



## **Annual Report 2020**

### **Pakachere Institute for Health and Development Communication**

#### **A Note from our Executive Director**

Globally, the year 2020 has been one of the most unprecedented years that today's generation has encountered with the onset of COVID-19 pandemic. Lives have been lost due to the pandemic. Many families have been affected in one way or another. The environment in which we operated totally changed with the introduction of the so many restrictions to prevent the further spread of COVID-19. While we recognise that it has not been an easy year, we acknowledge the tremendous work and efforts that have been invested by our teams to ensure that the gains we have made over the years are sustained. The pandemic taught us to be innovative. Our organisation culture also became more fluid to accommodate the many changes that COVID-19 brought to our operations. We continued to learn and to grow in the year.

We commenced Fiscal Year 2020 with an ambitious new strategic plan that will guide our work for the next five years. We made it a priority to update our mission and values to reflect a renewed commitment to communities that we work with. The next five years envisions a healthy nation where Malawian's practice and sustain healthy lifestyles. This vision will become alive as we empower Malawians, particularly the vulnerable, to choose and sustain healthy behaviours, through service delivery, evidence-based health and development communication, community mobilization, advocacy and networking. Our values of integrity, professionalism, innovation and empathy will continue to guide the work that we do.

The performance achievements that we achieved in 2020 could not be possible without the support of Ministry of Health, National AIDS Commission, District/City Councils and District Health Offices. The policy and technical guidance that we receive from MoH and NAC has been invaluable on helping us deliver information and health services to vulnerable populations. We are also grateful to our development partners PEPFAR, USAID, Global Fund, FHI 360, PAI, MSH, Frontline AIDS and many others for making our work possible in 2020. We have also continued to enjoy key partnerships with like minded NGOs and stakeholders that have been part of our successful. As we go into 2021, Pakachere guided by its partnership agreement will continue to nurture these partnerships to achieve our goals.

This report provides a summary of the successes and achievements that Pakachere IHDC has made in the various projects it is implementing with various donors. As we all look back in the year 2020, we reflect on our success and strive to be more successful. We reflect on our shortfalls as well and turn them into success stories in 2021.

Appreciation should also go to our Board Members who have been supportive in providing strategic guidance to management.



## Working for Impact

**We at Pakachere believe that the work we do is meaningful and leaves impact in the lives of many vulnerable populations. In 2020 our teams worked in 10 districts in partnership with the Government of Malawi and Ministry of health to reach the most vulnerable with health services. We pride ourselves in being one of the best local organisations in Malawi where excellency and results are at the heart of our work. In 2020, we celebrate the big leaps and milestones that we achieved as an organisation. We also celebrate the small wins which we believe have the potential of getting us to the change we need. We celebrate the following milestones that have been achieved in 2020:**

- 2020 was our maiden year as a local prime recipient of PEPFAR and USAID funding. We celebrate the fact that we achieved all our targets. In the LEAP project alone, 13,852 FSWs were reached with individual and small group-level HIV prevention interventions in our 4 targeted districts.
- We innovated and implemented a virtual based platform for engaging with our target population through an SMS platform and a Digital Referral System where GBV reporting and appointment bookings at DIC was digitised.
- Our advocacy work continued to be at both national and global levels. At national level we continue to be part of the Civil Society Advocacy Forum on HIV and other infections, we have been involved in advocating for youth friendly sexual and reproductive health services and we have engaged in monitoring of the HIV Prevention Roadmap. At global level we continue to engage in global spaces through our partnership with AVAC and Frontline AIDS. We have engaged in conversations around Next Generation Trial Designs in HIV Prevention and CSO shadow reporting to UNAIDS on HIV Prevention Roadmap
- We implemented social and behaviour change interventions on malaria that reached 143,914 individuals (70,586 males and 73,588 females) in Nkhotakota
- We provided key population friendly and stigma free services through safe spaces in Blantyre, Mangochi, Lilongwe and Mzimba which have continued to be centres of excellence in meeting the needs of FSWs and their sexual partners
- We delivered comprehensive HIV and sexual and Reproductive Health Services to Adolescent Girls and Young People, Female Sex Workers, Youth and Men through our 12 Drop-in-Centres, Outreach Clinics and Hybrid Facilities. Here are some of the highlights on service provision:
  - 30,751 marginalised individuals were reached with sexual and reproductive health services including HIV prevention
  - 11,921 individuals received HIV testing services through our programs in 2020
  - 1629 individuals were newly diagnosed with HIV; of which 95% were linked to treatment services
  - 4913 young people aged 10-24 were reached with comprehensive sexuality education/life skills-based HIV education



## Program snapshot

In 2020, Pakachere implemented several projects targeting young people, Adolescent Girls and Young Women (AGYW), female sex workers and their sexual partners and the general population. Core programs implemented in the year included:

- LEAP: A five-year project implemented in Mangochi, Lilongwe, Mzuzu and Blantyre with support from USAID.
- EMPOWER: A five-year PEPFAR funded project being implemented among AGYW in Machinga and Zomba
- HIV prevention for FSW, a global funded project implemented in Thyolo, Mulanje, Nkhata-Bay and Nkhotakota. 2020 was the final year of implementation
- RHAP an advocacy project that was implemented in Dedza and Blantyre
- Promoting Malaria Prevention Knowledge in Nkhotakota, a social and behaviour change project implemented with support from USAID through MSH

## Key Highlights from Projects and Activities:

### LEAP

In September 2019, Pakachere IHDC transitioned from being a PEPFAR and USAID sub-awardee for the FHI 360 led LINKAGES project to a local prime recipient implementing Local Endeavours for HIV/AIDS Prevention and Treatment Activity, also known as LEAP. LEAP is a 5-year key population intervention being implemented in Malawi with support from The President's emergency Plan For AIDS Relief (PEPFAR) and United States Agency for International Development (USAID). The project aims to improve access to and uptake of HIV prevention, care and treatment services amongst female sex workers (FSWs), Adolescent Girls and Young Women (AGYW), their social and sexual networks through evidence-based combination of biomedical, behavioural and structural interventions to reduce transmission of HIV and improve health outcomes.

In 2020, LEAP implemented its activities in four districts of Malawi; Lilongwe, Blantyre, Mzimba and Mangochi. The intervention delivered through three service delivery models namely Drop-in-Centres (DICs), Mobile Outreach Clinics and Referral to public facilities. With a dedicated team, Pakachere IHDC served around 15,000 individuals with HIV services over a period of 12 months. The organisation achieved all its targets despite implementation challenges with the COVID 19 pandemic. Performance highlights are illustrated below.



- 19% HIV case Detection Rate among FSW
- 99% linkage to ART among FSWs
- All FY20 Targets achieved for key performance indicators

AGYW: Adolescent Girls and Young Women

FSWs: Female sex workers

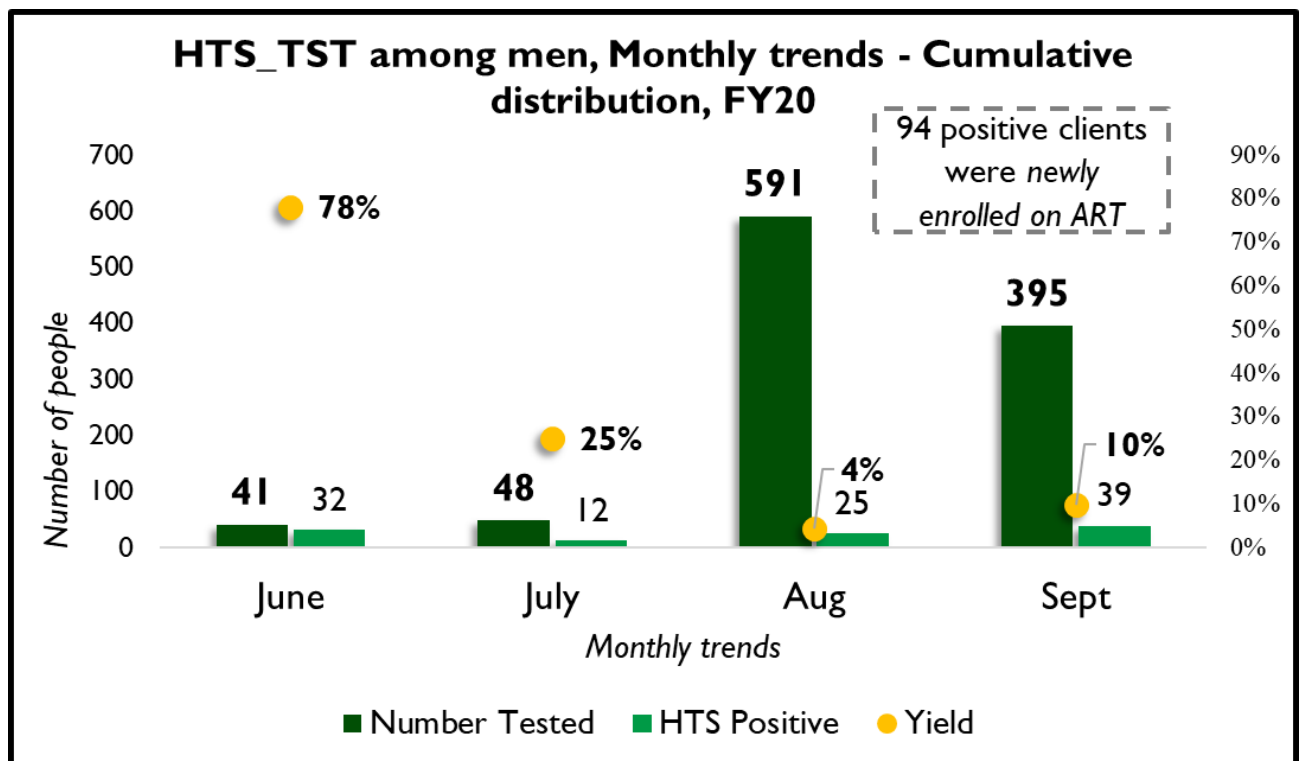
	FSWs	CLIENTs OF FSWs	AGYW	TOTAL
HIV Prevention (Reach)	13,852	1,028	549	15,429
Oral Pre-exposure Prophylaxis Services	194	0	6	200
HIV Testing Services	7,161	1,104	235	8,500
HIV Positive Individuals Identified	1,353	113	26	1,492
HIV Positive people newly initiated on treatment	1,294	97	26	1,417
Individuals currently on ART	1,745	97	26	1,868
HIV Positive People receiving care and support at community level	2,225	0	0	2,225
Screened for sexually transmitted Infections	13,852	660	283	14,795
Diagnosed with sexually transmitted infections	5,314	144	88	5,546
Treated for sexually transmitted infections	5,248	144	83	5,475
Screened for Cervical Cancer	847	0	0	847
Offered Family Planning Services	3,507	0	74	3,581
Supported with Post-Gender Based Violence Services	664	0	63	727
HIV Self Test Distribution	5,549	1,573	0	7,122
Number of male condoms distributed	5,065,796	15,319	336	5,081,45
Number of female condoms distributed	113,956	50	0	114,006
Number of lubricants distributed	623,434	933	0	624,367



## EMPOWER

In March 2020, Pakachere IHDC became a partner in the implementation of The Expanding Malawi HIV/AIDS Prevention with Local Organizations Working for an Effective Epidemic Response (EMPOWER). This is a five-year (March 5, 2020 to March 4, 2025) DREAMS AGYW Services and Case Finding Component project being supported by United States Agency for International Development (USAID) through Family Health International (FHI 360) as prime. The project is delivering services through local partners (Pakachere IHDC and CHAM). The goal of EMPOWER Activity is to support the Government of Malawi (GoM)'s commitment to epidemic control by stopping HIV transmission and preventing new HIV infections, particularly among AGYW (10–24 years old) and men. Specific objectives are to 1) Increase uptake of integrated health services targeting AGYW and 2) Increase HIV case finding among targeted men and their partners. The geographic focus of its activities are Machinga and Zomba

In FY20, under the Case Finding Component, 1,075 individuals were provided with HIV testing services. Out of which, 108 individuals were diagnosed as HIV positive and hence a yield of 10% under the case finding component.



- 310 index cases who were offered index testing services, out of these, 239 index cases accepted index testing services and all their contacts were elicited for testing. Among the elicited contacts, the project tested 65 contacts, of whom 14 tested positive and were all initiated on treatment. Nine clients were known positives and 42 clients tested negative.
- 6305 HIVST kits were distributed



**“It was disturbing, but the counselling helped ease my fears,” he says as he recounts the events of the day he tested positive for HIV.**



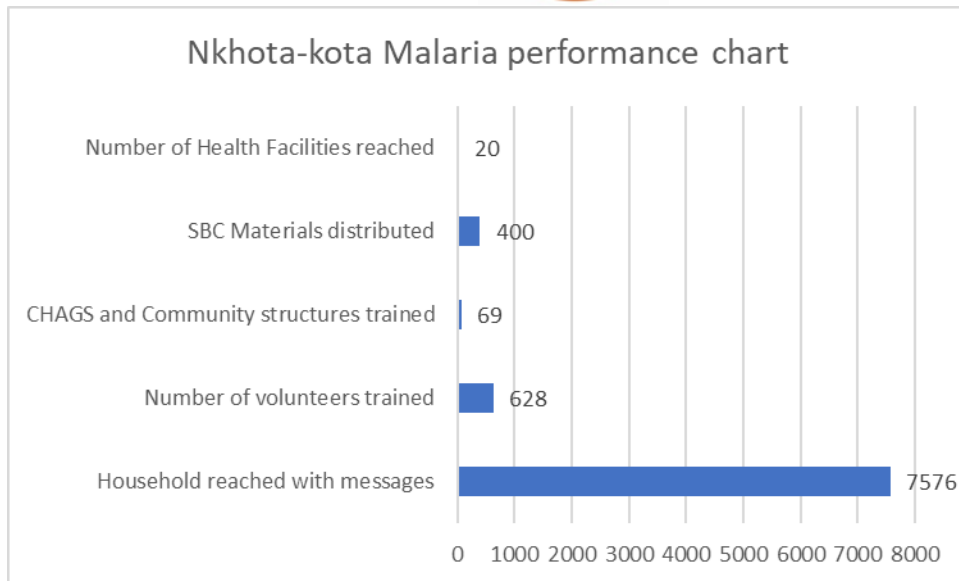
*HIV self-test distributor escorting the client to Ngweleru health facility for confirmatory test after testing positive through self-test in EMPOWER*

## **MSH MALARIA PROJECT**

Malaria is endemic in more than 95% of the country where lakeshore areas and the hotter, wetter, and more humid low-lying areas are high risk areas. Pakachere with financial support from USAID through MSH was tasked to implement a social behaviour change project in Nkhota-kota district from 2018 to 2020. The project had the following objectives; increasing knowledge and awareness of malaria prevention and treatment in the targeted communities of Nkhota-kota and improving oversight and accountability for health services through engagement with traditional authorities, health facility advisory committees and the community of Nkhota-kota district.

In 2020, the project reached health facilities, trading areas, community structures and communities with malaria prevention messages and also developed capacity in communities in how they can track drug usage at all government and CHAM facilities. The key entry point of the project was the Community Health Action Groups (CHAGS) and the project implemented various activities including community mobilization meetings, open air malaria awareness campaigns by Village Health Committees (VHCs) and Youth Clubs, cinema Viewing, Whistle stop malaria tour, Door to Door messaging by Change agents/Health Promoters and Community Awareness meetings by Village Health Committees (VHCs).

This was one project that over achieved in terms of coverage. The project based on 2018 housing and population census was targeted to reach 119,084. However, at the end of 2020, the project had reached 143,914 representing 20.8% over achievement. From this target, 70,586 were males and 73,588 were females. The graphs below show the projects achievements.



Source: MSH project reports

At the end of the project in 2020, with the support of community structures, the project had reached all the 8 T/As and some key lessons that Pakachere IHDC learnt through implementing this 3 year project were:-

- Strong partnership with local community structures is key to achieving results. Pakachere IHDC achieved its results by working with community structures.
- Use of innovative approaches in SBCC projects is key in reaching out to more communities and also key to making communities assimilate information. This project employed various approaches to disseminate messages including conducting evening video shows, road side shows, football matches etc. to reach communities



## Advocacy: Creating Urgency Among Youth to Demand SRHR Services

For a long period of time access to quality sexual reproductive health services has remained a major challenge to many youths in Malawi largely because of misconceptions, the costs of family planning services, institutional barriers and negative attitudes. Over and above these challenges are the policies and practices exercised by the service provision entities. These challenges are what gave birth to Reproductive Health Advocacy Project (RHAP) which Pakachere with support from PAI was implementing in Dedza and Blantyre districts. This project was implemented using the SMART Advocacy approach whose objective was that Blantyre and Dedza districts have strengthened and sustainable community systems for improved delivery and referrals for SRHR service by young people through trained Youth NGOs.

This project being an advocacy project most of its achievements were in the areas of changed practices towards provision of sexual reproductive health services to the youth. In the year 2020, the project managed to train and mentor 22 youth leaders in Dedza and 14 youth leaders in Blantyre in how to conduct SMART advocacy. These were youths that were coming from all the Traditional Areas in the two districts.

Building on these outcomes, the project facilitated revival of Dedza Youth Network and managed to influence that Sexual and Reproductive Health Advocacy be included on their meeting agenda. Previously the District youth network was inactive and the

coming in of the new District Youth Officer, with support from Pakachere IHDC, enabled the district to revive the youth network. Pakachere IHDC supported that process and ensured that Sexual and Reproductive Health be a key agenda item for discussion if Pakachere was to continue supporting the meetings.



**A District Youth Officer conducting mentoring sessions for youths in Blantyre District**

The project also facilitated the process where youth identified key institutional barriers to accessing family planning which is common in many faith-based health centres. Building on that finding discussions commenced on how the district can overcome this barrier. The quick win from this was the recognition by the district youth office that this was indeed a problem requiring high level advocacy with faith-based institutions and this led to expansion





of Community Based Distributors in areas with many faith-based health centres.

Through this, the project contributed towards increased number of youths accessing youth friendly health services to the point that Blantyre DHO formally requested Pakachere to support training of health workers (Nurses and Clinicians) to cope up with the demand.

It is also important to ensure that youth continue accessing sexual reproductive services and this project was designed to contribute towards that goal. Pakachere advocacy work continues to influence and shape policy and practice by supporting youth led organizations to take active role in provision of SRHR services.

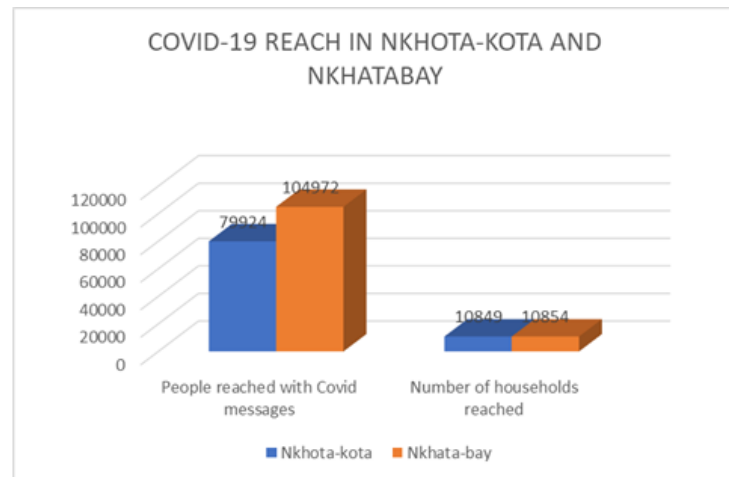
### MSH COVID-19 PROJECT

It was unexpected, disruptive and intimidating that was how beginning of the year 2020 was described. By July, 2020, the COVID-19 pandemic had claimed more than 66,891 lives worldwide and there were over 17,106,007 people who had the virus. The pandemic was still ravaging then and causing lots of concern globally. Economic activities had slowed down and development work was affected threatening to disrupt the gains that nation states had made in the area of health, education, governance and livelihood. At that time Malawi had recorded over 34,300 cases of COVID-19 and there were about 1,100 reported deaths. Due to the COVID-19 outbreak, there were several restrictions that were put in place to contain the pandemic. USAID through MSH made a call for proposals to NGOs to implement COVID-19 prevention interventions. Pakachere

IHDC was awarded a grant to implement activities in 13 T/As in Nkhata-bay and 8 T/As in Nkhota-kota. This was a three months project from July to September, 2020.

Due to the prevailing conditions, the activities that Pakachere IHDC proposed minimized contact with communities while trying to be very effective. Pakachere implemented activities like; orientation of CBOs/ Youth Clubs on COVID messages but the orientation had to use strict guidelines of training; Inter-personal communication (IPC); use of village criers; Mobile Van publicity; Messages through Community Radio and distribution of IEC materials:

After the 3 months, the following were Pakachere’s achievements in quantitative terms.



The uniqueness of this project was that through it Pakachere managed to do innovative activities to reach hard to reach areas. Because of restrictions of due to COVID-19, Pakachere managed to innovate some approaches like utilizing motorbike riders to disseminate messages in some hard-to-reach areas. MSH was very pleased to learn that Pakachere IHDC reached



Lupachi community in Nkhota-kota which is one area that is hard to reach in Nkhota-kota. Pakachere IHDC also reached Usisya, Bongoyo and T/A Khondowe in Nkhata-bay. Traditionally these are areas where NGOs and even some government departments rarely visit.

This was one short term project that was highly successful in 2020. Pakachere IHDC interventions contributed towards containing the spread of the virus. In the words of the Health Promotion Officer for Nkhata-bay, Nkhata-bay district did not report any COVID-19 cases for three consecutive months from July to September, 2020.

**A motorbike rider disseminating COVID-19 messages**



Further, through this project people who had never heard of COVID-19 were able to hear for the first-time messages of COVID-19. The communities in Lupachi and Bongoyo were examples of communities which indicated hearing of COVID-19 for the first time in their lives.



# Advocacy: Monitoring the implementation of HIV Prevention Roadmap

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the HIV Prevention 2020 Road Map which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes. The Road Map commits countries to a 10-point plan. In 2020, Pakachere IHDC in partnership with Civil Society Advocacy Forum facilitated processes of monitoring the implementation of the 10-point action plan in Malawi. This included being involved in wider CSO stakeholder consultation on the report that was tracking state of HIV prevention in Malawi but most critically included the writing of a shadow report done from a civil society's perspective on how Malawi performed in 2020. This was the third report and it was submitted to UNAIDS.

**Summary of civil society analysis**

Malawi's new National Strategic Plan acknowledges the gaps in key populations programming and makes a commitment to collecting data on people who use drugs and transgender people.

However, beyond the Ministry of Health, there's little promotion or recognition of the rights of key populations or of adolescents. Worryingly, there's also been a significant shift in resources away from prevention programmes, and this is likely to get worse as the long-term economic impact of COVID-19 kicks in.

**10 ACTIONS: A CIVIL SOCIETY PERSPECTIVE**

- Needs assessment
- Prevention targets
- Prevention strategy & leadership
- Legal and policy reform
- Key population size estimates
- Defined key population package
- Adolescent girls & young women size estimates
- Adolescent girls & young women package
- Capacity development & technical assistance plan
- Social contracting
- Financial gap analysis & strategy
- Strengthen monitoring
- Performance review & accountability

**KEY POPULATIONS: DATA, SERVICES, STIGMA**

	Men who have sex with men	Sex workers	People who use drugs	Transgender people
Latest size estimates	2017	2018	NO DATA	2019
HIV prevention services utilisation	10%	50%	NO DATA	NO DATA
Avoidance of health care due to stigma & discrimination	NO DATA	NO DATA	NO DATA	NO DATA

**LAWS THAT CRIMINALISE**

Category	Malawi
Same-sex activities	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Criminalisation of transgender people	CRIMINALISED
HIV transmission, non-disclosure, or exposure	CRIMINALISED

**ADOLESCENT GIRLS AND YOUNG WOMEN**

SRHR services not available without parental consent	Under 14 yrs
Intimate partner violence (15-49 years)	28.1%
HIV prevention service coverage	28%

**HIV PREVENTION 10-POINT PLAN A CIVIL SOCIETY ANALYSIS**

In 2022, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition. The Coalition developed a global HIV Prevention 2020 Road Map, to mobilise action and work towards reducing new HIV infections. The Road Map acknowledges common barriers to progress including lack of political leadership, restrictive laws and policies, insufficient funding, and lack of implementation of scale of combination prevention programmes. Each year the Coalition publishes a report, which tracks each country's progress against these barriers. This shadow report sets out civil society's perspective on how Malawi performed in 2020.

**STRENGTHENING POLITICAL LEADERSHIP**

Since the introduction of Malawi's new HIV and AIDs Management Bill, the National AIDs Commission (NAC) has been actively reformulated, leading to a reallocation of the ministry's mandate and government structures. This enabled the Commission to focus on its critical leadership and coordination role, including a renewed emphasis on HIV prevention.

The reforming has led to greater organisational capacity, as well as a more visible role for civil society and a commitment to review some of the barriers for all key technical working groups. Following this review, the Executive Technical Working Group has a broader representation of stakeholders. Another welcome initiative is the new Gender Forum, established by key population-led organisations to regularly update the Key Population Technical Working Group and work with key populations in Malawi.

Since the closing of NAC regional offices, responsibility for coordinating the decentralised HIV response lies with District Councils through the Principal Nutrition, HIV and AIDs Officers. The role of the regional offices had been to build the capacity of District Councils to effectively coordinate the HIV response. How this responsibility has been given to a new capacity building division within the NAC, Civil society is closely following how effective this new support system will be.

Apart from allies within the Ministry of Health and NAC officials, there are few political leaders who actively advocate for HIV prevention of national scale. Encouraging activities are that politicians rarely take the initiative on the HIV response, and only tend to engage when civil society organisations and community-based organisations reach out to them. As a result, there's a political leadership gap in the promotion of the rights of adolescent girls and women, which is responsible for the ongoing failure to provide condoms to adolescents in schools. This gap is most acute when it comes to key population groups such as LGBT people, sex workers and people who use drugs.

**ADDRESSING POLICY GAPS AND LEGAL BARRIERS**

Over the last year, there has also been little progress to address the policy gaps and legal barriers facing marginalised groups including sex workers, men who have sex with men, people who use and inject drugs, transgender people and prisoners. Although the COVID-19 epidemic has affected the government's planned activities, there are urgent policy priorities that need tackling.

Sex workers and men who have sex with men continue to face human rights abuses – from community members, but also from healthcare workers and police. With no law or regulations to protect the rights of sex workers, they remain vulnerable to violence, and are often unable to rely on the authorities to protect them. Violent crimes against female sex workers and men who have sex with men still take place. In recent years at least ten sex workers have been murdered by their clients.

There are serious gaps in Malawi's HIV prevention programmes. For example, there are still no programmes, policies, designed to address the specific needs of people who use drugs or transgender people. There is no national level approach to these groups, although the new National Strategic Plan (2022-2027) commits to scales for these law groups, giving civil society groups some hope that this could lead to the development of prevention packages for all key population groups.

Adoptive policy gaps, weaknesses in implementation and a prohibition, Malawi's formal and legislative health and rights DASH policy encourages universal provision of SRHR services, yet adolescents in primary and secondary schools still face challenges to access condoms. Despite the requirement of a Comprehensive Sexuality Education (CSE) curriculum across the education system, there are still many teachers who are uncomfortable delivering the content, in spite of strong online support for CSE.



## HIV Prevention for Female Sex Workers (FSW) – Global Fund

Pakachere IHDC with support from Global Fund through ActionAid Malawi (the principal recipient) and FPAM (the sub-recipient) implemented a 'Global Fund Female Sex Workers Project' which is an HIV prevention project among key populations. The project was implemented in Mulanje, Thyolo, Nkhota-kota and Nkhata-bay.

The project sought to reduce new HIV infections among female sex workers hence contributing to the elimination of HIV transmission by 2030 and reducing HIV related morbidity and mortality among female sex workers. In the four districts, Pakachere worked with 45 peer educators (PE), 24 peer navigators (PN) and 8 outreach workers (ORW) in 165 hotspots. Project activities were implemented with support from Ministry of Health through District Hospitals, Police and Paralegal Advisory Services Institute (PASI)



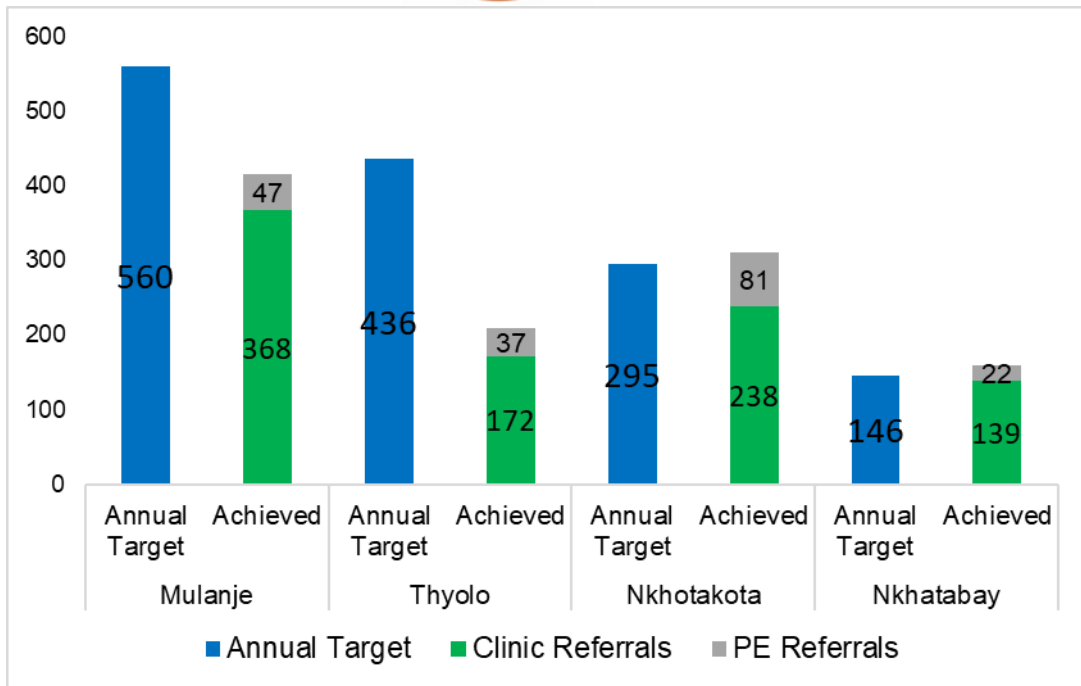
### Key Achievements & Highlights

#### Peer Education Sessions

- 2,090 FSWs were enrolled into the program; 593 in Mulanje, 696 in Thyolo, 477 in Nkhotakota and 407 in Nkhatabay
- 2,348 FSWs were reached with the program defined package; 827 in Mulanje, 486 in Thyolo, 546 in Nkhatabay and 489 in Nkhotakota
- PEs distributed 442, 311 male condoms and 268, 026 lubes

#### HIV Testing

In Mulanje, 415 tests were conducted out of 560 representing 74% achievement. Thyolo was the least with 209 tests done out of 436 representing 48% achievement. Despite scouting for new hotspots in Thyolo, not many FSWs were found in the hotspots and most of those found were already on ART or had already tested for HIV within that period. For Nkhotakota, 319 tests were conducted out of 295 representing 108% achievement.



Nkhotakota also provided the largest number of referrals for HIV test as the cadres worked hard to reach their individual targets for the year. Nkhatabay was the highest achieved at 110% were 161 tests were done out of 146. Nkhatabay had the least referrals as no targets were given as the test figures were already high by the 10th month of the year.

Figure 1 Trend Analysis for HTS\_Mulanje

Figure 2 Trend Analysis for HTS\_Thyolo

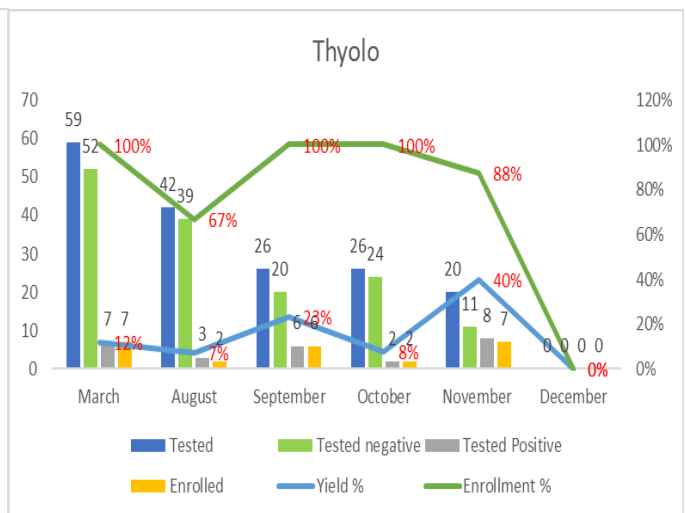
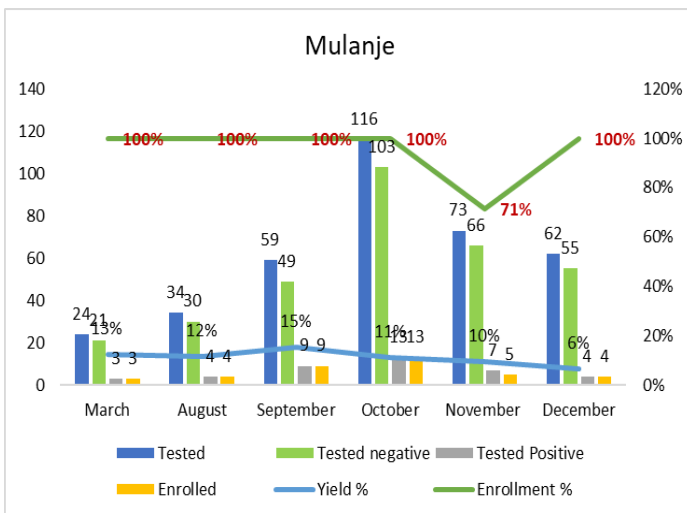
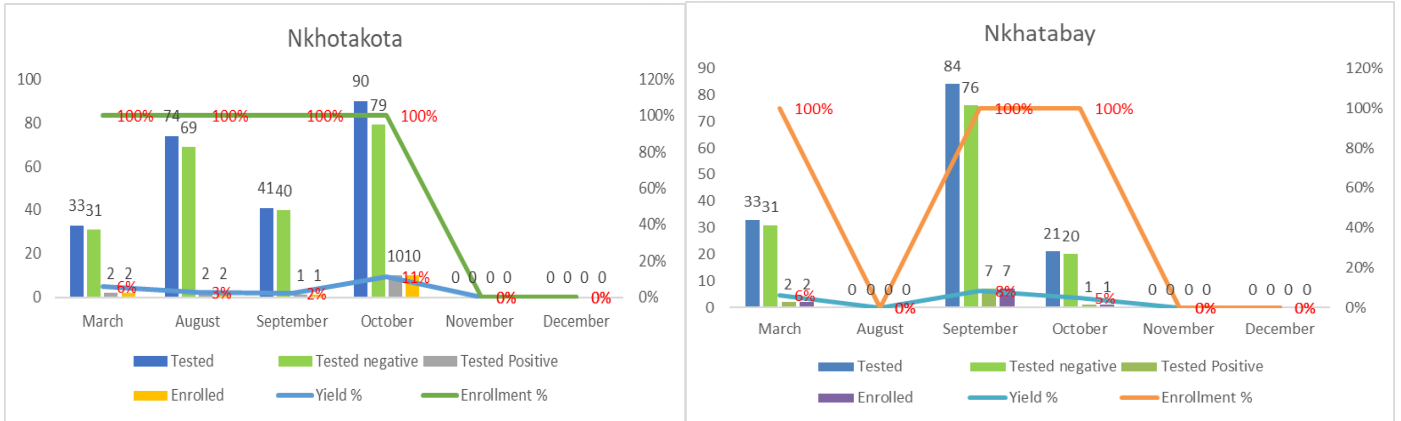


Figure 3 Trend Analysis for HTS\_Nkhotakota

Figure 4 Trend Analysis for HTS\_Nkhatabay

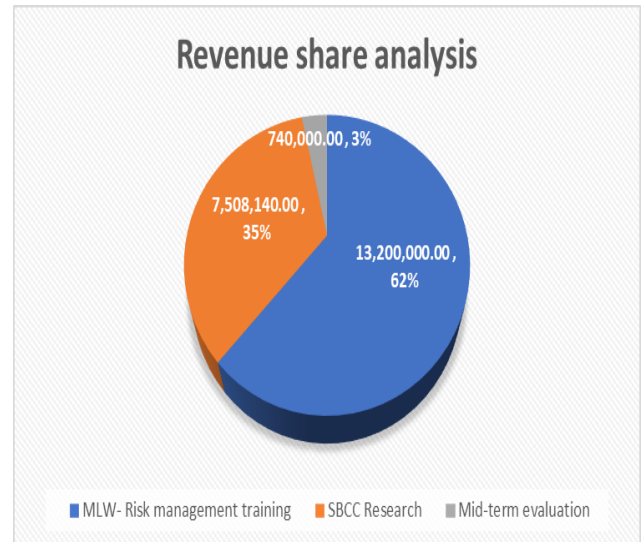




## PAKACHERE BUSINESS CONSULT

Pakachere Consult is the business arm within Pakachere Holdings Limited (PHL) charged with three core business of consultancy services, Media production services (TV and Radio production) and Transport hire. Pakachere Consult is also charged with developing capacity of other local CSOs.

Pakachere Consult has four main performance indicators which are: the amount of revenue or income generated through the services, the number of consultancies undertaken, number of local CSOs assisted on pro-bono and number of new businesses brought to Pakachere IHDC. In 2020, based on the business plan developed in 2019, Pakachere Holdings Limited was supposed to generate a minimum K20 million. However by 2020, Pakachere Consult alone had generated close to K21.4 million as shown in the following chart.



While Pakachere Consult managed to beat the target set for K20 million, the number of consultancies done were just 3 which was on the lower side. There was no new business generated but the organisation had three projects that came to an end. The organisation did assist some four FHI 360 SBCC partners on a very informal and short time basis. Pakachere intends to grow this portfolio so that there are adequate resources that the organisation can use as non-restricted funds.

## Finances

**PAKACHERE INSTITUTE FOR HEALTH AND DEVELOPMENT COMMUNICATION  
STATEMENT OF INCOME FOR THE PERIOD ENDING 28th FEBRUARY 2020**

**2020**



	<b>MALAWI KWACHAS</b>
<b>PROJECT INCOME</b>	
<b>POPULATION ACTION INTERNATIONAL</b>	36,103,948
<b>USAID-LEAP</b>	454,969,479
<b>MEDICAL SCIENCES FOR HEALTH-ONSE</b>	33,500,000
<b>NATIONAL AIDS COMMISSION</b>	67,404,768
<b>FHI360</b>	405,800,070
<b>FAMILY PLANNING ASS.OF MALAWI</b>	209,928,070
<b>FRONTLINE AIDS</b>	12,070,726
<b>UNIVERSITY OF STERLING</b>	9,835,244
<b>AVAC</b>	33,117,495
<b>CREA</b>	8,234,452
<b>OTHER</b>	8,950,070
<b>TOTAL PROJECT INCOME</b>	<hr/> <b><u><u>1,279,914,321.02</u></u></b>





## STATEMENT OF SOURCES OF INCOME FOR PERIOD ENDING 28th FEBRUARY 2020

