

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	27	56	69

YEAR 4 : JULY 2022 - JUNE 2023

	COUNTRIES (new this year)	ENTITIES (unique for the period)	INSTANCES (potentially double-counted for the period)
YEAR 4	5	14	17

ACTIVITY: ACHAP CHA Capacity-Strengthening (Aug 2021 - Jun 2023, extended)			
		prd unique	Ivory Coast
		prd unique	Cameroon
		prd unique	Sierra Leone
		prd unique	Nigeria
		prd unique	DRC
		prd unique	Guinea Conakry
		prd unique	Malawi
ACTIVITY: Promoting COVID-19 Vaccine Equity through Faith-Based Networks in Africa (Apr 2022-Mar 2024)			
		prd unique	Zimbabwe
			Sierra Leone
			Ivory Coast
	[new country]	prd unique	Liberia
	[new country]	prd unique	CAR
		prd unique	Tanzania
	[new country]	prd unique	Zambia
	[new country]	prd unique	Madagascar
ACTIVITY: Collaboration on USAID Proposal			
	1	1	1
		[new country]	prd unique
			Burundi
ACTIVITY: Smart Leveraged Church Supply Chains (EPN project) (Oct 2022-est Dec 2023)			
		1	
			Sierra Leone
			CHASL

YEAR 3 : JULY 2021 - JUNE 2022

	COUNTRIES (new this year)	ENTITIES (unique 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			
			1	CHAK	Extensive support/collaboration on USAID KHPQS		
				ACTIVITY: ACHAP COVID Response, Round 2 - Oct 2020 - Jun 2021			
		4	4	ACHAP members supported, Round 2:	Nigeria	CHAN	
					Zimbabwe	ZACH	
					Malawi	CHAM	
					Chad	AEST	
				ACTIVITY: IPC Training and Cascading			
		2	2		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)			
	1	2	2	[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-ME	CHAN MEDIPHARM

YEAR 0 : JULY 2018 - JUNE 2019 (baseline)

REPORTED	1	1
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ACTIVITY: ACHAP Biennial

1	1	ACHAP	Extensive TA and comms support
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2 · Number of individuals trained in organizational development or technical skills.

YEAR 4 : July 2022 - June 2023

ACTIVITY: Research and Writing Workshop (for M&E and program staff, ACHAP, ZACH, CHASL)				
	7 CoV-Fab related staff (ACHAP, ZACH, CHASL)			
	6 Other ACHAP staff (Musa, Corrie, Dr Mukabi, Dennis, Alex, Rita)			
ACTIVITY: Training pharmacy staff on medical supplies management (EPN, CHASL)				
	19 From CHASL member facilities			
	2 from public health facilities			
ACTIVITY: Facility Managers Training (EPN, CHASL)				
	20 From CHASL member facilities			
	1 CHASL board			
ACTIVITY: Communications/media training for CHAs				
	14 Via ACHAP			
ACTIVITY: COVID-19 vaccination training for religious leader (champions)				
	100 From CHASL & ZACH			
ACTIVITY: Communications/media training for religious leaders				
	From CHASL & ZACH			
ACTIVITY: GBV training for religious leaders (led by INERELA+-Kenya)				
	16 Sermon guide workshop			

YEAR 3 : July 2021 - June 2022

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

ACTIVITY: Corpse handling training				
50	50 Health workers		Indonesia	PELKESI
ACTIVITY: Ventilator/HFNC training				
115	115 Health workers		Indonesia	PELKESI

[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 Dzowela	Malawi	CHAM	Christian Health Association of Malawi
		Karen Sichinga	Zambia	CHAZ	Churches Association of Zambia
		Vuyelwa Chitimbi	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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REPORTED 54

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
YEAR 4 : JULY 2022 - JUNE 2023				
1	Paper for publication	2023	ACHAP, ZACH, CHASL, IMA	- from CoV-FaB baselines on COV-19 vaccine readiness/hestiancy ("COVID-19 Vaccine Confidence in Zimbabwe and Sierra Leone: An Application of Health Behavior Change Constructs")
2	Paper for publication	2023	ACHAP, ZACH, CHASL, IMA	- from CoV-FaB baselines on COV-19 vaccine readiness/hestiancy ("Exploring SARS-CoV-2 Vaccine Acceptance in Sierra Leone and Zimbabwe")
3	Paper for publication	2023	ACHAP, ZACH, CHASL, IMA	- "Effective localization: Case study of a faith-based health partnership in Sierra Leone and Zimbabwe
4	A-CORD assessment tool	2023	IMA/Corus	tool expanded by ACHAP (anticipating future use with CHAs)
5	Presentation	2022	IMA/ACHAP	presentation on Localization at Core Group Conference Oct'22

YEAR 3 : JULY 2021 - JUNE 2022

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)
REPORTED 6				

YEAR 2 : JULY 2020 - JUNE 2021

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
REPORTED 7				

YEAR 1 : JULY 2019 - JUNE 2020

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
REPORTED 6				

YEAR 0 : JULY 2018 - JUNE 2019 (baseline)

1	Website revamped	2019	ACHAP	revamped ACHAP website
2	Social media platforms	2019	ACHAP	developed with ACHAP comms, for biennial
3	Promo materials	2018	ACHAP	for AIDS2018 participation
REPORTED 3				

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).

YEAR 4 : JULY 2022 - JUNE 2023

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

- 1a. 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 continue investing significant resources in two selected CHAs (ZACH, CHASL) which are being recognized for making significant contributions to COVID-19 vaccination programs by their respective MOHs.
- 1b. COV-FaB has enabled ACHAP to establish a working relationship with its member FJKM (Madagascar), which is now being leveraged for another ACHAP project.
- 1c. CHASL has established a Medical Supply Unit to serve its member facilities and others, through collaborative support by EPN, DIFAEM, CCIH, and IMA.
- 1d. ACHAP, EPN, and IMA are collaborating on the possibility of forming/re-forming a Christian Health Association in South Sudan, with stakeholder involvement from churches, NGOs, the MOH, and the WCC.

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

- 2a. The COV-FaB project has been strategic in providing resources and opportunities for CHAs in Sierra Leone, Zimbabwe, CAR, Ivory Coast, Liberia, Tanzania, Zambia, and Madagascar.
- 2b. Support for the Ecumenical Pharmaceutical Network's "SMART Leveraged Church Supply Chain" project in investing in resources that will be useful for many EPN members and focused activities are taking place in Sierra Leone and Nigeria.
- 2c. IMA supported a feasibility study to further the progress on the formation/-reformation of a Christian Health Association in South Sudan.

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. All eight CHAs in the COV-FaB project are coordinating COVID-19 vaccination programs with their respective MOHs and have contributed to their country's progress towards their target vaccination rates.
- 3b. As a direct result of this involvement, CHASL is part of an MOH working group on health emergency preparedness.

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. The COV-FaB project was designed to meet an immediate need (reaching WHO targets on COVID-19 vaccination coverage in target areas) while building capacity of implementing CHAs to respond to future pandemic and strengthening ACHAP's potential to advocate for the inclusion of CHAs in health emergency response, which has been an effective approach.

- 4b. The COV-FaB project includes a component to equip religious leaders and CHAs to engage effectively with local media as a strategy to encourage healthy behaviours and to counter disinformation/misinformation.

4c.

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).