



2013 Annual Report



Official opening of the CHAZ
Pharmaceutical warehouse

Vision:

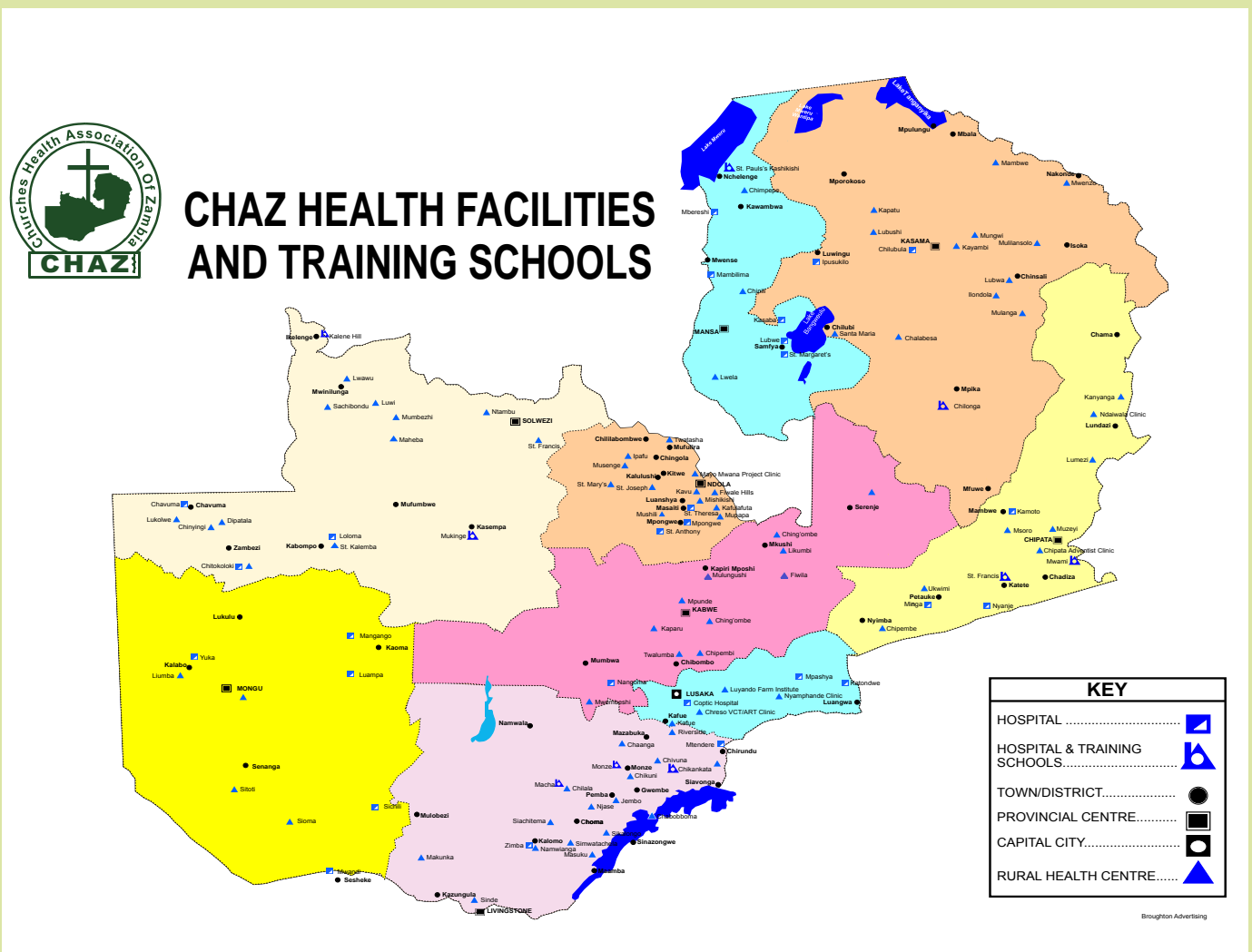
**A Zambian Society where all people are healthy and live productive lives,
to the glory of God.**

Mission:

Committed to serving all the people especially the poor and the under-served communities with holistic, quality and affordable health services that reflect Christian values, while meeting stakeholders' expectation.

CHAZ HEALTH FACILITIES AND TRAINING SCHOOLS

The Churches Health Association of Zambia (CHAZ) is an inter-denominational umbrella organization for coordinating Church health services in Zambia. CHAZ currently has a membership of 151 health facilities which includes hospitals, health centres, health posts and community-based organizations, and 11 health training school. CHAZ facilities are spread out throughout the country with more prominence in the rural areas. The map below shows the health facilities and training schools owned by CHAZ.



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Acronyms

ACHAP	Africa Christian Health Association of Zambia
AIDS	Acquired Immune Deficiency Syndrome
ACTs	Artesimine Based Combined Therapies
ANC	Ante Natal Clinic
ART	Anti Retro-viral Therapy
ARVs	Anti Retro-Virals
ASW	Adherence Support Workers
BCC	Behavioural Change Communication
CART	CHAZ AIDSRelief Transition
CCM	Country Coordinating Mechanism
CDC	Centre for Disease Control
CDEs	Classified Daily Employees
CGLA	CHAZ Governance & Leadership Academy
CHAZ	Churches Health Association of Zambia
CHI	Church Health Institution
CHWs	Community Health Workers
CORDAID	Catholic Organization for Relief and Development Aid
CPT	Care and Prevention Teams
CRS	Catholic Relief Services
CSPR	Civil Society for Poverty Reduction
VCT	Voluntary Counseling and Testing
DCA	DanChurchAid
DCT	Diagnostic Counseling and Testing
DOTs	Directly Observable Treatment
EU	European Union
FBOs	Faith Based Organizations'
GF	Global Fund
GRZ	Government of the Republic of Zambia
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
HPP	Health for the Poorest Population
HSSI	Health Systems Strengthening Initiative
IGAs	Income Generating Activities
ITNs	Insecticide Treated Nets
JAR	Joint Annual Review

Acronyms

JFA	Joint Financing Arrangement
JCP	Joint Country Programme
JCTI	James Cairns Training Institute
MC	Male Circumcision
MCDMCH	Ministry of Community Development Mother & Child Health
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
NAC	National AIDS Council
NFM	New Funding Model
NZP+	Network of Zambian People Living with HIV
NGO	Non-Governmental Organisation
NMCC	National Malaria Control Centre
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PBF	Performance Based Funding
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission
PLWHAs	People Living with HIV/AIDS
RDF	Revolving Drug Fund
RDT	Rapid Diagnostic Test
RFP	Rural Finance Programme
RHCs	Rural Health Centres
SAG	Sector Advisory Group
SADC	Southern Africa Development Community
SSF	Single Stream Financing
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
V-SAT	Very Small Aperture Terminal
ZAC	Zambia Anglican Council
ZEC	Zambia Episcopal Conference
ZPCT	Zambia Prevention Care and Treatment

CHAZ Board Members



Dr. Joop JANSEN

CHAIRPERSON



Sr. Grace FUNDAFUNDA

VICE CHAIRPERSON



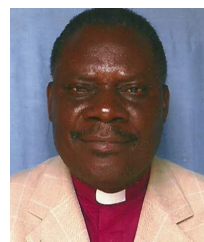
Mr. Gordon HANNA

TREASURER



Mrs. Karen SICHINGA

EXECUTIVE DIRECTOR



Rev. Benson CHITUMBO

MEMBER



Rev Alfred KALEMBO

MEMBER



Dr. Philip MUBANGA

MEMBER



Mr. Edward KABWE

MEMBER



Mr. Humphrey NDHLOVU

MEMBER



Fr. Justin MATEPA

MEMBER



Rev. Lubinda SITALI

MEMBER

Message from the Board Chairperson

I am happy to provide a foreword to a document that is highlighting the achievements in resource mobilization, attainment of targets in almost all our programme activities and the impact that this has made on the people we serve. I wish to commend management and staff for the efforts made in raising over K260 million in 2013 compared to K201 million raised the previous year.

This is a clear testimony of the confidence that our donors have continued to have in our organization.

The performance of the grants as assessed by both our own internal audits and the external audits leading to the issuance of an unqualified audit is reassuring and demonstrates our commitment to good corporate governance practices.

I wish to take this opportunity to express my sincere gratitude to the electorates at the 42nd General Council for voting me and some of my colleagues for a second term of office and as a Board we commit to provide the leadership that will take this great organization to even much higher heights.

I thank all the delegates to the General Council, our supreme governing organ, for the gesture and request that they continue to support the Board, Management, staff and the general membership of CHAZ so that together we can provide for those that we serve with quality health in an atmosphere of love and compassion as demonstrated by our Lord Jesus Christ.

I note with pride that during the year under review the Association continued to enjoy good relations with Government and collaborated on several health programmes such as the

national health days — World AIDS Day, World Malaria Day, Voluntary Counseling and Testing (VCT) Day etc.

The signing of the MoU between Government, health bilateral and multilateral partners and CHAZ on behalf of Health

NGOs in Zambia that took place in 2013 is another outstanding example of the respect and recognition that stakeholders have in the Association.

I encourage everyone to work towards maintaining the status quo.

The frequent high profile visits to CHAZ shows that our organization has made the impact in the health sector and created the confidence that the donor community who wish to continue working with us by offering us financial, material and moral support.

Finally, I commend the Government of the Republic of Zambia for creating an enabling environment for our operations and our partners for the support. I also commend my colleagues in the Board for the support; and management and staff for all the hard work.

I am hopeful that next year will even be more successful.

God bless!



Dr. Joop Jansen



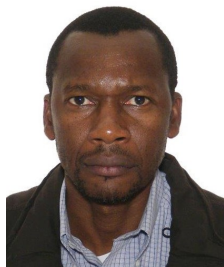
CHAZ Management Team



Mrs. Karen SICHINGA
CHAZ EXECUTIVE DIRECTOR



Dr. Dhally MENDA
**Director, HEALTH
PROGRAMS**



Mr. Marlon BANDA
**Director, Pharmaceuticals &
Logistics**



Mr. Golden MWILA
**Director, Finance &
Administration**



Mr. Michael KACHUMI
**Director, Grants,
Compliance & Procurement**



Dr. Modester BWALYA
**Director, AIDSRelief
Programme**

1.0 Executive Director's Statement

Introduction

It is my honour and great privilege to report on the performance of CHAZ in 2013. I am delighted to report that we mobilized sufficient resources to enable us implement activities that we planned for the year. This made us record tremendous achievements and in some cases exceeding the targets we set for ourselves in agreement with partners. It was another busy

year as the Association continued to receive both local and international visitors including sister organizations, parliamentarians, students and potential and existing partners. Although the year 2013 was an exciting and interesting one for the Association, we nonetheless faced some challenges during implementation of some programme activities. During the year we also hosted high profile events - the Africa Christian Health Association Platform in February, the CHAZ 42nd General Council and the official opening of the Pharmaceutical Warehouse in June.

Resource mobilization

Cooperating Partners have continued to show confidence in CHAZ as a partner in the delivery of quality health services and have continued to provide financial and material resources. I am happy to report that CHAZ raised K262 million in 2013 compared to K201 million mobilised in the previous year. Overall, this represents an increase in income of 30%. The total expenditure for the year was K295 million compared to K112 million expended the previous year. Overall, this represents an increase of 163%.

Although the JFA programme came to an end in December due to home country foreign policy change of some partners in the JFA, we are optimistic that CHAZ would continue to receive support from other donors including the Global Fund, PEPFAR and the Joint Country Programme (Norwegian

Church Aid, Dan Church Aid and Christian Aid). The multi-million SSF agreement with the Global Fund is also coming to an end next year but we are confident that CHAZ will continue to receive adequate funding from the Global Fund through the New Funding Model (NFM) and other partners. CHAZ was part of a team that was preparing the Country Proposal to the Global Fund and we are very optimistic that the negotiations would be successful.

High level representation

I am happy to report that the Executive Director of CHAZ was invited to a high level consultative meeting called by President Michael Sata at State House to review the 2013 Progress Report on the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive sent to him by UNAIDS Executive Director Michel Sidibe. This invitation is a clear indication of the value that Government places on CHAZ's significant role in the delivery of health care in Zambia. The meeting was also attended by NAC Board Chairperson, Bishop Joshua Banda, NAC Director General, Dr. Clement Chela, Permanent Secretaries from MOH and MCDMCH, Dr Peter Mwaba and Prof. Elwyn Chomba, respectively. The legislature has always consulted CHAZ when formulating laws relating to health and in 2013 CHAZ was made to appear before the Parliamentary Select Committee for oral submissions.



CHAZ ED, middle right, during the meeting at State House

Executive Director's Statement Continued...

New Initiative

CHAZ embarked on a new project, The Health Systems Strengthening Initiative (HSSI). The programme supported by the Catholic Relief Services (CRS) and three other partners from the USA, St. Louis University (SLU), University of Notre Dame (UND) and Ascension Health, will focus on building health systems among CHAZ Member Health Institutions using the six WHO health systems strengthening building blocks in a phased approach. The programme is expected to run for 10 years and will benefit member institutions. During the year Mpanshya, Chikuni, Nangoma and Chikankata Mission Hospitals were selected to participate in the programme. The programme will establish the CHAZ Governance and Leadership Academy (CG&LA) which will be focused on equipping Hospital Administrators with key leadership and management skills.

Advocacy

CHAZ also actively participates in the Sector Advisory Group (SAG) meetings and during the year under review, the Association took part in both the May and October 2013 SAG meetings. A number of issues affecting CHAZ members were brought before the SAG for the attention of Government and other stakeholders in the health sector.

Admission of New Members

The Zambia Italian Orthopedic Hospital (Lusaka), Cardinal Adam Memorial Hospital (Lusaka), Njoko Rural Health Centre (Sesheke), Mbaya Basuma RHC (Mazabuka), and Holy Spirit - Sipaita (Lukulu) were admitted as members of CHAZ during the 42nd General Council bringing the total membership to 151.

Visitors to CHAZ programmes

CHAZ has over the years performed exceptionally well and it is now globally known as a model organization from where other entities in the health sector can learn and share experiences. It is for this reason that CHAZ was in 2013 inundated with visitors from all over the world and I wish to commend the CHAZ membership for accepting and sometimes at short notice to accommodate these high level visitors, current and potential donors who came to CHAZ Secretariat and its member units to experience first-hand the impact of CHAZ health programmes in the country. Delegations from sister organizations abroad coming to share

information, experiences and challenges have also been regular visitors. This is important because these visits add value to our operations as we also learn from the visitors. Examples of such visits included the Global Fund, a delegation from Tanzania that visited the Secretariat in April to learn and share experiences with CHAZ. A team of nurses from the Indiana Wesleyan University School of Nursing also visited CHAZ to familiarize themselves with operations of member units. The Parliamentary Committee on Health from Botswana also visited CHAZ.

Human Resource

In 2013 CHAZ had a total of 168 full time staff, 4 interns, 8 temporal, 1 VSO Volunteer and 2 international under the FK skills exchange from Kenya and Malawi. There were 45 females against 123 males giving a percentage ratio of 73.2% against 26.8% falling 4% short of the SADC recommendation. The cumulative turnover rate stood at 3.59% with 0.60% being the average - a relatively low figure. The secretariat also commenced the process of reviewing the Human Resource Manual as one of way of matching up with modern trends in the workplace.

The Award

Finally, I am happy to announce that CHAZ received the Award for laboratory support in Zambia presented by the Biomedical Society of Zambia.

Conclusion

In conclusion, I wish to thank the Ministry of Health and the Ministry of Community Development Mother and Child Health, Representative Church Forum, the Board of Trustees, Cooperating Partners, the CHAZ member units, the dedicated, loyal and hardworking CHAZ staff and all the stakeholders for the support in 2013. It is my sincere wish and prayer that we shall remain committed to working together in our effort to achieve the CHAZ vision of seeing "A Zambian Society where all people are healthy and live productive lives, to the glory of God."



Mrs. Karen Sichinga, MPH

2.0 Leadership, Governance and policy



CHAZ members vote during the General Council

The 42nd CHAZ General Council

The 42nd General Council whose theme was “The Healing Ministry of the Church: Why is the Church in Health Service Delivery?” was held on 18-21st June 2013 at the CHAZ Pharmaceutical Warehouse attended by about 200 delegates comprising CHAZ members and other stakeholders including donor representatives. During the General Council, a new Board comprising a mix of both old and new members was ushered into a two-year term of office. An evaluation of the council by delegates showed that members were very happy with the way the General Council was organized. Management decided to jointly hold the General Council and the official opening of the Pharmaceutical Warehouse as a way of serving costs and to take advantage of CHAZ members’ presence in Lusaka. The Warehouse was officially opened by Hon. Dr. Joseph Kasonde, the Minister of Health, accompanied by his Permanent Secretary, Dr. Peter Mwaba.

Board Oversight

The CHAZ Constitution provides for hosting of

two Board meetings and at least four Executive Board meetings annually. The secretariat provided secretarial and logistical support to the four executive and two board meetings held during the period under review. Management held several meetings at which decisions pertaining to the day-to-day operations of the organization were made.

Signing of MOU with GRZ & CPs

The Memorandum of Understanding (MoU) between the Government of the Republic of Zambia (GRZ) and health bilateral and multilateral partners and NGOs on cooperation in the field of health based on the National Health Strategic Plan 2011—2015 and the Sixth National Development Plan were finalised by GRZ in 2012. CHAZ signed the MoU on behalf of Health NGOs at a signing ceremony held on 23rd January 2013 at Ndeke House - the headquarters of the Ministry of Health.

Leadership, Governance and policy continued...



*Leaders of the Representative Churches and other major non-Christian FBOs follow the proceedings.
Insert: Newly elected CCM FBO Constituency Chair Bishop Hamukang'a ndu and his Alternate Bishop Mususu.*



CCM representation

During the first quarter of 2013 the CCM Secretariat reconstituted the CCM constituency membership from 25 to 15 members per each distinct constituency. The CHAZ Secretariat facilitated the meeting of the FBO constituency members and helped conduct elections of the Full and Alternate members to the CCM - Zambia.

3. Planning and Development



A Representative of Cardinal Adam Memorial Hospital justifies her institution's need to be a member of CHAZ at the General Council

Technical Review Meetings

Three technical review and planning meetings were held during the year to gauge performance of the organization against the set targets and periods indicated in the approved work-plan and budget.

Review of the Strategic Plan

CHAZ commenced the process of reviewing the 2011-2015 Strategic Plan with the assistance of independent consultants who interviewed a cross section of stakeholders countrywide.

Needs assessment and membership update

CHAZ undertook the first of its kind needs assessment of the membership and the membership directory was updated and distributed.

ICT upgrade

The communication system was upgraded and the Local Area Network extended. Following Government's rebasing of the Zambian Kwacha accounts staff participated in a rebasing course in South Africa.

Provincial Offices

Provincial offices were opened in Western, Muchinga and North-western provinces to

strengthen monitoring and provision of technical support to members in these areas.

Technical Support

The IT team provided focused support to Mbereshi, Chipembi, Mangango and Nyanje ART sites where VSAT equipment was installed.

Infrastructure and equipment

More tools were procured for the Repair Workshop while solar equipment for Kanyanga, Makunka and Kayambi RHCs were procured in readiness for installation in 2014. Brother's Brother Foundation donated a total of 35 theatre and delivery beds for CHAZ Member Units. And a total of US\$ 494, 623 was disbursed to 50 facilities for refurbishment of their VCT, MCH and laboratory sections.

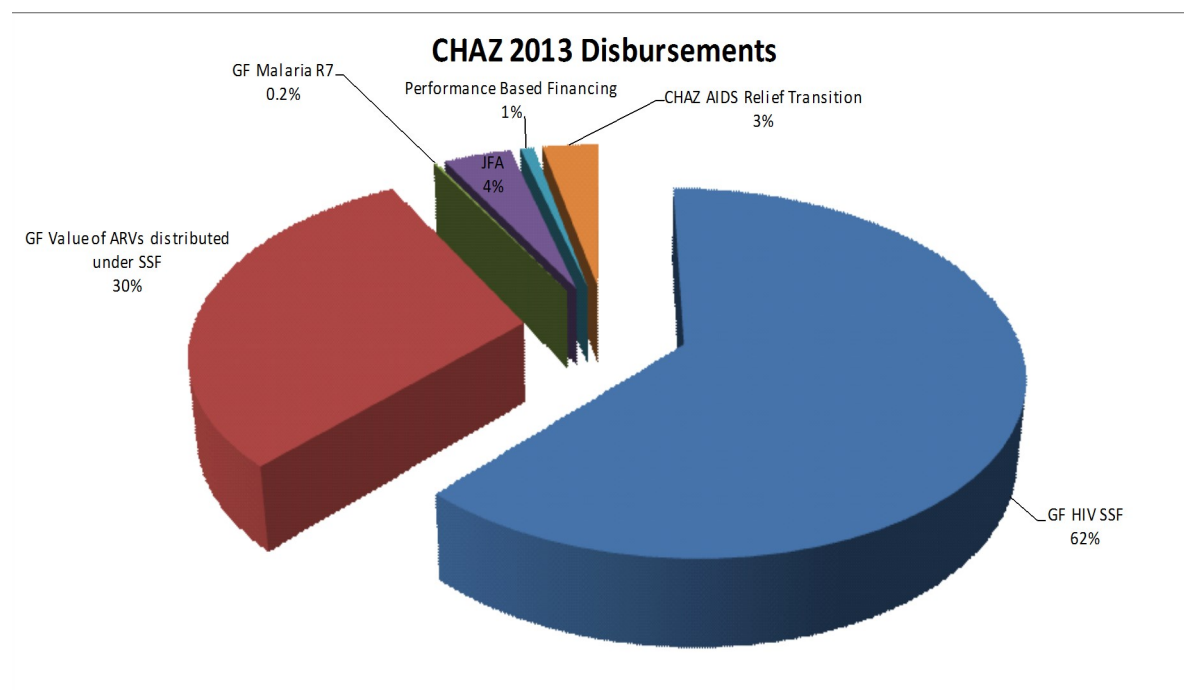
4.0 Progress on service delivery

TABLE 1: 4.1 Grants and disbursements

During the period under review CHAZ had five active grants worth a total of ZMW139,193,575 (US\$25,716,958) which was disbursed to Lead Sub Recipients and sub-sub recipients as detailed in the table below.

GRANT	No. of SRs	AMOUNT US\$	AMOUNT ZMK	%
GF HIV SSF	107	15,924,672	86,435,949.52	62
GF Value of ARVs distributed	71	7,717,911	41,869,668.21	30
GF Malaria Round 7	22	39,052	203,108.00	0.1
JFA	19	1,005,946	5,254,443.31	4
PBF	14	196,375	1,065,729.51	1
CART	6	833,001	4,364,676.58	3
		25,716,958	139,193,575	100

Figure 1:



ASSESSMENT OF LSRs

CHAZ selected 18 LSRs from Faith Based Organizations (FBOs) and three from Civil Society Organizations (CSO) to further sub-grant to sub-sub recipients. The Network of Zambian people living with HIV (NZP+) were also assessed as sub recipients.

4.2 Health Programmes



Training of traditional healers in STI Syndromic Management

4.2.1 ART

The CHAZ ART programme has been running for over 10 years now. During the year under review, CHAZ supported 60 ART sites; these included both CHIs and CSOs. We placed 92 175 clients on care. Of these 58 563 are active on ART out of which 54 439 are adults and 4 124 are children below the age of 14. We continued to train and mentor health workers in ART sites in order to provide quality health care services.

4.2.2 PMTCT

During the period under review, we supported 68 CHIs and CSOs under PMTCT programme. We achieved 98% of the set target for first Antenatal visits and all the 98% were counselled, tested and provided with results. One thousand and thirty five (1 035) HIV positive pregnant women were put on full HAART, 1 083 on short course therapy and 242 pregnant women on ARVs prophylaxis in labour. However, we have had challenges in



Training of health workers in STI Syndromic Management

achieving the target set for ourselves. For example, only 31% of pregnant women were assessed for PMTCT eligibility. This low achievement is in part due to the low prevalence of HIV among pregnant women in the rural areas where CHAZ operates. As can be seen in Figure 2; poor results in one indicator affects other indicators.

We plan to strengthen Client Tracking Systems and promote the use of Adherence Supporters Workers (ASW) in all the ART/PMTCT sites. This will enhance the baby mother follow up initiative.

Health Programmes continued ...



Nurses give out Baby Mama Packs to mothers to encourage them to use ANC services provided at health facilities

Trainings

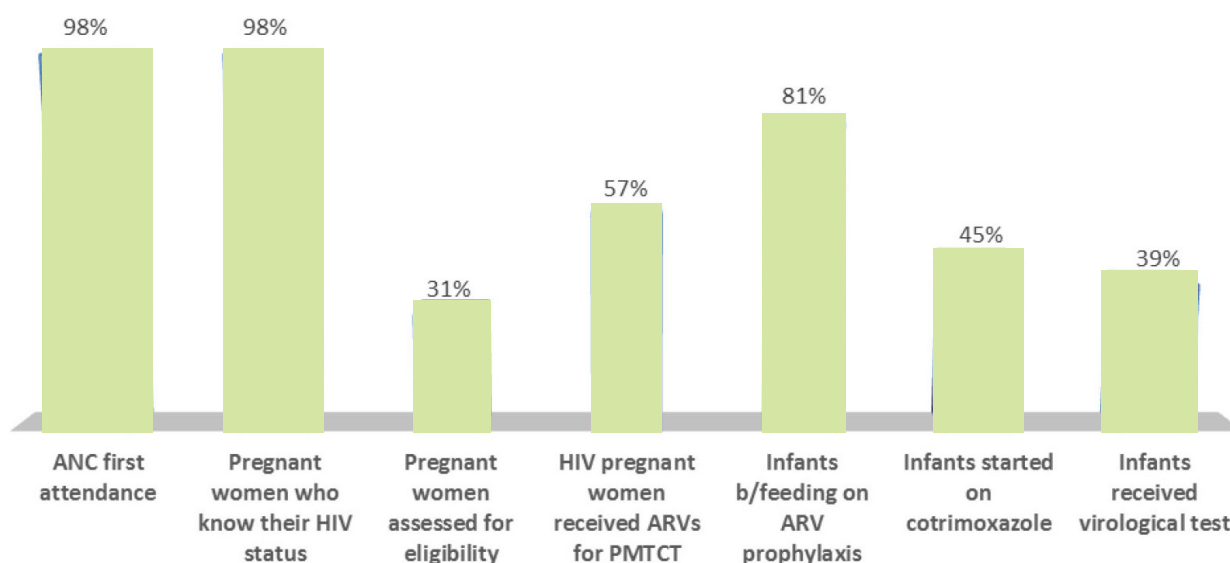
We continued to conduct in service training to enhance knowledge and skills for both clinicians and community health workers. In this regard, the following trainings were conducted using the national guidelines:

- i. Paediatrics ART
- ii. Syndromic management of STIs
- iii. PMTCT

Mentoring of Health Workers in CHIs

CHAZ conducted technical support visits in selected member units that were not performing well in ART, PMTCT and TB programmes. Health workers at the health facilities were mentored in latest regimens and guidelines in ART and PMTCT including documentation of data in various registers.

Figure 2: Status of PMTCT selected indicators





Commemoration Days: CHAZ joined the nation and the rest of the world in the commemoration of important Health Days such as the “Teachers’ Day, World Malaria Day and World AIDS Day.” Above CHAZ staff march during the commemoration of Malaria Day.

4.2.3 TB/HIV Collaboration

During the year 2013, the TB/HIV programme supported 70 CHIs. Twenty-four thousand two hundred ninety-one (24 291) people were reached through BCC community activities; 2, 056 TB clients were monitored in the community by TB Treatment Supporters. Out of 1, 442 of all registered TB patients (all forms), 694 TB patients co-infected with HIV were initiated on antiretroviral therapy. In addition 848 TB patients were successfully treated out of 1, 078 new smear positive TB cases notified. 99 health workers were trained in TB/HIV provider initiated testing and counselling.

Meanwhile, CHAZ has continued to build capacity of health workers and TB treatment supporters through training in the Stop TB strategy and Diagnostic Counseling and Testing (DCT). We also mentored staff at health facilities and participated in provincial TB/HIV review meetings including the commemoration of World TB day.

4.2.4 Malaria Programme

CHAZ conducted a needs assessment for ITNs in the 10 districts that were allocated to it under a partnership with the Ministry of Health. CHAZ had procured 300,000 ITNs under the Global Fund Malaria Round 7 programme and undertook a needs assessment in order to verify the authenticity of the data that was availed before distributing the nets. According to the findings, the 10 districts and 9 CHIs that CHAZ would work with required a total of 347,0126 ITNs. However, CHAZ distributed 300,000 to 22 districts. A total of 90 CHWs were also trained in malaria diagnosis and treatment.

Health Programmes continued ...

4.2.5 AIDSRelief (CART programme)



A nurse explaining to visitors the services provided at the health facility.

During the year under review, CHAZ was initially supporting six Local Partner Treatment Facilities {(LPTFs) – St Theresa, Mukinge, Katondwe, Chikuni, Chilonga and Coptic} in ART, PMTCT, TB/HIV and VMMC under the CART programme. Three more LPTFs (Sichili, St Francis, and Mwandi) transitioned from AIDSRelief to CHAZ on 1st October 2013.

A total of 21,590 clients in cumulative care were reached under the PEPFAR supported ART program, and 9,349 active on ART. In addition, 7,398 pregnant women were counselled and tested for HIV, and out of which 849 HIV positive pregnant women were identified and 635 received ARVs for PMTCT. A total of 6,349 clients were assessed for TB, out of which 687 confirmed to have TB were treated.



During a Technical Support visit to one of the PMTCT sites...



A total of 21,590 clients in cumulative care were reached under the PEPFAR supported ART program, and 9,349 were active on ART. In addition, 7,398 pregnant women were counselled and tested for HIV

Health Programmes continued...



Participants pose for a photograph after training...

4.2.6 Voluntary Medical Male Circumcision

In the VMMC programme, CHAZ worked with 32 facilities to provide VMMC services. A total of 11,786 clients were circumcised at static and outreach sites. In order to provide quality VMMC services, CHAZ provided a total of 56 tents, 150 reusable MC kits and 33,000 disposable kits to the facilities.

A total of 15 VMMC sites were provided with Technical Support and On-site mentoring out of the activated 32 sites.

4.2.7 Counseling and testing

Promotion of HIV counseling and testing is one of the key preventive strategies implemented by CHAZ in line with the National Health Strategic Framework. During the year under review a total of 135,435 clients were counseled and tested and given their results against a target of 138,460 giving an achievement of 98%. The CT services are provided through a total of 76 health facilities.

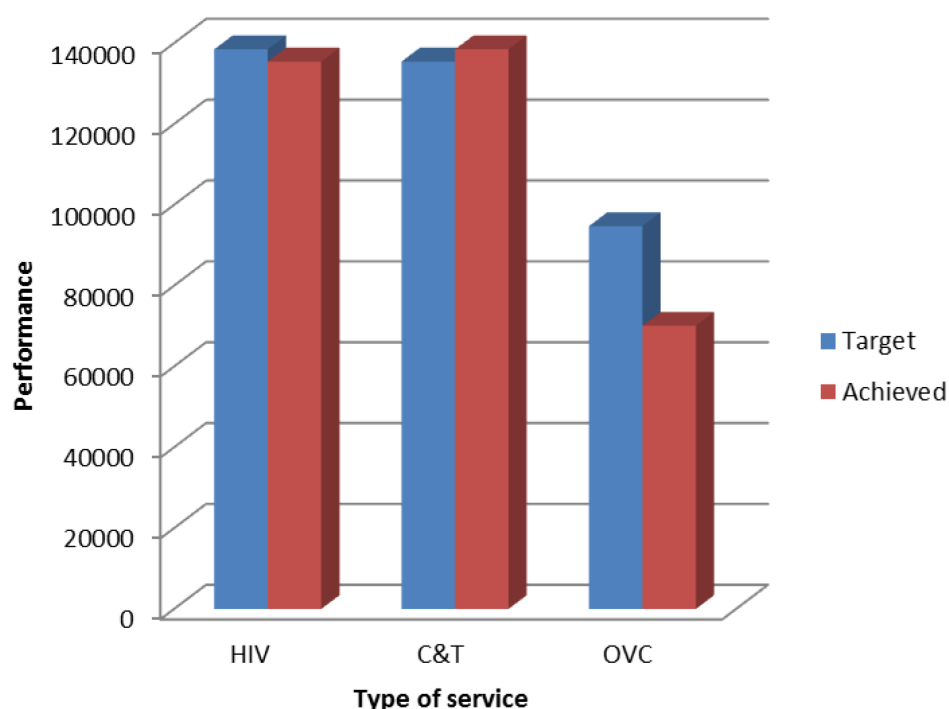
4.2.8 OVC

A total of 94,687 orphans and vulnerable children were provided with school fees and other educational support against a target of 70,050. We (CHIs and Secretariat) provided clothing, school uniforms and shoes to children in this programme.



One of the tents procured for use during MC services

Figure 3: Health Programmes performance



4.2.9 Health for the Poorest Population (HPP) Project

All planned activities under the HPP programme were fully implemented. CHAZ Secretariat, Mungwi, Chiyenge and Samfya District Health Offices made progress towards attainment of intended project objectives. Training of supervisors and community health workers in iCCM, mentorship, development and introduction of monitoring tools, and distribution of CHWs supplies including iCCM drugs meant that the project moved towards the achievement of the integrated equity-focused model of community-based MNCH and facilitated the scale-up of evidence-based child survival interventions for the most deprived populations to achieve health-related MDGs with equity.

4.2.10 The ZPCTII/CHAZ partnership

The ZPCTII/CHAZ partnership's main aim is to strengthen and expand health service delivery at partner CHIs by refurbishing infrastructure, providing equipment, furniture and other

supplies. CHAZ distributed equipment and furniture to 9 CHIs but provided technical support to the entire 10 partners.

4.2.11 Save The Children

The CHAZ/Save the Children International (SCI) project was implemented in the Eastern Province. Under this project CHAZ undertook technical support visits and provided mentorship to trained SMAGs and CHI supervisors. CHAZ also identified and trained community members as SMAGs and supervisors in Emergence obstetric and new-born care (EmONC), respectively.

4.2.12 CHAZ support to line ministries

In an effort to strengthen the mainstreaming of HIV prevention in Government line departments. We worked closely with selected departments such as prisons and education. Through the Teachers Day celebrations a total of 1,047 teachers were counseled and tested.

4.3 Supply Chain Centre

Procurement of Pharmaceuticals and Health Products

In 2013 CHAZ procured ARVs, laboratory reagents and other commodities planned for purchase under year two of the Global Fund HIV SSF grant. CHAZ detailed specifications of health products to Procurement Unit, and thereafter monitored quality of product delivered to CHAZ by vendors.

Inventory

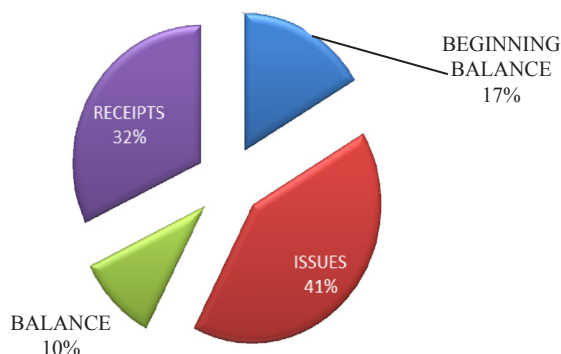
During the period under review, health and non-health products were received and stored under the auspices of various donor Programmes – CART, Global Fund, JFA, UNICEF and others. CHAZ also mobilized stocks from MSL. The total values of stocks held under various Programmes was US\$10, 755, 552.11.

Distribution

The CHAZ supply centre distributed medical products which included: ACTs worth US\$ 253,666.20 to the 22 districts agreed with Government. Further, CHAZ distributed 99,975

Figure 4: Stock values

Percentage stock values for beginning balances, issues and balances at end of 2013



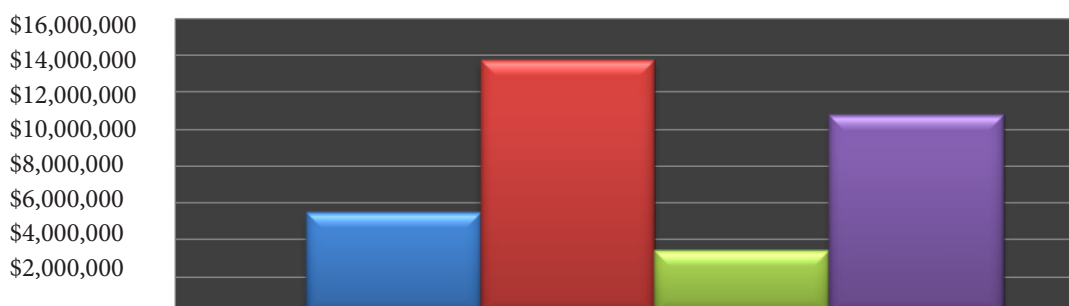
malaria rapid diagnostics tests (RDTs) amounting to USD 31,992.00. The department also distributed ARV's worth USD 13,750,721.56 to Church health ART sites throughout the country.

CHAZ Recognition for Laboratory Support in Zambia

CHAZ was awarded for the continued and valuable contribution to Laboratory services in Zambia by the Biomedical Society of Zambia at the award giving dinner held in Ndola at Savoy Hotel in 2013.

Figure 5: stock values

Stock values - beginning balance, issues, receipts & balance



Stock values for beginning balances, issues and balances at end of 2013

BEGINNING BALANCE	\$5,486,580.93
ISSUES	\$13,750,721.56
END YR BALANCE	\$3,428,580.52
RECEIPTS	\$10,755,552.11

Supply Chain Centre continued....



Former EPN Executive Director, CHAZ staff and other participants during the AMR TOT in Zimbabwe.

Antimicrobial Resistance (AMR) Training

The fight against AMR by organisations like CHAZ had become more critical now than ever before because statistics show that Anti-microbial resistance is rapidly reducing effectiveness of life- saving antimicrobials especially the first-line treatments. CHAZ in partnership with Ecumenical Pharmaceutical Network (EPN) supported an initiative for AMR containment at Nangoma mission hospital as a follow up to the TOT training in AMR that was held in Zimbabwe where two CHAZ staff were part of the training.

Strengthening Laboratory Services

The need for laboratory services to support diagnosis, prudent use of drugs, monitoring of patients response to treatment, epidemiological surveillance and research activities has been well recognized. Improvements of laboratory services will not only lead to rational use of drugs and ultimately resulting in a reduction in national drug expenditure but will lead to an increase in quality patient care and the general health of the community at large. CHAZ procured 16 automated chemistry analyzers valued at ZMK 2,505,600 for its ART centers.

Installation of Racking and Fire Sprinkler

To increase storage capacity, CHAZ installed a new racking system in the warehouse and initiated inventory coding system. An automated firefighting water sprinkler system was also installed.

Quality Assurance

CHAZ staff participated in quality assurance educational visits to 3 regional WHO pre- qualified Laboratories namely Research Institute for Industrial Pharmacy (RIIP) incorporating (CENQAM) – South Africa, Missions Essential Drugs - Kenya and Tanzania Food and Drug Authority-Tanzania. The visits were mainly to share experiences on quality assurance and control principles and procedures for pharmaceuticals and health products – including GSP principles.

Pharmacovigilance Training

CHAZ worked with Zambia Medicines Regulatory Authority (ZAMRA) to conduct a Trainer of Trainers Course in Pharmacovigilance.

Pharmacovigilance TOT Participants during group work

4.4 Sustainability

Introduction

One of the innovative strategies to income generation that CHAZ has continued to promote to reduce dependency on donors and ensure sustainability of CHAZ activities at CHAZ Secretariat, CHI and Community levels, is the introduction of Microfinance Programs. Microfinance is the provision of financial services such as credits/loans, savings, insurance and training to the poor and low-income people. Microfinance also offers non financial services such as business skills and health education to name but a few.

IGA Revolving Fund

A total of K77,859 was disbursed from the local revolving fund accounts at CHI level to local community groups for IGA investment, while groups repaid to CHIs a sum of K92,966 as a contribution to the revolving fund. Funds disbursed from both CHIs and community groups are invested in IGAs. Some of the profits realized from the IGAs are used to repay the loans as a contribution to the CHI revolving fund and to support caregivers, OVCs, TB and ART clients in form of food, school requisites, transport money to and from schools and health facilities respectively.

Village Banking program update

In order to take community IGA a step forward, CHAZ introduced Village Banking so as to provide more funds for communities to start IGAs and scale up on existing IGAs. The programme is also aimed at promoting the culture of saving among different categories of people in the target communities such as self employed, small entrepreneurs, farmers including PLWHAs and guardians of OVC. In 2013, a total of 13 CHIs were implementing village banking. This represents an increase of 44.4% as compared to 9 CHIs that were implementing the activity in 2012. The Cooperating Partners supporting the innovation were happy with the evidence based success stories recorded by the saving groups. CHAZ village banking database recorded: (i) savings of K3,029,876 compared to K405,690 in 2012; (ii) Principal repayments of K7,295,695 while in 2012 repayments were K965,314; (iii) Interest paid of K2,349,315 while in 2012 Interest paid were K106,603; (iv) loans of K17,368,128 while in 2012 loans were K1,598,579.



Refresher course for field officers and agents.

Refresher Course for Community Managed microfinance providers

CHAZ conducted a Community Managed Microfinance refresher course for Field Officers (4) and Agents (20) from St. Theresa's, Chipembi, Fiwale and Minga Missions. The course comprised topics such as: sensitization techniques, saving group formation, leadership selection, constitution development, individual selection and self screening, record keeping, meeting procedures, baseline survey and interest calculation.



Participants pose for a picture after a training workshop.

Sustainability continued ...



JCP partners visiting St Theresa's Mission...



IFAD team visiting Minga Group...

Visitors

CHAZ hosted a number of international and local visitors to share experiences in community Managed Microfinance/village banking and to offer technical support. Some of the visitors received were: (i) IFAD Mission Team from Rome and Washington DC; (ii) National Association of Savings and Credit Union (NASCU) (iii) Community Empowerment Fund; (iv) Malawi RFP Staff and senior Government officials from various Ministries; (v) Financial Sector Deepening Zambia (FSDZ); (vi) Tanzania RFP/IFAD officials; and Barclays GSK.

Monitoring and Evaluation

The International Fund for Agricultural Development (IFAD) team from Rome and Washington DC visited Minga Savings Groups and the JCP Partners visited St Theresa's Saving Groups in July and September 2013 respectively in order to appreciate the performance of the saving groups in the communities and to provide technical support .

Success Story

James Kabowa is married to Christine and they are both members of the Fishokoto Savings Group in Fishokoto village in Fiwale. James was engaged as a volunteer Community IGA Officer in 2000 and was getting a small allowance of K200 per month while Christine was a HBC volunteer getting K100 per month. After the introduction of Community Managed Microfinance in 2011, James was trained as Community Managed Microfinance Field Officer responsible for training and supervision of Field Agents, while Christine was also trained as a Community Managed Microfinance Field Agent responsible for community mobilisation, training and monitoring of saving groups. James and Christine confessed that they had never saved nor invested in anything meaningful although both were able to purchase a bicycle each for their personal use. The couple has extended their tomato field using loans accessed from the saving group. With increased income realized from their field, they are able to take two of their grandsons to a private school. They have purchased a colour TV and

a Gen set to electrify their home from their savings and also boast of a bigger maize field as they are now able to employ more casual workers. The Kabowas have also purchased a motor vehicle at the cost K30,000 which Mr. Kabowa uses to monitor saving groups. Mr. Kabowa and family are very happy with the Village Banking Program because they are now able to save and borrow from their own bank. They are also very grateful because they are able to watch TV and to listen to the news and know what is happening around the world.



The Kabowas pose for photograph besides their car

4.5 Advocacy



A training in session

Introduction

The CHAZ Advocacy Programme is a deliberate planned and sustained effort to proactively and reactively seek avenues of contributing towards the creation and sustenance of a policy environment that supports universal access to quality health care and sound governance that embraces transparency and accountability.

Advocacy has been one of CHAZ's core mandates since the organization was formed. Over the years the organization has managed to lobby for the interests of its members including influencing favourable policy in the health sector.

During the period under review, CHAZ carried out some advocacy functions that included the following:

Results UK Training in Advocacy

The Results UK Training in Advocacy focused on: improving Power Mapping in order to focus

on decision makers; key considerations when choosing between insider and outsider Advocacy; effective use of opportunities when an Advocate meets a decision maker using the EPIC (Engage, Problem, Inform, Call to Action) model; building and working in Coalitions; and using the media in Advocacy.

Training of DCA HIV AIDS Programme Officers in Advocacy

The training in Advocacy for HIV and AIDS Programme Officers took place in Uganda and focused on creating an appreciation of the key role that Advocacy can play in improving durable development outcomes.

Advocacy continued ...

Human Resources for Health policy meeting

CHAZ participated in the February Policy meeting and made submissions on how to improve the Human Resource situation in the health sector.

Health Facility Upgrades

Many health facilities were serving more people than originally intended because of the growing need in the communities. CHAZ, therefore, made serious presentation to Government recommending these health facilities to be upgraded.

Health Act regulatory Assessment

The Ministry of Health convened a meeting to look at all health related legislation and the gaps that exist in providing a comprehensive legal framework for the health sector. CHAZ participated in this process which will culminate in the development of a comprehensive Health Act to encompass all legal issues relating to the health sector. Although these meetings are time consuming they provide a rich opportunity to influence formulation of legislation that would hold the state accountable on resource utilisation and health outcomes.

Host Partners Forum

CHAZ partnered with Civil Society for Poverty Reduction (CSPR) in hosting a poverty Indaba. The Poverty Indaba objectives were to facilitate a joint reflection between the state NGOs and citizens on the impact of government policies on the poor and vulnerable and explore policy alternative alternatives to mitigate possible negative implications on the poor and vulnerable. The poverty indaba was attended by the Minister of Finance, Secretary to the Treasury, Permanent Secretary Ministry of Finance, Permanent Secretary Ministry of Community Development Mother and Child Health, Permanent Secretary Western Province, Permanent Secretary, Luapula Province NGO representatives and members of the community.

The meeting provided an opportunity to discuss key issues that affect the poor and the current policy commissions and omissions contribute to reducing or increasing poverty.

CHAZ was tasked to make presentations on the key issues in the health sector.

Medicine Tracking



Medicine tracking at one of the CHIs...

CHAZ Piloted the Medicine Tracking tool in three Institutions. The focus is on ten essential drugs which are taken from the national tracer drugs list. These drugs have been chosen because their presence or absence at health facilities has an immediate impact on the outcomes of treating the most common ailments that patients present.

2013 First Sector Advisory Group meeting

During the first SAG meeting CHAZ presented the following key issues : teen pregnancies, family planning, Scale Up of HIV Prevention and Elimination of Paediatric AIDS, improvement of the DBS system, improvement in the follow-up of HIV exposed babies. Other issues included: strengthening the integration of HIV services with under-five services, (linking the baby to its mother), scale up counselling and testing , fees paid by foreign medical personnel and NAC financing.

Post SAG Feedback meeting

During the post-SAG meeting, CHAZ submissions were based on the outcomes of a Thematic Group Meeting held on 2nd - 3rd May organized by Civil Society for Poverty Reduction. The submissions made included: health financing, service provision, medicines, HR for health, leadership and governance and health information.

TABLE 2: Summary of Advocacy issues raised

Issue raised by CHAZ during previous SAG	Action taken by Ministry of Health.
High cost of running hospices. Inclusion of Hospice HR on Government Payroll	Total funding for Hospice grant received: 1,000,000 Funding for November and December not received by report time The Human resource issue is still under discussion and will be affected by the wage and recruitment freeze.
Inadequate transport facility for DBS supplies.	Regional MSL Hubs are in the process of being established. They will assist in the DBS logistics.
Inadequacy on the follow up on HIV exposed babies	Three trainings in Maternal Child Health and Paediatric ART have been conducted to strengthen the skills for managing HIV exposed babies at first contact. (75 Health Workers trained)
Foreign medical personnel volunteers paying high fees to practice in Zambia even when they are providing a service on voluntary basis.	This is a statutory requirement by HPCZ and GNC. It will require long term engagement to change the law.
Need to have Mini-SAGs at Provincial level for a more decentralized engagement on the successes and challenges being experienced in the attainment of health goals.	Holding of Mini SAGs in provinces has been planned for 2014.
Lack of HMIS data base in some newly created districts	Databases for all newly created districts with operational administrative structures have been created. Information officer positions have also been created and postings have been affected.

CHAZ briefing to the ZEC

In 2013 CHAZ highlighted the following issues as worthy of ZECs attention: reduced proportion of the budget to the health sector; public sector employment and wage freeze against chronic shortage of Human Resource for health and construction of more health facilities.



DATA verification during a Technical Support visit of Chikuni Mission Hospital by the ED. In the picture Dr. Claudia Caracciolo, Medical Superintendent and the ED, Mrs. Karen Sichinga, go through PMTCT data. Chikuni is one of the sites that has constantly met its targets and abides by quality standards. The hospital works very closely with community based volunteers such as the Community Prevention Team, care givers, community health workers, traditional birth attendants and community lay counselors and their work is guided by signed agreements. The support of the community helps the hospital to achieve its targets in the programmes it implements.

4.6 Monitoring & Evaluation

Technical support

The Secretariat provided onsite technical support and data verification, report collection and training of Data Entry Clerks (DECs). During the implementation of these activities, some best practices were captured in the PMTCT and ART/Smartcare sites. In the ART programme, the best practice is based on ART clients' data capture and management using Smartcare. The best practices in PMTCT include stories of three families whose children were born to HIV positive parents but through the PMTCT programme and adherence to treatment, the children were born HIV free.

Smartcare

Eighty Data Entry Clerks from all the sixty (60) ART sites were trained in Smartcare in September 2013. The training was held in Lusaka at ACAMS Lodge in Roma. CHAZ implements ART and maintains Smartcare computers in 60 health facilities. Smartcare is an electronic system of tracking ART clients and maintaining their data. One of the 60 ART sites, Chilanga Hospice located in Lusaka Province, adopted the E-first system of maintaining ART client data in September 2013. The system entails entering the clients' details before they can be treated. Chilanga hospice with 1,568 active ART clients has successfully managed to enter all the clients in the database. One of the benefits of using E-first is that all clients' files are entered as the service is being provided. This results in having no data backlog.

Monitoring & Evaluation continued...



Data Entry Clerks during training in Lusaka...

Success stories in PMTCT and ART

PMTCT Success stories

The story of a couple that is HIV positive and through PMTCT interventions managed to have three HIV negative children. Two of the children aged 5 and 8 are in school. This couple has continued to advocate for the PMTCT programme and work as adherence supporters in ART at Zimba Mission Hospital. The other success story is that of a man who was born from an HIV positive mother and has remained negative to date.

ART success stories

Other success stories are those of patients who had been successfully treated of TB and those that have regained their strength through ART

programme and were doing well. In the rural areas where CHAZ mostly operates, many people can attest to the fact that the ART programme has made significant impact in their lives. They are living longer and stronger and are able to take care of their families leading to the reduction of OVC. In addition, those talked said they were now able to stay for longer periods without suffering from Opportunistic Infections.

4.7 Internal Audit

Objective of the CHAZ internal audit

The general objective of CHAZ Internal Audit is to provide the Board and management with an independent, objective assurance and consulting activity designed to add value in order to improve the effectiveness of risk management, control environment and governance processes.

Achievements

1. Preparation of audit plan

The audit plan for 2013 which also included the audits of Sub Recipients by the External Auditors was developed. The plan took into account the values of the funds handled; level of staffing and staff competencies especially those in accounts and the general control environment based on the previous audit for those that were audited in the previous year. This together with the geographical location helped in determining which institutions were to be given a priority for auditing. The internal audit will continue to use this approach as it is not just cost effective but helps in achieving the desired results

2. Audit of Sub Recipients and CHAZ Secretariat

Internal Audit audited 215 sites comprising of 128 Sub recipients and 87 sub-sub recipients during the period under review against 200 that was planned for. Further, an audit of the CHAZ Secretariat and the property managers was carried out.

3. Review and finalisation of audit reports

The internal audit reviewed and finalised 215 audit reports during the year under review as opposed to the 119 reviewed and finalised in 2012.

4. Review of CHAZ internal and external risks

The internal and external risks that could affect the operations of the organisation were reviewed and updated to incorporate new risks while doing away with risks for the previous period which were no longer posing any threats.

5. Bi-annual physical audits of the CHAZ Warehouse

The Internal audit carried out the review and verification of physical stocks at the CHAZ Warehouse as planned.

6. Capacity building of two CHAZ Internal Audit staff

Due to financial limitations, only one staff attended training in forensic audit and investigations against the two that were planned.

7. Outsourcing of Internal Audit

MPH Chartered Accountants were outsourced to audit institutions with Board members. This necessary to mitigate against conflict of interest. This is also perceived to be a good governance practice.

Internal Auditor's Opinion

From the audits carried out, it was evident that the resources were prudently managed as there was transparency in the utilisation and accountability of the funds given arising from strengthened internal controls, adherence to budgets and grant terms and conditions. Overall, the grants were effectively and efficiently utilised to the benefit of the intended beneficiaries.

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FINANCIAL HIGHLIGHTS

&

**AUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED
31ST DECEMBER, 2013**

5.0 Financial Statement

CHAZ has continued to strengthen its financial management systems in order to create and sustain confidence from the donors and the members. The year 2013 saw continued flow of funds from the various cooperating partners. The Financial highlights below are based on the audited Financial Statements for the year ended 31 December 2013.

Income:

The total income received during the year 2013 was K262 million comprising K251 million for Programmes and K11 million for Administration. In the previous year, the total income received was K201 million comprising K174 million for Programmes and K27 million for Administration. Overall, this represents an increase in income of 30%. This increase is largely attributed to the increase in funding from Global Fund through the Single Stream Funding and the US Government through the Centers for Disease Control and Prevention (CDC).

Expenditure:

The total expenditure incurred during the year

2013 under review was K295 million comprising K285 million for Programmes and K10 million for Administration. In the previous year, the total expenditure incurred was K112 million comprising K97 million for Programs and K15 million for Administration. Overall, this represents an increase of 163%. Part of the expenditure for 2013 includes funds brought forward from 2012.

Surplus:

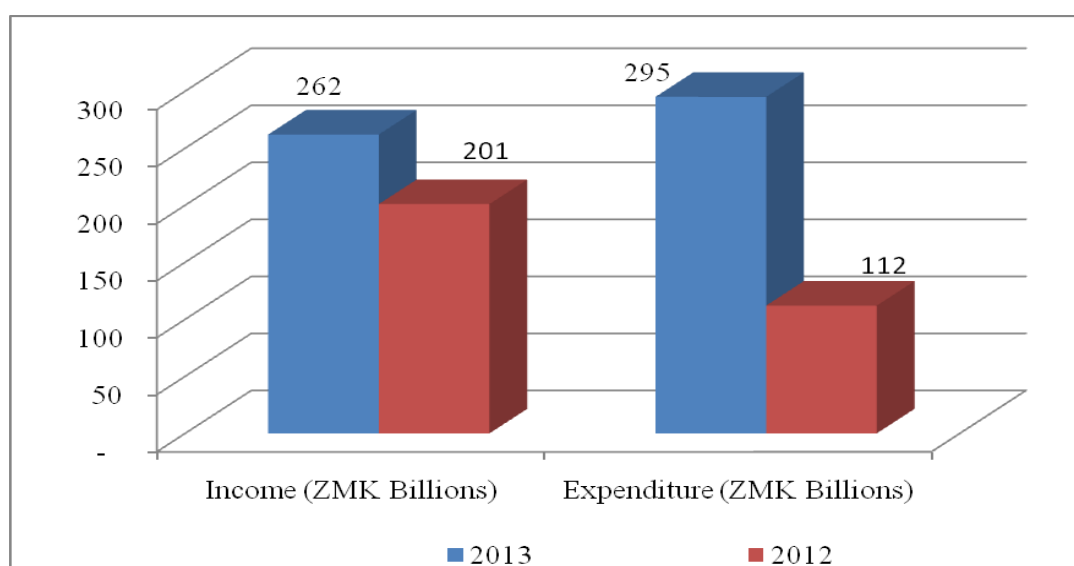
At the beginning of the year 2013, CHAZ had funds brought forward from 2012 amounting to K133 million. These funds were spent on various programmes activities during the course of the year 2013.

The Association achieved a surplus of K100 million as at 31st December 2013. The reason for the surplus is mainly due to the funds for programmes (GF and CDC) whose activities will be carried out in 2014.

See appendix for extracts of the audited financial statements: (i) statement of responsibility for annual financial statements, (ii) independent auditor's report, (iii) statement of comprehensive income, (iv) statement of financial position, (v) statement of movement in accumulated fund, and (vi) statement of cash flows.

FIGURE 6:

INCOME AND EXPENDITURE GRAPHIC PRESENTATION



CHURCHES HEALTH ASSOCIATION OF ZAMBIA

STATEMENT OF RESPONSIBILITY FOR ANNUAL FINANCIAL STATEMENTS

The Board of Trustees (the "Board") is required to prepare financial statements for each financial year which present fairly the financial position of the Churches Health Association of Zambia (the "Association") and its financial activities for that period.

In preparing the financial statements, the Board



- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent; and
- Comply with International Financial Reporting Standards.

The Board are also responsible for ensuring that the Association keeps proper accounting records which disclose with reasonable accuracy at any time the financial position of the Association. It is also responsible for safeguarding the assets of the Association and taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Association is also responsible for the systems of internal control. These are designed to provide reasonable but not absolute, assurance as to the reliability of the financial statements, and to adequately safeguard, verify and maintain accountability for assets, and to prevent and detect material misstatements. The systems are implemented and monitored by the suitably trained personnel with an appropriate segregation of authority and duties. Nothing has come to the attention of the Association to indicate that any material breakdown in the functioning of these controls, procedures and systems has occurred during the year under review.

In the opinion of the Association the financial statements are drawn up so as to present fairly the financial activities of the Association for the year ended 31 December 2013 and its financial position as at that date and have been prepared in accordance with International Financial Reporting Standards and in the manner required by the financing agreements signed with the Cooperating partners.

The financial statements on pages 4 to 34 were approved by the Board and authorised for issue on 29.04.14 and were signed on its behalf by:

)	
DR. JOOP JANSEN)	CHAIRMAN
)	
)	
)	
MR. GORDON HANNA)	TREASURER

INDEPENDENT AUDITOR'S REPORT

To the members of
Churches Health Association of Zambia

Report on the financial statements

We have audited the accompanying financial statements of the Churches Health Association of Zambia on pages 4 to 34, which comprise the statement of financial position as at 31 December 2013, and the statement of comprehensive income, statement of movement in accumulated fund and statement of cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Board's responsibility for the financial statements

The Members of the Board are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards and in the manner required by the financing agreements with cooperating partners and for such internal control as the members determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Churches Health Association of Zambia as at 31 December 2013, and of its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and in the manner required by the Cooperating Partners as stipulated in the financing agreements.

Deloitte & Touche
DELOITTE & TOUCHE

DATE: 29/04/2014

Audit • Tax • Consulting • Financial Advisory 2

A member firm of
Deloitte Touche Tohmatsu

TABLE 3

CHURCHES HEALTH ASSOCIATION OF ZAMBIA

STATEMENT OF COMPREHENSIVE INCOME

for the year ended 31 December 2013

Kwacha	NOTES	Programme funds	Administration funds	2013	2012
Revenue		K	K	K	K
Income from partners	7	198,816,608	-	198,816,608	174,213,096
Other income					
Net exchange gains	8	5,508,120	201,600	5,709,720	967,159
Administration fees	9	-	10,193,311	10,193,311	6,986,179
Other income	10	9,541,944	956,602	10,498,546	9,980,179
Other administration income		-	-	-	104,936
Deferred income	11	36,823,908	-	36,823,908	9,341,081
Total income		51,873,972	11,351,513	63,225,485	27,379,534
Expenditure		250,690,580	11,351,513	262,042,093	201,592,630
Programme expenses	12	279,200,380	-	279,200,380	96,909,876
Employee benefits expenses		-	7,107,243	7,107,243	6,881,013
Other operational costs		-	2,991,315	2,991,315	1,745,324
Depreciation	13	5,512,493	133,456	5,645,949	6,340,594
Total expenditure		284,712,873	10,232,014	294,944,887	111,876,807
(Deficit)/ Surplus for the year	6	(34,022,293)	1,119,499	(32,902,794)	89,715,823
Other comprehensive income					
Fair value loss on equity	14	-	(12,190)	(12,190)	(3,710)
Total comprehensive income		(34,022,293)	1,107,309	(32,914,984)	89,712,113

TABLE 4

CHURCHES HEALTH ASSOCIATION OF ZAMBIA**STATEMENT OF FINANCIAL POSITION**

at 31 December 2013

Kwacha	NOTES	2013 K	2012 K
ASSETS			
Non-current assets			
Property and equipment	13	30,917,482	26,706,775
Equity investments	14	59,360	71,550
Total non-current assets		30,976,842	26,778,325
Current assets			
Inventories	16	18,733,764	18,735,918
Employee receivables	15	275,954	314,578
Other receivables	17	2,522,053	-
Subscriptions due from member institutions	18	2,184,209	987,650
Bank and cash balances			
- Restricted funds	19	99,624,310	132,068,270
- Unrestricted funds	19	1,215,443	642,711
Total current assets		124,555,733	152,749,127
TOTAL ASSETS		155,532,575	179,527,452
FUNDS AND LIABILITIES			
Restricted funds - Accumulated funds		120,001,902	153,866,788
Contribution capital		1,574	1,574
Revaluation reserve		6,097,684	6,097,684
Unrestricted funds - Accumulated deficit		(22,850,341)	(23,800,243)
		103,250,819	136,165,803
Capital grants	20	20,584,945	17,122,457
		123,835,764	153,288,260
Non-current liabilities			
Deferred liabilities - employee provisions	21	3,483,168	1,589,507
Current liabilities			
Deferred liabilities - employee provisions	21	5,645,522	2,703,983
Amounts payable to interproject	22	11,941	1,821,199
Government grants	23	6,411,464	4,151,947
Other payables	24	2,810,539	3,208,959
Deferred income	11	13,334,177	12,763,597
Total current liabilities		28,213,643	24,649,685
TOTAL EQUITY AND LIABILITIES		155,532,575	179,527,452

CHAZ Award



The CHAZ team (middle) after receiving the award for laboratory support in Zambia



COVER PICTURE:
*Health Minister Dr. Kasonde
(left) tours the CHAZ Pharma-
ceutical Warehouse*

2013 events

THE year 2013 was a very busy one for CHAZ as can be demonstrated by the pictures on these two pages. These are just but very few of the events/activities that we implemented in 2013.



CHAZ Board Treasurer and Chitokoloki Mission Administrator, Mr. Gordon Hanna, leads the Devotion Session at ACHAP...



DCA Country Representative and his entourage during a meeting at the CHAZ Secretariat



Church leaders during a CCM FBO Constituency meeting at the CHAZ Warehouse



Minister of Health, Dr. Joseph Kasonde accompanied by CHAZ senior management officials visit St Theresa's Mission Hospital



CHAZ members vote during the General Council

in pictures



Visitors from a sister organization appreciating the geographical spread of CHAZ in Zambia on a wall map



Sister Grace Fundafunda shortly after she was elected Vice Chairperson of the CHAZ Board of Trustees during the General Council.



Then Minister of Community Development Mother and Child Health, Dr. Joseph Katema, talking to CHAZ senior management staff after they paid a courtesy call on him.



Sister Chisense smiles as she receives Minister of Health Dr. Kasonde and his entourage.



LEFT: Minister of Health, Dr. Kasonde and the MOH Permanent Secretary, Dr. Mwaba at the official opening of the GC and the Pharmaceutical Warehouse....



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