CHURCH OF CENTRAL AFRICA PRESBYTERIAN
SYNOD OF LIVINGSTONIA

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REQUEST FOR TRANSPORTATION

INTRODUCTION

The CCAP Synod of Livingstonia was established in the 1875 by the Scottish Missionaries. It has a holistic approach to evangelism where we try to meet the spiritual and psychosocial needs of human beings. The Synod largely operates in the Northern part of Malawi with a population of approximately 1.6 million.

The Synod started the health services in the year 1889 where a hospital was established at Ekwendeni in Mzimba District of Northern Malawi. Later hospitals were constructed in Embangweni in 1902 and Livingstonia in 1910. At this time there were no any other health services in the area. The Synod operates in areas which are hard to reach and some of them can hardly be reached because of the lack of and poor road networks due to bad terrain. The areas which can be reached are done so with problems due to bad roads. Since 1889, the Synod has increased the coverage of its services to 5 of the six districts of the Northern Region and part of the Northern part of Central Region. The Synod now operates 3 hospitals, 12 health centres and 1health post. The hospitals are the rural referral facilities for the areas.

Due to this expansion, the Synod established the Health Coordination Office in 1994 to coordinate the health services. In as much as the health services are provided by the hospitals, but there is need that there is an overall policy making body which oversees the work of these hospitals and to ensure uniformity in the implementation of the minimum and essential health care package. The Coordination office also ensures that staff requirements and conditions are met and that there is adherence of CHAM and government policies and strive to meet the national and international standards of health care. The Coordination Office makes sure that the hospitals have the required

resources such as personnel, drugs, infrastructure, supplies, equipment as well as transportation.

Problem statement

To this point the government provides salaries to some staff which are on their establishment which most of the time are not adequate to meet the needs of the hospitals. The rest of the staff who are required to meet the essential health needs are provided for and paid by the Proprietors in this case the Synod of Livingstonia. The government also provides the immunisations, some antimalarial and HIV drugs. The Coordination has to seek extra funding to meet the other staffing needs, drugs and supplies, equipment, ambulances and pay the utility bills.

This has been a hard part to achieve seeing that the Synod has not yet established a resource mobilisation measure which can cater for these needs. Most of the time we have depended on small donations which render us hand to mouth with no savings or capability for us to be able to attend to emergencies as they come.

Apart from the above, the Coordination office is also not supported by the government in all its operations such as salaries, transport which is key to ensure supervisory visits and all other administration costs. This has handicapped the work to a large extent because there is not donor to support these operations.

The priority needs are:

NEED	**COST**
Transportation- procurement of a 4x4 vehicle	$50,000
Drugs and supplies	$30,000 for 3 hospitals for 3 months ie $5000 per hospital per month for 100,000 people.
Administration costs	$10,000 per month
Debt repayment	$150,0000

Hospital Debt:

The hospitals have been running without support for some time, in order for them to be able to serve patients who walk long distances to seek health care they were forced to go into debts with pharmaceutical companies and departments. The drugs and supplies were bought on credit to make sure that patients are not returned home without a basic service. The ambulances also move in bad and poor terrain roads which make them require service frequent than usual and tyres wear out more frequent that if they were running on good roads. This has led the hospitals incur and accumulate debts which we are failing to settle. The hospitals are not profit making and because we cater for people who are subsistent farmers in rural villages which survive on less than a dollar a day, we do not charge full cost which they are supposed to pay for the services. This then make us not to be able to recover the amount of money which we have used for the services.

The request

The priority needs have been presented in the table on page 2 above. The above available would enable the facilities to provide the basic and essential health care package for the communities. There has been a high disease burden and increased mortality rates because of the shortage of all required supplies and services in the health facilities.

The Department is aware of the hardships all sectors are facing to raise money, therefore would like to appeal for any support in part or in full depending on the availability of such by partners and well-wishers.

To ensure sustainability and continuation of services, the coordination would also like to initiate a resource mobilisation strategy which can enable us generate some income to fund the needs of the hospitals. The Coordination Office would like to engage those who have business capabilities who can offer their services as volunteers to assist in drawing a business plan. So far as an office we had brain stormed several options as potential businesses looking at the needs and gaps in the area but have not been able to move beyond this brain storming. These are operating a stationery shop and a printing and design machine, constructing office and conference rooms for rentals and starting a private clinic in the city of Mzuzu. The other draw back to this is that one needs money to make money- at least that what we have seen.