



Rotary



2022/2023 ACTIVITY REPORT
ROTARY FAMILY HEALTH DAYS (RFHD) PROGRAM
Rotary Action Group for Family Health & AIDS
Prevention (RFHA)

July 2023

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2022/2023 RFHD Launch at Mitundu Community Hospital,
Lilongwe South

Acronyms

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community Based Organisation
CDC	Centres For Disease Control and Prevention
CHW	Community Health Worker
EPI	Expanded Programme on Immunization
HBV	Hepatitis B Virus
HCT	HIV Counselling and Testing
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HIVDR	HIV Drug Resistance
HTS	HIV Testing Services
IEC	Information, Education and Communication
M&E	Monitoring And Evaluation
MMC	Medical Male Circumcision
NCD	Non-Communicable Diseases
NDOH	National Department of Health
NDP	National Development Plan – Vision 2030
NGO	Non-Governmental Organisation
OVC	Orphaned And Vulnerable Children
PEPFAR	United States Presidential Emergency Fund for AIDS Relief
STI	Sexually Transmitted Diseases
TB	Tuberculosis
UNAIDS	Joint United Nations Programme On HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
UTT	Universal Test and Treat
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation



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Executive Summary

Malawi joined the Rotary Family Health Days (RFHD) Program in 2022/2023 Rotary year. The first RFHD activities were implemented in the last half of 2022/2023 (March - April 2023). All Rotary Clubs in Malawi participated in the pilot phase of RFHD activities. These are: Rotary Club (RC) of Lilongwe Bwaila, RC of Blantyre, RC of Limbe (Blantyre), RC of Lilongwe, RC of Lilongwe City Center, RC of Lilongwe Lingadzi and RC of Mzuzu.

Every club was represented in the Steering Committee which comprised of the Club Coordinators, Club Presidents, and Assistant Governors as ex-officials. The Steering Committee was chaired by RFHD Country Coordinator. The RFHD Country Coordinator is also the secretary for the Board of Directors.

The RFHD Program had significant reach to twelve sites, with a total of 7,580 beneficiaries registered and received various medical services, including 3,658 (48%) females and 3,922 (52%) males. A total of 738 (10%) consent forms were signed, indicating the high level of interest and engagement from the local community to be followed up. These statistics demonstrate the program's effectiveness in improving healthcare access and outcomes in Malawi, and its success in reaching to many beneficiaries in the targeted areas.

Overall, the RFHD Program was successful. Thanks to the significant participation by the local communities and the successful implementation of the program by the seven Rotary Clubs in Malawi, the Steering Committee which provided technical backstopping, the Secretariat which provided leadership and coordination of the program, Ministry of Health and the ten Health facilities who were engaged in the program, and all stakeholders and partners involved and supported the events. Special appreciation to the Minister of Health who graced the launch of the program at Mitundu Community Health Hospital.

The RFHD was able to draw different stakeholders and partners to support the implementation. There was support from government officials, political, religious, and traditional leaders in the sites where RFHD services were provided. Lack of active participation by Rotarians during the RFHD is a key area that needs to be addressed. It was noted that apart from the launch day most sites had very few Rotarians present.

Rtn Vincent Sikelo



Country Coordinator

Hon Khumbize Chiponda



Minister of Health

Rtn Stellah



Club President



1 Planning for the Rotary Family Health Days

1.1 The Structure in Malawi RFHD Coordination

RFHD in Malawi was implemented through a national structure which was supported by the Rotary Cubs. The structure included a board of directors, a secretariat and a steering committee which was composed of club coordinators, assistant governors, and club presidents as ex-official members. All the seven (7) participating clubs had a club coordinator and an M&E focal person who led the activities at club level.

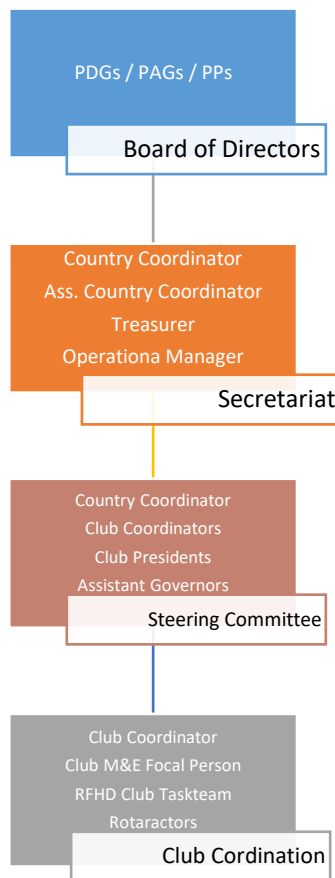


Figure 1: RFHD implementation structure in Malawi.

The secretariat was able to get all the necessary documentation and authorizations from the Ministry of Health (including the letter of commitment) and all the necessary support from the respective District Health Offices (DHOs) (including support from Director of Health and Social services in Lilongwe, Blantyre, and Mzuzu).



1.2 Site Selection

The Steering Committee, with consultation from RCs in Malawi selected 14 sites for possible RFHD implementation. However, 12 out of the 14 sites were implemented (2 sites being excluded following exhaustion of funds allocation for RC Bwaila because of the launch but they reached target from the launch site and one site in Blantyre for RC Limbe). Figure 1 displays districts that participated in the RFHD 2022/23.

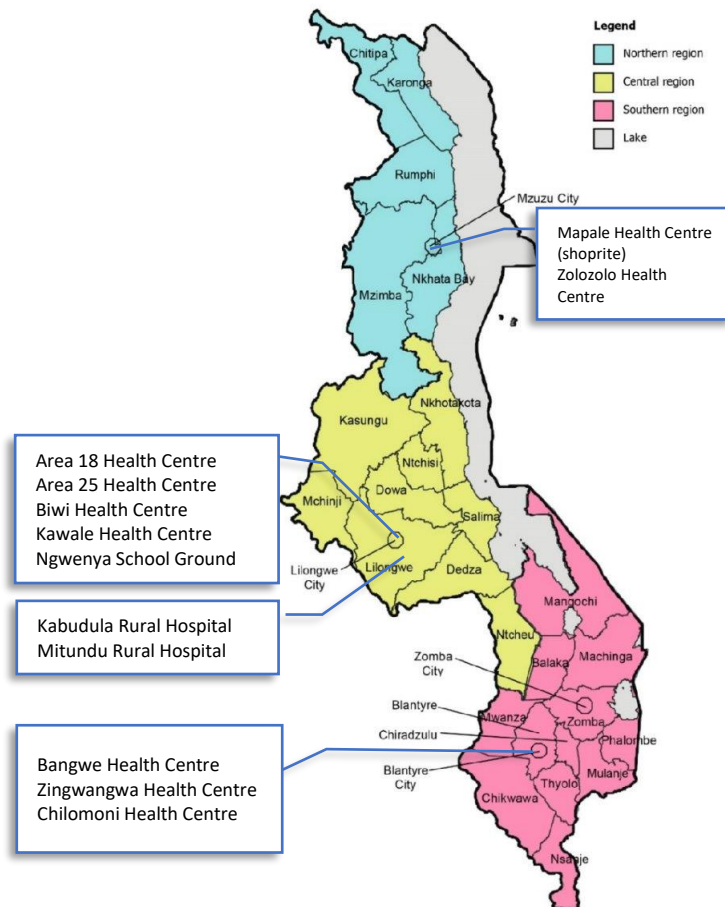


Figure 2: Map of Districts indicating where RFHD were implemented.

1.3 RFHD Awareness Among RC Members

Prior to the implementation of RFHD, an orientation was conducted to sensitize all RFHD Club Coordinators about the goals and objectives of the RFHD and its implementation plan. In addition, the RFHA CEO, Sue Paget visited Malawi which allowed members of the steering committee and the board to get a better understanding of the RFHD. The RFHD Country Coordinator and Assistant Coordinator carried out sensitization by attending club meetings as guest speakers.



A series of M&E training sessions were also conducted to provide participants with the necessary skills and knowledge to collect and analyze data during the health days. The first training was a physical training conducted by M&E Consultant (Elyjoy Landa) from South Africa who was also accompanied by the Chair, RFHD Africa Operations Committee (Past District Governor, Rotarian Eric Kimani). The training covered the basics of data collection and analysis, including how to use mobile devices to collect data and how to input data into the online reporting system.

Virtual training was also conducted for the Rotary clubs in Blantyre, allowing participants to attend remotely and learn the same M&E skills and techniques as those who attended the physical training. The online training focused on troubleshooting issues that arose during data collection and provided additional guidance on how to improve the quality and accuracy of the data collected.

Another physical training session in Mzuzu was conducted by the Operations Manager to ensure that participants in that region also had the necessary M&E skills and knowledge to effectively collect and analyze data during the health days. All M&E training focused on utilizing the youth from Rotaract clubs in Lilongwe, Blantyre and Mzuzu.

2 Implementation of Rotary Family Health Days

2.1 The Launch

The RFHD was officially launched in Malawi on the 23rd of March 2023, at Mitundu Community Hospital in Mitundu, Lilongwe. The event was graced by the Minister of Health, Hon Khumbize Kandodo Chiponda, MP. It was also attended by several dignitaries, including the Principal Secretary for Health, the District Commissioner for Lilongwe District, and various representatives from Rotary Clubs. Additionally, several stakeholders were present to support the initiative, including ASHA specialist audiology, Imaging the World (ITW) the Malawi Blood Transfusion Services (MBTS), Family Planning Association of Malawi (FPAM), Good Vision, Global Polio Eradication Initiative (GPEI), Blantyre Institute for Community Outreach (BICO), and Developed Medical Imaging (DMI).

Speaking at the launch, the Minister of Health highlighted the importance of the RFHD in supporting the government's efforts to improve healthcare access and services in Malawi. She praised the partnership between Rotary International, local Rotary Clubs, NGOs, and the Malawi government, which had made the RFHD possible. She also expressed her appreciation for the hard work and dedication of all those involved in the planning and implementation of the health days.

The RFHD National Coordinator, Rotarian Vincent Sikelo, also spoke at the launch. He thanked all the partners involved in making the Rotary Family Health Days a reality. He emphasized the need to focus on prevention and disease management, and to prioritize reaching underserved and marginalized populations. Rotarian Dr. Stella Kasirye, the President of Rotary Club of Bwaila spoke about the club's commitment to community service and the importance of engaging communities in healthcare delivery.



Photo 1: Minister of Health, Hon Khumbize Kandodo Chiponda (in red cap), MP, and several dignitaries, including the Principal Secretary for Health, the District Commissioner for Lilongwe District and various representatives from Rotary Clubs

The services provided during in all RFHD sites included:

Screening and testing	Immunization	Education & counselling	Other Services
<ul style="list-style-type: none">• HIV/AIDS• Cancers• Blood Pressure• STI's• Malaria• Nutritional State	<ul style="list-style-type: none">• Polio• Measles• HPV• Hepatitis B and C• Covid 19• Vitamin A supplements	<ul style="list-style-type: none">• Family Planning• Mental Health• Alcohol and substance abuse	<ul style="list-style-type: none">• Women Health care• Dental services• Eye Services• Orthopedic services



Table 1: Package of Services provided at RFHD Sites

Screening and Testing	Immunizations	Education and Counselling	Other Services
HIV/AIDS	Polio	Family Planning	Women's Health
Cancer	Measles	Mental Health	Dental
Blood Pressure	Human Papillomavirus (HPV)	Alcohol & Substance Abuse	Eye Care
Sexually Transmitted Infections (STIs)	Hepatitis B & C Virus (HBV)		Orthopedic services
Malaria	COVID-19		
Nutrition	Vitamin A Supplements		

Table 1 displays the package of services offered at Mitundu Rural Hospital during RFHD Launch in Malawi. The launch of the RFHD was a success. Over 800 services were received by beneficiaries during the launch day at Mitundu. The number of individuals who received different services on the launch day exceeded 800 individuals (specific totals of numbers of individuals that received services and types of services is provided in the M&E report, refer to **Appendix 3** of this report).

2.2 RFHD Implementation at other sites

The RFHD implementation in the other sites followed a similar strategy as was at the launch, with different services being provided and partners engaged to provide specialized services.

The implementation of RFHD in the other sites started a week after the launch. The first clubs to implement the RFHD were Lilongwe clubs including RC Lilongwe, RC Lingadzi and RC Lilongwe City Center from 30th March to 1st April 2023. This was followed by Clubs in Blantyre (Blantyre and Limbe) and RC Mzuzu who conducted the RFHD from April 13th – 14th 2023 and completed by Lingadzi RC final site on 13th – 14th April 2023. **Appendix 1** provides a list of sites, dates and names of Rotary Clubs which conducted RFHD events.



Photo 2: A client consulting with a service provider, ear care service.

A summary of partners engaged is provided as **Appendix 2**, providing a brief of each partner and key services offered.

2.3 Media Strategy and Plan

The RFHD program recognized the importance of engaging with various media outlets to increase awareness and visibility of its activities.

To achieve this, the program engaged media houses, including both television and radio stations, such as the Malawi Broadcasting Corporation (MBC), Times (TV and radio), and Zodiak (radio and TV). The program also reached out to print media outlets, such as the Nation Newspaper and Times Newspaper, to cover the program's activities. The programme also utilized social media as a way of sharing messages about the RFHD through audio and video clips.

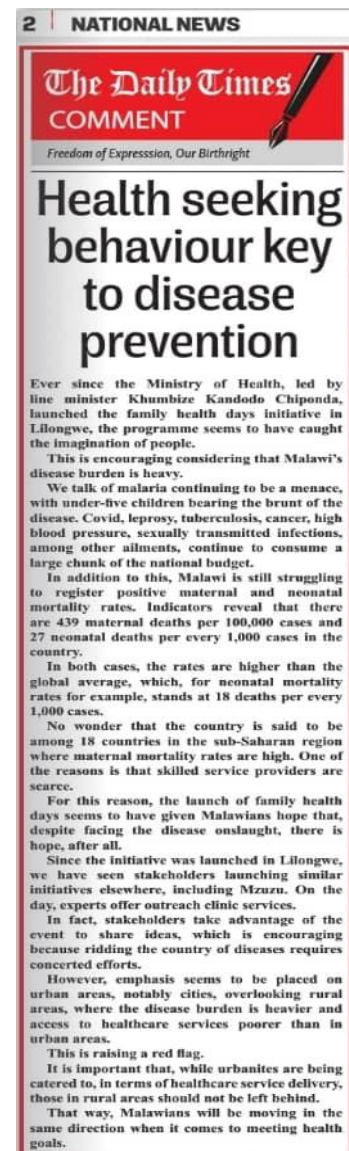


Photo 3: Snippets and screenshots of media engagements (top left, Nation Newspaper, bottom left MBC TV, right Daily Times newspaper)



2.4 Monitoring and Evaluation

Monitoring and Evaluation of the RFHD in Malawi involved collecting data using Kobo forms that were digitized from the hard copy version. Data was collected by volunteers including Rotaractors and other hospital staff who were trained on data collection protocols.

The data collected did not include personal identifying information, but it included gender, age, place of residence etc. Clients coming to a site were registered using a registration form, and service tally forms were used to capture the kind of services that clients received from the RFHD. Each site coordinator was required to capture site data, including the number of volunteers, health workers, and Rotarians available on each day. The data collected was reviewed by the M&E Consultant, Elyjoy Landa in South Africa.

Additionally, during the RFHD, consent was collected from random individuals for follow-up activity that would happen 3 months after the completion of the activity. Once consent was given, details about the client and their contact were collected for follow-up. A total number of 738 consents were obtained for follow-up activity.



Photo 4: data collectors (Rotaractors) seen using a mobile device on a service delivery point to collect data.



2.5 Core RFHD Services Provided

The RFHD program provided a range of core services across its seven rotary clubs in Malawi. The program focused on promoting health and well-being by providing key healthcare services such as HIV testing and post-test counseling, pre-test counseling, blood pressure tests, blood sugar (diabetes) tests, BMI measurement, pulse tests, and family planning counseling. The program also provided important vaccinations such as polio and hepatitis B and C, and deworming services.

Additionally, the program promoted safe sex practices through male condom provision and contraceptive services.

Overall, the program was successful in providing a comprehensive set of core services that addressed the diverse health needs of the communities it served. The list of core services and number of individuals accessing the core services are presented in **table 2**, and the percentage distribution shown in figure 4.

Table 2: Uptake of Core services during the RFHD

Service	B.P test	Blood sugar test	BMI measurement	Cholestorl test	Pulse test	STI Screened	ART	First HIV Test Ever	HIV Test Counselling	HIV Test	Antenatal	Contraceptive	Family Planning	Female Condoms	Male Condoms Provided	Pregnancy Test	TB Symptomati	Treatment Defaulter	Deworming medication	Malnourish ment	Hepatitis B Vaccination	Measles, 1st- 2nd dose.	Other vaccinations	Polio Vaccination
No. of individuals accessing the Services	2296	929	1326	5	935	111	61	136	729	593	77	223	277	26	200	107	112	8	302	63	114	162	445	446

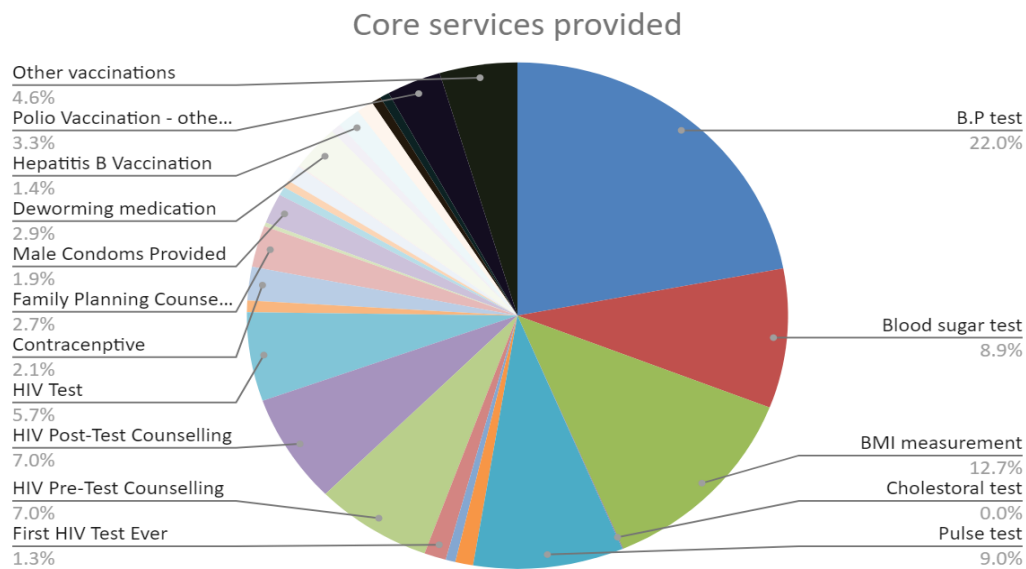


Figure 3: Pie Chart of Core Services Uptake



2.6 Rotary Add-on Services Provided

The RFHD program provided a range of add-on services that were crucial in addressing the healthcare needs of the local communities. Eye care and ear screening were highly utilized, with 37.2% and 20.8% of individuals receiving the services, respectively.

The high percentage of eye care and ear screening services demonstrated the significant need for such services in the targeted areas. Malaria screening was also highly utilized, with 13.6% of individuals receiving this service, indicating the high burden of malaria in Malawi. Dental treatment, cough treatment, orthopedic services, and cancer screening services were also provided, albeit in smaller percentages. Overall, the RFHD program's add-on services were successful in addressing a wide range of healthcare needs, improving the health outcomes of the local communities. Worth mentioning would be the Eye, Ear, Malaria screening which had a high uptake during the period.

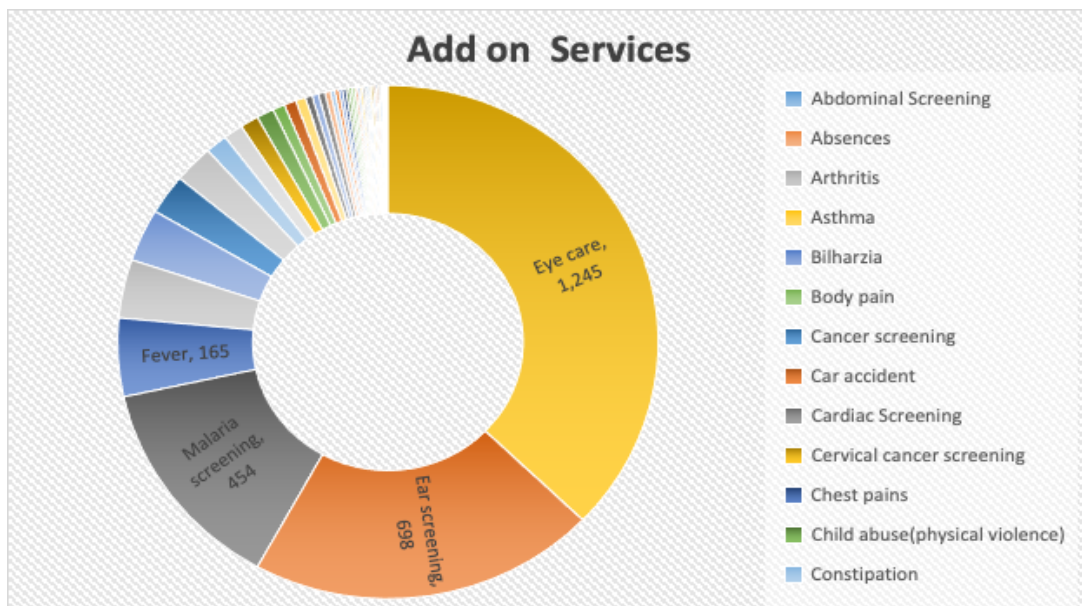


Figure 4: Addon Services provided during the RFHD.

2.7 Referral Services Provided

Despite the RFHD program's success in providing effective screening and treatment for various healthcare needs, the program was able to make several referrals to address the health needs that could not be treated on-site.

A total of 199 referrals were made to District and Central Hospitals. A total of 50 referrals were made for BP, two referrals for blood sugar, 101 referrals for HIV, one referral for STI, 14 referrals for malnourishment, and 31 referrals for family planning.

These referrals were crucial in ensuring that individuals with more complex health needs received appropriate care. While the referral system was not as robust as the screening and treatment services, it still played an important role in improving the overall health support to the local communities.

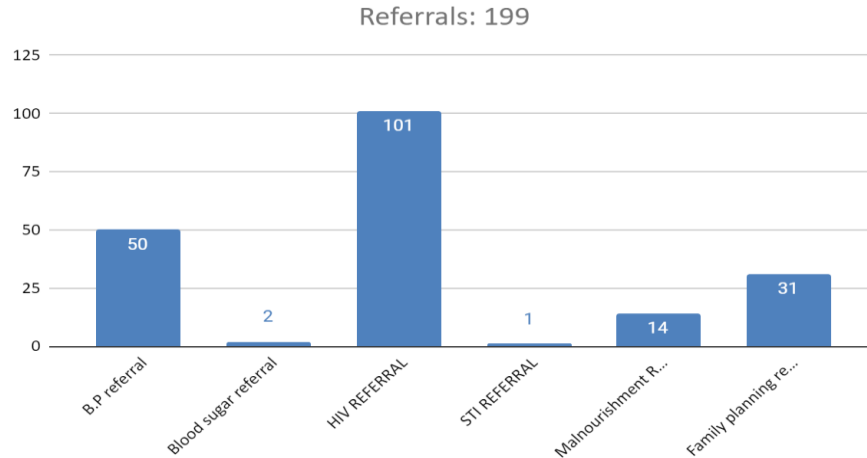


Figure 5: referrals made during the RFHD.

3 RFHD Cost per Capita.

The RFHD in Malawi received a total funding of \$79,000 and by the completion of the RFHD activities implemented by different clubs the activity expenses amounted to \$65,024.13, representing a total of 82% of the funding utilized.

Table 3: RFHD Cost per beneficiary reached.

Description	Total
Funding received (US\$)	79,000.00
Expenses (US\$)	65,024.13
Beneficiaries Reached	7,580
Cost per Beneficiary (US\$)	8.58
Total services provided	13,789

The RFHD outcomes demonstrated exceptional performance, exceeding expectations while maintaining cost efficiency. The cost-benefit analysis per capita reveals significant achievements by the RFHD in Malawi reaching a total of 7,580 beneficiaries at a cost of \$65,024.13, translating to a cost of \$8.58 per beneficiary. These results highlight the effective management of resources, strategic decision-making, planning, and diligent execution, resulting in an impressive output that maximized benefits while minimizing costs.

4 Impact Study of the RFHD

An impact study for the RFHD was conducted after 4 months, in August 2023 post implementation. The RFHD Impact Study engaged 192 respondents who provided their consent to participate during the RFHD. Reasons for attendance were multifaceted, with 84 (44%) attendees expressing general interest in RFHD, 47 (24%) attending for testing purposes, 34 (18%) addressing specific medical issues, and 26 (14%) citing



various other reasons. Accompanied visits were common, with individuals attending alongside Rotary Presidents, partners, elderly family members, minors, or due to living alone, supporting a patient, privacy, or providing moral support.

The respondent's awareness about RFHD primarily spread through clinics (37.1%), loud hailer (32.9%), colleagues (11.4%), radio (0.7%), posters (6.4%), family and friends (1.5%), and neighbours (2.1%). Accessibility to healthcare presented challenges for 20.1% of respondents, citing issues like distance, cost, waiting times, respect, safety concerns, and others. Despite these obstacles, 70% of respondents received services during the RFHD event, and among them, 30% received subsequent referrals. Notably, 78% of those referred attended health clinics for further assistance.

Following their RFHD experience, an overwhelming 88.1% of respondents reportedly observed changes, with 90.1% noting improvements in their health. Experience ratings were generally positive, with 79 respondents rating the event as excellent, 68 as good, and 15 as okay, although challenges were identified. These included insufficient medication, service quality issues, long waiting periods, limited services, and concerns about health staff attitudes.

The study's recommendations focused on actionable improvements, advocating for larger event grounds to accommodate more attendees comfortably, increased awareness efforts beforehand, ensuring medication availability, providing additional eye screening services, offering self-tests for malaria and HIV, provision of refreshments, increasing the frequency of RFHD events and more days, augmenting medical personnel to reduce waiting times, improving event timekeeping, extending services to hard-to-reach areas, and expanding service variety to meet diverse needs. **Appendix 4** summarizes in graphical representation the key impact study findings.

5 Conclusion

The Rotary Family Health Days (RFHD) program in Malawi has recorded significant successes in providing healthcare services to underserved communities. For the first time, the local communities were provided an opportunity to access preventive health screening health services. The trend in Malawi and across the world, is that an individual is allowed to receive health service screening only when he/she is not feeling well, or he/she has a disorder in the body. RFHD provided much-needed healthcare services to thousands of people across the country. The program has showcased the power of partnership and collaboration in addressing the healthcare challenges facing communities in Malawi.

Appreciation is expressed to the Ministry of Health for accepting the RFHD Program to be implemented in Malawi through its health facilities in Malawi. This demonstrated the continued and strong partnership with the Ministry and its health facilities with all the Rotary Clubs in Malawi that has existed for years. More appreciation to Rotary Clubs in Malawi for their tireless efforts in organizing and implementing the program. Their commitment to 'Service Above Self' is truly inspiring, and their partnership in this program is greatly valued.

The healthcare workers and volunteers who gave their time and expertise to make this program successful are also recognised and appreciated. Their dedication to improving the health and wellbeing of fellow Malawians is a testament to the spirit of Ubuntu.



The communities are thanked for their interest in participating in the Rotary Family Health Days program in Malawi. It is anticipated that the program has inspired them to continuously visit health facilities periodically for preventive medical checks.

6 Key Challenges and Recommendations

There were some challenges experienced during the implementation. The key challenges experienced by RFHD implementing clubs are highlighted below and recommendations to improve the program's effectiveness and sustainability in future events.

6.1 Key Challenges:

- Inadequate planning and preparation: Some of the venues selected for the program were provided with inadequate services, leading to overcrowding and long waiting times for clients.
- Misunderstanding on roles and responsibilities: there were some misunderstandings in the Rotary clubs, resulting in some Rotarians not being fully aware of their roles and responsibilities resulted in reduced participation.
- Health personnel staffing: healthcare workers were inadequate to cater to the large numbers of people seeking services, leading to delays and some patients being turned away.
- RFHD period: some RFHD events were conducted in one day which proved to be inadequate to accommodate many clients who wanted the services. The first day beneficiaries acted as ambassadors of goodwill who went to inform their relatives and friends but did not find the services on the second day.

6.2 Recommendations

- Planning and preparation: it would serve the coordinating team well to get further oriented on how services are provided, and the model of service provision being used in Malawi to be able to select the best sites for service provision.
- RFHD venues: the RFHD coordinating team should conduct thorough assessments of the venues selected for the program and ensure that they are suitable for the services to be provided.
- RFHD awareness: the coordinating team should find means to increase RFHD awareness among the club members. The RFHD secretariat should increase RFHD awareness to club members encouraging participation of all Rotarians and stakeholders and their roles and type of support expected of them.
- Healthcare support: the coordinating team should negotiate with participating health facilities to find means of getting more healthcare workers to cater to the large numbers of people seeking services. This could include engaging more health personnel on a short time basis and ensuring there is up-front planning for the participation of the health workers.
- RFHD period: all RFHD events should have a minimum of 2 days period to all more beneficiaries who have heard from friends and relatives to benefit from the screening services.



- M&E system: improving M&E systems to reduce double effort and complication arising from multiple forms being used. This would also require more training time for volunteers being used in data collection and having multiple real-time practical sessions.

To ensure the sustainability and effectiveness of the program, it is important to address the challenges faced during its implementation. Implementing the recommendations outlined in this report can help to overcome these challenges and improve the program's impact in the future.



7 PICTORIAL FOCUS





Appendix 1: Sites, Dates and Leading Clubs

Dates of implementation	Name of Site	RC leading implementation
23 – 25 March 2023	Mitundu Rural Hospital (launch site)	RC Lilongwe Bwaila
30 March – 1 April 2023	Area 18 Health Centre	RC Lilongwe
30 March – 1 April 2023	Area 25 Health Centre	RC Lilongwe City Center
30 March – 1 April 2023	Biwi Health Centre	RC Lilongwe Lingadzi
30 March – 1 April 2023	Kawale Health Centre	Lilongwe RC
1 – 2 April 2023	Kabudula Health Centre	Lilongwe City Center RC
13 – 14 April 2023	Bangwe Health Centre	RC Blantyre and Limbe
13 – 14 April 2023	Chilomoni Health Centre	Blantyre and Limbe RC
13 – 14 April 2023	Mapale Health Center (Shoprite site)	Mzuzu RC
13 – 14 April 2023	Zingwangwa Health Centre	Blantyre and Limbe RC
13 – 14 April 2023	Zorozoro Health center	Mzuzu RC
21 – 21 April 2023	Biwi Health Centre (Ngwenya site)	RC Lilongwe Lingadzi RC

Appendix 2: RFHD Partner Summary

LOGOS

Rotary



PARTNER ORGANIZATION AND BIO

ROTARY INTERNATIONAL

Rotary International is a global organization of community volunteers with the aim of promoting peace, fighting disease, providing clean water and sanitation, supporting education, and growing local economies. It was founded in 1905 and currently has over 1.4 million members across 46,000 clubs in more than 220 countries in 34 regions/zones. Rotary's flagship program is the Rotary Foundation, which has provided over \$4 billion in grants and aid to fund humanitarian projects worldwide. Rotary International also sponsors several other programs, including Youth Exchange, Peace Fellowships, and the Rotaract program for young adults. Rotary's focus on **Service Above Self** and dedication to making a positive impact in communities has earned it recognition as one of the most effective and respected service organizations in the world.

The clubs that participated in the RFHD include Rotary Club of Blantyre, Rotary Club of Lilongwe, Rotary Club of Limbe, Rotary Club of Mzuzu, Rotary Club of Lilongwe Bwaila, Rotary Club of Lilongwe Lingadzi, and Rotary Club of Lilongwe City Center.

<https://www.rotary.org/en>



MALAWI GOVERNMENT
MINISTRY OF HEALTH

The Government of Malawi through the Ministry of Health (MoH) is responsible for the general health of the country's population. The MoH is headed by the Minister of Health, who is appointed by the President of Malawi. The MoH has a number of departments and agencies that are responsible for different aspects of public health, including:




Disease control and prevention, Maternal and child health; Nutrition, HIV/AIDS, Tuberculosis, Malaria, Water and sanitation, Environmental health, primary (health centre) secondary (District hospitals) and Tertiary (Central Hospitals) services.

The MoH also works with a number of partners, including other government ministries, non-governmental organizations, and donors, to improve the health of the Malawian population.

The mandate of the Ministry of Health is to set the agenda for health in Malawi in collaboration with stakeholders. The Minister of Health provides Government's Policy directions on health matters.

The Ministry is responsible for developing, reviewing and enforcing health and related policies for the healower-level spearheading sector reforms; developing and reviewing standards, norms and management protocols for service delivery and ensuring that these are communicated to lower level institutions; planning and mobilizing health resources for the

LOGOS	PARTNER ORGANIZATION AND BIO
	<p>health sector including allocation and management; advising other ministries, departments and agencies on health related issues; providing technical support for supervision; coordinating research; and monitoring and evaluation https://www.health.gov.mw/</p> <p>GOOD VISION Good Vision is a non-profit organization that provides free eye care services and eyeglasses to underserved communities in various countries, including Malawi, Uganda, and Kenya. The organization aims to eliminate preventable blindness and vision impairment by providing access to quality eye care services and education. Good Vision partners with local hospitals, clinics, and other organizations to identify and serve those in need. The organization conducts vision screenings and provides eyeglasses to those who require them. Good Vision also provides training to local healthcare workers to improve their skills in identifying and treating eye conditions. Through their work, Good Vision has helped to improve the quality of life for many individuals and communities by restoring their sight and preventing unnecessary suffering. https://goodvision.org</p>
	<p>FAMILY PLANNING ASSOCIATION OF MALAWI (FPAM) The Family Planning Association of Malawi (FPAM) is a non-governmental organization that provides sexual and reproductive health services, including family planning, maternal health, and HIV/AIDS prevention and care. FPAM was established in 1985 and has since expanded its services to reach communities across Malawi, particularly those in rural and hard-to-reach areas.</p> <p>FPAM works closely with the Malawi government, as well as other local and international organizations, to improve access to sexual and reproductive health services and information for all Malawians. The organization's efforts have led to significant progress in reducing maternal and infant mortality rates, increasing the use of family planning methods, and preventing new HIV infections. https://www.fpamalawi.org</p>
	<p>MALAWI BLOOD TRANSFUSION SERVICES (MBTS) Malawi Blood Transfusion Services (MBTS) is a non-profit organization that was established in 2003 with the mission to provide safe, adequate, and sustainable blood and blood products in Malawi. The organization operates as an autonomous body under the Ministry of Health and is responsible for the collection, testing, processing, and distribution of blood and blood products in Malawi.</p> <p>MBTS has a network of 22 blood collection sites and 5 testing laboratories across the country and relies on voluntary blood donations from the community to ensure an adequate supply of blood and blood products. The organization is committed to</p>

LOGOS	PARTNER ORGANIZATION AND BIO
	<p>ensuring the safety and quality of blood and blood products through strict adherence to international standards and protocols and has been recognized for its efforts in promoting voluntary blood donation and reducing the spread of blood-borne diseases in Malawi.</p> <p>https://mbtsmalawi.com</p>
	<p>BICO exists to champion community eye health in Malawi and the region in order to achieve extraordinary improvements in eye care service delivery for the prevention and control of avoidable blindness in Malawi and the region.</p> <p>BICO does not directly implement its programmes and projects. They work with and through partners. The main partners are Ministries of Health and Education in Malawi. BICO also works in collaboration with international partners who sub-contract BICO to implement projects such as conducting research in eye care in Malawi. BICO is also member of the International Coalition for Trachoma Control, a global alliance of international NGOs committed to elimination of blinding Trachoma world wide</p> <p>https://bicomalawi.org/about-bico/</p>
<p>Imaging the World</p> 	<p>Imaging the World (ITW) reshapes rural healthcare by building human and technical capacity to offer top-flight ultrasound imaging services in rural locations. The organisation uses commercially available, portable, hand-held devices that meet certain criteria, including diagnostic quality, scan features that match local use-cases, cost, ease of use, portability, serviceability, and security. This technology is easily procured, easy to learn, and easy to teach.</p> <p>https://www.imagingtheworld.org/malawi</p>
<p>Developed Medical Imaging (DMI)</p> 	<p>Developed Medical Imaging is a Malawian NGO that is made up of radiology staff working together to optimize the wellbeing of patients by using different imaging modalities and processes to image the human body for diagnostic and treatment purposes.</p> <p>https://dmi2020.com/</p>

LOGOS

PARTNER ORGANIZATION AND BIO



ASHA specialist audiology provides all ear and hearing services which includes the following; Infection management, Wax removal, Foreign body removal, Diagnostic hearing assessment for Children and Adults, Hearing Screenings (companies, industries, schools), Vestibular assessment and management, Neonatal/ New born hearing screening, Cochlear implants assessment and rehabilitation, Speech assessment and rehabilitation, Hearing aid fitting, followup and rehabilitation, Outreach service in Malawi. Thereby identifying, preventing and treating ear and hearing conditions as early as possible to thereby preventing permanent hearing loss in Malawi
<https://ashasaudiology.com/>



The goal of the Global Polio Eradication Initiatives (GPEI) is to complete the eradication and containment of all wild, vaccine-related and Sabin polioviruses, such that no child ever again suffers paralytic poliomyelitis.

Launched in 1988 after the World Health Assembly passed a resolution to eradicate polio, the Global Polio Eradication Initiative, along with its partners, has helped countries to make huge progress in protecting the global population from this debilitating disease. As a result, global incidence of polio has decreased by 99.9% since GPEI's foundation. An estimated 16 million people today are walking who would otherwise have been paralyzed by the disease, and more than 1.5 million people are alive, whose lives would otherwise have been lost. Now the task remains to tackle polio in its last few strongholds and get rid of the final 0.1% of polio cases.
<https://polioeradication.org/>



Mind Over Matter is a comprehensive Mental Health Programme aimed at promoting Mental Wellness and helping individuals who are struggling with their mental health.

The programme is implemented through:

- . Outreach – teaching students and communities in their location about mental health and sharing necessary information including access to help.
- . Online Weekly Talk show – tackling various topics under Mental Health for public awareness.
- . Rehabilitation - for individuals struggling with drug and substance abuse. Mind Over Matters creates an atmosphere for people to withdraw from the abuse through various activities and talk therapy.

<https://www.facebook.com/profile.php?id=100092656263108>



Malawi M&E Summary Report



Rotary



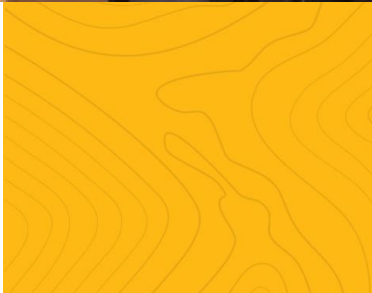
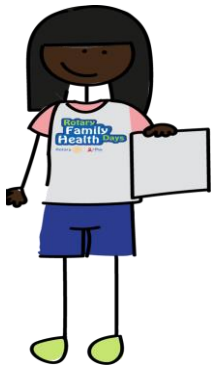
Rotary Action Group for Family Health & AIDS Prevention, Inc.



Participation in RFHD

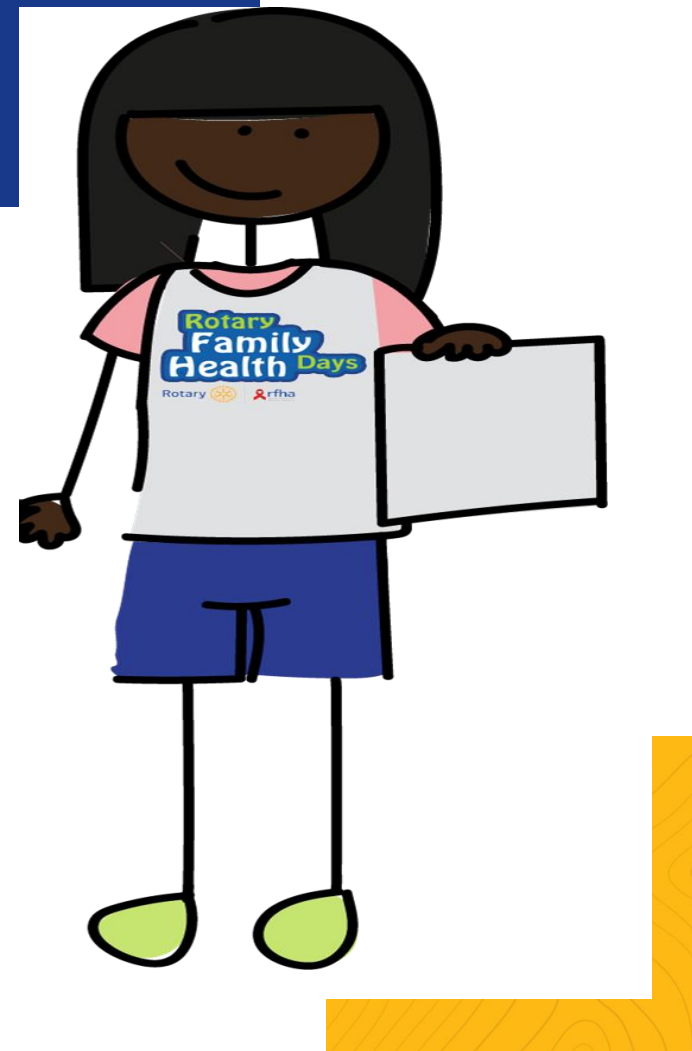


Site	Rotarians	Health workers	Other Service Provider staff	Other volunteers
TOTAL	62	285	12	80
Area 18 Health Centre	3	0	0	0
Area 25 C	7	37	0	5
Biwi	6	40	12	20
Biwi Health Centre	5	32	0	19
Bwaila Health Centre	2	16	0	8
Kabudula	2	20	0	10
Kawale	22	63	0	0
MAPALE	15	77	0	18

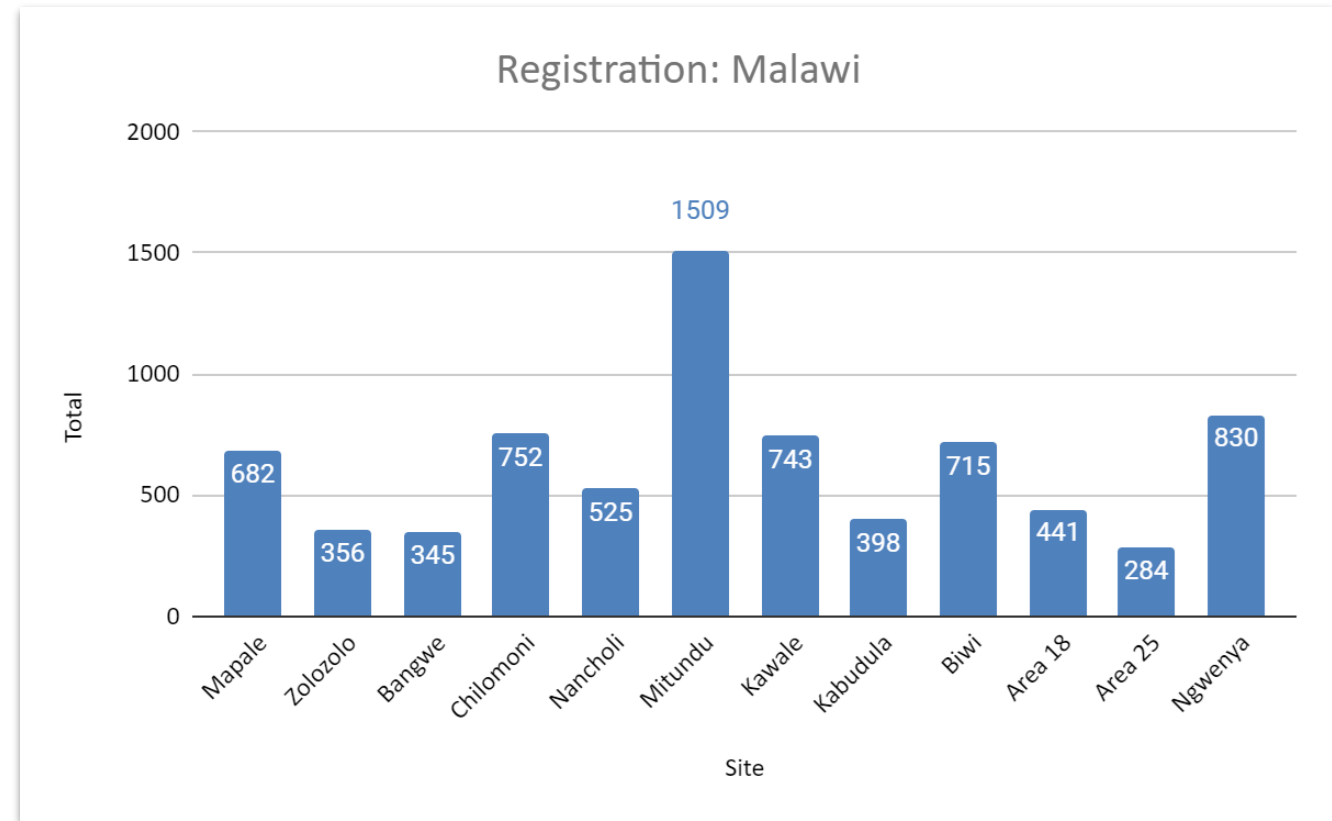




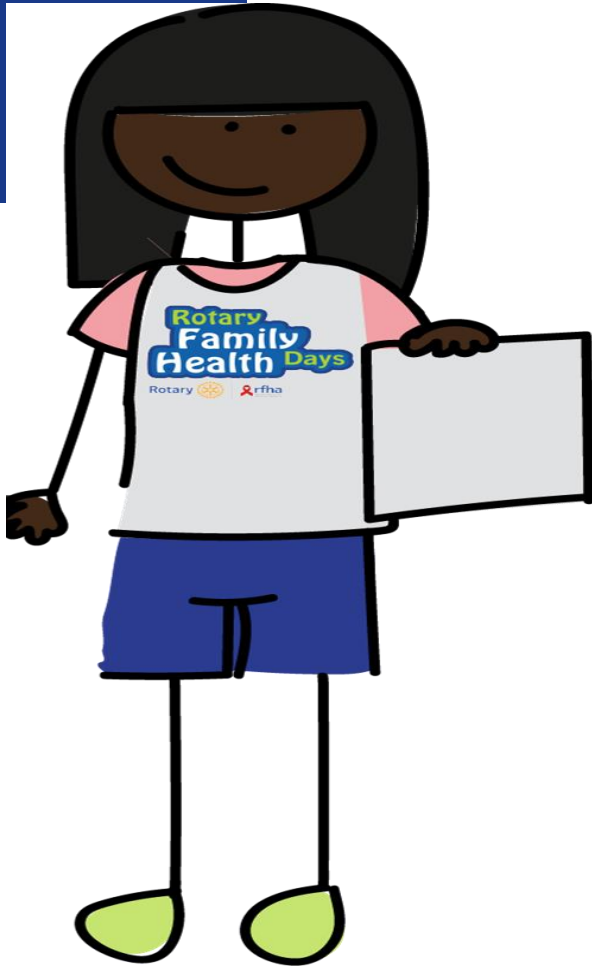
Registration of Attendants



Sites	Total Registrations	Male	Female	Consent forms
12	7580	3658	3922	738

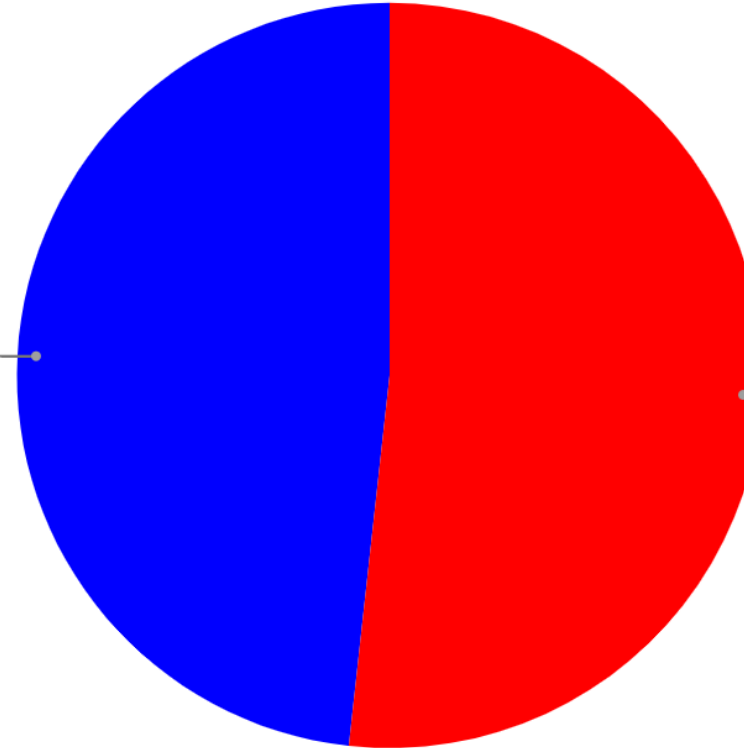


Gender breakdown



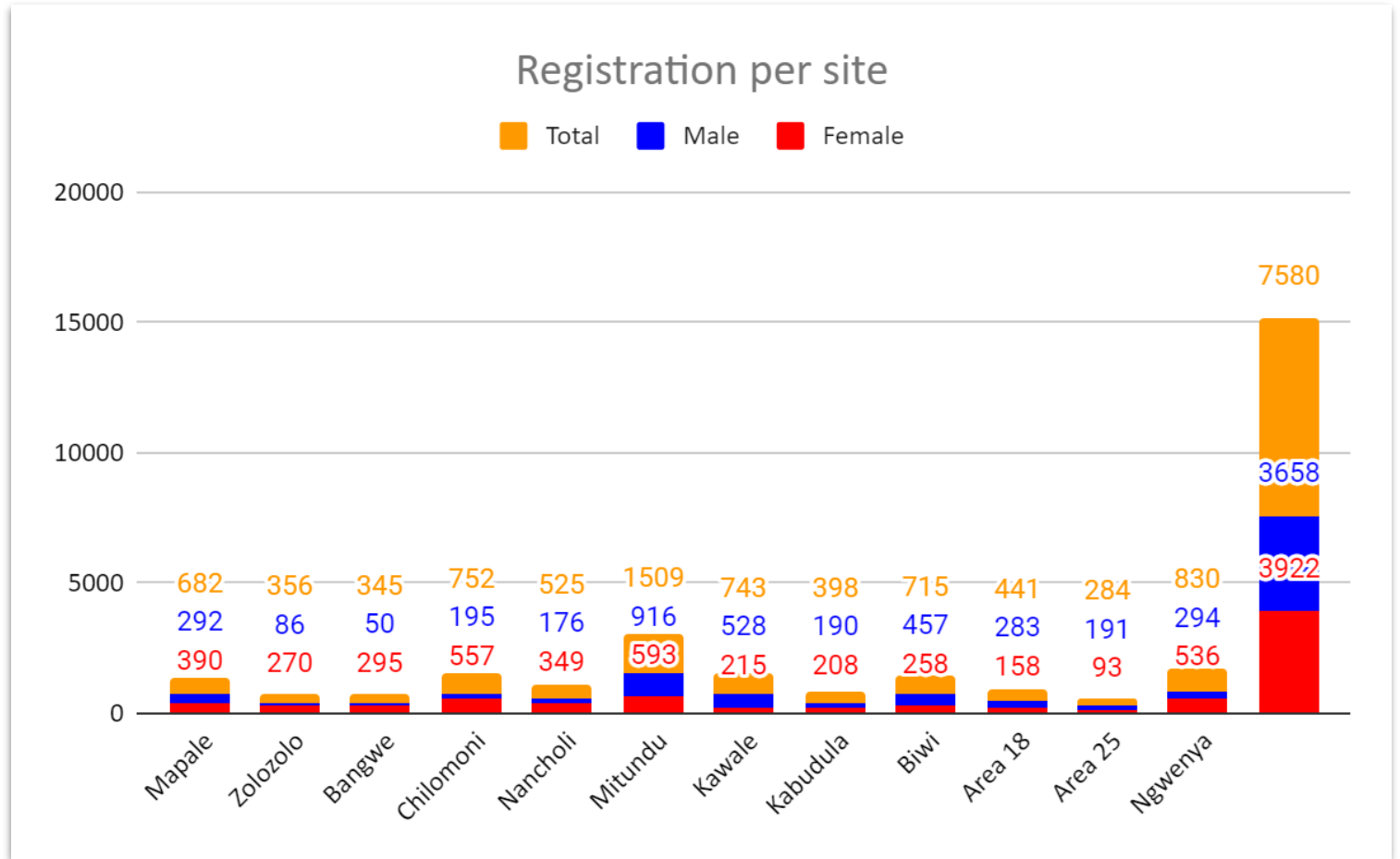
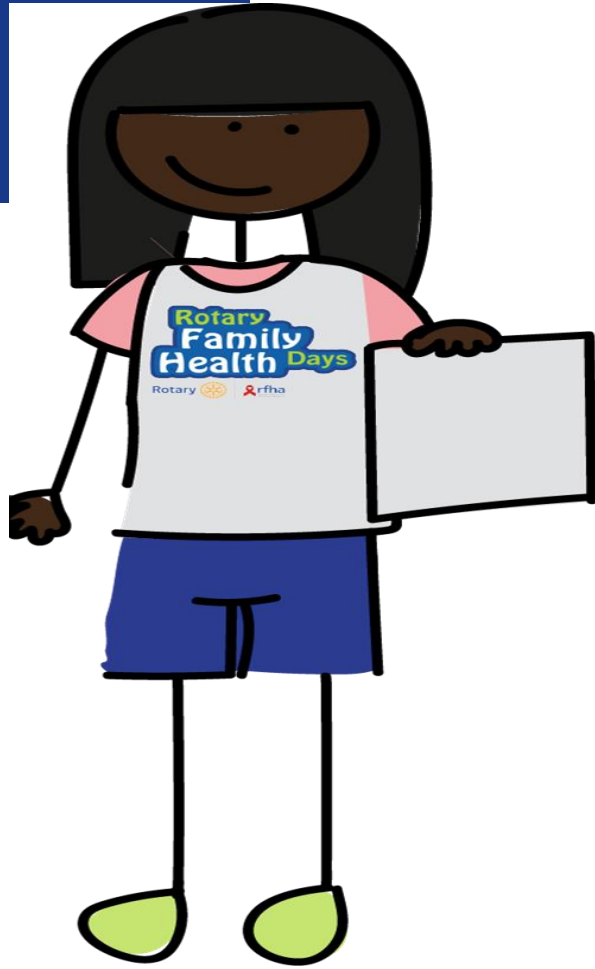
Gender Aggregation

Male
48.3%

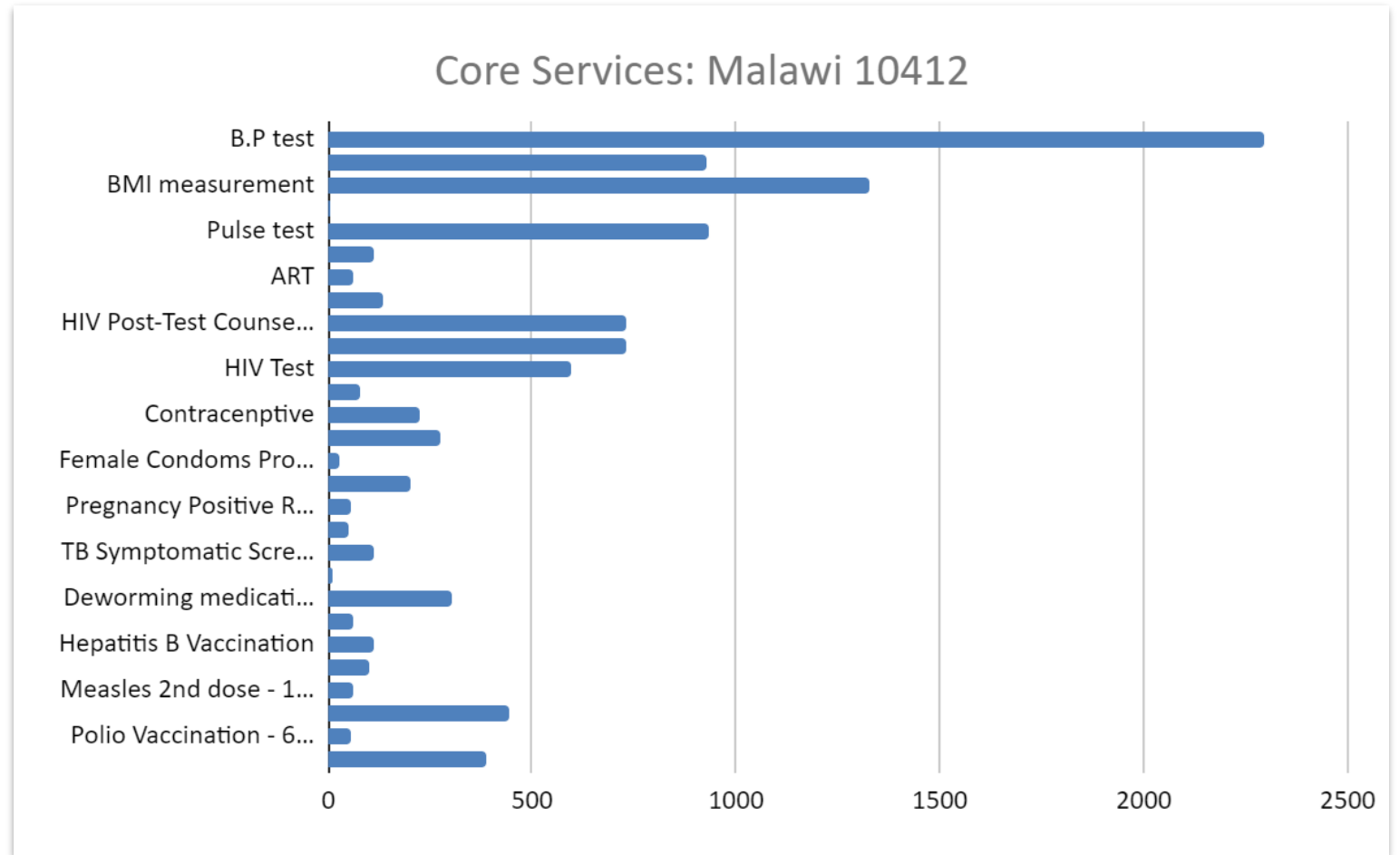


Female
51.7%

Registration per site



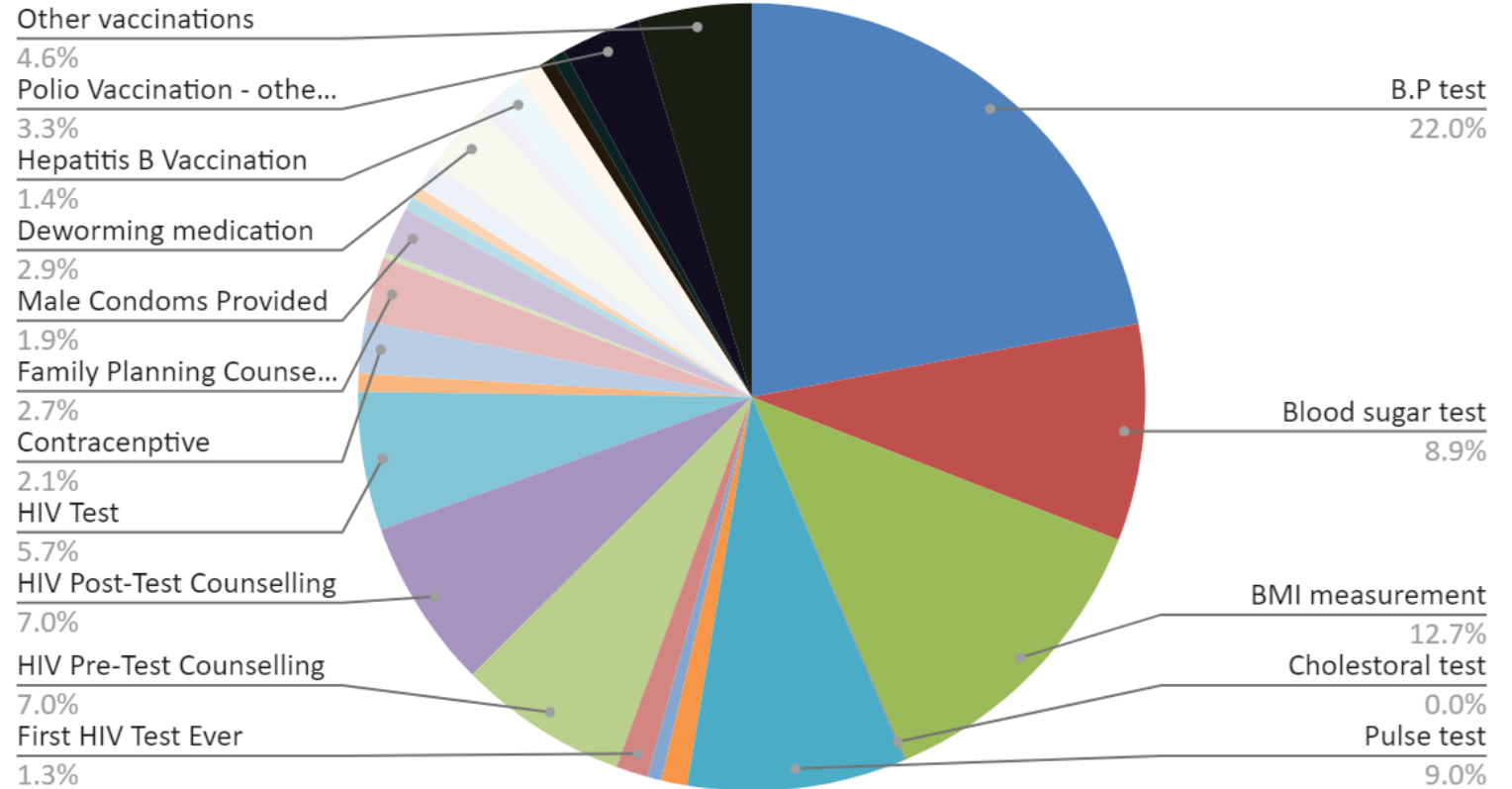
Core services provided



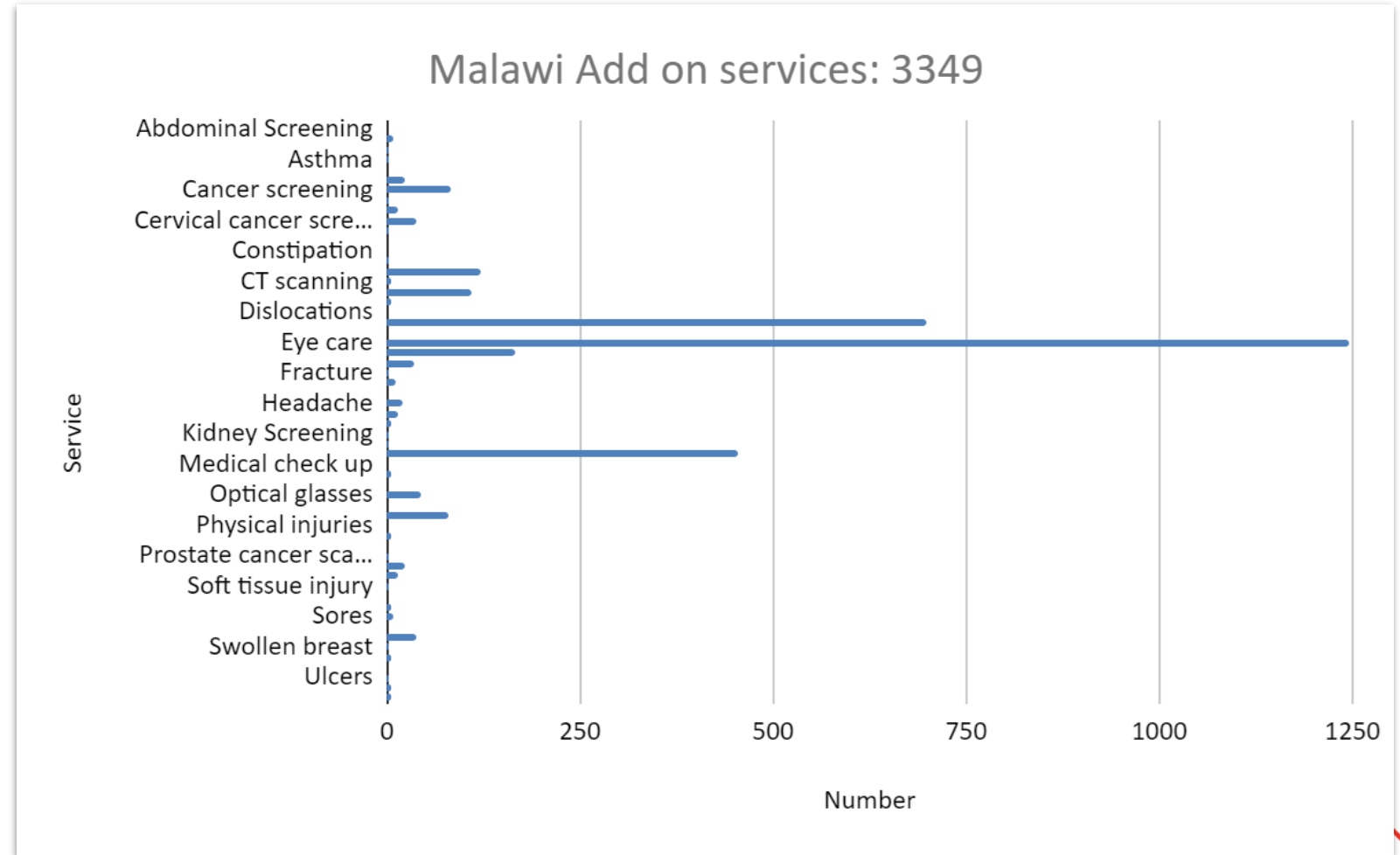
Core services provided by type



Core services provided



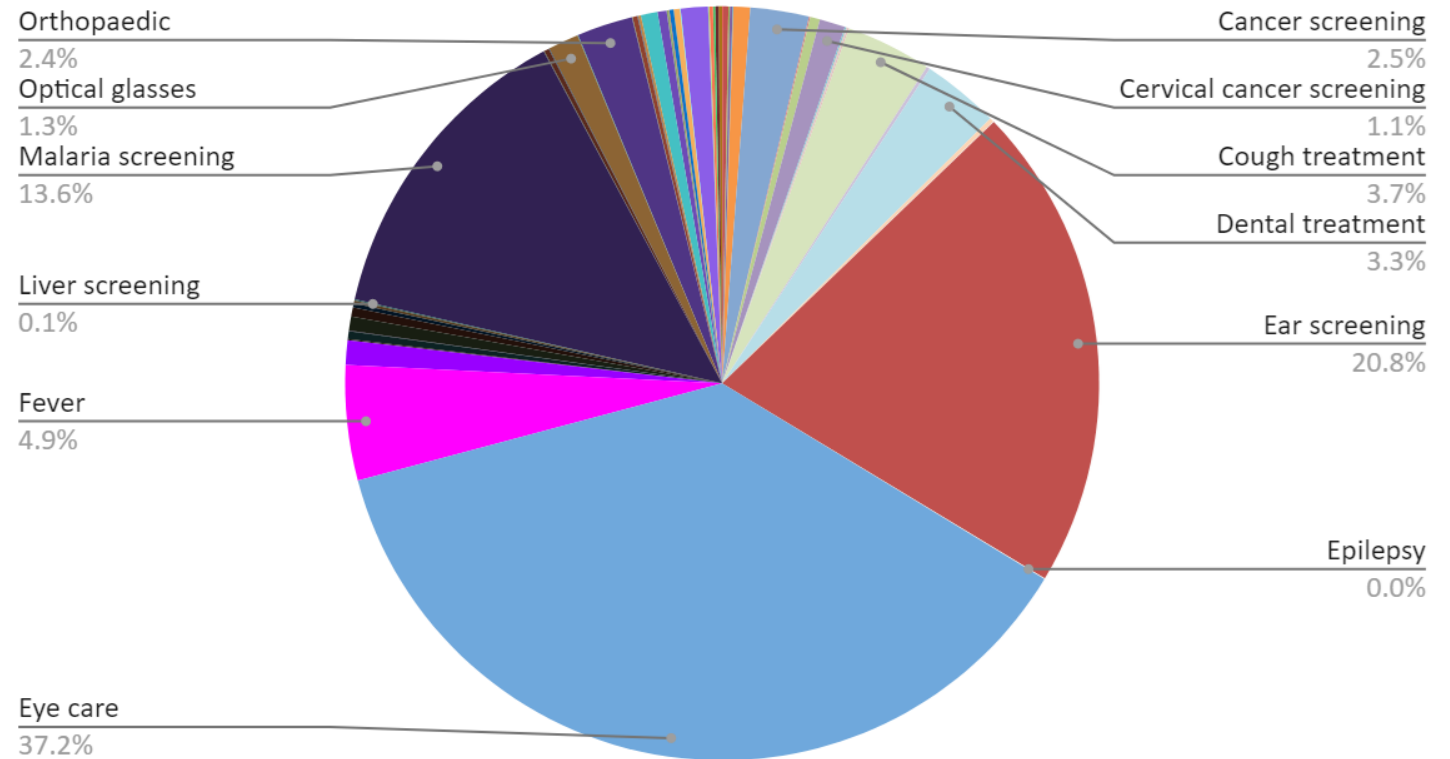
Add on services



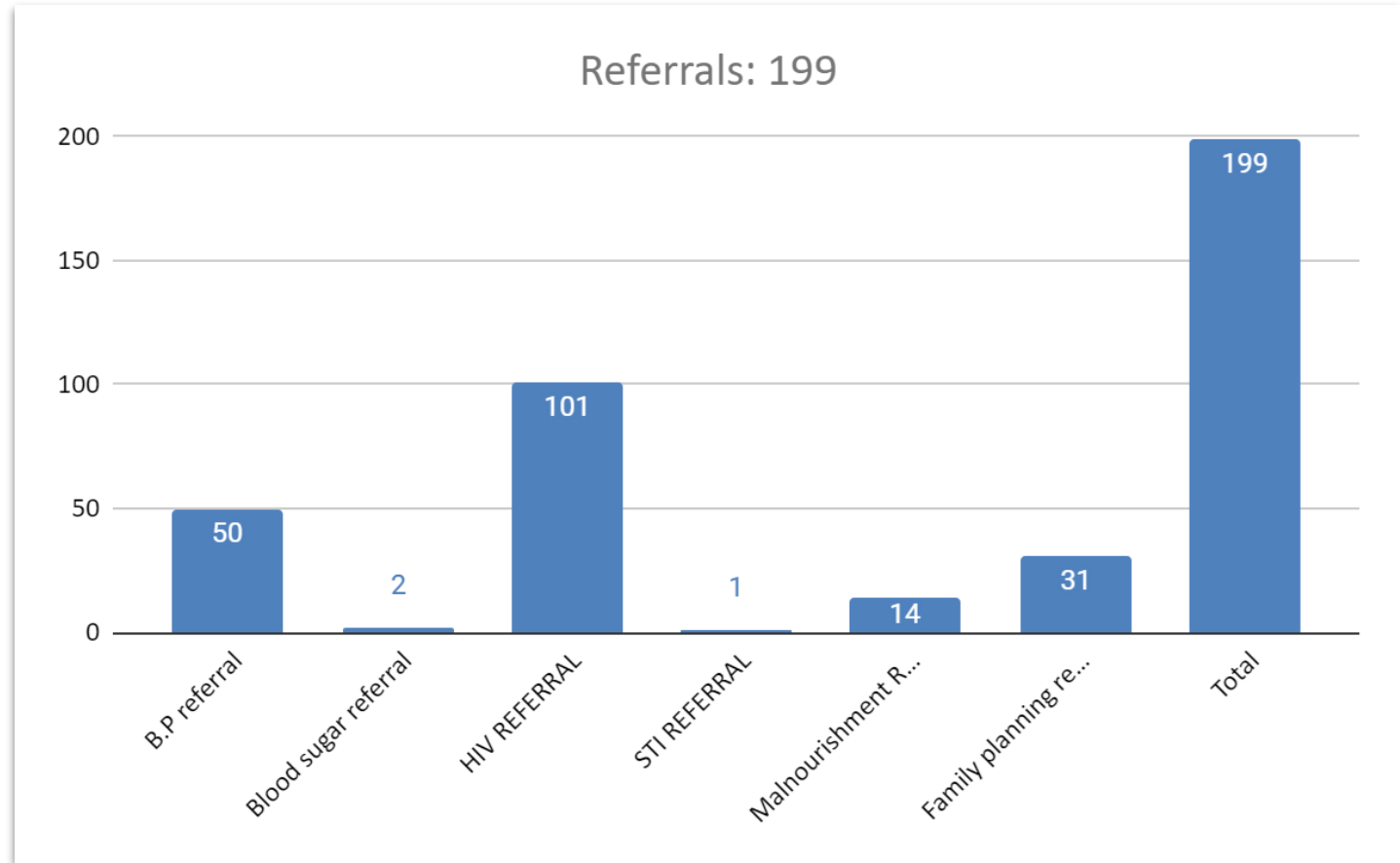
Add on services provided by type



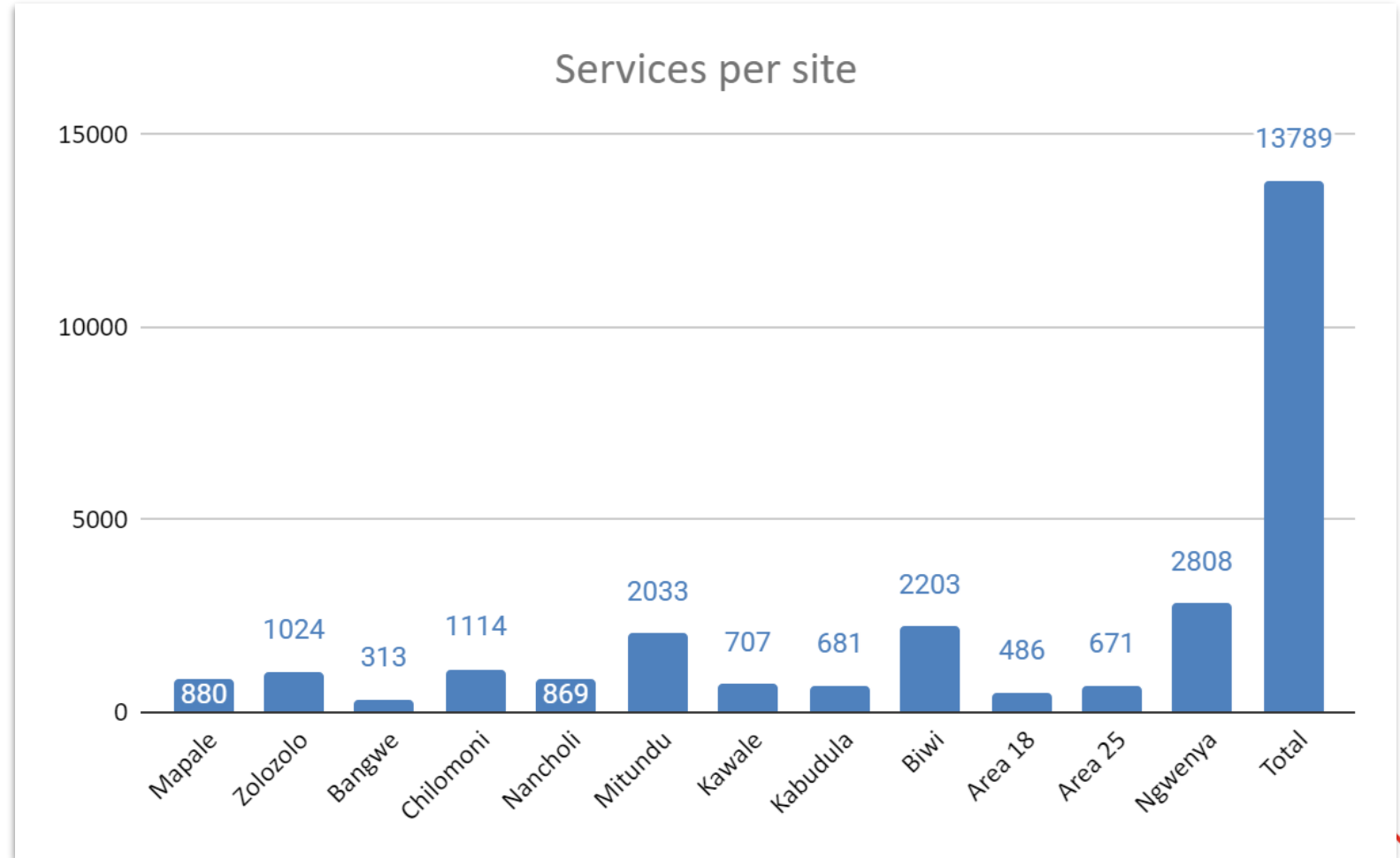
Add on services



Referrals: Total



All services provided per site



Registration and all services provided per club



Club	SUM of Total Registrations	SUM of Services Provided
TOTAL	7,580	13,789
Blantyre & Limbe	1622	2296
Lilongwe Bwaila	1509	2033
Lilongwe Lingadzi	1545	5011
Mzuzu	1038	1904
Lilongwe	1184	1193
Lilongwe City Center	682	1352

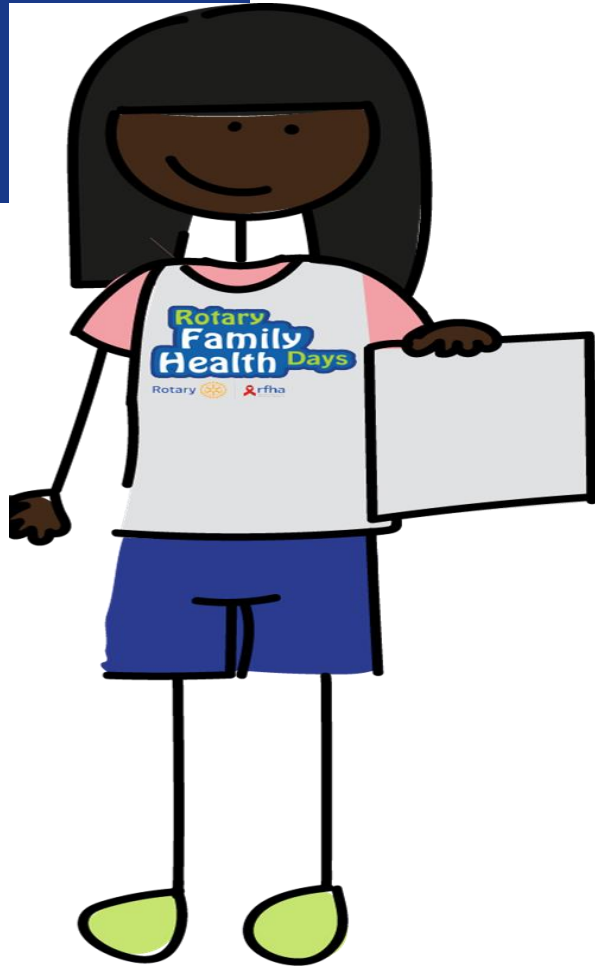




Malawi Impact Study

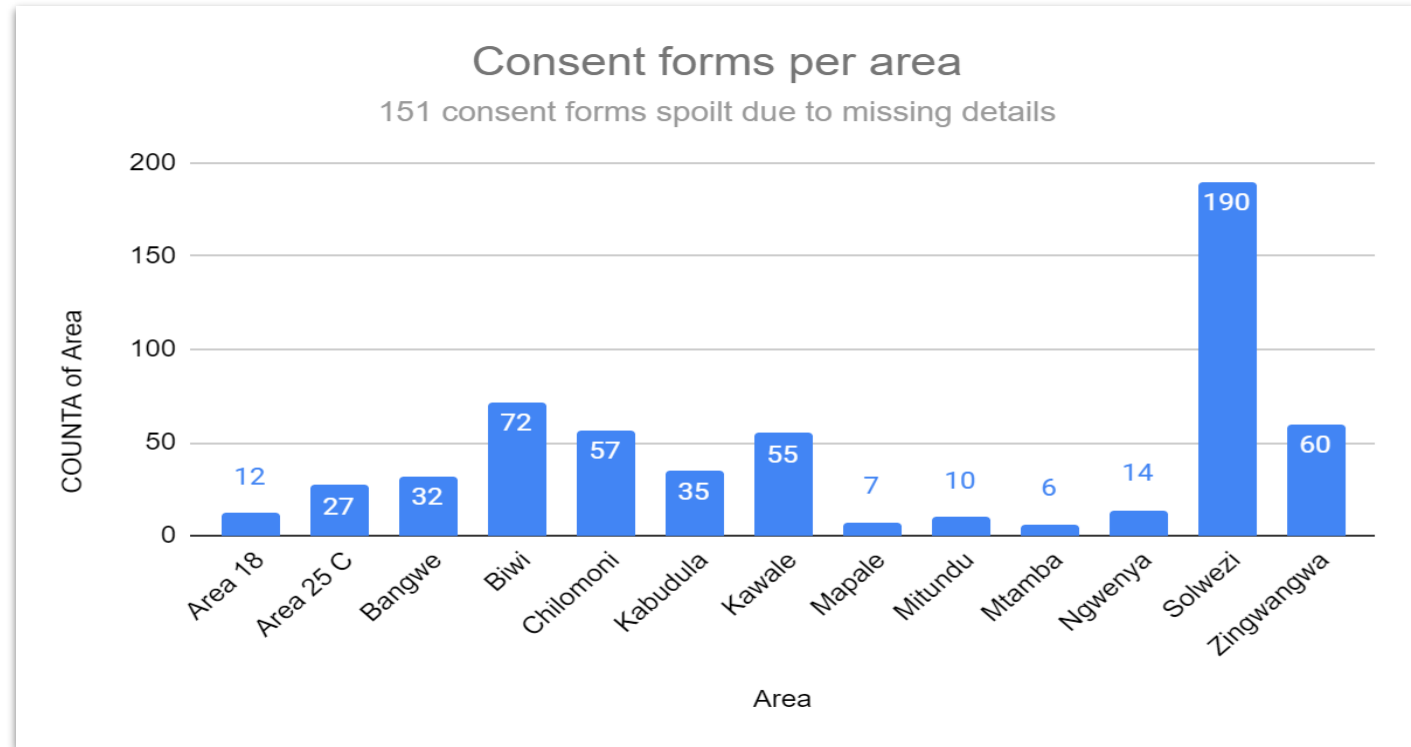
2023





Registration of Attendants

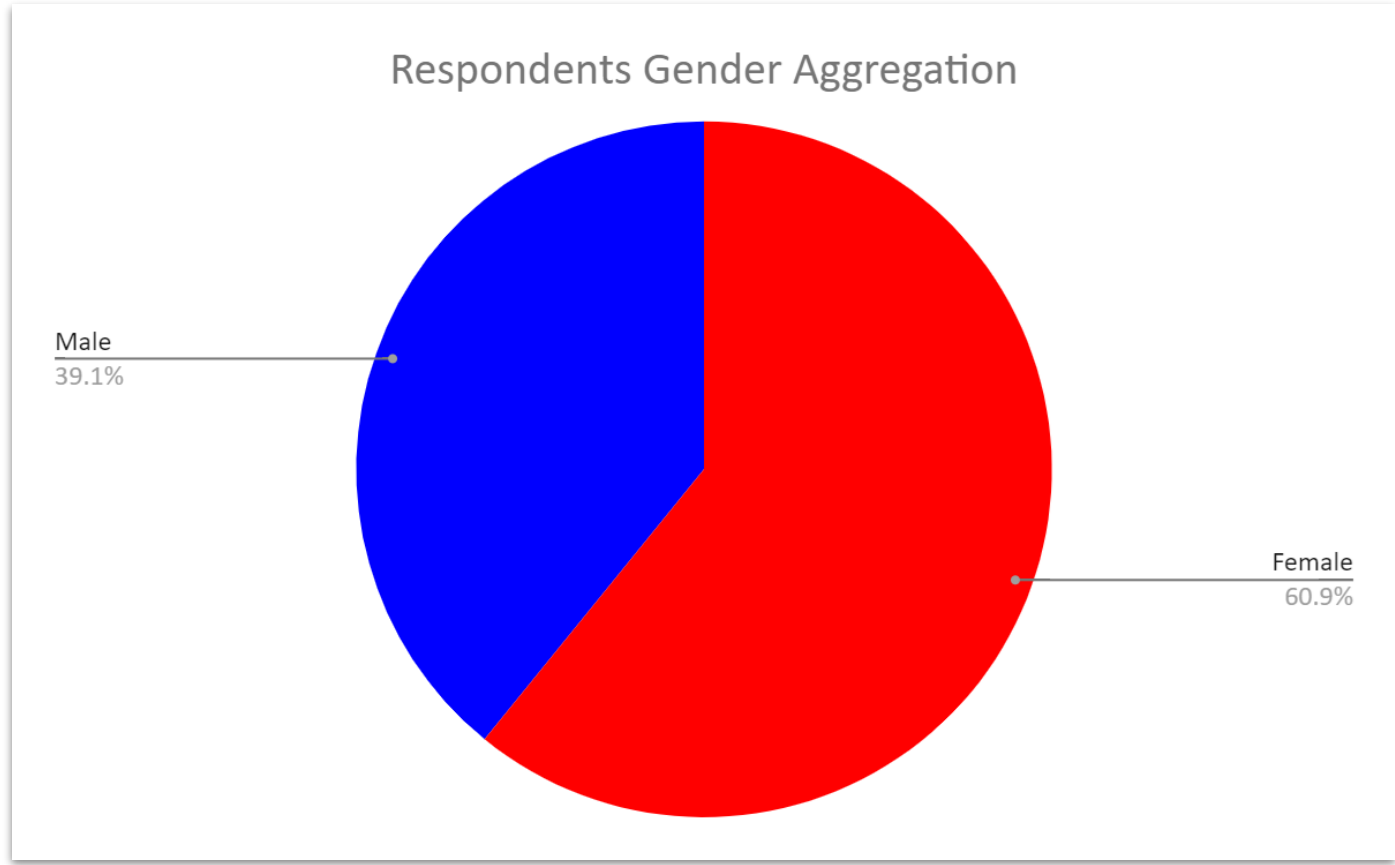
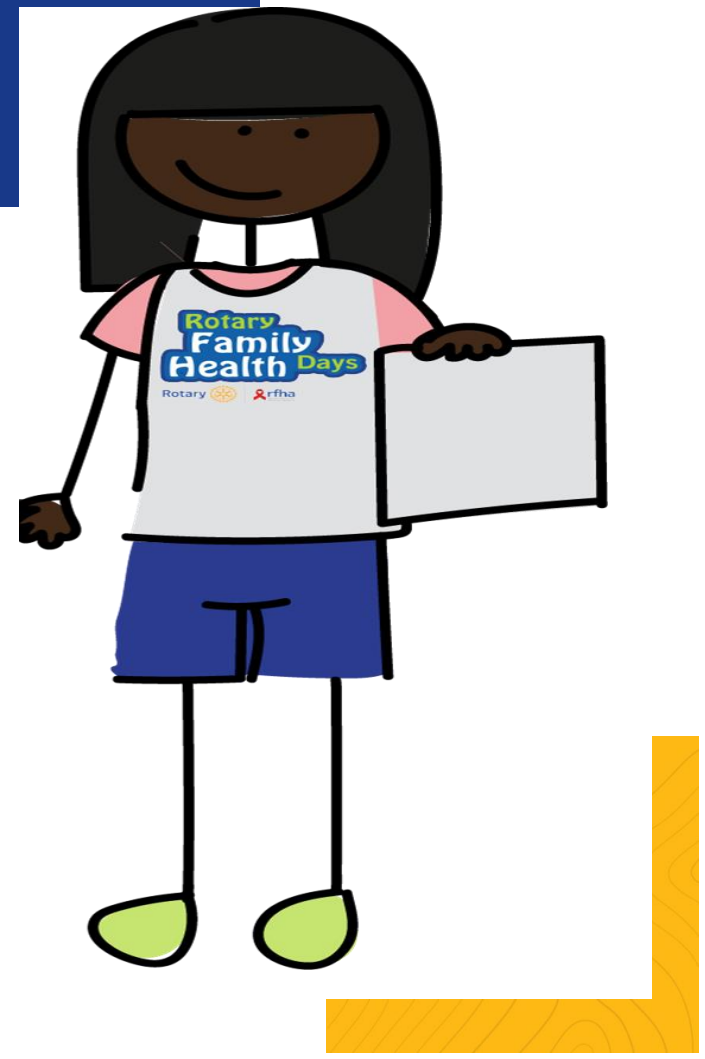
Sites	Consent forms	Consent forms used	Surveys Completed
12	738	577	300





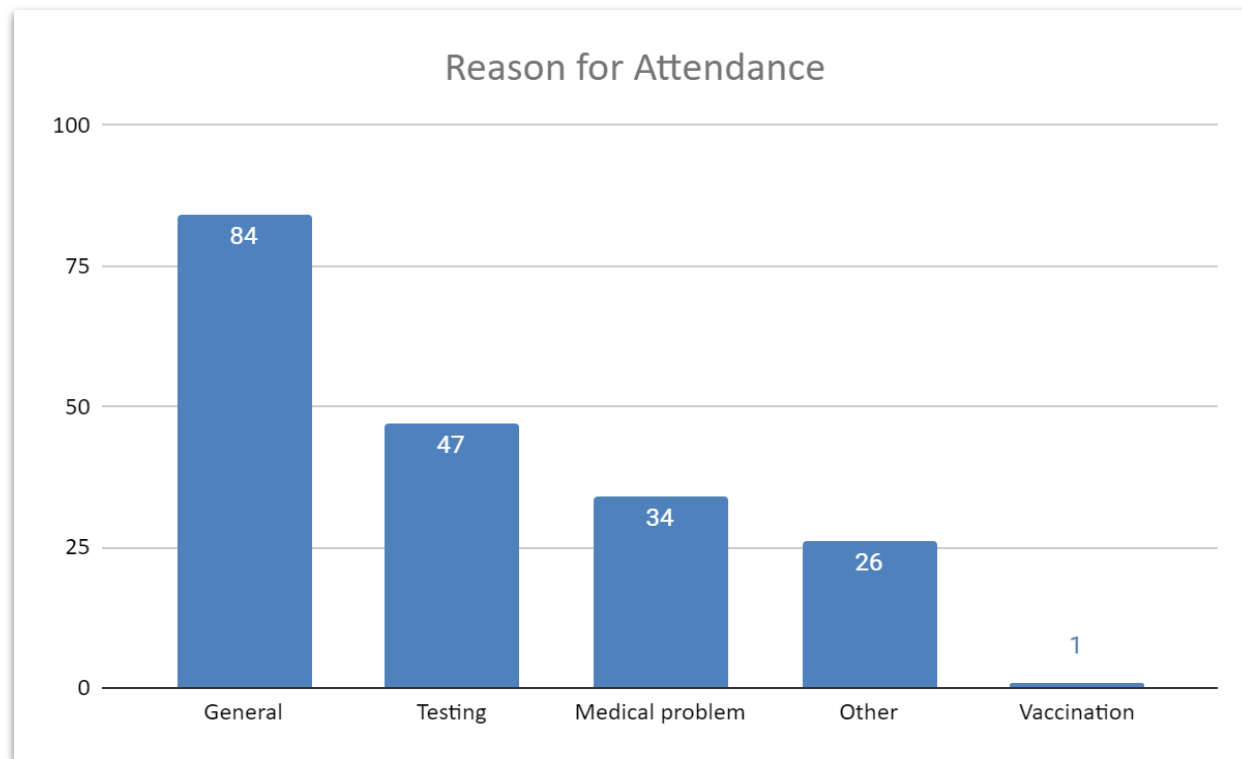
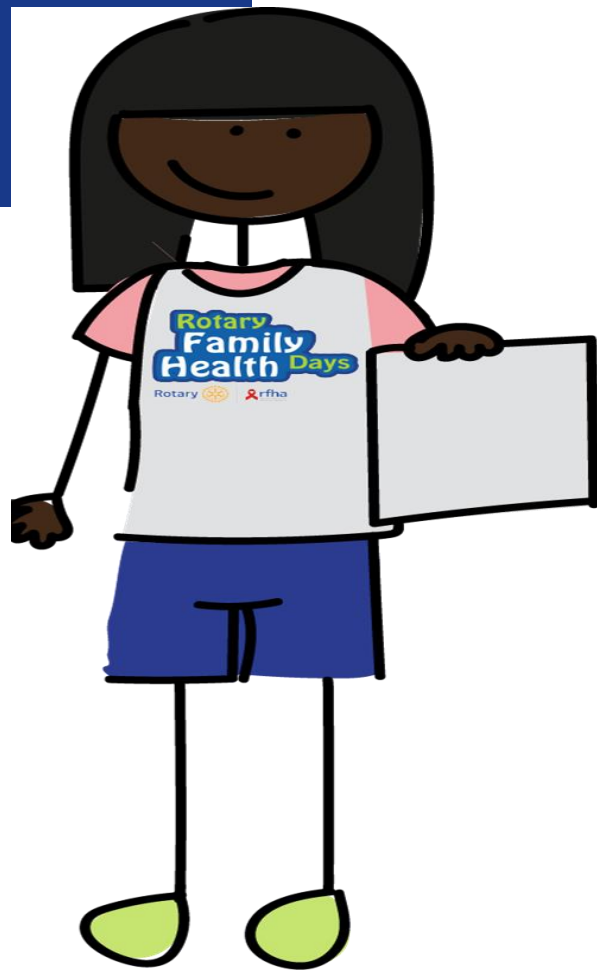
Gender breakdown

112 female and 72 male surveyed





Reason for attendance



Reasons given for attending RFHD

- General health
- Testing
- Medical issues
- Vaccinations
- Other reasons

Reason for coming alone or accompanied

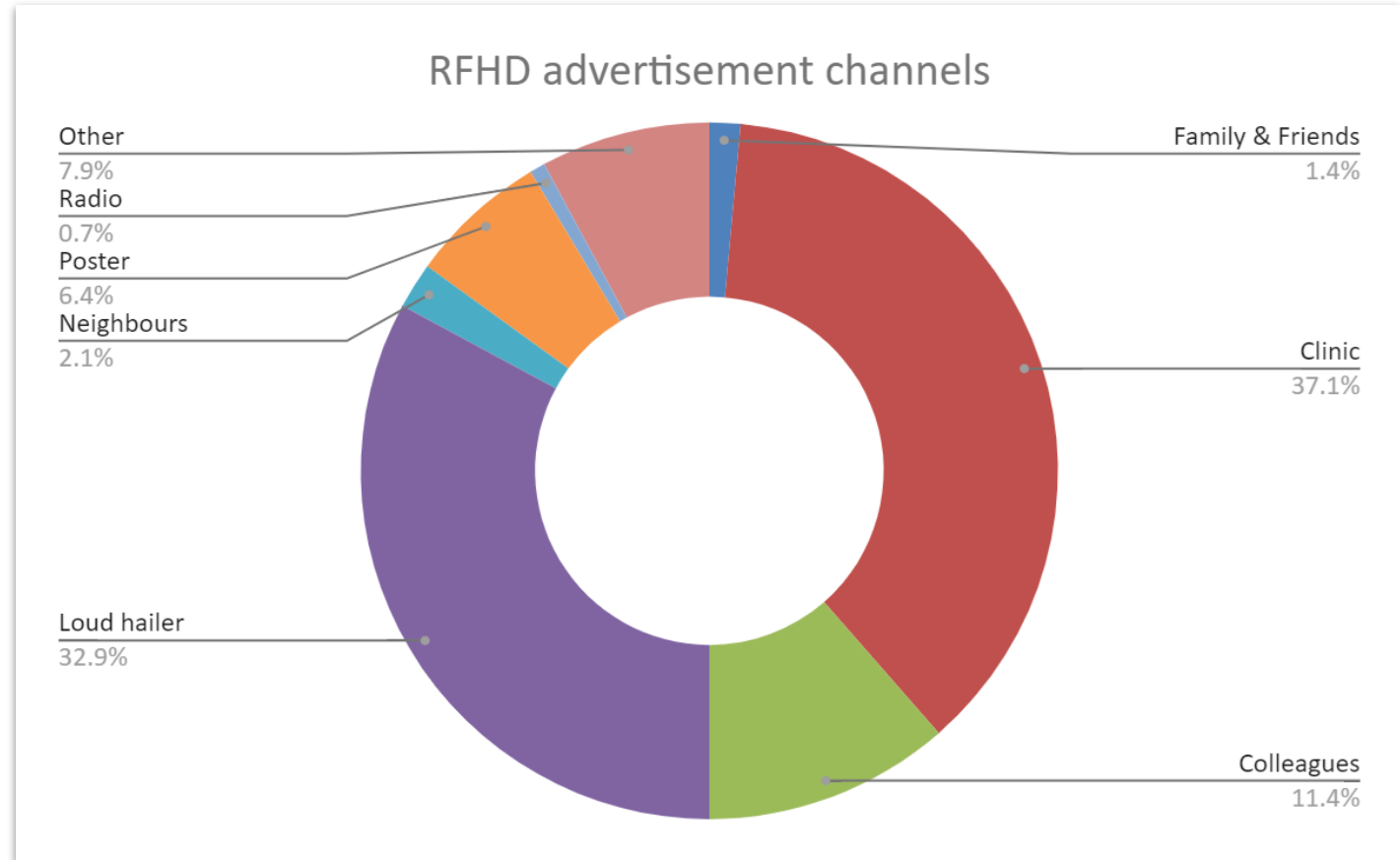


- Accompanying a Rotary President
- Accompanying a partner
- Accompanying the elderly
- Accompanying a minor
- Live alone
- Brought a patient
- For privacy
- For moral support
- Passing by site location
- No reason



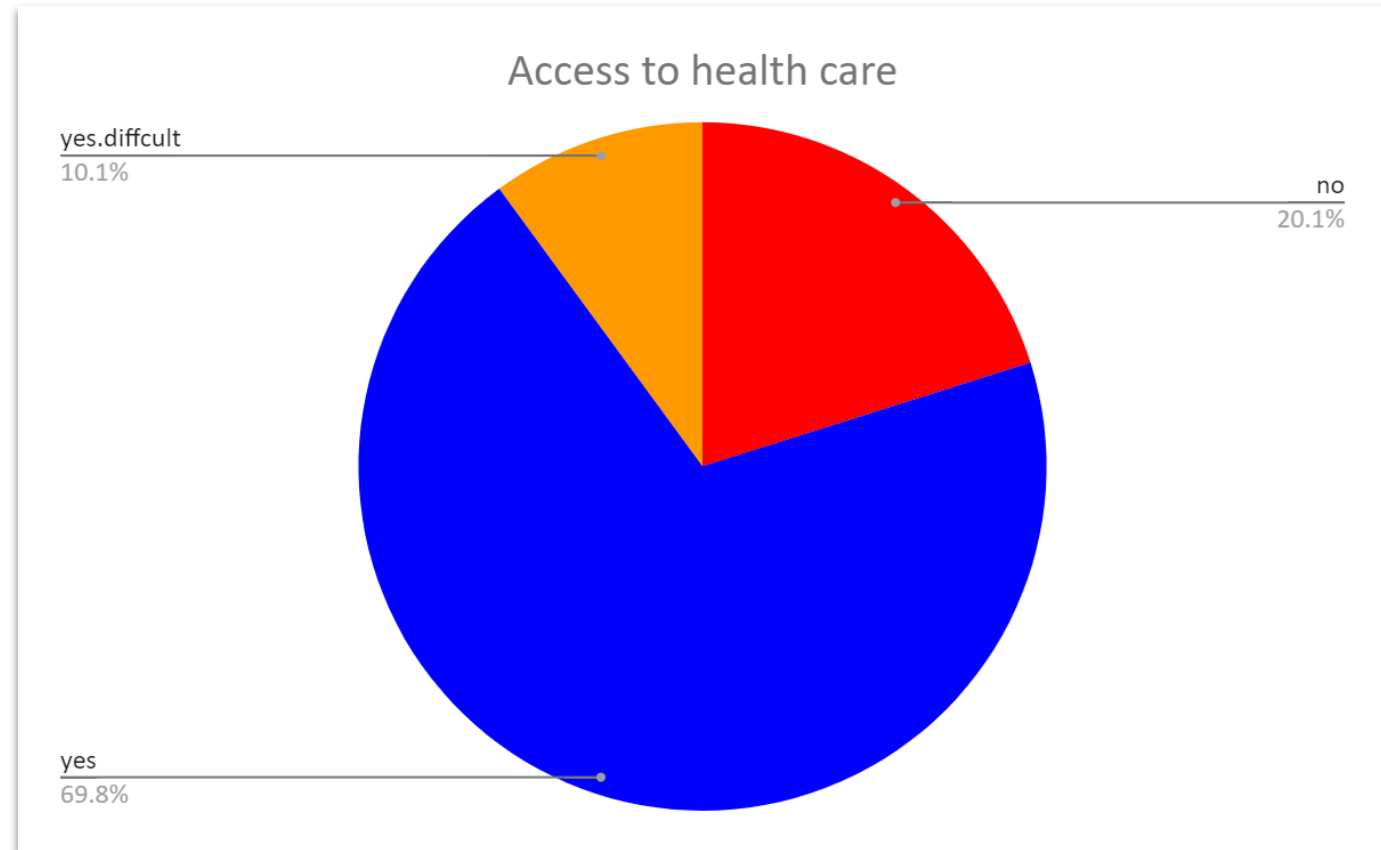
How did you hear about the RFHD

Majority of respondents heard about the RFHD from the local clinics



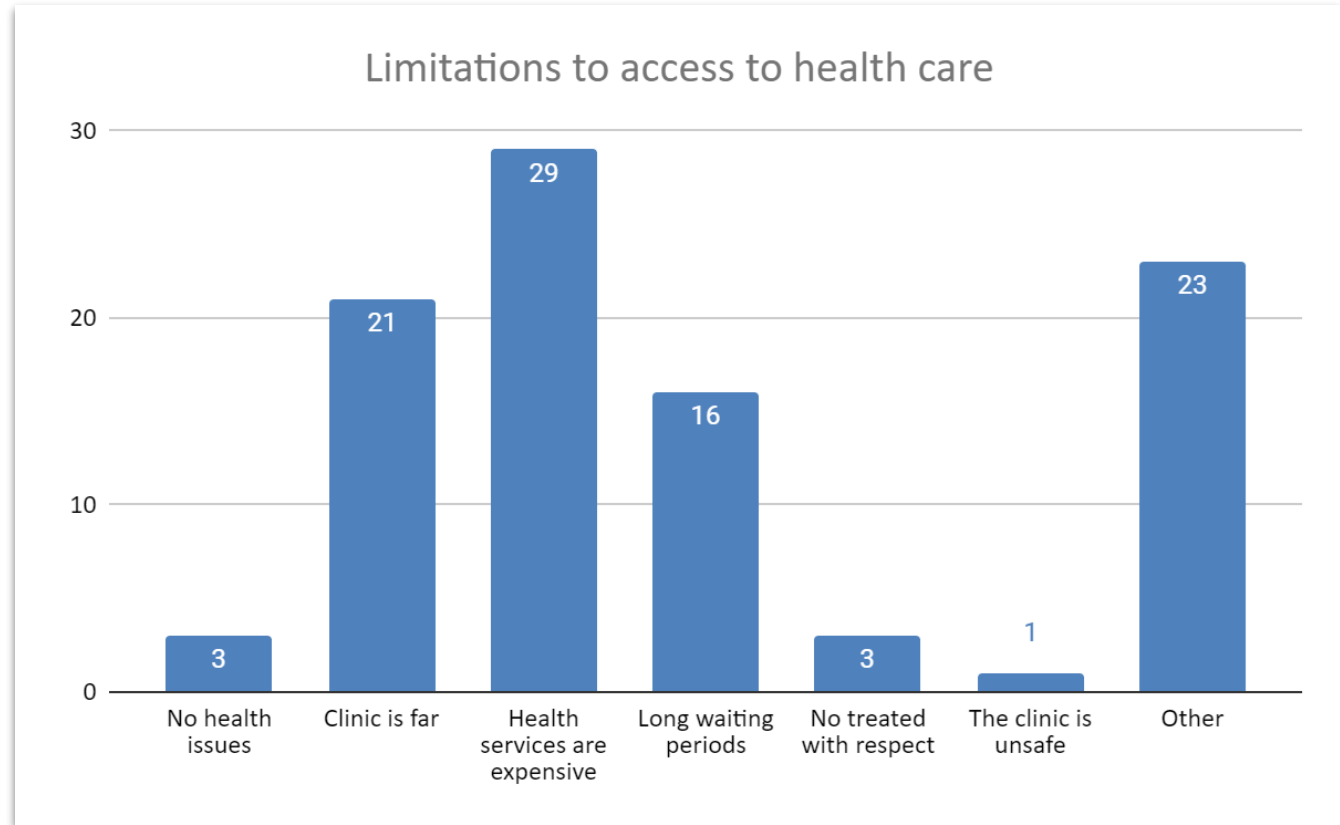
Access to healthcare

- 70% of respondents have access to healthcare
- 10% of respondents can access healthcare services but with difficulty
- 20% of respondents have no access to healthcare

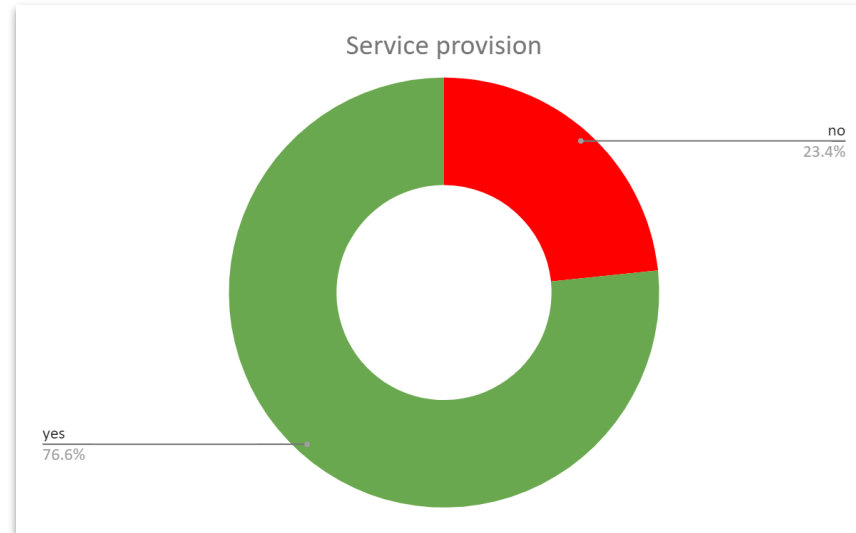


Limitations to access to health care

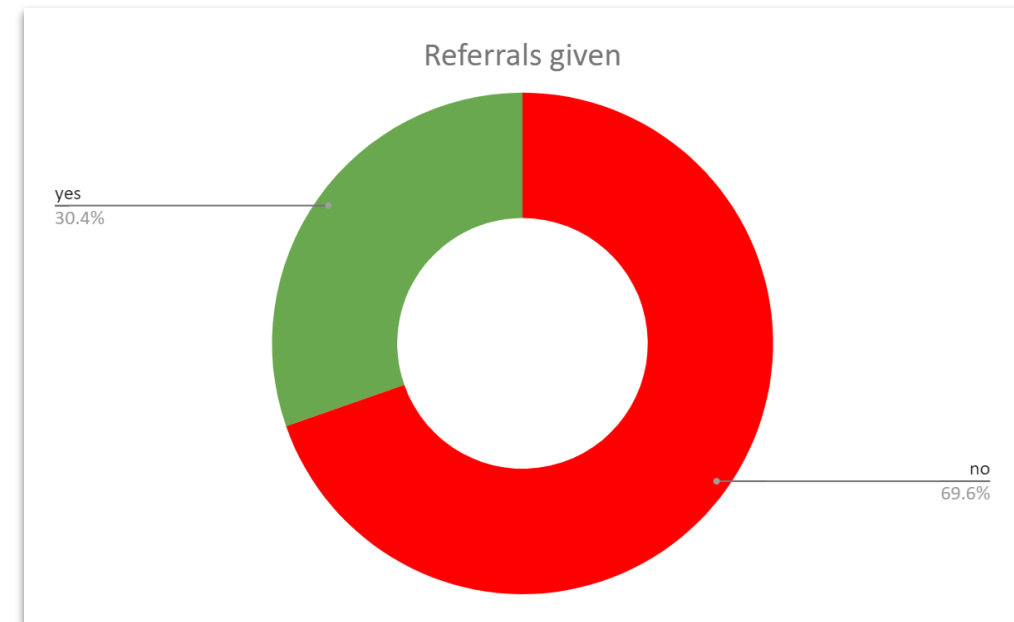
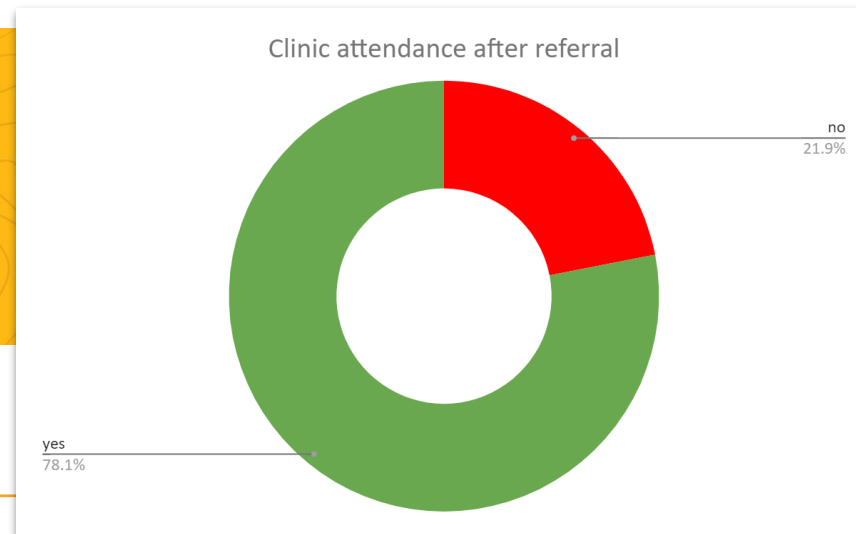
Majority of the interviewees detailed that limitations to health care were due to the health facilities being far, health services being expensive and the long waiting periods at the health facilities



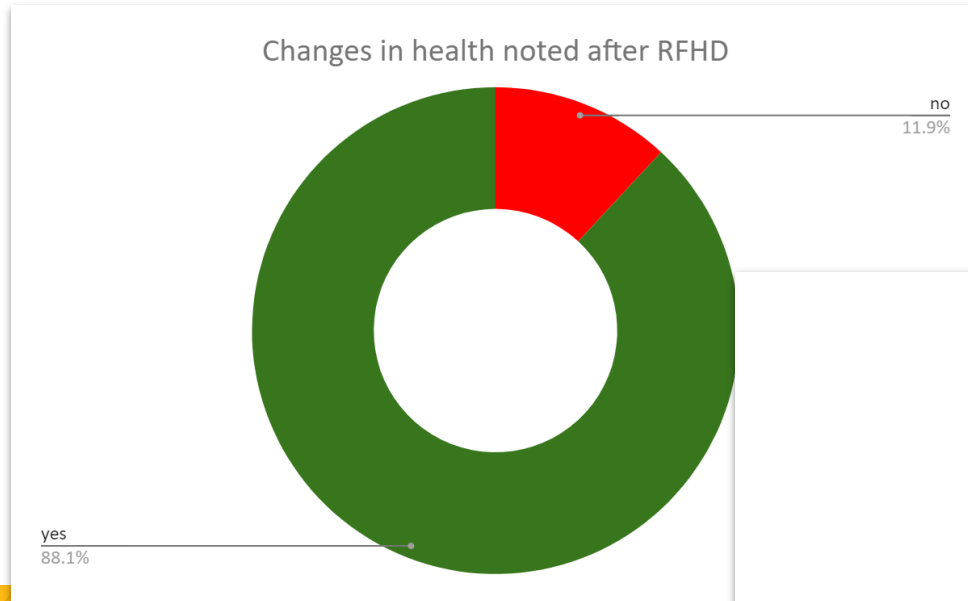
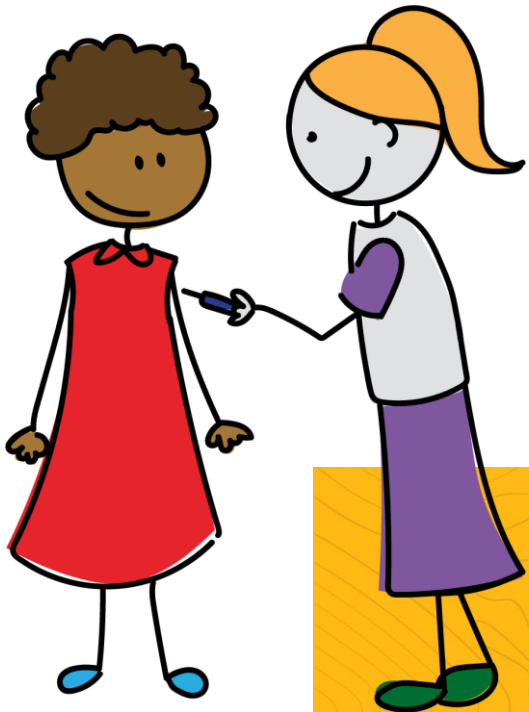
Service provision and referrals



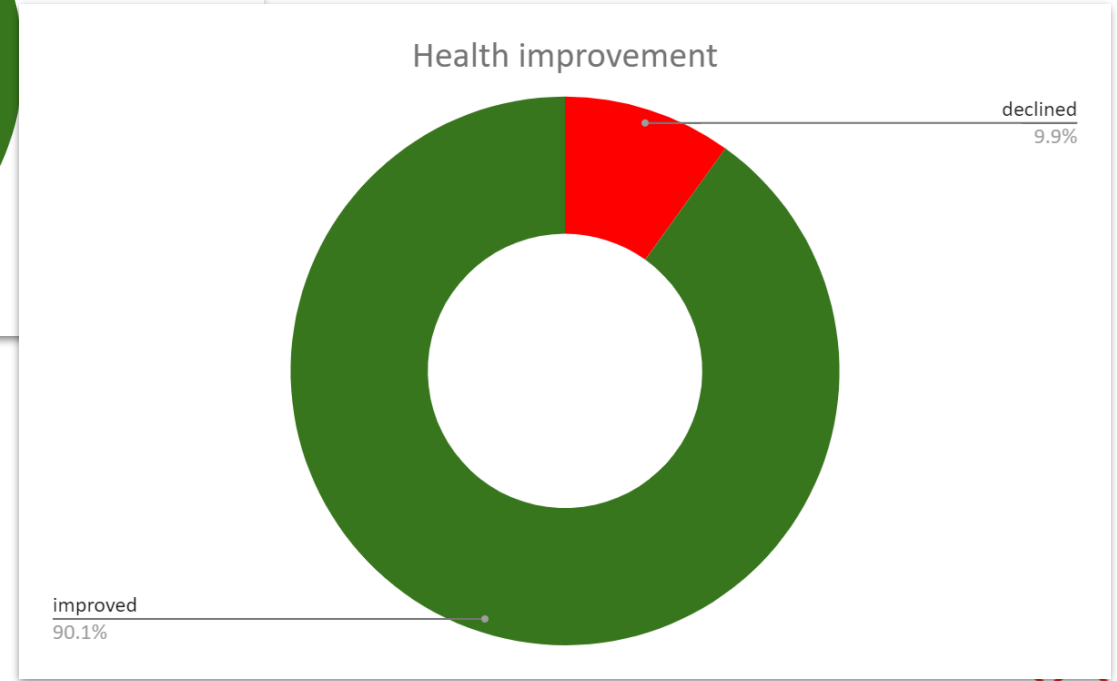
- 70% of respondents did receive services at the RFHD
- 30 % of respondents received referrals at the RFHD
- 78% of respondents referred attended a health clinic



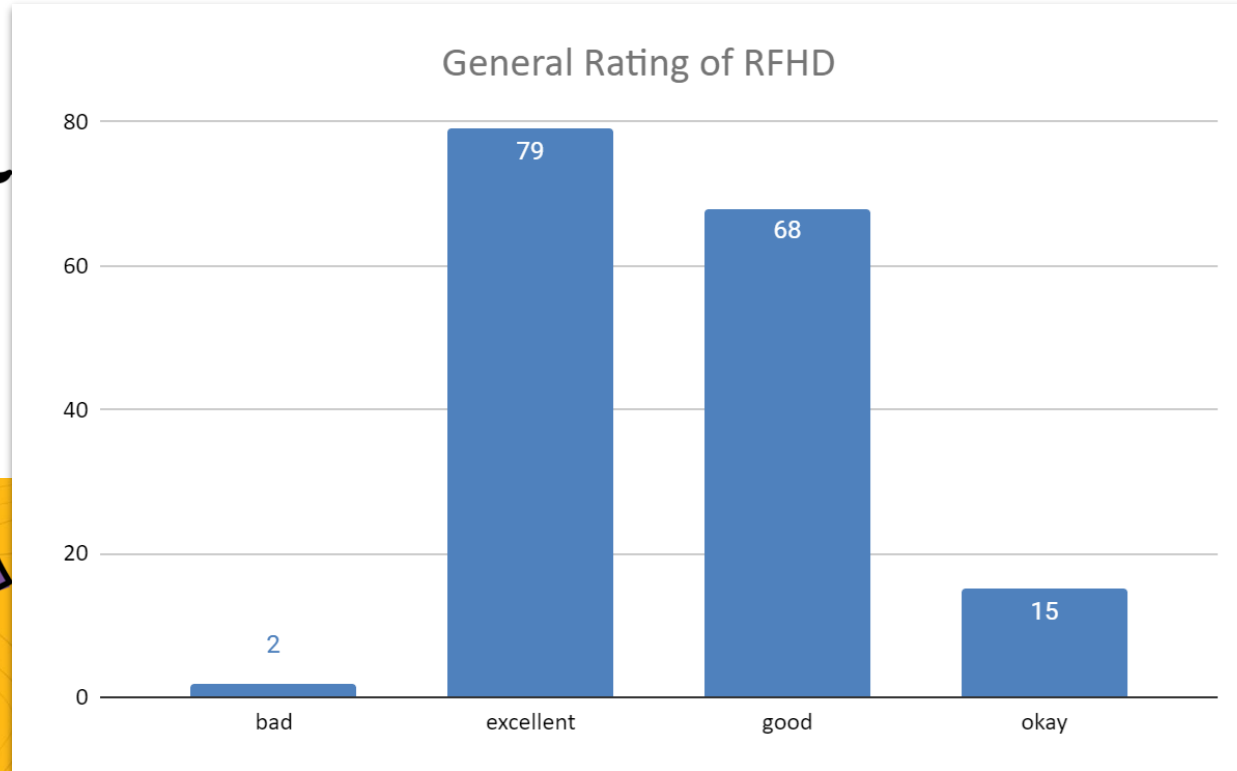
Changes noted after attending a RFHD



90% of respondents acknowledged that their health improved after attending the RFHD

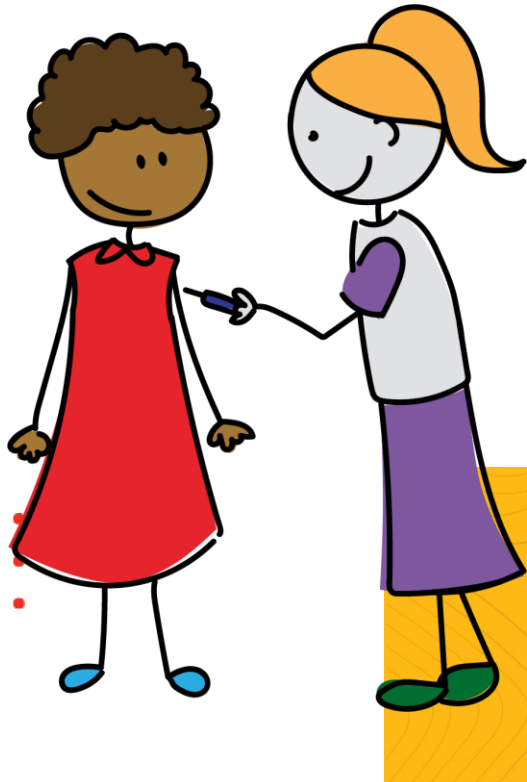


General rating of the RFHD experience



- Treated with respect
- Received medical attention
- Health professionals were friendly
- Free services
- Good service delivery
- Access to multiple health services at once
- Amazing
- Awesome
- Better services than those offered in hospital
- Treated fast

Issues noted and recommendations



Issues noted

- Lack of sufficient medication
- Poor services
- Long waiting periods
- Lack of sufficient services
- Staff attitude

Recommendations

- Larger grounds to accommodate people comfortably
- Add more days
- More awareness and publicity beforehand
- Provision of medication
- Provide more eye screening services
- Provide self test for community to take home for malaria and HIV
- Provision of refreshments
- Increase the frequency of RFHD occurrence
- Increase number of medical personnel to cut short on the waiting times
- Improve on timekeeping for launch of event
- Provide the program in hard to reach areas
- Provide a variety of services over and above the minimal



RFHD MALAWI STATEMENT OF FINANCIAL POSITION AS AT 31ST JULY 2023

		USD	MWK	RATE	USD	TOTAL USD
ASSETS						
Non Current Assets						
Current Assets						
Debtors						
	Blantyre		246,934.89	1036.25	238.30	238.30
	Bwaila		86,644.00	1036.25	83.61	83.61
	City Centre		71,670.06	1036.25	69.16	69.16
	Lingadzi		68,478.00	1036.25	66.08	66.08
	Mzuzu		122,591.50	1036.25	118.30	118.30
Cash and Cash Equivalent MK		6,111.97	3,447,808.41	1036.25	3,327.20	9,439.17
TOTAL ASSETS						10,014.63
EQUITY + LIABILITIES						
Equity						
Retained Income						3,829.63
Current Liabilities						
Deffered Revenue						6,185.00
TOTAL EQUITY + LIABILITIES						10,014.63

RFHD MALAWI INCOME STATEMENT FOR THE YEAR ENDED 31ST JULY 2023

	USD	MWK	RATE	USD	TOTAL USD
INCOME					
Grant Received		72,697,458.00	1,036.25	70,154.36	70,154.36
Interest Earned	71.59				71.59
					70,225.95
EXPENSES					
Accounting, Administrative		1,144,934.25	1,036.25	1,104.88	1,104.88
Bank Service Charges	144.62	502,469.20	1,036.25	484.89	629.51
Country Manager		2,314,074.38	1,036.25	2,233.12	2,233.12
Telephone		1,935,180.00	1,036.25	1,867.48	1,867.48
Banners, Fliers, Forms (Printing etc.)		2,705,662.94	1,036.25	2,611.01	2,611.01
Digital Set Up		118,570.90	1,036.25	114.42	114.42
Program Mktng & Communciation		8,277,703.42	1,036.25	7,988.13	7,988.13
Launch Site Support - Catering, Infrastructure		1,172,084.00	1,036.25	1,131.08	1,131.08
Meals & Refreshments, Beneficiaries		28,700.00	1,036.25	27.70	27.70
Meals & Refreshments, Volunteers		1,645,135.00	1,036.25	1,587.59	1,587.59
Medical Consumables		18,541,516.71	1,036.25	17,892.90	17,892.90
Security		366,500.00	1,036.25	353.68	353.68
Site Establishment Infrastructure		1,583,187.40	1,036.25	1,527.80	1,527.80
Stipends		17,563,000.00	1,036.25	16,948.61	16,948.61
Training - CHW, Rotarians, Community		1,108,650.00	1,036.25	1,069.87	1,069.87
Venue Hire, Training & Launch Site		2,819,662.50	1,036.25	2,721.03	2,721.03
Hotel		1,650,000.00	1,036.25	1,592.28	1,592.28
Transport		5,134,329.75	1,036.25	4,954.72	4,954.72
Exchange Loss					40.50
					66,396.32
NET INCOME FOR THE YEAR					3,829.63

2022/2023			AUGUST 2023 TO DATE				
		TOTAL USD	USD	MWK	RATE	USD	TOTAL USD
ASSETS							
Non Current Assets							
Current Assets							
Debtors							
	Blantyre	238.30		-	1036.25	-	-
	Bwaila	83.61		-	1036.25	-	-
	City Centre	69.16		-	1036.25	-	-
	Lingadzi	66.08		-	1036.25	-	-
	Mzuzu	118.30		122,591.50	1036.25	118.30	118.30
	Cash and Cash Equivalent MK	9,439.17	110.56	465,925.64	1036.25	449.63	560.19
	TOTAL ASSETS	10,014.63					678.49
EQUITY + LIABILITIES							
Equity							
	Retained Income	3,902.66					(2,222.45)
Current Liabilities							
ILLOVO							
	Deffered Revenue	6,111.97		2,891,526.08	1036.25	2,790.37	2,790.37
							110.56
	TOTAL EQUITY + LIABILITIES	10,014.63					678.49

2022/2023	
	TOTAL USD
INCOME	
Grant Received	70,154.36
Exchange gain	32.53
Refunds	
Interest Earned	71.59
	70,258.48
EXPENSES	
Accounting, Administrative	1,104.88
Bank Service Charges	629.51
Country Manager	2,233.12
Telephone	1,867.48
Banners, Fliers, Forms (Printing etc.)	2,611.01
Digital Set Up	114.42
Program Mkting & Communciation	7,988.13
M&E	
Launch Site Support - Catering, Infrastructure	1,131.08
Meals & Refreshments, Beneficiaries	27.70
Meals & Refreshments, Volunteers	1,587.59
Medical Consumables	17,892.90
Security	353.68
Site Establishment Infrastructure	1,527.80
Stipends	16,948.61
Training - CHW, Rotarians, Community	1,069.87
Venue Hire, Training & Launch Site	2,721.03
Airfare	
Hotel	1,592.28
Transport	4,954.72
	66,355.82
NET INCOME FOR THE YEAR	3,902.66

AUGUST 2023 TO DATE				
USD	MWK	RATE	USD	TOTAL USD
	8,310,000.00	1,036.25	8,019.30	8,019.30
		1,036.25	-	656.53
				457.16
1.36		1,036.25	-	1.36
				9,134.35
	160,000.00	1,036.25	154.40	154.40
2.77	79,395.66	1,036.25	76.62	79.39
		1,036.25	-	-
		1,036.25	-	-
	45,435.00	1,036.25	43.85	43.85
		1,036.25	-	-
	75,000.00	1,036.25	72.38	72.38
	10,570,780.00	1,036.25	10,200.99	10,200.99
		1,036.25	-	-
		1,036.25	-	-
		1,036.25	-	-
		1,036.25	-	-
		1,036.25	-	-
	180,000.00	1,036.25	173.70	173.70
		1,036.25	-	-
		1,036.25	-	-
	655,000.00	1,036.25	632.09	632.09
		1,036.25	-	-
		1,036.25	-	-
				11,356.80
NET LOSS FOR THE YEAR				(2,222.45)