

#### QUANTITATIVE

1. Number of ACHAP member institutions receiving capacity strengthening support (technical assistance and/or funding) for project development, management, implementation, and/or evaluation.
2. Number of individuals trained in organizational development or technical skills.
3. Number of products co-developed/implemented by IMA and ACHAP/member CHAs (ex. proposals, educational or behavior change communications materials, trainings, etc)

#### QUALITATIVE

1. What are the most significant changes you are seeing as a result of your work?
2. What were the most important activities or resources, you implemented that have made this change happen?
3. How are these programs contributing or complementing the national health systems or country health initiatives? (In terms of structure, systems, programs, policies, and health improvement)
4. What are the key lessons learned (the positives and negatives) which could be useful for other organizations for possible replication and scale up?
5. If you have any interesting case studies, kindly share with us (optional).

Number of ACHAP member institutions receiving capacity strengthening support (technical assistance and/or funding) for project development, management, implementation, and/or evaluation.

	COUNTRIES (unique/to date)	ENTITIES (unique/to-date)	INSTANCES (may repeat entity)
CUMULATIVE	22	28	52

YEAR 3 : JULY 2021 - JUNE 2022

	COUNTRIES (new this year)	ENTITIES (not double-counted for the period)	INSTANCES (potentially double-counted for the period)
YEAR 3	2	10	11

ACTIVITY: ACHAP COVID Response, Round 3 (Dec 2020 - Oct 2021)

Burkina Faso ASAD  
Burkina Faso UCMP

ACTIVITY: ACHAP CHA Capacity-Strengthening (Aug 2021 - Feb 2023)

[new to-date] Ivory Coast ICPH  
Cameroon CHA-Cameroon/CBCHS  
Sierra Leone CHASL  
Nigeria CHAN  
DRC CHA-DRC  
[new to-date] Guinea Conakry RECOSAG  
Malawi CHAM

ACTIVITY: Promoting COVID-19 Vaccine Equity through Faith-Based Networks in Africa (Apr 2022-Mar 2024)

Zimbabwe ZACH  
Sierra Leone CHASL

YEAR 2 : JULY 2020 - JUNE 2021

	COUNTRIES (new this year)	ENTITIES (not double-counted for the period)	INSTANCES (potentially double-counted for the period)
Year 2	3	10	11

ACTIVITY: Proposal collaboration

CHAK Extensive support/collaboration on USAID KHPQS

ACTIVITY: ACHAP COVID Response, Round 2 - Oct 2020 - Jun 2021

ACHAP members supported, Round 2: Nigeria CHAN  
Zimbabwe ZACH  
Malawi CHAM  
Chad AEST

ACTIVITY: IPC Training and Cascading

Tanzania CSSC  
Kenya CHAK [cascade Yr2; TOT reported in Yr1]

ACTIVITY: ACHAP COVID Response, Round 3 - Dec 2020 -Sep 2021 (Data to be reported in Year 3)

[new to-date] Burkina Faso ASAD  
Burkina Faso UMPC

ACTIVITY: COVID Response, non-Africa		
2	2	2
	[new to-date]	Indonesia PELKESI
	[new to-date]	India CMAI

#### YEAR 1 : JULY 2019 - JUNE 2020

	COUNTRIES (new this year)	ENTITIES (unique/yr)	INSTANCES (may repeat entity)
REPORTED	17	22	30

ACTIVITY: ACHAP COVID Response (Round) - March-July 2020		
1	1	7
ACHAP members supported, Round 1:		
	Uganda	UPBM
	Kenya	CHAK
	Rwanda	BUFMAR
	Cameroon	CHA-Cameroon
	Nigeria	CHAN
	Ghana	CHAG
	DRC	CHA-DRC

ACTIVITY: IPC Training and Cascading		
		1
	Kenya	CHAK

[TOT; cascading to be reported in Yr 2]

ACTIVITY: Proposal collaboration		
1	1	1
UPMB Extensive support/collaboration on USAID NPI LSDA (Feb-Dec'19)		

ACTIVITY: Ebola cross-border prevention activities		
		1
UPMB \$40k support for IPC training and PPE; collaboration in developing tools (Jul-Dec'19)		

ACTIVITY: Executive Directors Retreat - Dar es Salaam TZ - Dec 3-5, 2019		
15	20	20

ACHAP Members in attendance:		
	Cameroon	CBHC Cameroon Baptist Health Convention
	Chad	AEST Koyom Hospital/ Bureau d'Appui Conseil
	Ethiopia	Ethiopia Catholic Conference of Bishops
	Ethiopia	EECMY - D Ethiopia Evangelical Church Mekane Yesu:Development & Social Services Commission
	Kenya	CHAK Christian Health Association of Kenya.
	Kenya	KCCB Kenya Conference of Catholic Bishops
	Kenya	MEDS Mission for Essential Drug Supply
	Kenya	EPN Ecumenical Pharmaceutical Network
	Rwanda	BUFMAR Bureau des Formations Médicales Agréées de Rwanda
	Tanzania	CSSC Christian Social Services Commission
	Uganda	UCMB Uganda Catholic Medical Bureau (UCMB)
	Lesotho	CHALe Christian Health Association of Lesotho
	Malawi	CHAM Christian Health Association of Malawi
	Zambia	CHAZ Churches Association of Zambia
	Zimbabwe	ZACH Zimbabwe Association of Church Related Hospitals (ZACH)
	Ghana	CHAG Christian Health Association of Ghana
	Liberia	CHAL Christian Health Association of Liberia
	Nigeria	CHAN Christian Health Association of Nigeria
	Nigeria	CHAN-MEI CHAN MEDIPHARM
	Sierra Leone	CHASL Christian Health Association of Sierra Leone

#### YEAR 0 : JULY 2018 - JUNE 2019 (baseline)

REPORTED	1	1
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ACTIVITY: ACHAP Biennial		
1	1	1
ACHAP Extensive TA and comms support		

## 2 · Number of individuals trained in organizational development or technical skills.

### YEAR 3 : July 2021 - June 2022

ACTIVITY: (No training activities for CHAs or HWs per se)

### YEAR 2 : July 2020 - June 2021

#### ACTIVITY: IPC Training and Cascading

2282	180 HWs via cascades	Kenya	CHAK	[NOTE: TOTs reported in Year 1]
	194 TOTs	Tanzania	CSSC	
	1558 HWs via cascades	Tanzania	CSSC	

#### ACTIVITY: COVID risk management and messaging

20	20 Health workers and facilitators	Tchad	AEST	[NOTE: 9496 individuals reached directly; others by radio]
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#### ACTIVITY: COVID case management and comorbidities

50	20 Health workers	Malawi	CHAM
	30 Health workers	Zimbabwe	ZACH

#### ACTIVITY: Swab Ag/PCR test taking

115	115 Health workers	Indonesia	PELKESI
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#### ACTIVITY: Corpse handling training

50	50 Health workers	Indonesia	PELKESI
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#### ACTIVITY: Ventilator/HFNC training

115	115 Health workers	Indonesia	PELKESI
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[to-date] 2632

### YEAR 1 : July 2019 - June 2020

#### ACTIVITY: Executive Directors Retreat - Dar es Salaam TZ - Dec 3-5, 2019 (training: leadership & planning)

20	ACHAP Member EDs in attendance:	Prof. Pius Tih	Cameroon	CBHC	Cameroon Baptist Health Convention
		Ndilta Djekadoum	Chad	AEST	Koyom Hospital/ Bureau d'Appui Conseil
		Sister Senait Gobena	Ethiopia		Ethiopia Catholic Conference of Bishops
		Tilahun Dafurso Godana	Ethiopia	EECMY - DAS	Ethiopia Evangelical Church Mekane Yesu:Development & Social Services Commission
		Samuel Mwenda	Kenya	CHAK	Christian Health Association of Kenya.
		Raphael Kinuthia	Kenya	KCCB	Kenya Conference of Catholic Bishops
		Jonathan Kiliko	Kenya	MEDS	Mission for essential Drug Supply
		Mirfin Mpundu	Kenya	EPN	Ecumenical Pharmaceutical Network
		Ernesto Rwagasana	Rwanda	BUFMAR	Bureau des Formations Médicales Agréées de Rwanda
		Peter Maduki	Tanzania	CSSC	Christian Social Services Commission
		Dr. Ronald Kasyaba	Uganda	UCMB	Uganda Catholic Medical Bureau (UCMB)
		Lebo Mothae	Lesotho	CHALe	Christian Health Association of Lesotho
		Titha Dzwela	Malawi	CHAM	Christian Health Association of Malawi
		Karen Sichinga	Zambia	CHAZ	Churches Association of Zambia
		Vuyelwa Chitimire	Zimbabwe	ZACH	Zimbabwe Association of Church Related Hospitals (ZACH)
		Peter Yeboah	Ghana	CHAG	Christian Health Association of Ghana
		Patricia Kamara	Liberia	CHAL	Christian Health Association of Liberia
		Mike Idah	Nigeria	CHAN	Christian Health Association of Nigeria
		Michael Heavens	Nigeria	CHAN-MEDIF	CHAN MEDIPHARM
		Florence Bull	Sierra Leone	CHASL	Christian Health Association of Sierra Leone

#### ACTIVITY: IPC Training and Cascading

34

TOTs

Kenya

CHAK

[cascading to be reported in Yr 2]

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YEAR 0 : JULY 2018 - JUNE 2019 (baseline)

ACTIVITY:

3 UPMB Dr Tonny Tumseigye proposal writing, templates  
Dr Justine Mirembe  
Derrek M&E

1 ACHAP Emmanuella Ngororano comms staff training

REPORTED 4

### 3 · Number of products co-developed/implemented by IMA and ACHAP/member CHAs (ex. proposals, educational or behavior change communications materials, trainings, etc)

	TYPE	YEAR	Counterpart	Notes
<b>YEAR 3 : JULY 2021 - JUNE 2022</b>				
1	Concept note	2021	ACHAP	ACHAP Strategic Planning, 2022-2026 (IMA funding)
2	Concept note	2021	ACHAP	ACHAP Support for CHA Capacity-Strengthening (IMA funding)
3	OCA optional add-on	2021	ACHAP	faith-dimension add to CCIH OCA
4	Vaccination video	2021	PELKESI	"What and how do vaccines benefit?" video for hospital staff, church, community
5	COVID training	2021	ASAD/UCMP	Training materials on COVID prevention for church leaders and youth
6	Proposal	2022	ACHAP	Promoting COVID-19 Vaccine Equity through Faith-Based Networks in Africa (external funding)
	<b>REPORTED 6</b>			
<b>YEAR 2 : JULY 2020 - JUNE 2021</b>				
1	Proposal	2020	CHAK	NPI, with IMA as prime and CHAK a subrecipient. PENDING
2	Proposal	2020	CHAK	NPI-KHPQS (Mt Kenya), with CHAK as prime, IMA as sub. PENDING.
3	Proposal	2020	CHAK	NPI-Health Strat, with CHAK as prime, IMA as sub. PENDING.
4	Webinar	2020	ACHAP	"Role of CHAs in Mobilizing Communities Towards COVID-19 Containment Efforts", 2020Jul16 (CHAG, UPMG, CHA-Cameroon)
5	Concept note	2020	ACHAP	ACHAP COVID-19 Response, Round 2 (5 countries)
6	Concept note	2020	ACHAP	ACHAP COVID-19 Response, Round 3 (1 country)
7	Concept note	2020	ACHAP	ACHAP COVID-19 Vaccine rollout
	<b>REPORTED 7</b>			
<b>YEAR 1 : JULY 2019 - JUNE 2020</b>				
1	Training tools	2019	UPMB	Ebola-related IPC training tools
2	Case study	2019	CHAG	Case study / leadership
3	Case study	2019	CHAL	Case study / leadership
4	Case study	2019	ZACH	Case study / leadership
5	Proposal	2019	UPMB	USAID NPI LSDA proposal (submitted Dec'19)
6	Training tools	2020	CHAK	IPC training curriculum
	<b>REPORTED 6</b>			
<b>YEAR 0 : JULY 2018 - JUNE 2019 (baseline)</b>				
1	Website revamped	2019	ACHAP	revamped ACHAP website
2	Social media platform	2019	ACHAP	developed with ACHAP comms, for biennial
3	Promo materials	2018	ACHAP	for AIDS2018 participation
	<b>REPORTED 3</b>			

## QUALITATIVE

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3. How are these programs contributing or complementing the national health systems or country health initiatives? (In terms of structure, systems, programs, policies, and health improvement)
4. What are the key lessons learned (the positives and negatives) which could be useful for other organizations for possible replication and scale up?
5. If you have any interesting case studies, kindly share with us (optional).

## YEAR 3 : JULY 2021 - JUNE 2022

### **1. What are the most significant changes you are seeing as a result of your work?**

- 1a. ACHAP's relationship with and value to member CHAs is expanding as additional CHAs benefit from ACHAP capacity-strengthening activities supported by IMA.
- 1b. With IMA support, ACHAP has completed a new Strategic Plan for 2022-2026. The previous one was 2016-2020, so this update is important for identifying and aligning with current opportunities and capacities.
- 1c. As the primary implementer of an IMA project, "Promoting COVID-19 Vaccine Equity through Faith-Based Networks in Africa" (COV-FaB) (back-donor, Osprey Foundation), ACHAP has been able to invest significant resources in two selected CHAs (ZACH, CHASL) to position them for more strategic/extensive involvement with their respective MOHs in increasing vaccine demand and delivery.

### **2. What were the most important activities or resources, you implemented that have made this change happen?**

- 2a. IMA worked closely with ACHAP in developing the proposal to the Osprey Foundation for COVID-19 vaccination work plus capacity-strengthening of CHAs for future health emergencies, making approximately \$1.4m available to ACHAP for implementation through 8 selected CHAs (ZACH and CHASL plus 6 to be launched in the last half of 2022.)
- 2b. IMA invested significant TA in working with ACHAP on developing a MEAL plan and appropriate tools for monitoring and evaluating the COV-FaB project.
- 2c. IMA has also committed internal resources to capacity-strengthening activities for ACHAP and the CHAs such as the ACHAP CHA Capacity-Strengthening project (benefiting 7 CHAs), encouraged ACHAP to use the CCIH-developed OCA for this work, and collaborated with CCIH to develop an optional add-on to the OCA that would look specifically at the meaning/value of faith identity in these CHA's life and work.

### **3. How are these programs contributing or complementing the national health systems or country health initiatives? (In terms of structure, systems, programs, policies, and health improvement)**

- 3a. COV-FaB is explicit in guiding participating CHAs to engage with their respective MOHs to determine how they can best support MOH COVID-19 vaccination activities. In the case of Zimbabwe, ZACH was already engaged as an MOH partner and is expanding geographically. In the case of Sierra Leone, engagement in COVID-19 vaccination campaigns was initiated in conjunction with this grant. In both cases, the MOH has expressed appreciation and enthusiasm for CHA engagement.
- 3b. Through IMA's work with ACHAP on a COVID response, we were able to gather data from 11 participating CHAs on their members/assets and contribute this to the documentation work of the

**4. What are the key lessons learned (the positives and negatives) which could be useful for other organizations for possible replication and scale up?**

- 4a. Both larger/more-established CHAs and smaller/younger ones are hungry for resources that will allow them to support their member organizations and engage with their MOHs on health priorities and can make significant contributions even with modest levels of resources.
- 4b. The global health crisis associated with COVID exposed weaknesses/gaps in health systems that we can now focus on as opportunities to strengthen these systems, preparing for health emergencies in the future.
- 4c.

**5. If you have any interesting case studies, kindly share with us (optional).**

**YEAR 2 : JULY 2020 - JUNE 2021**

**1. What are the most significant changes you are seeing as a result of your work?**

- 1a. ACHAP continues to gain visibility and opportunities. They have been able to present work undertaken with support from IMA in international settings, such as WHO briefings.  
ACHAP now has a French-speaking staff person who is helping to develop the relationship between ACHAP and ACHAP members in Burkina Faso through IMA-
- 1b. supported Covid Round #3.  
Christian health associations supported through IMA have been able to provide stronger support to member hospitals, upgrade technical knowledge/skills,
- 1c. and strengthen community linkages and visibility through outreach and communications campaigns

**2. What were the most important activities or resources, you implemented that have made this change happen?**

- 2a. IMA was able to use internal resources from public fund-raising to support additional COVID activities through ACHAP and member CHAs.
- 2b. IMA technical support was provided in proposal-related activities.
- 2c. IMA built on long-standing partner relationships to develop and support activities.

**3. How are these programs contributing or complementing the national health systems or country health initiatives? (In terms of structure, systems, programs, policies, and health improvement)**

- 3a. Christian Health Associations work with their national Ministries of Health on national priorities and follow MOH guidance in the provision of health care.  
Christian Health Associations provide a significant percentage of the health care in many countries, with an even higher percentage of the care available in rural areas. Equipping them to respond to COVID through risk communications (health workers, religious leaders, and community at-large), training of health care workers in relevant areas, and provision of critical supplies have enabled participating CHAs to be effective responders to COVID within the national framework.
- 3b.

**4. What are the key lessons learned (the positives and negatives) which could be useful for other organizations for possible replication and scale up?**



- 4a. Christian Health Associations are capable partners who are eager for support to improve their outreach and effectiveness.
- 4b. Even modest levels of funding can go a long way, especially when relying on local resources for training and supplies.
- 4c. "Bottom up" / responsive /customized plans are the most successful.

**5. If you have any interesting case studies, kindly share with us (optional).**

## **YEAR 1 : JULY 2019 - JUNE 2020**

### **1. What are the most significant changes you are seeing as a result of your work?**

- 1a. ACHAP continues to gain visibility and opportunities. The IMA contract for an ACHAP COVID Response helped them build and demonstrate capacity in direct implementation and financial management.
- 1b. ACHAP is better able to demonstrate its value to members as a result of their implementation of the 7-CHA COVID Response with 7 CHAs..
- 1c. UPMB has acquired important skills and experience in proposal-writing and is currently implementing a USAID NPI award developed with considerable IMA TA.

### **2. What were the most important activities or resources, you implemented that have made this change happen?**

- 2a. Through a LWR commitment, IMA was able to commit substantial funds to capacity-building for Christian Health Associations and ACHAP. Our plan was to implement a series of workshops/trainings that would build institutional capacity across a large number of CHAs and to provide additional direct TA thereafter to a subset. When COVID intervened, the remainder of the available resources were invested in COVID-related capacity building, primarily in IPC TOTs and cascading.
- 2b. An additional commitment of internal funds plus public fund-raising for COVID allowed us to support a 7-country ACHAP COVID Response.
- 2c. In addition to the financial resources, we invested considerable TA in developing the curriculum for an ACHAP Executive Directors Retreat, focused on leadership and planning; and TA in supporting a consultant in developing training materials and conducting remote TOT sessions on IPC.

### **3. How are these programs contributing or complementing the national health systems or country health initiatives? (In terms of structure, systems, programs, policies, and health improvement)**

- 3a. Christian Health Associations provide a significant percentage of the health care in many countries, with an even higher percentage of the care available in rural areas. Strengthening their technical capacity enables them to deliver services more effectively; strengthening their institutional capacity enables them to deliver services both sustainably (and probably more effectively too, to the extent they can upgrade training, equipment, or facilities as a result).
- 3b. It was notable in the ACHAP COVID response that several of the intervention CHAs were very active developing national policies and/or overseeing facilities that were strategic in their respective national COVID response.

### **4. What are the key lessons learned (the positives and negatives) which could be useful for other organizations for possible replication and scale up?**

- 4a. We believe there is enormous benefit to investing in the Christian Health Associations and the umbrella organization, ACHAP. By and large, the quality of leadership, commitment, and resourcefulness of CHAs is extraordinary, and the organizations already have broad reach and a deep understanding of their communities' needs and how to meet them.
- 4b. These organizations proved to be very "nimble" and able to respond quickly to the opportunity to implement a COVID response. They are however are mostly operating "on a shoestring" and cannot easily allocate human or financial resources to "projects," so some flexibility and an extra measure of support may be required when collaborating.
- 4c, Working with the CHAs also entails understanding that they have distinct histories, contexts, and institutional arrangements, as well as different approaches and strengths, etc. so, again, flexibility is in order.

**5. If you have any interesting case studies, kindly share with us (optional).**