



Health Commission

Faith in practice for a healthy life

EVANGELICAL ASSOCIATION OF MALAWI

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INTRODUCTION

BACKGROUND

The Evangelical Association of Malawi (EAM) is an umbrella organization for 130 members joined together in the common task of holistically improving spiritual and social well-being of people in Malawi. EAM is Non-profit Faith Based Organization established in 1962 and registered under Trustees Act (1969). EAM is affiliated to the Africa Evangelical Alliance and the World Evangelical Alliance. The organization is a registered member of Non-Governmental Organization Board, Council for Non-Governmental Organizations in Malawi, and Public Affairs Committee.

EAM's **mission** is to unite, mobilize and empower churches and Christian organizations for effective and efficient social and spiritual transformation of the people in Malawi.

The **goal** is establishing self-resilient and empowered communities proficiently controlling their own development process and achieving sustainable holistic change.

EAM is inspired by a **vision** of unified evangelical churches and organizations transforming communities and changing lives in Malawi. The operations of EAM focus on major social issues such as Health (including the fight against HIV and AIDS), Good Governance and Advocacy, Food Security and

Livelihood, Disaster Risk Reduction and Relief, Climate Change Adaptation, Gender Justice and Human Rights, Education, Church and Community Mobilisation across the country.

EAM believes in holistic approach to its programmes, working through the local community leaders and churches. As an umbrella body, our core work at national level is to coordinate and build-up capacities of churches and communities leadership to carry out these responsibilities in their respective areas. We have impact areas in all the regions which serve as either pilot or model sites to ensure development of best practice. Our programmes do not discriminate anyone on grounds of faith, ethnicity, religion or race. We serve everyone with the poor and most vulnerable as our focus.

HEALTH INVOLVEMENT

The church in Malawi contributes to almost 40 % of the national health services. This is done by some members of EAM church denominations in partnership with other Christian denominations through a coordinated work of the Christian Health Association of Malawi (CHAM). In 1999, EAM established a Health Commission wing designed to solely focus on health issues. It began with a programme of break-



EAM Staff retreat at Chongoni (6th January 2017)

ing the silence of churches and church organizations on the AIDS epidemic. Since then, the Commission has initiated and run projects focusing on six health priority areas of Sexual and Reproductive Health, Maternal and Child Care, HIV infection and AIDS, Hygiene and Sanitation, Nutrition and Malaria being implemented through the EAM member churches.

HEALTH BELIEF

Health is a universal value held by all faiths and a universal right for human beings in line with the Constitution of Malawi, National Health Policy (2018), Malawi Growth and Development Strategy (MGDS III), Sustainable Development Goals (SDGs II), the Ouagadougou Declaration on Primary

Health Care and Health Systems in Africa (2008) and the Paris Declaration on Aid Effectiveness (2005). As such, faith traditions, spiritual values and commitment to social justice must lead the church to passionately ensure that human beings need not to suffer unnecessarily on the basis of faith so long as such does not compromise their absolute obligation to God. Additionally, promoting and sustaining health for humanity is a God given obligation to the Church and His servants. EAM acknowledges the evidence that the health benefits of access to information and exposure (education/sensitisation/training) on health issues and practices coupled with unhindered access to health care services have the greatest potential to averting unintended health problems including those related to sex, sexuality and reproduction.

HEALTH PROGRAMMES

HIV AND AIDS

The implemented HIV and AIDS Programmes address four thematic areas:

- **Prevention of Mother to Child Transmission (PMTCT) of HIV:** With a special focus on male involvement. Aimed at ensuring that HIV transmission from father-mother to a child before, during and after birth is prevented and that children born from HIV positive mothers do so without HIV virus.
- **HIV Counselling and Testing:** Focusing on demand creation for HCT services and mobile HCT through linkages with service providers. Aimed at ensuring that men, women, couples and the youth are accessing HIV counselling and testing in the hard-to-reach and underserved rural communities.
- **Men and Boys' Access to HIV and AIDS Services:** Engages men and boys through specific male related HIV and AIDS messages and activities, and male motivators to increase access of HIV and AIDS services by men and boys.
- **Adherence to Anti-Retroviral Therapy (ART) Treatment:** Engages and works with religious leaders involved in faith healing to ensure that people on ART are not taken off treatment due to faith reasons. Additionally, helps track ART clients

through Circles of Hope including psych-social therapy to ensure minimal treatment default rate.

SEXUAL AND REPRODUCTIVE HEALTH

The implemented SRH programmes address five thematic areas:

- **Family Planning:** Advocate for and promotes access to natural and modern family planning services by child bearing age groups.
- **Parenting and Rapid Population Growth:** Engages families, religious, community, political and significant others in the community on issues of proper parenting and active participation in addressing issues of rapid population growth.
- **Sexual and Reproductive Health and the Youth:** EAM works with various groups to ensure that youths and young people have correct, appropriate and age based information on sexual and reproductive health issues; consequently, enabling them make informed decisions regarding their health.
- **Stop Child Marriage:** EAM exercises its obligation of protecting the venerable and voiceless groups from sexual related abuses and violence. Through school bursary support, inclusive education and vocational skills development ensures that education and child development is the

priority and number one agenda for children as opposed to marriage and sexual related issues.

- **Community Action for Transformation of Children's Health:** Engaging communities through STAR Circles (Societies Talking Action on Rights) to advocate for and building a collective action for a holistic transformation of children's health.

NUTRITION

Implements a number of Food Security focused programmes which pro-

mote improved production, storage, preparation and utilization. One of the programme thematic area is:

- **Right to Food:** EAM advocates for and promotes equal access to food and nutrition between men and women, adults and children, those in authority and the local persons. It involves land availability and accessibility, equitable access to food and nutrition and ensuring that negative health indicators related to food availability and nutrition are addressed.

PROGRAMME DELIVERY APPROACHES

EAM uses various Programme Delivery Approaches for efficient delivery and effective outcomes with maximum impact. These approaches include:

POLICY DEVELOPMENT

Through consultations with its members and other stakeholders EAM has developed and disseminate issue based policies aimed at providing a guidance to the churches and organizations for active, and full participation in the teachings, designs and implementation of the issue related programmes. These policies have:

- Enhanced accurate knowledge and skills acquisition.
- Facilitated relevant, effective and efficient decision making among religious policy makers and programmers in addressing related issues.
- Provided guidance in responding to related issues.

To date EAM has developed policies on: HIV and AIDS, Sexual and Reproductive Health and Gender. Additionally, the organization has developed guides and strategic plans on Advocacy, Gender, SRH and Youth including Food Security and Climate Change.

SRHR Launch at Hotel Victoria in Blantyre
(10th March 2017)



Side by Side Gender Justice consultation
meeting at Sunbird Capital Hotel
(18th April 2018)





Child protection community dialogue meeting in Karonga (22nd May 2018)



Training of religious leaders in Nsanje (10th January 2017)



BUILDING CAPACITY AND COMPETENCES OF PROGRAMME GROUPS

EAM has over the past years invested in training various faith based and community social groups on various programme issues to guarantee adequate and correct knowledge and skills in discharging their expected duties.

These groups include:

- The clergy and chiefs.
- Other religious and community groups with leadership roles in the churches and communities.
- Programme volunteers such as HIV positive mothers (commonly known as Mother Buddies); HIV and AIDS, Door to Door and Marriage Counsellors; Mother Care Groups; and Youth Mentors.
- In and Out of School Youths as Peer Educators, Youth Advocates, Pa-

ra-Legal and Theatre for Transformation Actors.

Specific social groups with particular focus areas such as Members of Fishermen Associations and Women Business Association groups have also benefited from capacity and competences building.

ADVOCACY

EAM conducts various advocacy activities at national, regional, district and community level addressing diverse health related issues. So far work has been done on health governance, service delivery and access, social accountability and patients' rights. At community level EAM has built the capacity of different social groups like the



SRHR and Family Planning campaign in Chizumulu (15th November 2017)



Population campaign at Nsanje Baptist Church (12th March 2017)



Adolescent Girls and Teen Mothers Clubs SRHR sensitization meeting in Likoma (19th April 2017)

clergy, chiefs, women and the youth that carry out advocacy activities.

COMMUNITY DIALOGUE

EAM realizes that there are some attributes to negative health and social indicators that are rooted in cultural, traditional and religious values and practices. These have in many cases become barriers to behavioural change and transformation. As such EAM mobilizes and provides a forum for faith and traditional leaders, congregants and community members to openly discuss and debate (including FGDs) on such issues and reach a positive consensus. This has resulted in great breakthrough as church congregations and communities have facilitated a supportive environment to delivery of and access to various health services and improved social accountabilities.

ESTABLISHING AND SUPPORTING PROGRAMME GROUPS

EAM establishes and works through programme groups at each programme implementation geographical area. This creates greater opportunities for an effective religious and community mobilization, mobilization of local resources, efficient and effective programme delivery, maximizing target reach and programme sustainability.

These groups include:

- Programme Churches Consortiums that become local programme management teams with
- Youth clubs in churches, mosques and communities that discuss and disseminate issue based information through focus groups discussions, drama, debates, open day displays, choral songs, sports activities etc. Some youth have also been trained as Peer Educators and Theatre for Transformation Actors.
- Adolescent Girls and Teen Mothers Clubs with activities as in Youth Clubs but specifically for and targeting adolescent girls.
- Circles of Hope (HIV Support Groups) for adults and HIV Teen Clubs for children and youths for continued access to counselling, treatment and nutrition.

CONDUCTING ISSUE BASED CAMPAIGNS

EAM conducts issue based campaigns in churches, mosques and villages and open spaces. The week long campaigns start with incorporating issue based messages during Friday, Saturday and Sunday Worshipping services and then at Group Village Headman level running from Monday and closing with an open day rally on Saturday where various activities are displayed. During this campaign period EAM collaborates with various service providers to provide various Services to the people.

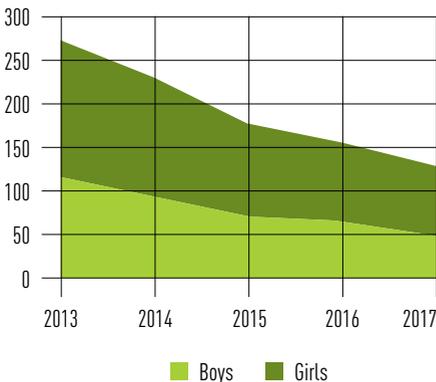
PROGRAMME SUCCESS OUTCOMES

CHURCH DOORS OPENED UP FOR TEACHING, DISCUSSING AND DEBATING SRH AND FP FROM A HEALTH PERSPECTIVE

Since EAM started getting actively and fully involved in this programme the church has been encouraging men, women and youth to access various health services including appropriate information. For instance, 8,600 youths, 714 religious leaders, 280 women leaders and 180 community leaders have been trained as educators and these have in turn reached-out to 37,461 congregants and community member with a variety of approaches.

REDUCED NUMBER BOYS AND GIRLS SCHOOL DROP OUT

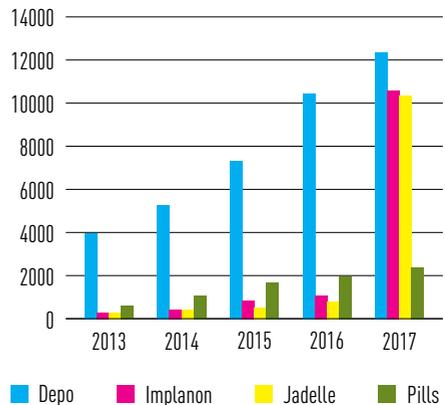
TREND OF SECONDARY SCHOOL DROPOUT



In one of the EAM project implementation areas a sexual and reproductive health project helped to reduce boys and girls school drop out. As illustrated in the graph above girls school drop out was reduced from 256 in 2013 before the inset of the project to 148 by December 2017 while boys school drop out was reduced 149 in 2013 before the inset of project to 57 by December 2017.

INCREASED ACCESS TO FAMILY PLANNING

FIVE YEAR CPR



In one of the EAM project implementation areas a sexual and reproductive health project with Family Planning component helped to increase access of women to Family Planning services from 8,673 in 2013 before the inset of the project to 27,325 by December.

IMPROVED HOUSEHOLD ECONOMIC STATUS

The programme through a concept of Faithful House helped husband and wife plan together on all issues of family management including resource mobilization and budgeting.

INCREASED ACCESS TO HIV COUNSELLING AND TESTING (HCT)

For instance 13,374 people have been tested with 250 diagnosed HIV positive and immediately linked to health facilities for treatment according to NAC, TFS and NCA reports.

INCREASED ACCESS TO ANTENATAL CARE (ANC)

Increased number of women accessing ANC within the 1st trimester of pregnancy – based on IMPACT project.

REDUCTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) OF HIV

Increased number of HIV positive women giving birth to HIV negative children – based on IMPACT Project.



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I pray that they will all be one » John 17:21