all proprietor Churches and is the policy-making body of CHAM. In 2023, the General Assembly met on 15 December 2023 at Cross Roads Hotel in Lilongwe.

CHAM SECRETARIAT MANAGEMENT

The CHAM Secretariat is the executive arm of CHAM, led by the Executive Director, who is supported by four directors; the Director of Health Programs and the Director of Finance and Administration who are currently on the job, and two other directorates (i.e. Director of Human Resources and Director of Business Development) which are currently vacant.

MEMBER UNITS

By the end of 2023, CHAM had 194 member units comprising 23 hospitals, 26 community hospitals, 108 health centers with maternity, 20 health centres without maternity, 6 associate health facilities, and 11 training colleges, located across the country with 13,031 health workforce.

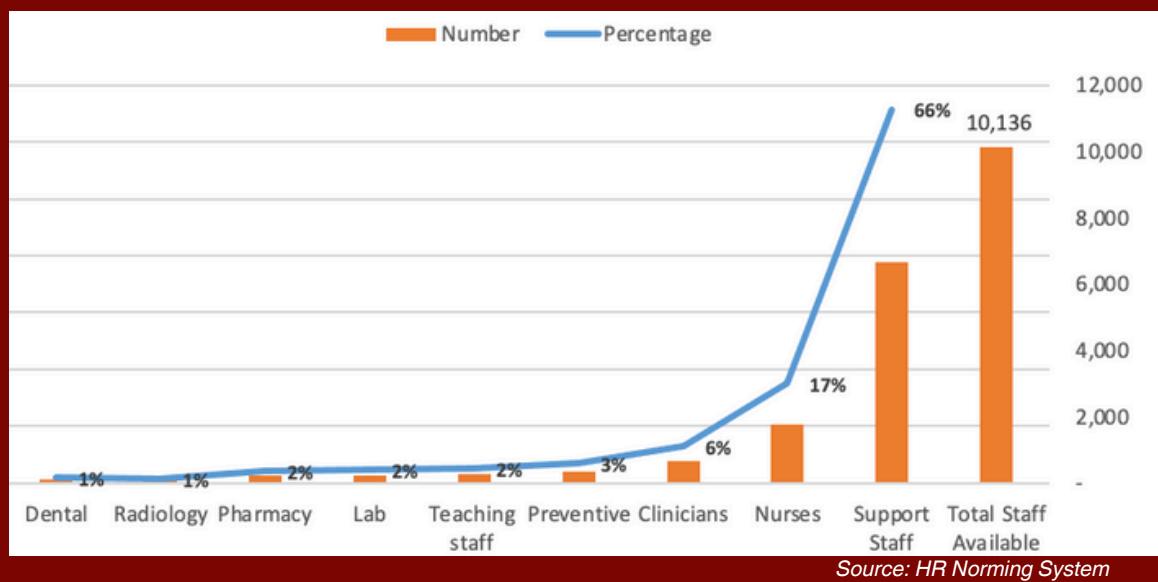
CHAM HUMAN RESOURCES FOR HEALTH (HRH)

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.

CHAM UNITS STAFF ESTABLISHMENT

Human resource indicators reveal a small increase in the vacancy rate, rising from 21% in 2022 to 22% in 2023, attributed to the staff recruitment and replacement freeze imposed by the Ministry of Health. As of 31st December 2023, CHAM facilities had 10,136 filled positions out of a total staff establishment of 13,031. The chart below illustrates the distribution of staff cadres relative to the total number of staff on the CHAM payroll.

Figure 1: CHAM Facilities' Staff Distribution per Cadre



Salary Support

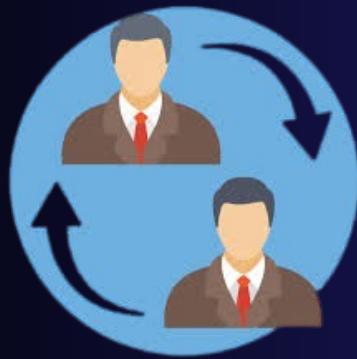
The Government of Malawi through the Ministry of Health (MoH) continued funding CHAM Units salaries for the year 2023. Over the years, CHAM has been very grateful for the memorandum of understanding and continued support by the government towards health service delivery in CHAM facilities, without which it would be almost impossible to deliver quality health care services to the poor rural masses in the hard-to-reach areas.





The CHAM Payroll migrated to the Government on 1st April 2023, allowing all employees in CHAM Units and training colleges to receive salaries directly from the Government after resolving issues such as employees not receiving salaries, incorrect bank accounts, uneducated pensions, and errors in employee grades and positions. While the Ministry of Health processed salary arrears for government staff, CHAM negotiated with the National Audit Office to expedite the inclusion of CHAM employees in this arrangement. After the payroll migration, pension deductions began, but the Government only remitted employee contributions, excluding employer contributions, accumulating to K1,330,675,185.20. The CHAM Pension Fund Board decided to write to the Reserve Bank of Malawi and the Ministry of Health about the non-remittance of pension funds to Old Mutual, following unsuccessful efforts by the CHAM Secretariat through meetings and letters. These letters were sent in the first week of December 2023.

STAFF REPLACEMENTS IN CHAM UNITS



Staff replacements in CHAM health facilities and training colleges, were on hold pending the Payroll Migration. Since the migration in April 2023, the CHAM Secretariat has been actively engaging with the Ministry of Health to obtain authorization for staff replacements. On 11th December 2023, the Secretariat processed and submitted the staff replacement requests to the Ministry of Health. The Ministry is currently reviewing these documents before forwarding them to the Directorate of Human Resource Management and Development (DHRMD), which will then issue the necessary authority for CHAM to proceed with staff replacements in the facilities.

LEADERSHIP & GOVERNANCE

Leadership and governance encompass providing direction, structure, and stewardship to steer the organization towards desired outcomes and impact. This involves transparent and effective resource utilization, coupled with competent performance management in an equitable, accountable, and responsive manner. Key competencies include strategic planning, organizational and institutional development, general and financial management, monitoring and evaluation, compliance with regulations, and advocacy across sectors and networks

HEALTH COORDINATION MEETINGS

In 2023, Health Coordinating Units held routine review and planning sessions at National, Diocesan and/or Presbytery levels. Additionally, the Secretariat organized semi-annual regional meetings with Health Coordinators and facilities. These gatherings assessed program implementation, tracked progress, shared health sector updates, and deliberated on strategies and policies.

BOARD AND SUB-COMMITTEE MEETINGS

As of 31st December 2023, all four scheduled Board Meetings for 2023 occurred for every quarter, achieving a 100 percent completion rate. Four committee meetings were also held preceding the Board meetings as required. The regional meetings took place in all the three regions in April 2023, however, the second and final series of regional meetings did not occur in the second half of the year due to financial constraints, resulting in a 50 percent completion rate based on CHAM Constitution mandate of two regional meetings per year.



MOU BETWEEN CHAM AND GOVERNMENT

The Memorandum of Understanding (MOU) between CHAM and the Government, which expired in June 2021, is yet to be finalized and signed. The delay in finalizing the MOU is due to the pending Value for Money Study, the results of which will inform the new agreement. This study was conducted by Kamuzu University of Health Sciences (KuHES) and CHAI which aimed to evaluate the cost-effectiveness of the "support for Christian Health Association of Malawi (CHAM) service level agreement (SLA)." CHAM actively participated in the evaluation process, providing insights, data, and perspectives to ensure a comprehensive understanding of its role in delivering value for money regarding the SLA Programme. Despite the expiration of the MOU, CHAM's support from the Government has not been affected, as the expired MOU includes a clause stipulating continued support until a new MOU is in place. CHAM is part of the Steering Committee reviewing the previous MOU and working on the new one, ensuring that all issues observed during the previous MOU's implementation are addressed, including the 8km radius issue and cost-sharing arrangements, with CHAM facilities contributing 30 percent and the Government contributing 70 percent.



FINANCIAL RECOVERY & SUSTAINABILITY





MEMBERSHIP FEE

As of 31st December 2023, a total of K332,282,790.00 had been collected against a budget of K313,382,220.30 for the year, representing 106% an increase from the 102% achievement in 2022, when K321,013,488.00 was collected against a budget of K313,382,220.00. A sum of K344,938,667.93 was carried forward from 2022 as arrears, which had been reduced by K18,400,569.60 to K326,578,098.36 by the end of 2023, representing a 31 percent reduction. This reduction was primarily due to Management's proactive engagement with proprietors during various meetings in 2023, including the 2022 AGM resolution, which mandated the CHAM Secretariat to remove any non-conforming CHAM Unit from the CHAM membership effective July 2023.

GRANTS ACQUISITION AND MANAGEMENT

As of 30th December 2023, 75 percent of the anticipated grants were successful, including the Global Fund VMMC and CHAI Hormonal Intra-Uterine Device grants, while the UKRI FBO Research Fund proposal was not successful. Additionally, five funding proposals were developed, with another five under review by donors

PROJECT NAME	MWK	USD	END DATE
SERVICE LEVEL AGREEMENT (SLA) SUPPORT	5,935,898,931.46	3,608,449.20	ONGOING
ANNUAL MEMBERSHIP FEES	313,382,220.30	190,505.91	ONGOING
PROJECT HOPE MENTAL HEALING & RESILIENCE PROJECT	9,769,701.75	5,939.03	2023
AMREF VAN (COVID 19) PROJECT	330,928,266.85	201,172.20	2023
NAC HRH PROJECT	202,099,293.74	122,856.71	2024
GIZ PROJECT	25,240,028.66	15,343.48	2024
ACHAP HEALTH HEART AFRICA PROJECT	5,019,568.00	3,051.41	2024
USAID/DAPP - TOME PROJECT	258,479,642.61	157,130.48	2025
USAID/FHI 360 EMPOWER PROJECT	345,274,770.80	209,893.48	2024
SANOFI NCD-PROJECT	115,275,643.98	70,076.38	2025
EPN-AMR PROJECT	63,412,465.56	38,548.61	2023
CDC PRESERVICE PROJECT	1,056,863,738.85	642,470.36	2023
GOVT-MOH CHAM UNITS PAYROLL SUPPORT	35,715,379,131.91	21,711,476.68	ONGOING
EPN STUDENT SCHOLARSHIPS	954,588.27	580.30	2023

THE CHAM DRUG REVOLVING FUND (DRF)

CHAM's Drug Revolving Fund efficiently oversees pharmaceutical supplies, guaranteeing their continual availability and affordability throughout healthcare facilities. This sustainable approach has minimized stock shortages, enhanced medicine accessibility, and encouraged responsible usage. Moreover, the Fund's financial stability has increased, allowing for reinvestment in procurement and quality control. These accomplishments have significantly enhanced patient care, lessening treatment delays, and improving overall healthcare delivery within CHAM facilities.

During the reporting period, the CHAM Pharmacy implemented three key programs: The Drug Revolving Fund (DRF), Minilab, and Antimicrobial Resistance (AMR) Project. The Minilab initiative ensured patients access quality medicines, while the AMR Project safeguarded antibiotics from resistance in 25 health facilities. Remarkable achievements were made, with the pharmacy section scoring 82% across various activities. Although securing international funding for the DRF faced challenges, progress was made with potential donors. The pharmacy policy update was completed successfully. The AMR Project reached 90% implementation, and the Minilab Project surpassed its target with 131% achievement. Progress was also seen in DRF sales, funding for pharmacy attendant training, and making Pharmacy a Costing Centre. Supply chain skills were enhanced through online courses, and objectives like developing a DRF business plan were met. HHI donations were coordinated smoothly, demonstrating the Pharmacy Department's resilience and effectiveness.





HEALTH SERVICE DELIVERY



CHAM'S HEALTH SERVICE DELIVERY



CHAM has played a pivotal role as a strategic ally to the Malawian Government, working closely with the Ministry of Health to execute the Health Sector Strategic Plan (HSSP 1, 2 and 3). This collaboration covers various activities, such as facilitating the delivery of the Essential Health Package (EHP), conducting training for healthcare personnel (HRH), spearheading Health Sector Reforms (HSR), and engaging in other sector-wide initiatives. Furthermore, CHAM consistently implements numerous successful projects, often with support from donor partners, both at its central office and across its healthcare facilities. This concerted effort therefore, significantly enhances accessibility to primary, secondary, and specialized healthcare services.

OUT PATIENT AND IN-PATIENT SERVICES

CHAM serves about one-third of Malawi's population. In 2023, it made notable progress in health service coverage, reaching approximately 5.7 million people, or 95% of its target population, with around 5.4 million covered under Service Level Agreements (SLAs). Over the past five years, CHAM has demonstrated an upward trend in health outcome indicators, especially in key HMIS metrics, thanks to more SLA contracts and expanded free service packages under the Essential Health Package (EHP) across its facilities.

During the reporting period, CHAM saw a notable 4% increase in outpatient attendance and a 7% rise in hospital admissions, including maternity cases. CHAM played a crucial role in national maternal health services, contributing to 20% of national deliveries and Caesarian Sections. Additionally, CHAM's impact on childhood vaccinations remained substantial, with 20% of BCG vaccinations and 19% of fully immunized children under one year. Voluntary HIV testing and counseling services also saw an 18% increase from the previous year. The average bed-occupancy rate remained stable between 69% and 75% since 2021.

Other key HMIS indicators worth highlighting include; proportion of pregnant women initiating antenatal care in their first trimester (21%), total antenatal visits (24%), treated abortion complications (24%), severe anemia cases among pregnant women (31%), postpartum care within two weeks of delivery (26%), treated cases of postpartum hemorrhage (23%). Malnutrition cases (under 5) 17%, neonatal tetanus confirmed new cases 18%, cholera cases 25%, and tuberculosis confirmed new cases 33%. The presented figures represent percentages of CHAM achievement as compared to the total registered health sector figures.

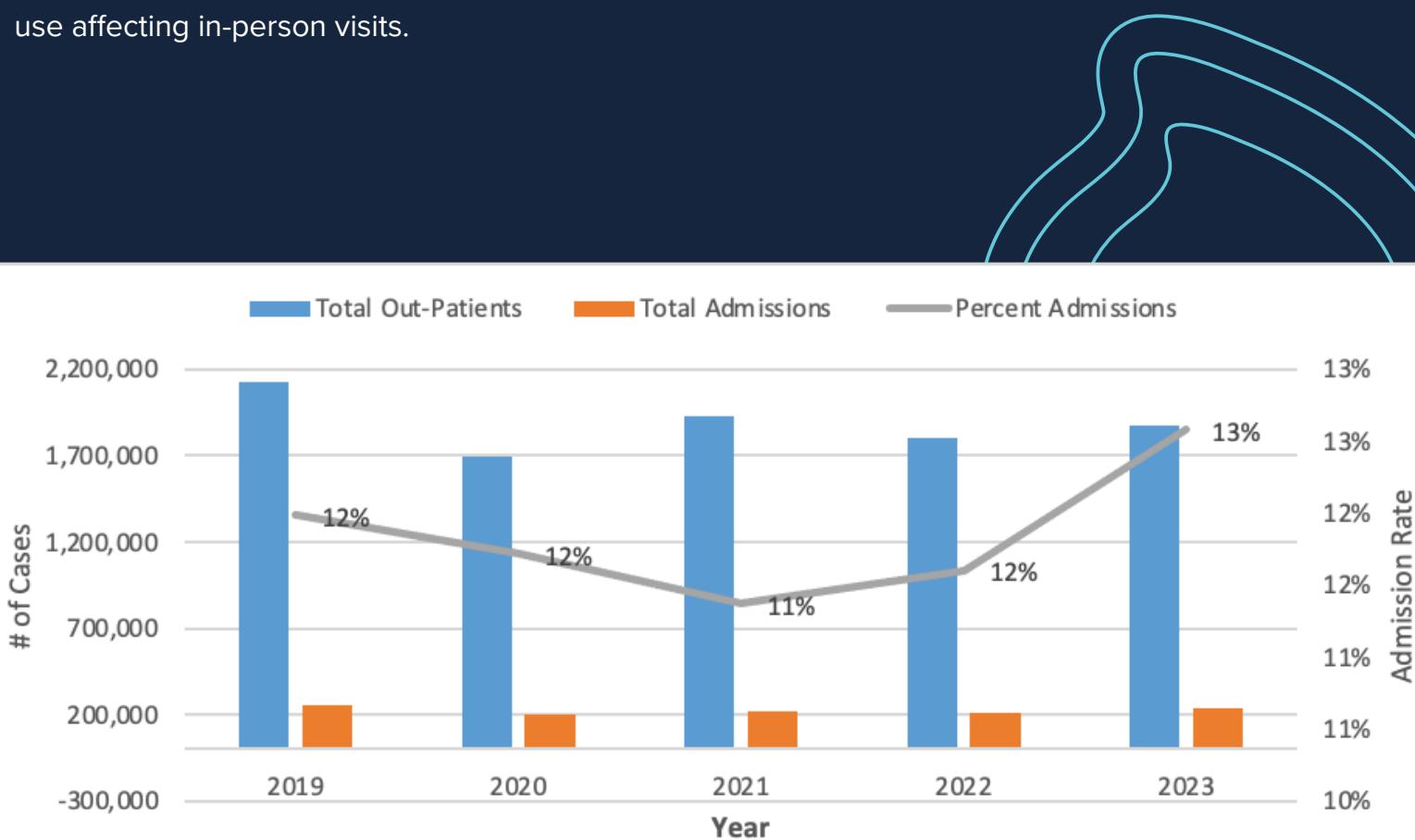
Table 3: OPD/IPD Service Performance Indicator data: 2019 - 2023

PERFORMANCE INDICATOR	2019	2020	2021	2022	2023
TOTAL OUT-PATIENTS	2,122,903	1,696,536	1,924,459	1,799,161	1,871,127
TOTAL ADMISSIONS	254,436	198,737	218,789	208,714	225,323
TOTAL MALARIA CASES>5	269,018	272,645	251,448	191,408	210,548
TOTAL HTS CLIENTS	572,730	380,412	635,439	375,609	443,218

THE CHAM OPD CASES AGAINST ADMISSIONS



The graph illustrates the relationship between OPD cases and admissions over five years (2019-2023). Out-patient cases peaked at around 2,000,000 in 2019, dropped to about 1,200,000 in 2020 and 2021, and then rose to approximately 1,600,000 in 2022 and 2023. Total admissions remained steady at around 200,000 cases each year. The percentage of out-patients admitted was 12% in 2019, decreased to 11% in 2021, and increased to 13% in 2023. Despite fluctuations in out-patient numbers, the stability of total admissions led to variations in admission percentages, with higher percentages in years with fewer out-patients. This consistency in admissions underscores the indirect relationship between the two parameters. The variations in data were due to the impact of the COVID-19 pandemic and changes in healthcare policies or practices. The pandemic caused a significant drop in out-patient cases in 2020 and 2021 due to reduced non-emergency hospital visits and postponed elective procedures. Despite this, CHAM hospitals maintained steady admissions by prioritizing critical cases. Additionally, fluctuations were influenced by new hospital admission guidelines, improved out-patient care reducing the need for admissions, and increased telemedicine use affecting in-person visits.



CHAM'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS SERVICES (SRHR)

Sexual and reproductive health services continued to be a key focus for CHAM. The data reveals significant trends in maternal health services over recent years. The total number of live births, which rose from 98,957 in 2021 to 116,183 in 2023, highlights an increase in birth volume attended by skilled labour that result from improved healthcare access. Concurrently, the total number of cesarean sections showed a slight decrease from 11,935 in 2022 to 11,675 in 2023, indicating that advancements in prenatal care are reducing the need for surgical deliveries. Additionally, the number of new patients attending antenatal care (ANC) for the first time moved from 126,351 in 2021 to 143,593 in 2023, reflecting more effective outreach and an intensified awareness of early prenatal care. This increase in new ANC attendees aligns with the rise in total ANC visits, which grew from 288,932 in 2021 to 331,712 in 2023, indicating greater overall engagement with ANC services. Together, these trends underscore improvements in both the utilization and quality of maternal health services, marked by more frequent ANC visits, higher new attendee rates, and a modest reduction in cesarean deliveries.

Table 5: SRHR Service Performance Indicator data: 2019-2023

PERFORMANCE INDICATOR	2019	2020	2021	2022	2023
TOTAL DELIVERIES (LIVE BIRTH)	112,476	140,543	98,957	104,363	116,183
TOTAL CAESARIAN SECTION	16,303	11,457	11,123	11,935	11,675
TOTAL ANC NEW ATTENDEES	150,478	123,745	126,351	131,036	143,593
TOTAL ANC ATTENDANCE	318,732	258,673	288,932	310,440	331,712

In summary, deliveries rose by 9% from 2022, cesarean sections slightly fell to 10% due to improved prenatal care. ANC visits and new attendees increased by 7% and 10%, respectively, with first-trimester starts up by 9%. These improvements are due to expanded SLA contracts and better community education on prenatal care across CHAM facilities.



In 2023, CHAM continued its HIV/AIDS counselling and testing services across its facilities. Over the past five years, there has been an overall increase in counselling and testing activities, accompanied by a decrease in HIV positivity rates. The table below presents key performance indicators for HIV testing and treatment over this period. The number of clients counselled and tested varied considerably, reaching a peak of 635,439 in 2021 and dropping to 397,381 in 2023. The percentage of positive HIV tests increased from 4.7% in 2019 to 6.3% in 2020, then decreased to 2.3% by 2023, which is attributed to intensified HIV programming efforts in recent years. In PMTCT programs, the number of pregnant women tested grew from 122,895 in 2020 to 142,642 in 2023, and the positivity rate fell from 3.8% in 2019 to 1.7% in 2023, reflecting improved prevention strategies across CHAM facilities.

PERFORMANCE INDICATOR	2019	2020	2021	2022	2023
HTC CLIENT COUNSELED & TESTED	572,730	380,412	635,439	375,609	397,381
% HTC TESTED POSITIVE	4.7%	6.3%	2%	3%	2.3%
PMTCT CLIENTS COUNSELED & TESTED	170,694	122,895	123,527	131,029	142,642
% PMTCT POSITIVE	3.8%	3.6%	3%	2%	1.7%



HEALTH FINANCING, SERVICE LEVEL AGREEMENTS (SLA)





SLA PROGRAM



PURPOSE OF THE SLA PROGRAM

The SLA program aims 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 to achieve 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 its positive contribution towards improving health outcomes.



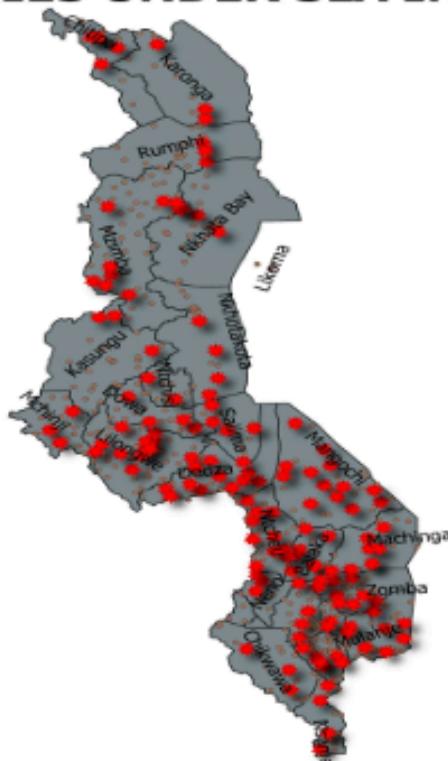
PROGRAMME BACKGROUND AND OBJECTIVES

For the 2023/24 fiscal year, the motion benefited 178 SLA agreements, with 5 allocated to the Islamic Health Association of Malawi (IHAM) and 173 to the Christian Health Association of Malawi (CHAM), distributed among 165 facilities. There was a slight decline in participating facilities as some opted not to sign new agreements. However, around 13 facilities near district boundaries have agreements with multiple districts to serve broader populations. During this period, 72 facilities received support from HSJF partners, while 104 were supported by the World Bank and the Ministry of Health. The SLA mechanism is estimated to serve 5.7 million people, about 29% of Malawi's population. The anticipated health gains align with Malawi's 2063 vision, aiming to improve health status and financial risk protection through better access, quality, and utilization of essential health services. Efficiency improvements in resource delivery, reimbursement processing, and partnerships at the subnational level will be monitored. The motion also supports the government in delivering the Health Benefit Package, improving service coverage linked to key health indicators.

OVERALL SUMMARY OF PROGRAM PRIORITIES

The SLA medical services program integrates medical products and health human resources to enable facilities provide essential health services from the basic health benefit package. The goal is to enhance equity in access to essential health package (EHP) services by eliminating user fees at CHAM facilities, thereby expanding coverage and aiming for Universal Health Coverage (UHC) for the poor population. Under SLAs, the Ministry of Health reimburses CHAM facilities for delivering agreed essential health services free of charge. SLA-supported facilities are distributed nationwide, with a higher concentration in central and southern regions due to greater population densities. The distribution is illustrated in the map below;

HEALTH FACILITIES UNDER SLA IN MALAWI



FACILITIES BY OWNERSHIP

- SLA Facilities
- Government Health Facilities
- Malawi Districts

0 100 200 km



PRIORITIES COVERED THROUGH HSJF

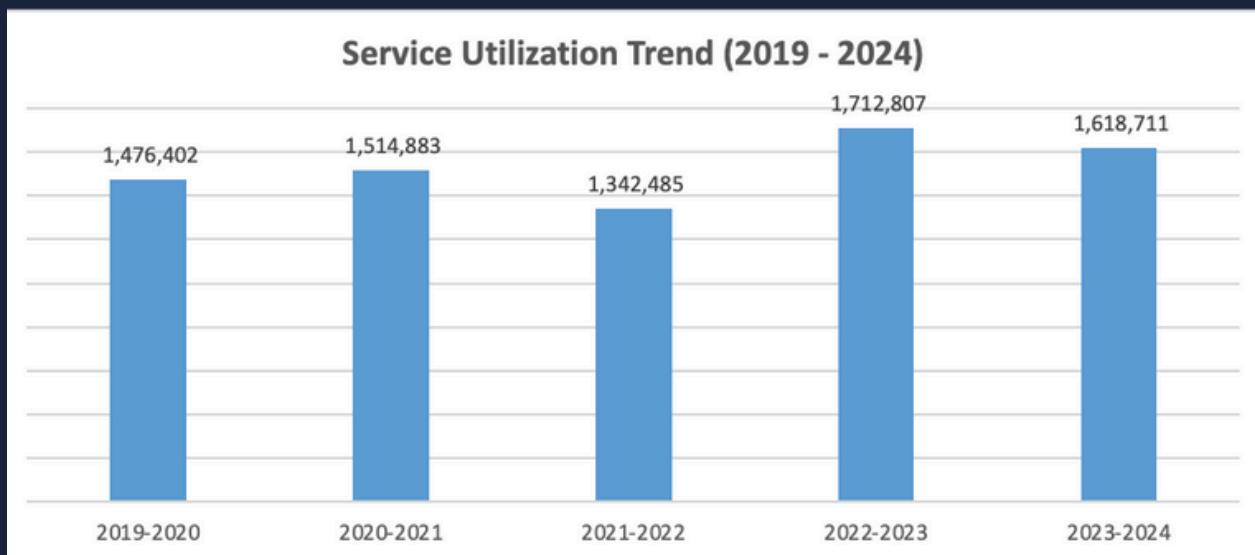
The current structure of the motion intervention encompasses several categories of services: maternal and neonatal health (MNH), adult health including non-communicable diseases (NCDs), surgical care, and services for children under 5 and under 12. These categories address various common health conditions prevalent in the country, based on current health status trends. The range of services provided by each facility depends on its capacity to manage cases and the availability of resources.

INDICATOR PERFORMANCE AND TRENDS

The outcomes and results of the SLA program reflect improved access to and quality of Health Benefit Package (HBP) services for Malawians in CHAM and IHAM catchment areas, aiming to achieve universal health coverage (UHC) regardless of the ability to pay. These outcomes are measured by the actual access and utilization levels of HBP services provided by CHAM and IHAM facilities, as well as key HMIS indicators. Monitored processes include contract signing (partnership) and invoice processing (ensuring service availability). During the reporting period, the number of targeted SLA facilities reached 180. Due to funding uncertainties, no new facilities were incorporated, 2 facilities started service provision late due to resource shortages, and 1 facility was unable to offer services for the same reason. A total of 174 SLA contracts were signed out of the 175 targeted for 2023-2024, representing 99%.

CONSOLIDATE AND EXPAND SLAS COVERAGE IN CHAM AND OTHER HEALTH FACILITIES ACROSS MALAWI;

Started in 2006, the SLA program has positively impacted health outcomes and has grown in line with Health Sector Strategic Plans I, II, and III, as shown in Figure 1 below. SLAs are a key component of a broader partnership agreement between the MOH and CHAM and have received funding from various donor agencies. In the past financial year, the program was financed by the HSJF and the World Bank, with HSJF providing support since the 2017-18 financial year.

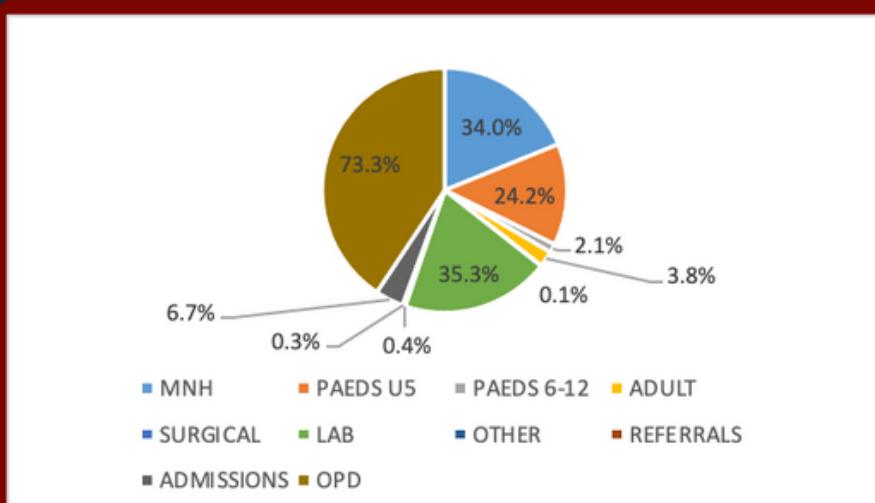


The Graph above illustrates the SLA trends from 2019 to 2024, highlighting an expansion in service provision from 32 facilities in 2007 to 175 facilities by 2023. From April 2023 to March 2024, a total of 1,618,711 service interventions were provided, as detailed in Table 1 below. This total excludes crosscutting cases related to LAB, Admissions, and OPD.

SLA SERVICE INTERVENTIONS AND CORRESPONDING COSTS APRIL, 2023 TO MARCH, 2024



SLA INTERVENTION PACKAGE	TOTAL CASES SEEN	DIAGNOSTIC COST
MNH	852,020	2,061,664,005.02
PAEDS U5	606,527	1,053,459,236.41
PAEDS 6-12	52,148	58,051,359.37
ADULT	95,853	192,638,373.58
SURGICAL	1,612	19,516,501.56
LAB	884,650	785,499,527.22
OTHER	10,551	59,758,121.10
REFERRALS	8,392	238,416,009.49
ADMISSIONS	168,548	1,395,544,946.49
OPD	1,835,586	71,350,851.22



With accumulated claims of 5.9 Billion, MNH, Paeds Under 5, Admissions, and LAB account for 34.7%, 17.7%, 23.5% and 13.2% of the costs. Thus most cases are seen in MNH and Paeds Under, with LAB latter being crosscutting and garnering 73% of all cases.

INDICATOR	FY18/19	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24
Caesarian Section	9,642	10,839	11,134	11,083	11,274	10,044
OPD Attendance	1,874,606	1,731,916	1,552,005	1,813,172	1,657,062	1,777,960
Malaria – New Case (under 5)	235,805	172,055	203,661	160,208	144,048	204,740
Malaria- New Cases (5 & Above)	308,044	227,054	241,964	189,934	174,637	263,601
ARI - New Cases (U5)	142,365	178,420	152,878	226,517	193,456	194,697
Delivery by skilled Personnel	113,518	114,685	120,239	104,624	110,781	108,437
ANC New Women Registered	121,073	131,479	122,742	126,762	133,324	132,759

Most of the Indicators have been increasing over the years with challenges in ANC attendance as most mothers discover they are pregnant when they are already in the second trimester. This sentiments were also shared during SLA review meetings.

LESSONS LEARNT AND RECOMMENDATIONS



The devaluation of the Malawi currency has severely affected service delivery, with many facilities unable to replace drugs due to discrepancies between market prices and SLA rates. Costing delays occurred because of inconsistent market prices. Additionally, securing venues and accommodations for conferences was challenging as hotels frequently adjusted their rates. The digitization of the SLA system, expected by June 2024, will be essential for reducing invoice errors and speeding up payments. While World Bank and Treasury support has strengthened SLA financing, the Ministry needs to intensify resource mobilization efforts. CHAM and IHAM are also encouraged to explore health insurance strategies for universal coverage. In 2023, personnel replacements were made, but ongoing staff shortages have reduced SLA service quality. DHRMT should expedite authorizations for future replacements.

HUMAN RESOURCES FOR HEALTH



THE CHAM PRE-SERVICE PROGRAM

HUMAN RESOURCES FOR HEALTH, THE CHAM PRE-SERVICE PROGRAM

The Christian Health Association of Malawi (CHAM) has made significant progress in its pre-service training programs, with a total of 5,136 students enrolled as of December 31, 2023. Ekwendeni College of Health Sciences had the highest student population at 1,135, while Nkhoma College of Nursing and Midwifery had the lowest with 154 students. 45% of students were enrolled in diploma programs for nursing and midwifery, followed by 16% in clinical medicine. During the reporting period, a new nutrition program was introduced, and plans are underway to launch a diploma in public health, regulated by the Medical Council of Malawi.

Scholarship support remained a cornerstone of CHAM's commitment to student success, with 582 students sponsored by various organizations. This included 175 students supported by CHAM through CDC scholarships, and 39 students at risk of dropping out who were considered for one-time scholarships. The CDC was the only donor channeling scholarship support through the CHAM Secretariat, while other donors provided support directly to the colleges. Enrollment for the year reached 2,209 students, with 908 graduates from across all CHAM colleges. Key interventions included supportive supervision, principals' meetings, and faculty orientation on monitoring and evaluation tools. The year climaxed with 5 colleges receiving buses to alleviate transportation challenges, and securing support from GIZ and PATH.

ACCREDITATION UPDATES AND JUNE 2023 LICENSURE EXAMINATION RESULTS

CHAM colleges maintained high standards in health education, with several programs retaining accreditation. During the reporting period, Nkhoma College of Nursing, Daeyang University, and Holy Family College of Health Sciences had all their nursing and midwifery programs accredited. Ekwendeni College of Health Sciences had multiple accredited programs, including clinical medicine and pharmacy, though their Certificate in Community Midwife Assistant was under re-accreditation. St Johns Institute for Health, St Luke's College of Nursing, St Joseph College of Health Sciences, and Mulanje Mission College of Nursing maintained accredited programs, with some seeking re-accreditation. Trinity College and Malamulo College of Health Sciences had fully accredited diploma and degree programs covering nursing, midwifery, public health, and biomedical sciences. St John of God College of Health Sciences boasted accreditations across diverse mental health and clinical programs. For the June 2023 licensure exams, CHAM reported a 79% pass rate, a significant drop from the 96% in November 2022 and 88% in June 2022. To address this, the CHAM Secretariat collaborated with college principals and deans, focusing on curriculum implementation, clinical exposure, pre-exam coaching, individual student factors, and college-related issues. A corrective action plan was implemented, with recommendations for continuous progress reporting and follow-up. A coaching program for licensure exams was also recommended to foster collaboration among colleges. Despite these challenges, the pre-service program achieved an 89% success rate in its objectives for the year, showcasing its commitment to effective education and training.



THE CHAM VOLUNTARY MALE MEDICAL CIRCUMCISION PROGRAM: SUCCESSFUL COMPLETION OF THE CDC VMMC PROJECT



The CDC-funded Voluntary Male Medical Circumcision (VMMC) project, aimed at enhancing HIV prevention in Lilongwe district, concluded in September 2023 after three years of implementation. Initially planned for five years, the project was terminated early. Running from October 2020 to September 2023, the project focused on integrating VMMC services into routine healthcare and strengthening connections with other services like HIV testing and sexual health. Over this period, 19,285 male circumcisions were performed, achieving 79% of the target, with the Shang ring method used in 62% of cases.

Despite challenges such as delayed funding, the project saw successful collaboration with health facilities, district health offices, and community stakeholders. The implementation of acceleration plans, whenever funding was available, contributed to the project's achievements. The project's success underscores the importance of integrating VMMC services into broader healthcare initiatives to enhance HIV prevention efforts.



TOME

TOWARDS MALARIA ELIMINATION



TOME PROJECT ADVANCES MALARIA CASE MANAGEMENT IN MALAWI

The Towards Malaria Elimination (TOME) project, with CHAM as a sub-recipient to DAPP Malawi, is operating in Lilongwe rural and Salima districts. The project aims to improve malaria case management for pregnant women and children under five at both facility and community levels. Key interventions conducted during the reporting period included; refresher training for health workers, distribution of malaria case management guidelines, Outreach Training and Supportive Supervision (OTSS+), data review meetings, proficiency testing for laboratories, and supportive supervision for Village Health Clinics (VHCs). Notably, refresher training for mRDT testers reached 95% of the target, while OTSS+ covered 96% of intended facilities, with logistical issues preventing reach to three health facilities in Salima.

At the end of the year, all planned activities were executed, achieving significant progress across various areas with a 100% completion rate. Challenges included delayed funding, non-adherence to malaria protocols by some healthcare providers, inadequate reference materials, and incomplete rollout of community case management in hard-to-reach areas. Recommendations for addressing these challenges involve developing an acceleration plan for delayed activities, providing mentorship sessions for healthcare providers to enhance skills, printing additional reference materials for laboratories, and training more community malaria case management providers to improve access to care for children under five with fever in both districts



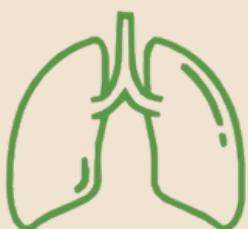
COVID-19 VACCINE

VAN PROJECT BOOSTS COVID-19 VACCINE UPTAKE IN MALAWI

The Vaccine Action Network (VAN) project, subcontracted to CHAM by AMREF Health Africa with support from the Rockefeller Foundation, aimed to increase COVID-19 vaccine uptake in Phalombe and Chiradzulu districts. Targeting the vaccination of 8,000 individuals, the project ran from December 2022 to December 2023. Through collaboration with District Health Management Teams (DHMT), healthcare workers, Area Development Committees, Village Health Committees, and community influencers, CHAM conducted awareness-raising, service delivery, capacity building, and data management activities to enhance vaccine uptake.

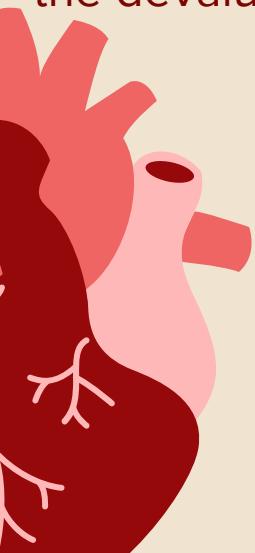
The project successfully fully immunized 14,207 individuals and administered a total of 33,115 vaccine doses, reaching a wide audience through social media, community engagement, and door-to-door sensitization. Health worker training, community leader engagement, and data management were prioritized, with significant numbers trained to support vaccine demand and uptake. Despite facing challenges such as Cyclone Freddy, the WHO resolution that COVID-19 was no longer a public health concern, and inconsistencies in vaccination data, 89% of planned activities were completed. Actions to address these challenges included training data entry clerks and Community Health Workers (CHWs) in data management, service integration, and building relationships with local leaders.

SANOFI-SUPPORTED PHINDU NCD SYSTEMS STRENGTHENING PROJECT LAUNCHES IN MALAWI



During the reporting period, CHAM launched the SANOFI-supported Phindu NCD Systems Strengthening Project, which aims to enhance non-communicable disease (NCD) services in Mzimba and Nkhatabay districts. Key activities included inception meetings with stakeholders such as the Ministry of Health's NCD Unit, District Health Management Teams, and community leaders. Additionally, capacity-building sessions were conducted for healthcare workers, lecturers, Health Surveillance Assistants (HSAs), teachers, School Health and Nutrition (SHN) coordinators, and religious leaders, focusing on NCD case management and screening.

By the end of the year, the project achieved 50% of its planned activities, partially accomplished 17%, and underachieved 33% due to the devaluation of the Malawi Kwacha



NAC HRH PROJECT STRENGTHENS HIV RESPONSE IN BLANTYRE



The NAC HRH Project, managed by CHAM in collaboration with the Blantyre District Council, focused on overseeing 37 Health Surveillance Assistants (HSAs) to combat HIV through Integrated Disease Surveillance and Reporting. Spanning from October 2022 to September 2024, the project successfully retained all deployed healthcare workers, ensuring their salaries and benefits were paid. As the project approached its end, it entered a six-month no-cost extension to transition the HSAs to government payroll by April 1, 2024.

Key activities implemented included salary payments, performance appraisals, forming a multi-stakeholder taskforce to oversee the transition, and developing a roadmap for the transition process. These efforts ensured a smooth transition and continued effectiveness of the HIV response in Blantyre.



Partnership

PARTNERSHIP WITH MALAWI UNIVERSITY OF SCIENCE AND TECHNOLOGY



CHAM has entered into a partnership agreement with the Malawi University of Science and Technology (MUST). This collaboration aims to foster mutual benefits in research, science, and technology innovation projects. Through this partnership, both institutions will engage in knowledge sharing and capacity building, leveraging each other's strengths to enhance their respective capabilities and impact. The alliance will facilitate joint efforts in advancing scientific research and technological innovations, contributing to the overall improvement of healthcare and educational outcomes in Malawi.

PARTNERSHIP BETWEEN MALAWI HOUSING CORPORATION AND CHAM

During the reporting period, the CHAM Board of Directors approved a partnership between Malawi Housing Corporation (MHC) and CHAM, where MHC will construct buildings at CHAM facilities, which will then purchase the structures over time through a "rent-to-buy" arrangement. A Memorandum of Understanding (MOU) was signed between MHC and each individual proprietor of the CHAM units, with the CHAM Secretariat facilitating the process. This public-private partnership (PPP) aims to address the shortage of staff houses and student accommodation at CHAM health facilities and training colleges. MHC secured funding from FDH Bank for the construction, and a tripartite MOU between CHAM, MHC, and FDH Bank was signed in July 2023.

In August 2023, MHC conducted a comprehensive needs assessment in CHAM facilities, sharing the findings and cost estimates with the CHAM Secretariat. CHAM is currently verifying these needs with the respective facilities and training colleges, with potential follow-up visits by MHC to finalize the assessment for facilities with questionable needs. After verification, CHAM, FDH Bank, and MHC will meet with individual facilities to finalize the project and its costs. Once all processes are completed, individual CHAM units will sign contracts with MHC based on their specific requirements before construction begins.

PARTNERSHIP WITH WORLD VISION MALAWI

CHAM has signed a partnership with World Vision Malawi to improve the coordination, distribution, and accountability of medical donations to CHAM health facilities, prioritizing support for vulnerable children. This collaboration will enable CHAM to better advocate for the priority medical needs of its facilities and enhance their capacity to manage illnesses among children and the broader populations they serve. The partnership will be implemented specifically in CHAM facilities where World Vision is already running programs, ensuring targeted and effective use of resources

PARTNERSHIP BETWEEN CHAM AND HOPE AND HEALING INTERNATIONAL

In 2020, CHAM entered into a partnership with Hope and Healing International (HHI), formerly known as CBM Canada. Through this collaboration, HHI donates hospital equipment (both new and old) and other medical supplies to CHAM facilities via the Secretariat. Since the partnership's inception, various items valued at USD 2,380,181.75 have been received and distributed to CHAM facilities. These donations include facemasks, face shields, beds, mattresses, wheelchairs, linen, BP machines, thermometers, and medicines, among others. Priority for these donations is given to CHAM units that consistently pay their membership fees.

CHAM MEMBERSHIP FACILITIES BY TYPE

As of 31st December 2023, the CHAM network included 194 health facilities and 11 training institutions, representing about 36% of Malawi's total health infrastructure. The distribution of CHAM facilities is uneven across Malawi's four regions. Among the 194 facilities, the majority are health centres without maternity services (54%) and community hospitals (19%). The remaining facilities consist of hospitals (12%), health centres without maternity services (10%), and training institutions (5%), as illustrated in the chart below;

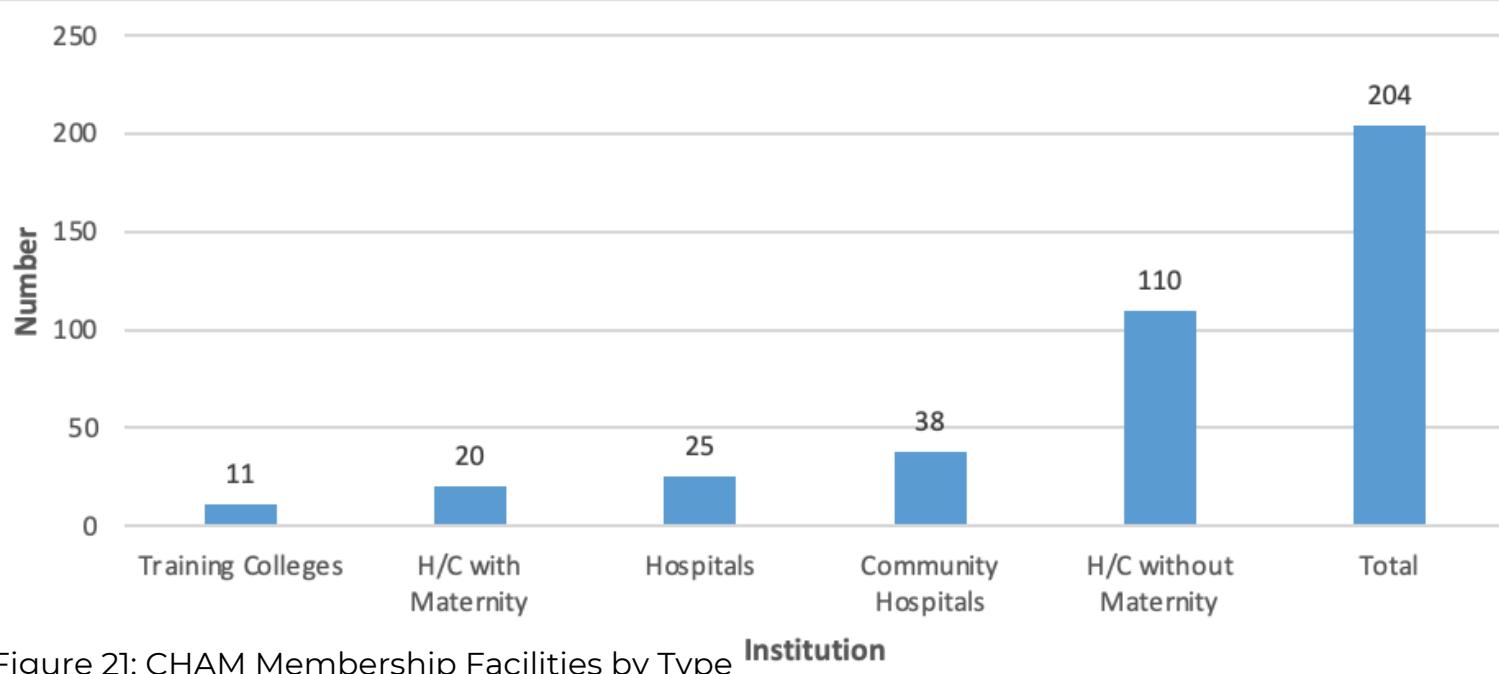


Figure 21: CHAM Membership Facilities by Type

MONITORING, EVALUATION AND DATA MANAGEMENT



The Monitoring and Evaluation (M&E) section at CHAM made substantial progress in 2023, with several key achievements. Notable accomplishments include the successful completion and preparation for publication of the 2022 Annual Report. The M&E team also submitted the Annual Return Form to the NGO Regulatory Authority, meeting legal obligations and detailing CHAM's achievements and financial statements. Key contributions during the year included assembling the CDC project closeout report and managing the HRH inventory for CDC-funded staff, ensuring accurate VMMC indicators and thorough record-keeping.

The M&E section played a critical role in evaluating two SLA Motion studies led by KUHES and CHAI, focusing on Value for Money and the HSJF grant. CHAM refined data collection tools, reviewed findings, and validated results, enhancing the credibility of these studies. Additionally, the team verified the CHAM/IHAM SLA Annual Report for FY22-23, ensuring accurate, complete, and reliable data to promote transparency and accountability. Throughout the year, the M&E section maintained 100% compliance with routine health-service data submissions to the Government DHIS2 system, with 98% of CHAM facilities adhering to reporting deadlines.

Significant activities included an assessment of SLA operationalization for the Royal Norwegian Embassy, data collection for MOH/NAC Resource Mapping, and due diligence for the Global Fund-funded VMMC project. The team also conducted a baseline assessment for the SANOFI NCD project, evaluating NCD prevalence and healthcare infrastructure. The end line evaluation of the Vaccine Action Network (VAN) project. M&E also collaborated with the TOME project team and refined results framework and developed a detailed Annual Work Plan for 2023-2024. Quarterly reviews for CHAM projects and contributions to the CHAM Turnaround Strategy and 2024 Annual Budgets were also completed. The section engaged in proposal development and joint supportive supervision visits to improve project efficiency and data accuracy.



DATA SUBMISSION IN DHIS2 DATABASE

The data from 2019 to 2023 reveals both consistent performance and notable improvements in data management and reporting across various health facilities. Hospitals exhibited stable high performance, maintaining a high achievement rate for data submission that started at 97% in 2019, slightly decreased to 96% in 2020, and then steadily increased to 99% by 2023. In contrast, CHAM Community Hospitals and Health Centres showed substantial progress, with their data management and reporting achievement rate improving from 89% in 2019, dropping to 81% in 2020, and rising each year to reach 95% by 2023. This trend signifies a significant improvement in performance among these facilities. Overall, the combined achievement rate for all CHAM facilities rose from 93% in 2019 to 97% in 2023, indicating a substantial overall performance across all the facilities.

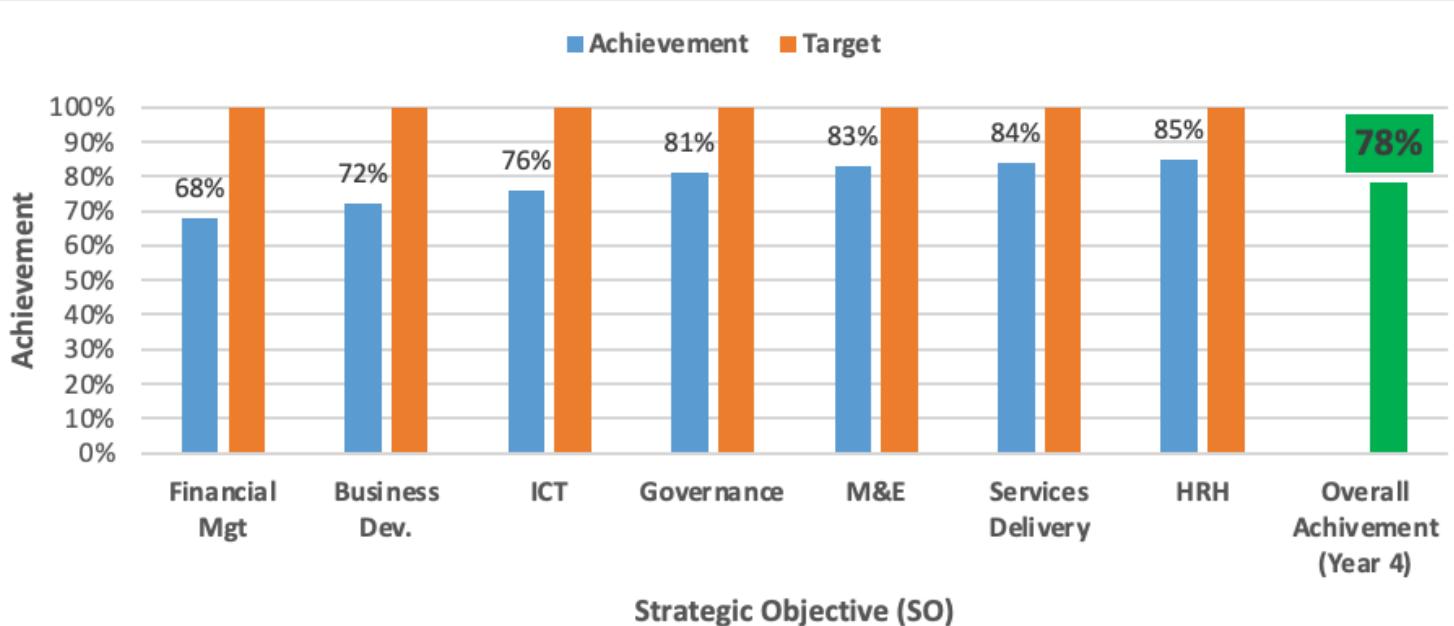
Facility Type	2019	2020	2021	2022	2023	5-Year Trend
Hospitals	97%	96%	97%	98%	99%	Stable
All Others	89%	81%	87%	89%	95%	Improving
Overall	93%	84%	90%	93%	97%	Improving

FY 2023 WORK PLAN AND CHAM 2020–2024 STRATEGIC PLAN IMPLEMENTATION PROGRESS.

By the end of FY2023, 207 out of 215 tasks outlined in the 2023 Annual Work Plan were effectively carried out, reflecting a 96% completion rate. The goal was to achieve a 100% implementation rate, but various challenges impacted execution. These included inadequate funding for key CHAM Core activities, such as conducting only 1 out of 2 planned regional meetings, failing to complete the Mid-Term Evaluation of the CHAM 2020–2024 Strategic Plan, delays in funding from donor-backed projects like TOME and FHI360, and insufficient investment in the DRF, including the lack of a Pharmacy warehouse. These issues collectively hindered task implementation, leading to a slightly lower achievement percentage.

The CHAM Strategic Plan for 2020-2024 shows significant progress, with annual work plans consistently executed since 2020. As of 31st December 2023, 78% of activities have been completed, slightly short of the 80% target. The goal was to achieve at least 80% completion by the end of the fourth year, making the current 78% only marginally below the target. This reflects overall adherence to the plan's timeline and objectives, with efforts ongoing to meet and exceed set milestones. The following chart provides a visual overview of performance by strategic objectives as of 31st December 2023, illustrating achievements and progress towards goals within the timeframe.

Performance achievements by Strategic Objective as per the CHAM 2020–2024 Strategic Plan



ANNEX I: SLA PROGRAMME PERFORMANCE BY KPI'S

Program implementation started in the second quarter due to late budget approvals and late program financing. However most of the planned activities were done except for a few which will be conducted in the first quarter of the new financial year.

	Activity	Target	Achievement	Comment	
1	Facilitated signing of SLA contracts and implementation of SLA services	178	177 Signed contracts	The remaining facility cited challenges in finance to get them rolling to start service delivery.	
2	Facilitated Preparation, submission & Payment of FY2022-2023 SLA invoice Bills and FY2021-22 Carried Over Bills	24	15(61%) of aggregate invoices processed. The claims amounted to 78.3% of annual MK7.5 Billion budget. 82.7% of total claims were paid	Delayed	Delays experienced at all levels. There is an improvement in submission by the facility. However, the longest delays were at central.
3	Conducted District SLA review, Planning, coordination and Tools orientation meetings	12	All meetings done	Done	Some meetings were delayed due to challenges in procurement process.
4	Conduct SLA Joint Monitoring, and evaluation visits to health facilities	2	Not done	not done	request submitted to be done in FY24/25 first quarter
6	SLA invoices verification exercise in sampled health facilities	2	Conducted 2 visits to sampled facilities and one based on whistle blower	done	Supervision visits still shows data discrepancies in most of the facilities
7	Facilitated national SLA taskforce meetings	2	conducted 2 meeting scheduled for the last half of the year	done	conducted 1 meeting in December and another one scheduled in April scheduled
8	Facilitated SLA costing taskforce meetings	2	conducted 2 meetings as planned ably incorporated mental health facilities	Done	SLA Prices for FY2023-2024 developed, approved and disseminated not on time. Prices were disseminated last quarter. Second meeting conducted. FY2024/2025 Prices pending SMT approval.
9	SLA staff and administration support	12	All paid	done	Salaries were paid in time expect for the first quarter due to late budget approvals
10	SLA unit Operations Cost	4	Some operational cost not yet done.	Partially done	Procurement process still a challenge.
11	Implementation of SLA digitization through submission of excel invoices	12	Facilities are able to submit excel invoices	Done	Submission rate is at 100%. Timely Submission is at 95%
12	SLA system Development		Ongoing process	On track	- System user requirements done - Hardware assessment done - Procurement of equipment in progress - System testing done - System roll out expected in June
13	Conduct internal audit in sampled SLA facilities	1	Sampled facilities done	Done	Internal audit was conducted. Proposal is to have an external audit in the coming financial year.
14	Recruitment of Programme Manager, Data Officer and Finance Admin Officer	2	Pending vacancies filled except for Data Officer	Partly done	Data Officer to be recruited once the system rolls out

CHALLENGES, RISKS AND CHANGE MANAGEMENT

Summary of Key Challenges

No.	Challenges Faced	Root Causes	Measures taken to Address the Challenges
1	Late settlement of medical bills reducing the facilities service performance	Multiple processes and delays in processing	SLA system being developed to curb the challenges
2	Low prevailing SLA prices in relation to cost of offering services	Devaluation of the kwacha within the period. Global economic shocks causing national inflation.	SLA costing review meeting done.
3	Facilities suspending service delivery	Effects of the cost sharing principle, where the facilities are only reimbursed 70% of the cost and capital cost like equipment and infrastructure is excluded. In addition Late payments	Revision of MoU principle on cost sharing – in progress
4	Early Exhaustion of ceilings	Lack of resources i.e. drugs to fully provide services	Liaising with DHSS to provide supplies to Cham units were necessary
5	Lack or delayed SLA invoice verification by DHOs. This eventually delays the whole payment circle and leaves the facility with no drug stocks to continue with service provision.	Catchment area challenges	Address system challenges that lead to late payments
6	Continued submission of invoices with errors by facilities	Cross boarder issues	Need for proper identification cards for those accessing SLA services.
7	Delay in signing of SLA contracts at the onset of a FY.	Proper scrutiny of clients accessing SLA service	Catchment areas should be properly defined.
8	Shortage of staff in CHAM facilities. This is affecting quality of care and limiting scale up of SLA services.	DHOs should thoroughly verify claims made against source documents.	
9	Delays in conducting Meetings i.e. SLA review meetings	Resources available for DHOs to conduct verification, however mode of payment is a challenge as most district offices struggle to have resources.	Lobbying for Advance payment to the DHOs for supervision
10	Key personnel shunning away meetings. Costing & Task force meetings	Use of manual System	Development of an information management System
11	Shortage of Staff in the SLA unit	Capacity issues in CHAM facilities.	Continuous Orientation and mentorship of facilities on the new SLA tools and templates
		High staff turnover in CHAM facilities.	
		Delays in disseminating FY2023/2024 prices because of delays in SLA Budget and Prices approvals as a result of long processes.	Review of systems to initiate the processes in time
		High staff turn over from CHAM to GOM facilities.	Initiated talks with DHRMT to at least recruit key personnel in the facilities i.e. Clinicians, nurses Lobby for support towards recruitment of staff and improved HR conditions in CHAM
			Staff replacement approvals have started.
		Challenges in procurement processes	Early procurement processes
		Identification of conference services and accommodation	Have designated hotels to offer conference and accommodation services.
		Full board effect	Lobby for DSAs for officers attending the meetings
		Resignation of Program Manager and non-renewal of contract for finance Officer .Data officer to curb reporting challenges	Recruitment done, pending Data Officer after system roll out

RISK MANAGEMENT

SUMMARY OF RISK ANALYSIS

No	Risks	Root Causes	Impact	Current Status	Mitigation Measures Taken/ Recommended
1	Inadequate staff in CHAM facilities	Restriction on replacements placed by Ministry	Major	Partly resolved	Migration of payroll completed, now replacements have started
2	Devaluation of the kwacha	Global political & economic shocks	Severe	Resolved	SLA costing review conducted
3	Delays in SLA payments	Long reimbursement process	Major	Not resolved	SLA system being developed
4	Errors in submitted invoices	Absence of information management system	Major	On Track	Development of Information management system
5	Uncertainties in Funding		Major	Not fully Resolved	Government committed in resource mobilization Coming in of World bank and treasury in supporting SLAs. Introduction of health insurance to the communities – a case of kaundu facility
6	Cham Facilities suspending SLA services	Unavailability of resources i.e. drugs Late payments	Major	Partly resolved	District Health office to offer supplies were needed Lobby for advance payment to SLA facilities than the reimbursement mode

ANNEX 2: CHAM MEMBER INSTITUTIONS

Table 12: Member Institution by Facility Type, Denomination, and Region

No	Facility Name	Facility Type	Proprietor	Region
1	Chambo	Health Centre	Adventist Health Services	North
2	Chileka	Health Centre	Adventist Health Services	South
3	Lakeview	Health Centre	Adventist Health Services	Central
4	Lunjika	Health Centre	Adventist Health Services	North
5	Luwazi	Health Centre	Adventist Health Services	North
6	Matandani	Health Centre	Adventist Health Services	South
7	Mbwatalika	Health Centre	Adventist Health Services	North
8	Mlodza	Health Centre	Adventist Health Services	Central
9	Namasalima	Health Centre	Adventist Health Services	South
10	Nkhorongo	Health Centre	Adventist Health Services	North
11	Nsambe	Health Centre	Adventist Health Services	South
12	Nthenje	Health Centre	Adventist Health Services	North
13	Sangilo	Health Centre	Adventist Health Services	North
14	Senzani	Health Centre	Adventist Health Services	South
15	Soche	Health Centre	Adventist Health Services	South
16	Chididi	Health Centre	African Evangelical Church	South
17	Lulwe	Health Centre	African Evangelical Church	North
18	Chididi Nkhotakota	Health Centre	Anglican Diocese of Lake Malawi	Central
19	Kapiri	Health Centre	Anglican Diocese of Lake Malawi	Central
20	Liwaladzi	Health Centre	Anglican Diocese of Lake Malawi	Central
21	St. Anne's	Hospital	Anglican Diocese of Lake Malawi	Central
22	St. Faith Anglican	Health Centre	Anglican Diocese of Lake Malawi	Central
23	St. Andrews	Community Hospital	Anglican Diocese of Lake Malawi	Central
24	Chilambwe	Health Centre	Anglican Diocese of Northern Malawi	North
25	St. Mary's	Health Centre	Anglican Diocese of Northern Malawi	North
26	St. Peters	Community Hospital	Anglican Diocese of Northern Malawi	North
27	St. Luke's	Hospital	Anglican Diocese of Upper Shire	South
28	St. Luke's	Nursing School	Anglican Diocese of Upper Shire	South
29	Chilipa	Health Centre	Anglican Diocese of Upper Shire	South
30	Nkasala	Health Centre	Anglican Diocese of Upper Shire	South
31	Matope	Health Centre	Anglican Diocese of Upper Shire	South
32	St. Martins	Community Hospital	Anglican Diocese of Upper Shire	South
33	Gawanani	Health Centre	Anglican Diocese of Upper Shire	South
34	Lulanga	Health Centre	Anglican Diocese of Upper Shire	South
35	Mpondasi	Health Centre	Anglican Diocese of Upper Shire	South
36	Mposa	Health Centre	Anglican Diocese of Upper Shire	South
37	Nkope	Health Centre	Anglican Diocese of Upper Shire	South
38	Senga Bay Baptist	Health Centre	Baptist Church Mission	Central
39	Chiringa	Health Centre	Blantyre Archdiocese	South
40	Holy Family	Hospital	Blantyre Archdiocese	South
41	Holy Family	Training School	Blantyre Archdiocese	South
42	Mlambe	Hospital	Blantyre Archdiocese	South
43	Mwanga	Health Centre	Blantyre Archdiocese	South
44	Namulenga	Health Centre	Blantyre Archdiocese	South
45	Neno	Health Centre	Blantyre Archdiocese	South
46	St. Joseph (Mitengo)	Health Centre	Blantyre Archdiocese	South
47	St. Joseph (Nguludi)	Hospital	Blantyre Archdiocese	South
48	St. Joseph's	Nursing School	Blantyre Archdiocese	South
49	St. Martins(Molere)	Health Centre	Blantyre Archdiocese	South
50	St. Vincent	Health Centre	Blantyre Archdiocese	South

No	Facility Name	Facility Type	Proprietor	Region
51	Sukasanje	Health Centre	Blantyre Archdiocese	South
52	H Parker Sharp	Health Centre	Blantyre Synod	south
53	Malabada	Health Centre	Blantyre Synod	South
54	Mulanje Mission	Hospital	Blantyre Synod	South
55	Mulanje Mission	Nursing School	Blantyre Synod	South
56	Kalemba	Community Hospital	Chikwawa Diocese	South
57	Misomali	Health Centre	Chikwawa Diocese	South
58	Montfort	Hospital	Chikwawa Diocese	South
59	Trinity	Hospital	Chikwawa Diocese	South
60	Trinity	Nursing School	Chikwawa Diocese	South
61	Namikango Maternity	Clinic	Church of Christ	South
62	Gowa Health Cente	Health Centre	Churches of Christ	
63	Ganya Health Centre	Health Centre	Dedza Diocese	Central
64	Kanyama Health Centre	Health Centre	Dedza Diocese	Central
65	Kasina Health Centre	Health Centre	Dedza Diocese	Central
66	Kaundu Health Centre	Health Centre	Dedza Diocese	Central
67	Matumba Health Centre	Health Centre	Dedza Diocese	Central
68	Mikondo Health Centre	Health Centre	Dedza Diocese	Central
69	Mtendere Health Centre	Health Centre	Dedza Diocese	Central
70	Mua	Hospital	Dedza Diocese	Central
71	Nakalanzi Health Centre	Health Centre	Dedza Diocese	South
72	Ngodzi	Health Centre	Dedza Diocese	Central
73	Nsipe	Community Hospital	Dedza Diocese	Central
74	Sister Teresa	Community Hospital	Dedza Diocese	South
75	Nzama	Health Centre	Dedza Diocese	nkhoma
76	Sharpevale	Health Centre	Dedza Diocese	Central
77	St. Anne's (Bembeke)	Health Centre	Dedza Diocese	Central
78	St. Josephs (Chiphwanya)	Health Centre	Dedza Diocese	Central
79	Tsangano	Health Centre	Dedza Diocese	Central
80	Chingadzi	Community Hospital	Evangelical Brethren Church	South
82	Hellena Oakley	Health Centre	Evangelical Church of Malawi	South
83	Maureen Murray	Health Centre	Evangelical Church of Malawi	South
84	Daeyang Luke	Hospital	Korean Church Mission	Central
85	Chimwala	Health Centre	Korean Church Mission	Central
86	Chezi	Rehabilitation Centre	Lilongwe Archdiocese	Central
87	Chitala	Health Centre	Lilongwe Archdiocese	Central
88	Kaphatenga	Health Centre	Lilongwe Archdiocese	Central
89	Likuni	Hospital	Lilongwe Archdiocese	Central
90	Madisi	Hospital	Lilongwe Archdiocese	Central
91	Malambo St Theresa	Health Centre	Lilongwe Archdiocese	Central
92	Mlale	Community Hospital	Lilongwe Archdiocese	Central
93	Mtengowanthenga	Community Hospital	Lilongwe Archdiocese	Central
94	Nambuma	Health Centre	Lilongwe Archdiocese	Central
95	Our Lady of Mt. Carmel Comm. Hospital	Health Centre	Lilongwe Archdiocese	Central
96	St. Gabriels	Hospital	Lilongwe Archdiocese	Central
97	St. Joseph	Rural Hospital	Lilongwe Archdiocese	Central
98	St. Michaels	Community Hospital	Lilongwe Archdiocese	Central
99	Thavite	Health Centre	Lilongwe Archdiocese	Central
100	David Gordon Memorial	Hospital	Livingstonia Synod	North

No	Facility Name	Facility Type	Proprietor	Region
101	Ekwendeni Mission	Hospital	Livingstonia Synod	North
102	Ekwendeni	Nursing School	Livingstonia Synod	North
103	Embangweni	Hospital	Livingstonia Synod	North
104	Enukweni	Health Centre	Livingstonia Synod	North
105	Kalikumbi	Health Centre	Livingstonia Synod	North
106	Mabiri	Health Centre	Livingstonia Synod	North
107	Mharaunda	Health Centre	Livingstonia Synod	North
108	Mlowe	Health Centre	Livingstonia Synod	Central
109	Mpasadzi	Health Centre	Livingstonia Synod	Central
110	Tcharo	Health Centre	Livingstonia Synod	North
111	Zunga	Health Centre	Livingstonia Synod	North
112	Luwuchi	Health Centre	Livingstonia Synod	North
113	Malamulo	College of Health Sciences	Malamulo Hospital- Seventh Day Adventist	South
114	Malamulo	Hospital	Malamulo Hospital- Seventh Day Adventist	South
115	Mbalanguzi	Health Centre	Malamulo Hospital- Seventh Day Adventist	South
116	Ngabu	Health Centre	Malamulo Hospital- Seventh Day Adventist	South
117	Comfort	Community Hospital	Mangochi Diocese	South
118	Kankao	Health Centre	Mangochi Diocese	South
119	Kapire	Health Centre	Mangochi Diocese	Central
120	Katema	Health Centre	Mangochi Diocese	North
121	Koche	Health Centre	Mangochi Diocese	South
122	Makanjira / Luwalika	Health Centre	Mangochi Diocese	South
123	Mase	Health Centre	Mangochi Diocese	South
124	Mpiri	Health Centre	Mangochi Diocese	South
125	Mulibwanji	Community Hospital	Mangochi Diocese	South
126	Namalaka	Health Centre	Mangochi Diocese	South
127	Namandanje	Health Centre	Mangochi Diocese	South
128	Nankhwali	Health Centre	Mangochi Diocese	South
129	Nsanama	Health Centre	Mangochi Diocese	South
130	Phalula	Health Centre	Mangochi Diocese	South
131	Saiti Masungu	Health Centre	Mangochi Diocese	South
132	Sister Martha	Community Hospital	Mangochi Diocese	South
133	St. Peters	Health Centre	Mangochi Diocese	South
134	Ulongwe	Health Centre	Mangochi Diocese	South
135	Utale II	Health Centre	Mangochi Diocese	South
136	Atupele	Community Hospital	Karonga Diocese	North
137	Kaseye	Community Hospital	Karonga Diocese	North
139	St. Anne's (Chilumba)	Health Centre	Karonga Diocese	North
140	Katete	Community Hospital	Mzuzu Diocese	North
141	Mzambazi	Community Hospital	Mzuzu Diocese	North
142	Nkhamenya	Community Hospital	Mzuzu Diocese	Central
143	St. John of God	Mental Hospital	Mzuzu Diocese	North
144	St. John of God	Mental School	Mzuzu Diocese	North
145	St. John's	Hospital	Mzuzu Diocese	North
146	St. John's	Nursing School	Mzuzu Diocese	North
148	ABC	Clinic	ABC Clinic	Central

No	Facility Name	Facility Type	Proprietor	Region
149	Chigodi	Health Centre	Nkhoma Synod	Central
150	Chinthembwe	Health Centre	Nkhoma Synod	Central
151	Chiwe	Health Centre	Nkhoma Synod	North
152	Dzenza	Health Centre	Nkhoma Synod	Central
153	Malembo	Health Centre	Nkhoma Synod	Central
154	Malingunde	Health Centre	Nkhoma Synod	Central
155	Mlanda	Health Centre	Nkhoma Synod	Central
156	Mphunzi	Health Centre	Nkhoma Synod	Central
157	Mvera	Health Centre	Nkhoma Synod	Central
158	Nkhoma Eye Department	Clinic	Nkhoma Synod	Central
159	Nkhoma	Hospital	Nkhoma Synod	Central
160	Nkhoma	Nursing School	Nkhoma Synod	Central
161	PIM	Health Centre	PIM	South
162	Chipho	Health Centre	Seventh Day Baptist	South
163	Makapwa	Health Centre	Seventh Day Baptist	South
164	Thembe	Health Centre	Seventh Day Baptist	South
165	Thomas	Health Centre	Seventh Day Baptist	South
166	Chiole	Health Centre	Zambezi Evangelical Church	Central
167	Lumbila	Health Centre	Zambezi Evangelical Church	South
168	Matanda	Health Centre	Zambezi Evangelical Church	Central
169	Nthorowa Z.E.C.	Health Centre	Zambezi Evangelical Church	South
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
178	Chambo	Health Centre	Adventist Health Services	North
179	Chaone	Health Centre	Mangochi Diocese	South
180	Mkuichinga Dyambone	Health Centre	Blantyre Synod	South

ANNEX 2: MEMBERS BOARD OF GOVERNORS

Table13: Board Members of CHAM

No	Name	Designation	Mother Body	Expertise/Profession	Location	Phone Number	Email
1	Very Rev. Emmanuel Makalande	Chairperson	MCC	Leadership & Governance/Clinical Pastoral Educational (CPE)Trainer	Lilongwe	999948656	atupelunda@gmail.com
2	Rev. Fr. Bernard Silungwe	Vice Chairperson	ECM	Programme Management	Karonga	0888620808/0999933654	silungweben@gmail.com
3	Rev. Fr. Valeriano Mtseka	Member	ECM	General Administration; Marriage & Family Counselling	Lilongwe	888551837	valerianmtseka@yahoo.co.uk
4	Rev. Alemekazeke Kenneth Phiri	Member	MCC	Education/Trainer and General Administration	Lilongwe	991341202	kenchikondi@gmail.com
5	Justice Justus Kishindo	Member	MCC	Legal Practitioner/High Court Judge	Mzuzu	0888 911 783	babakishindo@hotmail.com
6	Mr. Patrick Chimutu	Member	CSC	Agricultural Economist/Programme Management	Blantyre	0888 830 825	patrickchimutu@gmail.com
7	Mr. Moses Kasitomu	Member	MCC	Policy & Project Management	Blantyre	0888 362 356	kasitomu@gmail.com
8	Ms. Vivian Mpanga	Member	ECM	Nurse Midwife	Blantyre	992706148	vianmpanga@yahoo.com
9	Mr. Moses Yakobe	Member	ECM	Certified Accountant	Lilongwe	888829967	myakobe@gmail.com
10	Dr. Ann Phoya	Member	MCC	Nurse Midwife	Lilongwe	888837857	phoyaann@yahoo.com
11	Mr. Henry Chilingulo	Member	Co-opted	Certified Auditor	Lilongwe	0888992355/0999292355	hchilingulo@yahoo.co.uk
12	Mr. Duffren Msukwa	Member	MOH Ex-Officio	Human Resources Specialist	Lilongwe	0999563656/0888190511	duffmsukwa@yahoo.com

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