

# ECUMENICAL PHARMACEUTICAL NETWORK



2021

ANNUAL REPORT

**EPN**

Ecumenical Pharmaceutical Network  
Réseau Pharmaceutique Ecuménique

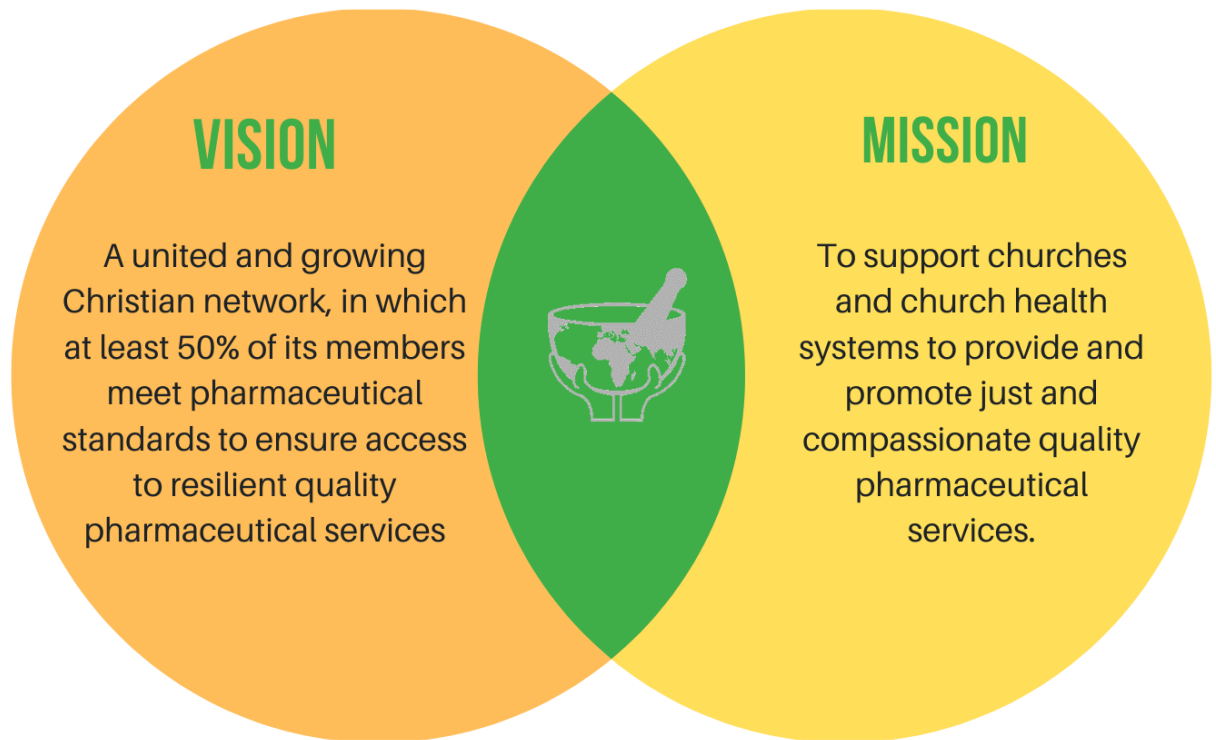


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# EPN OVERVIEW

EPN is a christian non-profit organization comprising of members of healthcare providers and professionals. The majority of our members are Faith-Based Organizations (FBOs) that provide healthcare to communities in the most marginalized and remote areas where national government health services are limited. Our network over time has grown and now, more than 300 million people rely on health care provided by our Network.



## 131 members in 38 Countries

32

Christian Health Associations (CHAs),

22

Health Systems Strengthening organizations (HSS)

18

Drug Supply Organizations (DSOs)

17

Church Health Institutions (CHIs)

43

Individuals

# LIST OF ACRONYMS AND ABBREVIATIONS

AACC	All Africa Conference of Churches	IESBA	International Ethics Standards Board for Accountants
ASSO-MESCA	Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique	IPC	Infection Prevention and Control
AGM	Annual General Meeting	ICT	Information and Communication Technology
AIDS	Acquired Immunodeficiency Syndrome	JMS	Joint Medical Stores
AMR	Antimicrobial Resistance	JSI	John Snow International
BUFMAR	Bureau des Formations médicales agréées du Rwanda	KAP	Knowledge Attitude Practice
CAR	Central Africa Republic	LMIC	Low and Middle Income Countries
CBC	Cameroon Baptist Convention	LMRHA	Liberia Medicines & Health Products Regulatory Authority
CBCHS	Cameroon Baptist Convention Health Services	LMS	Learning Management System
CCIH	Christian Connection for International Health	MEDS	Mission for Essential Drugs and Supplies
CHA	Christian Health Association	MEMS	Mission for Medical Supplies
CHAK	Christian Health Association of Kenya	NCD	Non-Communicable Diseases
CHAL	Christian Health Association of Liberia	NMRA	National medicines Regulatory Authority
CHAN	Christian Health Association of Nigeria	NQCL	National Quality Control Laboratory
CHASL	Christian Health Association of Sierra Leone	NTD	Neglected Tropical Diseases
CHI	Christian Health Institution	ODK	Open Data Kit
COVID	Coronavirus Disease	PCC	Presbyterian Church in Cameroon
DCMP	Depot Central Medico-Pharmaceutique	PCG-SA	Pharmacie Centrale de Guinée – Société Anonyme
DIFAEM	German Medical Mission	PPE	Personal Protective Equipment
ECC-DOM	Evangelical Christian Commission - Medical Department	PQM	Promoting Quality Medicine
DRF	Drug Revolving Fund	QA	Quality Assurance
DRC	Democratic Republic of Congo	RCBIF	Réseau Des Confessions Religieuses Pour La Promotion De La Sante Et Le Bien Etre Intégral De La Famille
DSO	Drugs Supply Organization	RECOSAC	Reseau Confessionnel Sanitaire Chretien de Guinee
EACPP	East African Pooled Procurement	RFP	Request for Proposal
EPP	Essentials of Pharmacy Practice	SECHN	State Enrolled Community Health Nurses
ESP	Ecumenical Scholarships Program	SOP	Standards of Pharmaceutical Practice
FBO	Faith-Based Organisations	SRN	State Registered Nurses
GDP	Good Distribution Practices	TWG	Technical Working Group
GMP	Good Manufacturing Practices	USA	United States of America
GPSHD	Global Partnership for Sustainable Health Data	USAID	United States AID
GPHF	Global Pharma Health Fund	WDF	World Diabetes Doudnation
HAI	Hospital Associated Infections	WHO	World Health Organization
HCW	Health Care Worker		
HIV	Human Immuno-deficiency Virus		
HR	Human Resource		
IEC	Information and Education and Communication		

# MESSAGE FROM THE EPN BOARD CHAIRPERSON AND THE EXECUTIVE DIRECTOR



**Christine Haefele-Abah, EPN Board Chairperson**



**Richard Neci, EPN Executive Director**

Dear Friends,

Over the last two years, we have gone through a journey of resilience. We have learnt to flexibly adapt to change both in our work environment and our individual lives. The Covid-19 pandemic greatly stretched our health systems, exposed areas of concern but also underscored the significance of what we do: strengthening healthcare systems in the global South. Through this spirit of resilience, we continue to weather this storm. We have geared up not just to confront similar challenges in many of our members' countries but also identify innovative solutions to strengthen our health systems to mitigate such challenges in future. We are glad to report to you that as part of global healthcare community, EPN and is united and is making great progress.

The year 2021 started with the development of our 2021-2025 strategic plan. This plan was built based on and in consideration of results of the mid-term evaluation of the 2016-2018 period. We now look into the next 5 years as we lay our programs in the strategic areas of Pharmaceutical Systems Strengthening, Supply chain and quality assurance, Training and capacity building, Donor partnership and sustainability and Member engagement. This far, we have several projects rolled-out in various countries. We invite you to be part of this journey. We express our heartfelt gratitude to the members, the board, secretariat and the consultant who put commitment in the development of the strategic plan.

Our commitment to strengthening healthcare workforce is revitalized with the launch of a new online training portal. We have now delivered 12 courses through the portal. These courses are available free-of-charge for all our members. Pertinently, part of these were courses covering management and mitigation of Covid-19, have been very useful and relevant in the present context of addressing the Covid-19 pandemic. Looking forward to 2022, we shall add more courses on various aspects of healthcare. Over 300 learners have registered for these courses. We encourage more members to leverage this training resource and engage their healthcare workers to enroll, learn, up skill their capacities and help bring solutions to our members' health facilities.

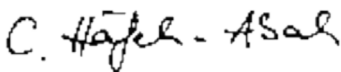
With multiple virtual events, we have brought together hundreds of memWbers and partners including industry players, healthcare professionals, students and partners. The DSO mentorship sessions program is an example where we engaged member DSOs' workers and shared on best pharmaceutical practices for day-to-day functions. We also brought together healthcare experts and our members to webinars to share and learn on industry best practices in the delivery of not only pharmaceutical healthcare but broadly health-care.

Availability, accessibility, affordability and quality of medicines have long been a key focus of our activities. A number of activities took place under the East African Pooled procurement program ahead of a new tender to be floated early 2022. We also saw the growth of the Minilab network and several quality control tests done across the network as part of our joint quality efforts.

We acknowledge our ever-growing network and would like to welcome 6 new members who joined our community in 2021. We build on this strong network. That is why in 2021 we started a member needs assessment that we seek to gather key needs of our member DSOs and CHAs. This program is due for completion early next year. Going forward, with the findings of the member needs assessment, we intend to align our programs to address these member-centric needs. This goes in tandem with our mission.

We would like to take this opportunity to thank our former board members who exited the board membership in 2021 having served two terms in the board - Marlon Banda (chairperson), Michael Mwangi (treasurer) and Fidelis Nyaah.

Christine Haefele-Abah,



EPN Board Chairperson.

Join us in appreciating their strong commitment. We equally welcome the new team to the board: Edward Ngah (Member), Stephen Kigera (Treasurer) and Florence Bull (Member). They join the board as key leaders in their organizations that are also the members of EPN. Let us welcome them.

We also express our deepest gratitude to our funding donors and partners who have continuously provided generous support to the success of EPN activities. This unrelenting support has bore fruits in our network and we believe that we shall continue to expand our reach and make positive progress in our quest to ensure we deliver just and compassionate quality pharmaceutical services for all.

Friends, with your connection, steadfast support and commitment, 2021 was successful for EPN. We committed to our network and we seek to strengthen our member-focus programs. As we refocus our programs and orient our goals for 2022, we would like to encourage you to stay committed to this course, to the mission of EPN.

Thank you and may God bless you.

Richard Neci,



EPN Executive Director.

# 2021 IN SUMMARY

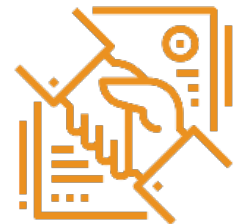


## Supply chain, Quality Assurance and Testing

We promoted efforts to establish medicines quality assurance infrastructure through Minilab testing, provided training on quality assurance, expanded networks and advocacy to promote quality assurance programs.

## Partnerships & Collaborations

As a strategic core area, through meetings, webinars, we reached out, engaged, connected and created more local, regional and global networks of partnerships sharing our vision.

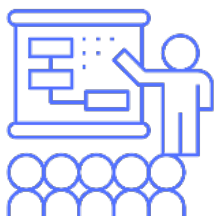


## Advocacy

We advocated for enhanced access to medicines, pharmaceutical quality assurance, quality healthcare services delivery, access to Covid-19 vaccination among others.

## Covid-19

Joined the global community in fighting the pandemic; offered training on Covid-19 management for healthcare workers, created awareness Covid-19, amplified advocacy efforts for vaccination.

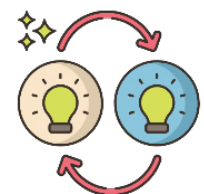


## Training & capacity development

We expanded our pharmaceutical capacity building programs by expanding our training program through developing and launching an online training platform. Over 300 learners have enrolled in EPN online courses

## Information sharing

Through our various publications, website, blogs, social media platforms, webinars, meetings we shared our vision and joined the global healthcare community in promoting access to quality healthcare for Covid-19, NCDs, access to medicines, HIV/AIDS, maternal and child care among others.



## Members and networks

We improved our communications with members, engaged them in activities. In our new strategic plan we focus in increasing support for them to achieve their mission.

## New Strategic plan

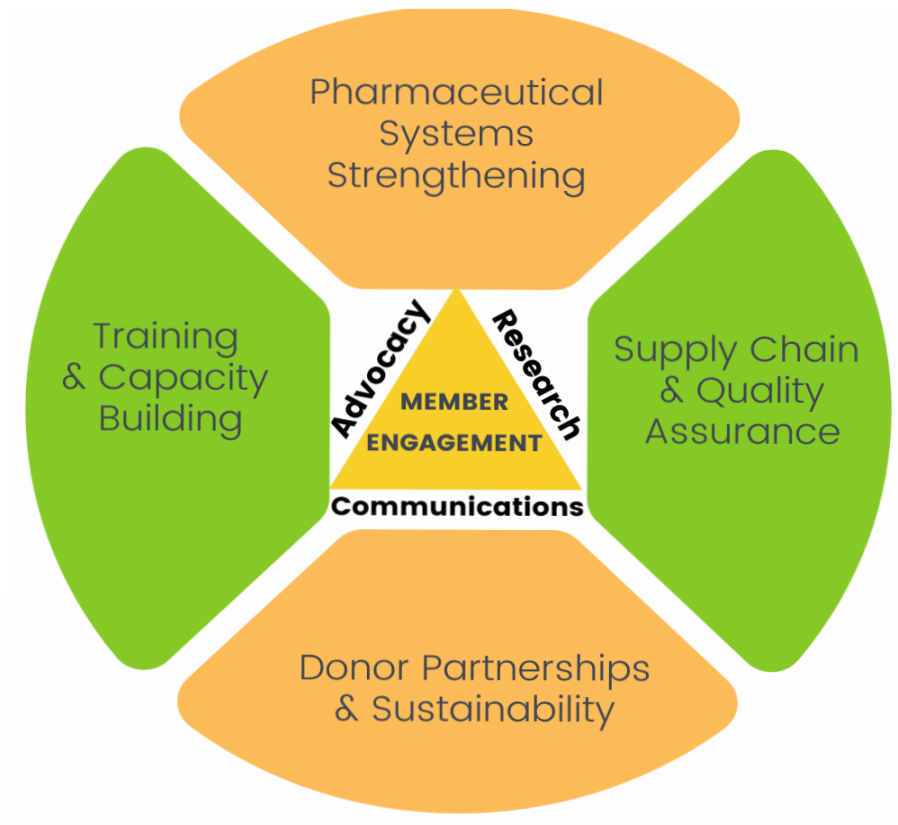
We developed a new document to guide our next 5 years



# STRATEGIC AREAS

EPN started developing a new strategic plan in 2020. The previous strategic plan ran from 2016 to 2020. Ahead of this activity, a consultant was engaged to conduct an evaluation of the 2018-2020 period. Based on the findings and recommendations of the evaluation, the new strategic plan 2021-2025 was developed.

The development of this plan involved a series of meetings and discussions by various working groups of members, secretariat staff with coordination of the consultant. Subsequently, after these meetings and a final all-group retreat, one document was produced. This was later reviewed and approved by the EPN board. In the new plan, EPN shall focus on 5 strategic areas and 3 cross-cutting programs.





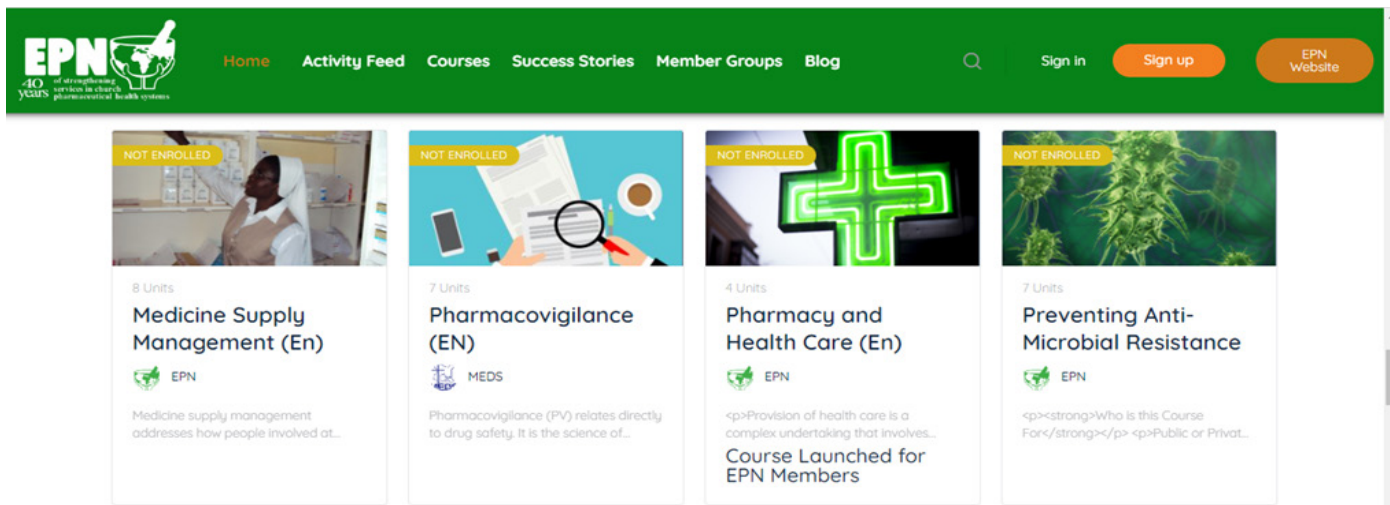
# PROGRAMS

## TRAINING AND CAPACITY DEVELOPMENT

The goal of the EPN’s “Essentials of Pharmacy Practice” (EPP) training is to train staff working in pharmacies and dispensaries without formal pharmaceutical training. EPP presents an ideal tool for addressing this need. Depending on the local needs, shorter trainings can be delivered through specific modules.

Over the years, EPN has conducted the Essentials of Pharmacy Practice (EPP) course physically in more than 10 countries. The 12-week course has shown positive results in stock management, quality medicines dispensing and generally enhanced best practices among the beneficiaries in the facilities they have served.

### Digitization of EPN essentials of pharmaceutical practice training



In 2020, seeking to enhance the delivery of EPP course to more healthcare workers and utilize innovation, EPN started customizing the content of this course for online delivery. These contents were to be delivered over a learning management system. Subsequently, the online portal was developed and went live. In April 2021, the first course content to be customized was Module 3 of EPP. They were also translated into French language.

Beyond the long-term innovative idea of online delivery, this move proved timely with the outbreak of Covid-19. The pandemic negatively restricted the delivery of physical training, so virtual training was necessitated. Courses rolled out include the Medicine supply management course that was to be part of courses for strengthening the capacity of hospital pharmacy practitioners to mitigate the effects of COVID-19 pandemic. The training covers all aspects of pharmacy work, including public health aspects, ethical aspects and communication skills.

These courses are free for EPN members. So far modules 1 and 3 have been customized and uploaded. Upon completion of the courses, the learners fill ac-

tion plans on how they are going to implement activities to improve services in their facilities.



## Strengthening the capacity of health workers and health managers to mitigate the impact of Covid-19 among the EPN members health facilities

Over years, EPN focused its capacity development program to pharmacy staff in church health facilities. The recorded successes were found to be affected at the level of governance and leadership and the overall management of the health facility. In view of this, EPN started working on how to integrate a holistic approach of capacity building of health facilities,

From 2020, Covid-19 started impacting negatively the sustainability of health facilities, with reduced attendance and revenues and disrupted supply chain. Thanks to the financial support of DIFAEM, EPN together with Mission for Essential Drugs and Supplies (MEDS) initiated a program in 2021 to provide training for healthcare workers and managers in health facilities to capacitate them on addressing the threats of Covid-19 pandemic in their facilities. This program is in line with the digitization program, utilizing the newly developed online training portal.

The ultimate goal is to ensure that Church health institutions whose staff benefit from the training shall improve their performance in health and pharmaceutical management especially with regard to Covid-19 management.

As part of its pilot, healthcare workers who work in EPN member health facilities were enrolled to commence training from various courses that have been uploaded. Initially, using a baseline questionnaire, each of the four EPN member DSOs and CHAs selected a list of 5 staff from each of the health facilities as the first cohort for the online courses. These members include; Christian Health Association of Nigeria (CHAN), Christian Health Association of Kenya (CHAK), Bureau des Formations médicales agréées du Rwanda (BUFMAR) - Rwanda, and Cameroon Baptist Convention Health Services (CBC)-Cameroon.

### Target cadres



### Some of the courses available include;

- Medicine Supply Management (Module 3 of EPP course)
- Gestion de l'Approvisionnement en médicaments
- Counselling & Psychological Support for Healthcare Workers
- Covid-19 Clinical Management
- Financial Management Sustainability
- Health Commodity Management
- Infection Prevention & Control
- Laboratory Quality Management Systems
- Leadership & Governance
- Pharmacovigilance
- Rational Drug Use
- Robust & Sustainable Resource Mobilization

As of December 2021, 128 students had enrolled and 48 students had completed at least one course. There were notable challenges especially among the learners. This led to delays in course completion. These challenges include high internet costs or its unreliability, lack of personal laptops/computers and therefore over-reliance on hospital desktops to proceed with the courses, lack of enough French courses on the portal.

## In-person EPP trainings in Central Africa Republic (CAR)

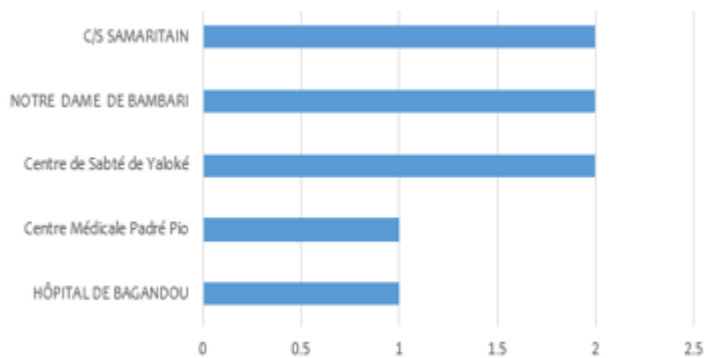
In 2021, EPN in collaboration with Association des Œuvres Médicales des Églises pour la Santé en Centrafrique (ASSOMESCA) sought to identify pharmaceutical training needs in some of the ASSOMESCA facilities. A baseline survey was conducted in 5 facilities in Central Africa Republic (CAR) to assess dispensing and counselling practices, overall stock management, and availability of essential medicines. ASSOMESCA is a member of Ecumenical Pharmaceutical Network (EPN).

A baseline questionnaire was adopted to assess Patients counseling and a data collector training was held in February.

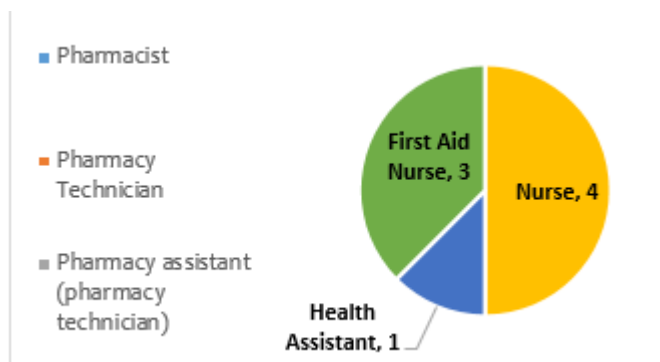
Among other findings, the study indicated that;

1. Stock management and Control sheets are not in place in all the facilities
2. Though physical inventory is carried out and recorded, differences between theoretical stock and physical stock is not reported
3. Monthly average consumption is not known
4. No visual inspection or documentation on receipt of drugs
5. No SOP's in the stores.
6. For all the facilities, there were 8 dispensing staff serving an average of 13 outpatients a day. None of them are trained pharmacists (Pharmacists, Pharmacy technicians, or Pharmacy Assistant). 7 (88%) of these pharmaceutical staff are nurses/ first aid nurses and one a health assistant.

Number of staff per facility



Composition of pharmacy staff



## Training

As part of the baseline study recommendations, EPN and ASSOMESCA carried out training sessions for health care workers in the selected facilities between May and June 2021. The training covered Medicine Management Cycle and Medicine Use and Dispensing, part of Module 3 and 5 of the EPP course respectively. The training capacitated 15 healthcare workers from 15 ASSOMESCA member health care facilities.

All the trainees came up with action plans that would be used to gauge the success of the training within the timelines of the project. An end-line assessment shall be conducted to track the impact of the training.



Trainees engage in interactive participatory process of training



## Areas of Training

### Module 3: Medicine Supply Management

- ✔ Medicine management cycle
- ✔ Medicine selection
- ✔ Medicine procurement
- ✔ Receiving consignment
- ✔ Managing distribution
- ✔ Managing inventory
- ✔ Stores management
- ✔ Quality assurance of medicine

### Module 5: Rational Medicine Use and Dispensing

- ✔ Understanding rational medicine use
- ✔ Terminologies commonly used in dispensing
- ✔ The dispensing environment
- ✔ Prescription management
- ✔ Pharmacovigilance
- ✔ Medicines donation



Trainees and their trainers at the end of the training

## DSO Mentorship sessions

In the year 2021, EPN started a series of virtual mentorship sessions for drug/medicine supply organisations staff. Referred to as DSO mentorship sessions, these are virtual meeting sessions for EPN member DSO staff where through presentation, question and answer and discussion sessions, they share experiences and learn best practices in pharmaceutical supply, management of drugs, drug stores, quality assurance and associated processes. The aim is to empower them in strengthening technical capacities which will be beneficial to the member facilities they serve.

A total of four sessions were held in 2021, starting in September. Participants from ten (10) DSOs have benefited from these sessions. It is encouraging to note that there has been a continuous rise in number of participants.

### Session topics

#### Session 1: Overview of good distribution practices

This session was held in September. It discussed on results from the DSO baseline assessment which was conducted in February 2021 highlighting the major areas including Infrastructure, Customers served, Services Provided, Drug Selection & Procurement, Quality Assurance (QA) and Quality Control (QC), Inventory Control, Readiness in Covid-19 Management.

The discussions delved into the general principles of GDP with a focus on; Personnel, Premises and Equipment, documentation, self-inspection, recalls and returns, transportation and contract activities in supply chain, provision of maintenance/repair of hospital equipment services or manufacture of prosthetic equipment.

strengthening healthcare delivery, healthcare financing, governance and leadership, supply chain systems, health information systems and optimization of sustainable health systems.

#### Session 3: Transport qualification



Discussions focused on transportation of medicines and in-house solutions or outsourced activities, and importance of ensuring quality of medicines throughout transportation. They also looked into the relevance of transportation as a good distribution practice; requirements for transporting medicines and sensitive goods, stakeholders involved, importance of maintaining transport conditions to avoid compromising on product quality, fleet management and the careful selection and prequalification of service providers.



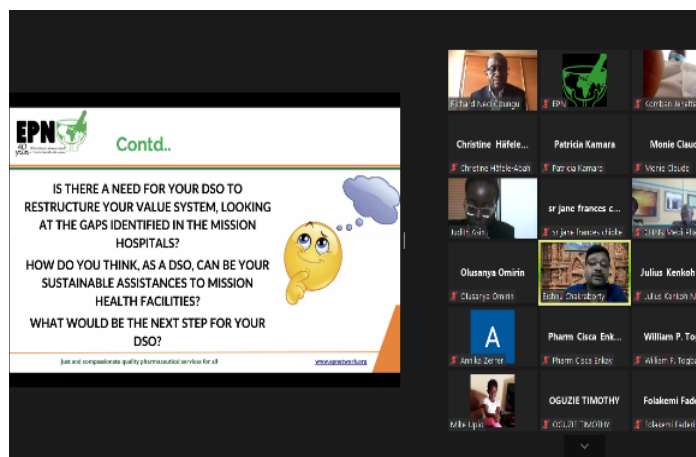
#### Session 2: Capacity building for sustainable healthcare

The session highlighted on the importance of capacity building and the various components of sustainability in healthcare. It focused majorly on the WHO 6 pillars of health as they need to interplay in order to bring out the overall health outcomes i.e. Improved health, responsiveness to the community, social and financial risk protection and improved efficiency.

Key topics that were covered include; strategies on

## Session 4: Capacity building approaches for sustainability: Development of organizational expertise

The purpose of the meeting was to enlighten DSO members on the importance of capacity building in their organization so that in turn they can also offer technical support to the health facilities that they serve. The presentation gave an overview of institutional capacity development and its importance including human resource capacity building, challenges faced in order to achieve this was also addressed and how to improve and monitor the results of capacity development in an organization.



## Development of Supply Chain Management Curriculum for Frontline Health Care Workers in Sub-Saharan Africa (SSA) - needs assessment

The ultimate objective of this program is to build the supply chain capacity of frontline health workers at the primary Health Care Centres (PHCs) and the communities across five countries (Kenya, Rwanda, Nigeria, South Africa and Botswana).

In 2021, a needs assessment survey was designed and implemented to gain a broad picture of the existing competencies, skills of frontline workers, infrastructure and the gaps which need to be bridged to help workers deliver effectively and efficiently. This will help in designing a comprehensive education and training curricula on Procurement and Supply chain Management (PSM) ensuring that a holistic approach to training delivery is developed considering the organizational and individual needs.

EPN together with Empower School of Health and The East, Central and Southern Africa College of

Nursing (ECSACON) conducted the needs assessment across the five countries. The survey involved 329 participants from health facilities in the respective countries. Data collected on socio-demographic profile, access to digital infrastructure, experience of digital platforms and existing competencies and skills in the domain of Procurement and Supply Chain Management were assessed.

The findings and recommendations of this study shall be used to guide in identification of key areas to address. These include training needs for healthcare workers in supply chain management.

## Ecumenical Scholarships Program

The third phase of EPN scholarships program (2018 to 2021) is ongoing with most beneficiaries finalizing their studies. In this phase, Diploma and Degree program scholarships were offered to 21 candidates from 8 Countries (Cameroon, DRC, Ghana, Liberia, Malawi, Tanzania, Uganda, Zambia).

In 2021, 14 students completed their studies and have graduated. These students will proceed to their facilities for internship while others are full time staff. The ultimate vision of this program is improved pharmaceutical care and services provided by trained pharmacists and pharmacy technicians leading to better patient health outcome.

EPN shall continue to undertake supportive monitoring and evaluation to ensure that students get the most from this opportunity and are able to implement their action plans in their facilities after the studies.



ESP Scholarship beneficiary from Malawi, Loveness Soko

“

One of the challenges we were facing as a hospital is that there were very few pharmacy staff thus work overload. However, I introduced work shifts which have really been sitting well with us. I also shared insights learnt with my colleagues on better drugs management and proper dispensation. Besides that I am now able to locally prepare sanitizers which are quite pertinent during this times.

**Maria Bhoke Mwita. Nkoaranga Lutheran Hospital,  
Tanzania**

”

# PHARMACEUTICAL SYSTEMS STRENGTHENING

## Strengthening Infection Prevention & Control programs in hospitals in Sierra Leone

Since 2019, EPN in collaboration with Christian Health Association of Sierra Leone (CHASL) has been carrying out an IPC intervention aimed at strengthening infection prevention & control programs in a cross-section of CHASL-member hospitals in Sierra Leone. The intervention intended to improve the IPC measures in the select health facilities.

Some of the activities carried out included the training of 18 healthcare workers from 6 facilities that are CHASL member hospitals on IPC and basic COVID-19 prevention. These healthcare workers are nurses (matrons, State Registered Nurses (SRN), State Enrolled Community Health Nurses (SECHN) and Laboratory Technicians, and are now champions of IPC in their facilities.

Other activities included Advocacy meetings with church leaders and administrators to create awareness, advocate and lobby for their support of the initiative. A recent end line study indicated good progress being made in most facilities.

### Successes and achievements

1. Due to the IPC cascaded training, trained staff facilities now have improved IPC measures;
  - There is improvement in waste management in the hospitals.
  - Improved compliance of patients on hand hygiene.
  - All bins are labelled.
  - Hand washing procedures are observed
  - Constant availability of hand washing materials.
  - Improved use of face masks by staff.
2. IPC budget is now included in the hospitals budget
3. Increased awareness raising on Infection Prevention and Control per facility with continuous engagement of patient and staff for behavioural change
4. The caretakers of patients are tagged to restrict movement within the hospitals.
5. Formation of Infection, Prevention and Control committee comprising of representatives from different units/ departments in the hospital
6. Regular monthly IPC Committee meeting to review IPC activities and map out strategies to address challenges
7. Training of IPC champions who later cascaded the trainings to the general staff on IPC standard protocols
8. Supportive supervision and monitoring by CHASL Secretariat quarterly, while the IPC Focal and Committee members does it on daily basis
9. In all six hospitals, there is a Health Care Associated Infections (HAIs) surveillance system,

- national IPC Guidelines are available and 6 functional IPC committees with a well-defined monitoring plan (clear goals and activities) are installed.
10. Developed and utilized Hospital-Acquired Infections (HAIs) tracking tool in the hospitals.
11. In the six (6) hospitals, 80% of HCWs adhere to hand hygiene guidelines

Other activities: Support Supervision visits, in-house HAI training of HCWs and advocacy meetings



Fasomoyin O.O, Medical superintendent, Kamakwie Wesleyan Hospital, Sierra Leone



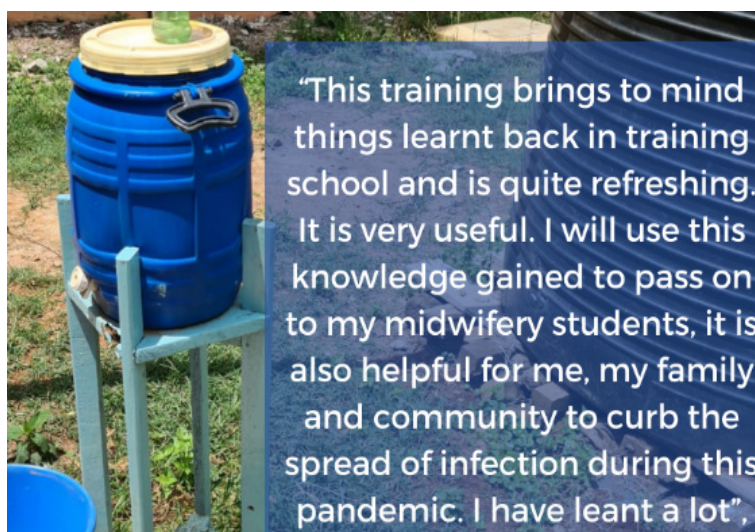


“The project not only trained our staff on IPC measures but has also helped in cutting down cost and reduced hospital bed occupancy for most of our clients. The monitoring tools developed and used have helped in identifying and documenting Hospital Acquired Infections (HAIs) and improved environmental sanitation.

The hand washing stations promote frequent hand washing as a precautionary measure to IPC within the hospital. Before now, we had problems of triaging patients coming to the facility, but with the knowledge gained from the IPC training and formation of the IPC committee our triage system is now well organized reducing the possibility of missing a client that meets case definition of Covid-19 and other infectious diseases.

Once more we consider your intervention in supporting the IPC in our facility a blessing from God to help save lives through your Organization. God bless the donors” Lomprie A. Conteh”-

Lomprie Conteh, Matron Kamakwie Wesleyan Hospital



“This training brings to mind things learnt back in training school and is quite refreshing. It is very useful. I will use this knowledge gained to pass on to my midwifery students, it is also helpful for me, my family and community to curb the spread of infection during this pandemic. I have learnt a lot”,

A trainee of the IPC capacity building program from School of Midwifery, Sierra Leone.

## Management of Type 2 Diabetes health facilities in Zimbabwe- Endline assessment

The overall goal of the project is to improve the management of type 2 diabetes in faith-based healthcare facilities in Zimbabwe. The implementing partners for the project were the Zimbabwe Association of Church related Hospitals (ZACH) and the Zimbabwe Diabetes Association (ZDA). ZACH is a member of EPN.

The three main objectives of the project included

- Build the capacity of pharmaceutical and nursing staff in the treatment and management of type 2 diabetes in 50 faith-based healthcare facilities in Zimbabwe
- To increase the availability of quality assured anti-diabetic medicines in the 50 faith-based healthcare facilities
- To raise awareness of Type 2 diabetes through provision of IEC materials, education and counseling of both diabetic patients and the public at large

The project started in the last quarter of 2018 with a baseline study in December 2018 to establish current diabetes medicine and diagnostic tests availability, patient counseling practices and general stock management in a sample of 20 facilities. The baseline assessment also entailed the testing of 40 patients from 3 health facilities using the HbA1c test.

Subsequently other activities were conducted in line with the recommendations of the baseline study. These include;

- Training of 75 staff from 41 health facilities
- Stakeholders advocacy meeting to sensitize hospital administration, government representatives, DSO representatives, and other stakeholders about the importance of availing quality diabetes medicine and diagnostic equipment in the faith-based health facilities
- Post-training supervisory visits- conducted to 41 health facilities whose healthcare workers (HCWs) underwent training.
- Refresher training.

### Endline

The endline assessment was done in 2021 in 15 health facilities.. Due to a number of unforeseen challenges, of the 15 facilities targeted for endline survey, only 6 participate in the baseline. The endline analysis thus, focused on the comparison of the 6 facilities that had their HCWs trained and the 9 that did not train their HCWs to show the impact of this project.

### Findings

- The trained facilities seem to be at a better advantage as most are now equipped to treat diabetes.
- The facilities that had their staff trained were able to manage the diabetic patients better and had also improved in their dispensing practices evident from the patients'
- There was an increase in the availability of anti-diabetic medication in the facilities
- From the KAP study done, the patients' knowledge on diabetes had increased depicting great use of the IEC materials.
- The facilities showed patients with a decreased blood sugar levels to normal in the endline survey compared to the baseline survey.
- Among the patients in the facilities analyzed there was an improvement by 18% on the knowledge and practices.
- In the baseline assessment, 30 patients were tested using the HbA1c to measures the average blood sugar levels. The endline study showed the number of patients with normal HbA1c levels generally increased by 10%
- An analysis of these findings shows that lower level facilities face challenges in providing diabetes care due to lack of capacity and non-availability of the diabetes essential medicines

## Neglected Tropical Diseases service delivery assessment at health facility level

One of EPN's priority programs under the new strategic plan is on Neglected Tropical Diseases. In 2021, EPN initiated activities of this program. Together with Christian Health Association of Malawi in Malawi, Christian Health Association of Sierra Leone in Sierra Leone and Reseau Confessionnel Sanitaire Chretien de Guinee in Guinea, EPN conducted a mapping study to assess healthcare services in response to NTDs in these network's member health facilities. The aim of this study is to use the data to design and implement interventions to advocate significantly to influencers such as policymakers in the relevant local government ministries on the increase in the availability and accessibility to medicines for managing identified NTDs within the faith-based health facilities.

Five (5) facilities chosen from the member facilities were selected from each country. The selection was made based on the country regions in which NTD's are mostly prevalent. The data was collected through phone interviews which were conducted by focal persons in these organisations. The interviewer filled in each questionnaire in Google Forms. Health facility heads, medical superintendents, pharmacists and other health care professionals were also involved in the study which took one month to be completed. Findings from this study shall be used to design the next intervention plan.

### Key lessons

- Sustained efforts to control and eliminate NTDs are hinged on a functional Health system.
- Lack of clear guidelines by MoH on disease surveillance is noted in the study.
- Community sensitization campaigns play a role in eliminating NTDs.
- Mass drug administration is also a major step in eliminating NTDs.
- Proper hygiene and sanitation are essential in the elimination of NTDs

## Smart-Healthcare – Baseline study

The goal of this program was to strengthen healthcare through improved hospital management in church health facilities in Kenya and Malawi. The activities are to be implemented in Malawi and Kenya in collaboration with EPN members; Christian Health Association of Malawi and Christian Health Association of Kenya. In February and March 2021, EPN together with CHAM and CHAK conducted a baseline study in 19 Facilities in Kenya (9) and Malawi (10). The study assessed various hospital management factors that affect access and delivery to healthcare. This include the capacities of these facilities on various areas including medicines management, availability of SOPs, effects of Covid-19 pandemic on their healthcare services, training needs, health reporting, IT and healthcare information systems, access to electrical power among others. Data collectors were initially trained on how to conduct the study. The data collectors utilized ODK kits installed on tablets to collect their data. The findings of the assessment will be used to develop intervention plans for the challenges identified.

# SUPPLY CHAIN AND QUALITY ASSURANCE



## The Minilab project

The Ecumenical Pharmaceutical Network (EPN) together with DIFAM has established a Minilab network - a network of healthcare organizations that utilizes a suitcase laboratory developed by the Global Pharma Health Fund (GPHF) to test the 100 most common medical compounds for counterfeits. The network consists of 16 organizations in 13 countries mainly Sub-Saharan Africa.

The Minilab project is a program of EPN that is aimed to improve medicine safety through better detection of substandard medicines in DRC, Cameroon, the Central African Republic (CAR), and Liberia. This involves developing capacities in detecting substandard and falsified medicines using the Minilab technology.

By addressing the human resource gap in the network and the advocacy efforts at the government level, the project expects the following results:

1. Enhanced testing of suspected substandard and falsified medicines in the Minilab partner organizations
2. Strengthened and broadened minilab network.
3. Increased partnership between Minilab partners and government agencies, such as the MoH in the 4 countries, working hand in hand to fight substandard and falsified medicines.

The target groups are the care-seeking patients and the partner organizations' 700 health institutions which are serving approximately 3.5 million patients a year.

## Central Africa Republic (CAR)

In June 2021, EPN in collaboration with member Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique (ASSOMESCA) carried out a series of training and advocacy activities in the Central Africa Republic. A newly recruited Minilab project staff in CAR underwent a training on the use of Minilab toolkit. This staff is leading Minilab activities in the country.



## Advocacy

Advocacy meetings with key stakeholders were held to create awareness, advocate on the importance of efforts of promoting quality assurance, and lobby for support.

The first meeting was held with the Board chairperson of ASSOMESCA, deputy board chair, and the Executive General Mr. Julien Basile.

The second meeting was with the Central African Republic Minister of Health and Population and the Country Director of Pharmaceutical Services.

The discussions covered partnership ASSOMESCA – MoH, the quality assurance of medicine within CAR, the role of Minilab in assuring such high-quality of medicine and the shortage of pharmaceutical staff in CAR, the role, and objectives of the EPP training.



EPN Executive Director Richard Neci (right) with Minilab staff in CAR Mr Pamphile Poudanga



Richard Neci (right) with Julien Basile (Executive Secretary, ASSOMESCA), Pierre Somse (centre), the Minister of Health, Central African Republic at the offices of CAR Ministry of Health

## East African Community Pooled Procurement program (EACPP)

The EACPP initiative was initiated with the aim of helping members pool resources and purchase essential medicines and medical supplies jointly. EACPP was started in 2012 by the four DSOs in East Africa and EPN. These include Bureau des Formations Medicales Agrees du Rwanda (BUFMAR-Rwanda); Missions for Essential Drugs Supply (MEDS-Kenya); Mission for Essential Medicines Supply (MEMS-Tanzania) and Joint Medical Store (JMS-Uganda).

In 2020 during the Covid-19 crisis, EACPP established an emergency procurement policy with an aim of enabling agile response in emergency situations while ensuring compliance with the general procurement principles, which became a guide in the procurement of PPEs.

In 2021, the technical working group-the coordinating team of the program met 5 times to plan for the 2021 activities. Key outcomes from these meetings were;

- Endorsement of the emergency procurement procedures
- Endorsement of the DSO criteria for assessment of new entrant DSOs
- Call for expression of interest to join EACPP
- The next tender to be floated from February 2022
- TWG meeting were successfully held
- There was also the syncing of the procurement cycles among the DSOs and the harmonization of non-pharmaceuticals specifications. The EACPP tender was floated in September.

### DSO Benefit survey results

A number of EPN members DSOs showed interest in joining the initiative. To build the qualitative and quantitative perspective on benefits that the current DSOs gain from the initiative, a DSO benefit survey was carried out in August 2021 to get their experiences. The survey gathered key insights on both the benefits and challenges that each DSO has experienced since joining the initiative. Here are some highlights;

#### Benefits

- Growth on savings due to sourcing of the essential medicines and medical supplies at lower prices (bulk purchasing)
- Sourcing of essential medicines and medical supplies of good quality
- Product growth; consistent supply of essential medicines and medical supplies.
- Participating in joint planning and review meetings where relevant information is shared freely for the furtherance of common goals

- Conducting joint good manufacturing practices (GMPs) and sharing of audit results
- Achievement of cost efficiency in supplier pre-qualification and long-lasting partnership with suppliers from the initiative
- Increase in supplier's trust and better payment conditions
- Increase in technical experience in procurement in the following fields; Product specifications, forecasting and quantification (JMS),
- Increasing in number of suppliers with interesting prices as it was achieved by floating to a pool of suppliers, technical evaluation of tenders and new tools, best practices in QA and QC of samples before contracting with suppliers which was achieved through establishment of QA procedure for sample evaluation.
- Learning from each other by exchanging information on product availability, sharing of information on suppliers and generally working together as a team and improving each other's skills and experience

#### Challenges

- Acceleration in price fluctuations especially during the pandemic period
- Delays in tender process and failure of suppliers to comply to contract agreements due to the difference in country-to-country requirements

- Increase in lead times which therefore necessitate emergency purchases.
- Conflicting legislation and regulations for health products across the member countries. This was evident especially where specifications were different.
- Limited financial resources for procuring health products or meeting administrative costs was a challenge to a small extent especially in cost of analysis and evaluation.
- Individual payment of pool orders gave suppliers the impression that they are still working with one DSO and therefore unable to get good discounts
- Lack of harmonized procurement plan and getting all the DSOs to commit to the principles was quite difficult and therefore leading to disjointed activities
- Suppliers withholding shipments due to possibly lack of clear guidelines on payment status
- Lack of clear management of orders for various DSOs.

#### Call for expression of Interest

Following the survey, a call for expression of interest was sent out to invite EPN member DSOs to the initiative.

## Feasibility study for Revolving Drugs Fund in Guinea-Conakry

In October 2021, EPN was tasked to carry out a feasibility study to evaluate the state of medicine supply chain in Guinea and determine the need and possibility of creation of Revolving Drugs Fund for establishing a DSO at the Réseau Confessionnel Sanitaire Chretien de Guinee (RECOSAC-G). RECOSAC-G is a member of EPN. This would be one of the avenues of addressing challenges of supply of medicines.

The study sought to find out; Sources of financing for creation of Drug Revolving Fund for Medicines and how this can be mobilized, engaging pharmaceutical regulatory authority, pricing and payment policies, how to increase awareness on quality of drugs and the dangers of street drugs, determining list of starter medicines for managing most common diseases.

#### Key findings

After analyzing the purchases of 19 RECOSAC-G health facilities, there was a potential for creating drugs revolving fund. The pharmaceutical regulatory authority was however not in favor of the establishment. This was mainly attributed to the ongoing reforms and reorganization in the pharmaceutical sector. As a result, this hinders the possibility of establishing a DSO, however, a DRF remain possible.

#### Way forward

The partners shall continue advocating for this initiative. Advocacy shall involve key stakeholders and top

church leaders to obtain authorization from RECOSAC-G to start a DSO and centralize supplies for its health facilities. It was recommended that RECOSAC-G develops a collaboration framework with Pharmacie Centrale de Guinée – Société Anonyme (PCG-SA) - national purchasing center for essential generic medicines in Guinea for procurement, warehousing and distribution of medicines under the DRF. A negotiated margin which benefits health facilities to be concluded along with coordination mechanism for the DRF.

# SHARING EXPERIENCES AMONG COMMUNITIES OF PRACTICES

## Webinar Series

From February 2021, EPN held 4 webinars for sharing experiences and best practices on emerging issues in pharmaceutical health services within faith-based health facilities across Sub-Saharan Africa. These webinars were amazing opportunities for EPN members to fellowship, be inspired and network.

- Webinar 1: February 2021 - Enhancing the delivery of good quality pharmaceutical services and products in the context of global challenge of the COVID-19
- Webinar 2: April 2021- Capacity building of pharmaceutical staff in church Health institutions: Gaps and way forward
- Webinar 3 – June 2021 - Joint EPN and PQM+ webinar: Rethinking assumptions about generic medicines cost and perceived quality: How managerial and regulatory systems help assure the quality of generic medicines
- Webinar 4: October 2021 - Improving efficiency in procurement of quality-assured medicines across the faith-based pharmaceutical supply system in LMICs

### Key takeaways

The prevailing global health situation of COVID-19 pandemic has been challenging, but has also opened a new window for faith-based institutions to leverage on in capacity development. Through e-learning, these institutions can provide flexible, user-centered, and easily updatable information for health worker training.

Covid-19 pandemic highlighted the importance of networking, solidarity and action as this will be very important in responding to the pandemic. Only with excellent evidenced-based communication, sharing data, information and best practices, can contribute

to bringing the pandemic under control.

Quality assurance in the manufacture and regulation of generic medicines supply is of the utmost importance in helping meet healthcare needs in LMICs. Generic medicines improve patient compliance, advance universal health coverage, and solve exclusion dilemmas.

Assuring quality of generic medicines require well defined strategies including; deliberate interventions to address promote supply and utilization of generic medicines, strategies that build transparent and strong health systems, to inspire confidence in quality and price of generic medicines and involvement of managerial and regulatory/enforcement interventions.

No country can be considered exempt from the risk of poor-quality medicines. Regulatory strengthening measures are needed during the pandemic can and should enhance regulatory systems beyond it and more ideas to invest in local production by factoring long term plans.

Quality assurance is a process that is built into the individual processes of supply. Establishing and implementing a quality assurance mechanism for supply chain (prequalification, purchasing, storage and distribution) of pharmaceuticals should be undertaken in stages. EPN webinars have attracted over 400 participants.

## Information Sharing

**Publication and newsletters:** EPN published 7 issues of bi-monthly electronic newsletters Netlink and e-pharmalink. Some of the topics covered; strengthening access to healthcare services, training and capacity development, member response efforts to Covid-19. You can also keep up to date by reading our publications on <https://www.epnetwork.org/our-publications/>

**Website, blog and Social Media:** EPN continues to grow in the utilization of online platforms in the communication of its mission and activities. In 2021, EPN we disseminated various information, program activities events, useful resources for healthcare and pharmaceutical practice through the Resources center - a repository of publications, IECs, books and other materials.

Through social media platforms (Facebook, Twitter, LinkedIn and Youtube) we shared on various project activities, events, participated in campaigns, and advocate on the objective of our programs. Some of the social media campaigns include world pharmacists day, world diabetes day, world antimicrobial awareness week, world pharmacist day, world handwashing day, world patient safety week.

## Horizont3000 Knowlympics 20/21

EPN participated in Horizon t3000 KNOWLYMPICS 20/21 – POLICY DIALOGUE contest. This is a program of sharing experience and learning from other community stories. In this program Organizations share their experience from past projects on how they have and they. EPN shared their experience on Christian Advocacy for Family Planning in Africa project implemented in Nigeria in collaboration with one of its members the Evangelical Church Winning All – ECWA..

## CCIH 30x30 commitment

EPN is a CCIH 30x30 Commitment Maker!. The 30x30 Health Systems Initiative is a Christian Connections for International Health (CCIH) effort to strengthen 30 health systems in which faith-based health services operate, by 2030. In 2021, EPN submitted its commitments as it seeks to support efforts to strengthen faith-based health systems. EPN commitments include on; Access to Essential Medicines and Supplies, Health Workforce, Leadership and Governance and Service Delivery



# MEMBER ENGAGEMENT

A number of activities were conducted with regard to EPN membership. These include review and revision of the EPN member classifications, member benefits, amendments of EPN constitution at the AGM.

## Member needs assessment

One of the key focus of EPN outlined in the new strategic plan is meeting the needs of members. From 2021, EPN is a network of 131 active members, of these 31 are Christian Health Associations and 18 are Drug Supply Organization. These group of members particularly serve various healthcare facilities in their countries. EPN commenced a needs assessment exercise to assess the needs of the member Christian Health Associations (CHAs) and Drugs Supply Organizations (DSOs) in the network.

This activity involves engaging the CHAs and DSOs to collect data on their pharmaceutical capacities including among others the number of facilities they support, population catchment they serve, the number of various cadres of healthcare workers, availability of certain medicines among others. With this information, EPN shall help identify possible ways to address and fill the gaps. This will especially assist in identify members with most needs to address. This activity shall be completed in 2022.

# ANNUAL GENERAL MEETING

In October 21 2021, EPN held the members' Annual General Assembly Meeting (AGM). For the first time, the AGM was held virtually. It brought together network members, EPN board and the secretariat. Several agenda items were discussed, including voting on a list of items. These included; changes in the board membership, the appointment of new proposed auditor, amendments to the constitution.

## AGM Discussions

### Board membership

Three board members were to exit the board having each served the maximum 2 terms in the EPN board. They included the former board chairperson Marlon Banda, Board Treasurer Michael Mwangi and Board member Fidelis Nyaah.

The assembly voted and elected new individuals who replaced the outgoing members in the board. These individuals also work in organizations that are members of EPN. They included;

- Stephen Kigera - Mission for Essential Drugs and Supplies (MEDS) Kenya
- Florence Bull - Christian Health Association of Serra Leone (CHASL)
- Edward Ngah - Cameroon Baptists Convention Health Service (CBCHS)

Having served their first terms in board membership, the assembly re-elected the following board members to serve second terms;

- Joanita Namutebi
- Christine Haefele-Abah
- Christoph Bonsmann
- Vuyelwa Chitimbi
- Mwai Makoka

With the formation of the new board, the assembly selected board members for roles within the board;

- Christine Haefele-Abah – Chairperson
- Edward Ngah – Vice Chairperson
- Stephen Kigera – Treasurer

We recognise that impact of EPN's work has always been made possible by long history steadfast commitment and actions through leadership towards strengthening health systems, and this has been passed down. We do pass our appreciations to the outgoing board members who have dedicated their efforts and provided invaluable contribution to healthcare and health systems within and beyond the EPN network. We believe that strong commitment is passed to the new team and we look forward to more progress in the future.

## Appointment of the proposed auditor

The assembly voted to approve the appointment of Moore JVB LLP Auditor as the new auditor for EPN. This comes after the terms of service of the previous auditor Mazars had come to an end. The selection of the new auditor follows bid analysis and review of 8 received proposals.

## Amendments to the constitution

The assembly was presented with various proposed amendments on the EPN constitution. These were to be approved by the assembly. These included amendments on;

- Words and Expressions and their meaning in the Constitution
- Clause 6 on Membership which has three categorizations (Ordinary, Associate and Honorary) and defines the compositions in each
- Clause 11 on The Board, its composition. The role of the vice chairperson is now included in the Constitution.
- Clause 12 on Meetings will be done annually, and now incorporating and recognizing the use of technology to facilitate the conduct of General meetings. It also recognized the voting rights being restricted to Ordinary members.
- Clause 14 on Proceedings of the meetings of the Board. The reference to Directors here has been replaced with Board Members
- Clause 19 on Seals and Execution of documents. Here two Board members or one Board member and another person appointed by the Board will be required to witness the execution and affixing of the Seal.

Upon deliberations and discussions on each of the proposed amendments, the assembly voted and approved the amendments. All the voting was done using a poll feature done over the Zoom platform.

Going forward, EPN will be holding AGMs on annual basis as opposed to bi-annual as it was. These meetings will be held in an alternating modes of physical and virtual meetings. However, this is not a constitutional requirement.

All this information is captured in the minutes of the meeting.

## New Members

The EPN network continues to grow bigger. In 2021, 4 new institutions and 2 individuals joined the membership of EPN. They included;

- John Mmassy - Tanzania
- Richard Laing' - USA
- Bethany Kids Kijabe - Kenya
- Eglise Du Christ Au Congo (ECC) Département Des Œuvres Médicales (DOM)- Democratic Republic Of Congo (DRC)
- Réseau Des Confessions Religieuses Pour La Promotion De La Sante Et Le Bien Etre Intégral De La Famille (RCBIF) - Burundi
- Bee Skilled - India

## Member Classification:

### 1) Full Membership

- Christian Health Associations;
- Christian Secretariats;
- Church-related pharmaceutical agencies;
- Church Health Institutions;
- Church-related donor agencies;
- Church-related health care providers

### 2) Associate Membership

- Individual
- Institution or Organization interested in promoting the objectives of the organization

## EPN Forum

The EPN Forum is a conference of the EPN members held biennially. The latest edition as held in the year 2018. Plans to have the Forum in the year 2020, and subsequently 2021 were not possible due to the disruptions of COVID-19 pandemic. Instead, a series of webinars for member engagement was conducted in 2021. The Forum will now be held in 2022 at a date and time to be determined and communicated.

# ADMINISTRATION AND HUMAN RESOURCE

## EPN Board

As at 31st December 2021, the EPN board consisted of;

- Christine Haeffe-Abah – Chairperson
- Edward Ngah – Vice Chairperson
- Stephen Kigera – Treasurer
- Joanita Namutebi - Member
- Florence Bull - Member
- Christoph Bonsmann - Member
- Vuyelwa Chitimbire - Member
- Mwai Makoka - Member

## EPN Secretariat

In 2021, Nduta Kamere (Programs Assistant), Molly Karimi (Communications Officer) and Collins Wamalwa (Logistics Assistant), Marion Makana (Business Development Consultant) Collins Khisa (Logistics assistant) stepped down from their positions. Lisa Irungu (Programs Intern) also completed her internship as per university requirements. Austine Opiata (Programs Assistant), Umazi Fanjo (Communications Officer) and Judith Asin (Programs Officer) joined the EPN staff team.

As at December 2021, EPN staff consisted of;

- Richard Neci - Executive Director
- Susanne Duff-Mackay - Technical Advisor
- Judith Asin - Programs Officer
- Austine Opiata - Programs Assistant
- James Mireri - Finance, Human Resources and Administration Officer
- Damian Kibet - Finance Assistant
- Umazi Fanjo - Communications Officer
- Hezron Kiptalam - Information Technology and Communications Assistant
- Irene Tindi – Office Administrative Assistant

# FINANCIAL REPORT

## Report of the Independent Auditor

### Opinion

We have audited the Financial Statements of Ecumenical Pharmaceutical Network (EPN) set out on pages 7 to 17, which comprise the Statement of Financial Position as at 31 December, 2021, and the Statement of Comprehensive Income, Statement of Movement in Funds and Statement of Cash Flows for the year then ended, and notes to the Financial Statements, including a summary of significant accounting policies.

In our opinion, the accompanying Financial Statements give a true and fair view, in all material respects, the financial position of Ecumenical Pharmaceutical Network (EPN) as at 31 December, 2021, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standard for Small and Medium-sized Entities.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the organisation in accordance with the International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants (Parts A and B) (IESBA Code) and other independence requirements applicable to performing audits of financial statements in Kenya. We have fulfilled our other ethical responsibilities in accordance with the IESBA Code and in accordance with other ethical requirements applicable to performing audits in Kenya. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The engagement partner responsible for the audit resulting in this independent auditor's report was CPA Joy V. Bhatt, Practicing certificate No. P992.

## Statement of Comprehensive Income: For the year ended 31st December 2021

	USD	KES	USD	KES
	2021	2021	2020	2020
<b>Income:</b>				
Grants received	361,003	40,281,339	333,421	36,399,477
Other Operating income	93,795	10,543,148	59,496	6,495,160
<b>Total Income</b>	<b>454,798</b>	<b>50,824,487</b>	<b>392,917</b>	<b>42,894,637</b>
<b>Expenditure:</b>				
Programme Costs	168,523	18,814,868	80,778	8,818,325
<b>Administrative Expenses</b>	235,880	26,404,450	199,508	21,780,307
Other Operating Expenses	3,075	344,149	3,802	415,060
<b>Total Operational Expenses</b>	<b>407,478</b>	<b>45,563,467</b>	<b>284,088</b>	<b>31,013,692</b>
Finance Costs	1,418	158,603	1,979.00	216,018
<b>Total Expenses</b>	<b>408,896</b>	<b>45,722,070</b>	<b>286,067</b>	<b>31,229,710</b>
<b>Fund (Deficit)/Surplus</b>	<b>45,903</b>	<b>5,102,417</b>	<b>106,850</b>	<b>11,664,927</b>

## Consolidated Statement of Financials - Position as at 31st December 2021

	USD	KES	USD	KES
	2021	2021	2020	2020
<b>Assets</b>				
<b>Current Assets</b>				
Trade and other Receivables	51,953	5,780,307	48,036	5,243,975
Cash and Cash Equivalents	295,434	33,014,127	223,012	24,346,161
<b>Total Current Assets</b>	<b>347,388</b>	<b>38,794,434</b>	<b>271,048</b>	<b>29,590,136</b>
<b>Current Assets</b>				
Intangible Assets	726	52,245	972	106,120
Property, Plant and Equipment	10,310	1,067,538	13,699	1,495,476
<b>Total Non Current Assets</b>	<b>11,036</b>	<b>1,119,783</b>	<b>14,671</b>	<b>1,601,596</b>
<b>Total Assets</b>	<b>358,424</b>	<b>39,914,217</b>	<b>285,719</b>	<b>31,191,732</b>
<b>Funds &amp; Liabilities</b>				
<b>Current Liabilities</b>				
Trade and other payables	84,291	9,505,792	49,950	5,452,947
	84,291	9,505,792	49,950	5,452,947
<b>Fund Balance</b>				
Fund Account	274,133	30,408,426	235,767	25,733,786
<b>Total Fund Balance</b>	<b>274,133</b>	<b>30,408,426</b>	<b>235,767</b>	<b>25,733,786</b>
<b>Total Equity &amp; Liabilities</b>	<b>358,424</b>	<b>39,914,218</b>	<b>285,717</b>	<b>31,186,733</b>

## Statement of Cash Flows: For the year ended 31st December 2021

	USD	KES	USD	KES
	2021	2021	2020	2020
<b>Cash flows from operating activities:</b>				
<b>(Deficit)/Surplus for the year</b>	45,903	5,102,417	106,851	11,664,926
<b>Adjustments for:</b>				
<b>Depreciation</b>	3,075	344,149	3,802	415,082
<b>Loss on sale of equipment</b>	-	-	20	2,230
<b>Interest income</b>	(3,130)	(350,250)	-	-
<b>Gain on disposal</b>	456	51,080	-	-
<b>Surplus before Operations:</b>	46,304	5,147,396	110,673	12,082,238
<b>(Decrease)/increase in trade and other receivables</b>	(4,659)	(552,569)	(34,661)	(3,783,958)
<b>(Increase)/decrease in trade and other payables</b>	34,341	4,052,845	(16,241)	(1,773,018)
<b>Cash generated from/(used in) operations</b>	<b>75,985</b>	<b>8,647,672</b>	<b>59,771</b>	<b>6,525,262</b>
<b>Cash flows from investing activities:</b>				
<b>Purchase of Property, Plant and Equipment</b>	-	8,421	(2,088)	(227,976)
<b>Proceeds from sale of Equipment</b>	843	94,400	122	13,283
<b>Interest Income</b>	3,130	350,250	-	-
<b>Translation adjustment</b>	(7,536)	(432,777)	-	1,295,235
<b>Net cash used in investing activities</b>	<b>(3,562)</b>	<b>20,294</b>	<b>(1,966)</b>	<b>1,080,542</b>
<b>Net increase in cash and cash equivalents</b>	<b>72,423</b>	<b>8,667,966</b>	<b>57,805</b>	<b>7,605,804</b>
<b>Cash and Cash Equivalent at beginning of year</b>	223,011	24,346,161	165,206	16,740,357
<b>Cash and Cash Equivalent at end of year</b>	<b>295,434</b>	<b>33,014,127</b>	<b>223,011</b>	<b>24,346,161</b>





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