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update

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MEDS: LESSONS FROM A LEADING FAITH BASED DRUG SUPPLY ORGANIZATION

By Jonathan Kiliko: Head of Customer Services, MEDS



A cross section of the MEDS laboratory. The laboratory stocks more than 800 essential drugs including vaccines and laboratory reagents.

The Mission for Essential Drugs and Supply (MEDS) is a Kenyan Faith Based Drug Supply Organization (DSO) that supplements government efforts to provide essential drugs. MEDS is exceptional because it is the first faith based quality control laboratory to obtain the World Health Organization prequalification status in the world. Prequalification means that the laboratory has met various requirements in drug supply and can be trusted by organizations or individuals making bulk purchasing of medicines. The laboratory got the status in 2009.

The foregoing is a remarkable achievement given that the perception of the state of drug management in Church based health systems in Kenya before the establishment of MEDS in 1986 was of a system in shambles.

Before independence, Church based facilities did not have a centralized mechanism for supplying their units. It was a free for all system riddled with counterfeit medicines, exorbitant prices and unscrupulous middlemen. Church health facilities struggled to procure drugs and establish their authenticity. In 1986, the government had reduced its budgetary allocation for health care provision shutting out church

In this issue

- MEDS: Lessons from a leading DSO.
 Page 1
- CHAM to set up drug supply unit.
 Page 2
- Exchange visits between CHAS' recognized.
 Page 4
- Strengthening service delivery in pharmaceutical industry.
 Page 5
- Drug supply in a post-war scenario.
 Page 6
- Stigmatization & discrimination; lessons from the book of Job.
 Page 7



Continued on page 8

CHAM TO SET UP DRUG SUPPLY DEPOT

By Rose Kumwenda: Ag Executive Director, Christian Health Association of Malawi

There is impending transformation about to take place at the Christian Health Association of Malawi's (CHAM) department of health, the pharmacy section will soon be turned into a fully fledged Drug Supply Organization (DSO).

The role of the DSO will be to provide support, guidance, technical advice and training to its member units on pharmacy matters. The idea of setting up a DSO came about due to an ongoing shortage of medicines and medical supplies at the government's Central Medical Stores and the subsequent prioritization of supplies to government facilities over CHAM facilities. Subsequently CHAM found it necessary to begin procuring, warehousing and distribution to its member health facilities to counter this shortfall. CHAM started managing drug and medical supplies in the year 2000 starting with one container having a few products and grew to the current two warehouses stocking 100 lines.

This service was aimed at increasing access and regular availability and supply of good quality, affordable medicines for all its facilities and patients. A Drug Revolving Fund was established. Initially drug kits were purchased but since 2005 individual items are procured according to a list developed by a CHAM Drug Committee. Since then, CHAM has experienced an increased demand for its pharmaceutical services.

Advantages of setting-up a DSO

Separating the Pharmaceutical Department from CHAM Secretariat and operating it as an autonomous DSO will have several advantages.

(a) Increasing access to medicines

A joint WHO/EPN study in Sub-Saharan Africa in 2003 undoubtedly showed that Faith Based DSOs play a crucial role in increasing access to essential

medicines especially in rural and remote areas of Africa; and play a complimentary service where government supply measures may fail to serve the public health system. In such circumstances Faith based DSOs offer a "safety net" function in the pharmaceutical supply system. 90% of CHAM facilities are in rural hard to reach areas; thereby the health of those in the rural parts can benefit more from a CHAM DSO. The DSO will be

driven by the compassion to serve the poor and vulnerable as inspired by Jesus Christ as opposed to being driven by profit.

(b) Well structured organization

The separation of Drug supply from CHAM secretariat will allow CHAM Secretariat to concentrate on its main role in providing support and guidance to the CHAM Facilities on various health issues and associated hospital/

health centre matters. It will enable the development of an organisation that can be structured accordingly to ensure greater availability of essential medicines to CHAM facilities and patients.

(c) Avenue for cooperation

In setting up a DSO there will be an opportunity for CHAM to work with co-operating partners on various programs in the distribution of important medicines to its facilities. The Global Fund and PEPFAR (Presidents Emergency Plan for Aids Relief) programs provide various essential anti-malarial, HIV-AIDS, TB and antibiotic medicines and test kits. Currently, the distribution of all these products is being done through the Central Medial Stores. Mission DSOs within Africa such as MEDS (Mission for Essential Drugs and Supplies, Kenya) and Joint Medical Stores (Uganda) are two good examples of drug supply organizations that support their member health units through channeling medical supplies of international partners to them.

The idea of setting up a DSO came about due to an ongoing shortage of medicines and medical supplies at the governments' central medical stores...

Continued on page 3

Continued from page 2

CHAM SETTING UP DRUG SUPPLY UNIT

(d) User friendly prices

Due to regular stock-outs of medicines at the Central Medical Stores, many CHAM facilities purchase medicines from the local private market. In addition to the often unknown quality of medicines supplied by these wholesalers, the prices charged are also high. With CHAM establishing a DSO, it will provide much needed competition. Giving the customers (i.e. CHAM facilities) freedom of choice enables market forces to provide sustained pressures on companies to increase efficiency. This improvement also provides intangible benefits to non-CHAM facilities and the wider Malawian population.

Expanding reach

A future scenario is the possibility of a CHAM DSO servicing Government and non-CHAM health facilities. Initially, CHAM is concentrating on developing an acceptable set-up and systems. Once the CHAM facilities are served well, an expansion into providing pharmaceutical services for non-CHAM facilities could be considered.

With the development of a DSO will come training, guidance, supervision and technical support to the CHAM facilities on quality control. Ensuring capacity and systems are built at the health centre level will guarantee that correct data is being received in a uniformed manner by the headquarters at the secretariat. It ensures that medicines are prescribed rationally and that patients receive the maximum benefit from their medicines in terms of quality, safety, efficacy. Both MEDS in Kenya and JMS in Uganda have training departments which focus on these areas.

Steps taken to date towards transition to DSO

(a) Learning experiences from already established Drug Supply Organizations eg from MEDS in Kenya, we learnt that quality control is essential through establishment of a WHO pre-qualified laboratory. In addition we learnt that a DSO can obtain competitive prices through bulk purchasing from producers. In addition, a DSO becomes more relevant to its clientele if it establishes a training programme in pharmaceutical services for the facilities that it serves.

(b) An ability to create linkages with other organizations for public good. With the visit to MEDS, CHAM was given an opportunity to partner with MEDS and utilise the existing MEDS network in building its own linkages and partnerships with other organisation in the pharmaceutical industry. In addition, MEDS provides regular up-to-date information to the health facilities through publications such as the 'MEDS Update' and newsletters such as 'Partners in Action fighting HIV/AIDS'. These publications complement the training and field services by providing updates on medical, pharmaceutical and general management information.

(c) A concept paper including a business plan on the establishment and transition to a DSO was developed and presented to the Board members of CHAM, the Board has accepted the concept.

(d) CHAM is putting in place preparations for the transition including the changing from manual inventory of items to using a software for inventory and also including an accounting system.

(e) CHAM has initiated the construction of a more spacious warehouse, the land is available and plans for construction have been approved. Construction of the warehouse will have obvious advantages which include providing much needed space for storage of pharmaceutical products, thus enabling availability of a greater range of items. It will also lead to development of a centralized management process due to its centralized nature.

Possible Challenges in Establishing a DSO

- (a) Shortage of funds for the construction of a warehouse which is estimated at US\$1,6million.
- (b) Shortage of pharmacy trained personnel in Malawi.
- (c) The financial situation of the Drug Revolving Fund need to be strengthened in order to assist in scaling up of activities.



EXCHANGE VISITS BETWEEN CHAS' MERIT RECOGNITION

By Dr Djekadoum Ndilita: Administrator: Koyom Hospital, Chad

I tell you the truth, anyone who has faith in me will do what I have been doing. He will do even greater things than these, because I am going to the Father. John 14 : 12

Inspired by this word, Christians have endured and realised remarkable work in the health sector in Africa.

From Christian Health Associations, drug supply organizations have grown in relation to the enormous needs found in their areas of jurisdiction in Africa. These organizations have put enormous effort to improve access to health training (in hospitals and health centres) with regards to quality and reasonable pricing of drugs, without discriminating among the users.

Exchange visits to two faith based organization and drug supply organizations in Africa by representatives of Koyom Hospital and the Bureau d'Appui Conseil (BAC) have shed light onto the tremendous work that drug supply organizations are carrying out in conformity with their call to serve the poor, an example for others to copy.

CHAM ; Christian Health Association of Malawi.

Important work : In its drive to provide access to essential and quality generic medicines to its member health units, CHAM is undertaking to put in place a drug supply organization that we were privileged to visit in Lilongwe in November 2008. The efforts put by CHAM in putting in place this supplies depot merits encouragement and praise. Encouragement

for bettering themselves in light of challenges posed in putting up the infrastructure as well as qualified personnel.

CHAK : Christian Health Association of Kenya

A big organization, CHAK seems to be one of the models in Africa in terms of organisational structure, development and vision. Started by experienced and good willed people, the visit to CHAK in March of this year helped us understand the issues and challenges that go with running of an organization of this nature.



A snapshot of the upcoming warehouse at CHAM

Our impression from visiting MEDS, a

trust of the Kenya Episcopal Conference and CHAK is as follows:

(a)Professionalism is readily visible. Whether visiting by prior arrangement or not, one is struck by the degree of professionalism exhibited at MEDS. This professionalism is certainly the result of hiring qualified personnel possessing high technical competence. The personnel seemed enthusiastic and motivated

(b)Guarantee of the quality of products done by the laboratory at MEDS. The quality control laboratory is a major asset that MEDS possesses in this region.

(c)Willingness to partner with other organizations: This willingness reinforces the Christian character with regards to work. The Ecumenical Pharmaceutical Network (EPN) can pat themselves on the back for progress in the area of promotion and access to drugs of good quality and at reasonable prices. Yet exchange visits are very much possible with MEDS in order to benefit from its services and benefit from learning of

Continued next page

PROFESSIONALS DISCUSS STRENGTHENING SERVICE DELIVERY IN PHARMACEUTICAL INDUSTRY

By Donna Kusemererwa: Executive Director, Ecumenical Pharmaceutical Network

Twenty professionals from 10 countries within the Ecumenical Pharmaceutical Network (EPN) attended a technical meeting in Nairobi, Kenya last month intended to use the expertise within the Network to develop tools and activities to strengthen pharmaceutical service delivery within the EPN member institutions. A wide range of areas were addressed including the development of standards for hospital pharmacy practice, the EPN Fight AMR Campaign and the ongoing pharmaceutical human resource mapping studies.

(a) Shortage of Pharmaceutical personnel

Pharmaceutical personnel in health institutions are responsible for developing treatment guidelines and national lists of essential medicines. This is important because training of health workers and procurement of medicines is intrinsically linked to the foregoing. Pharmaceutical personnel are also responsible for supporting drafting of regulations to combat proliferation of counterfeit drugs and ensure only drugs of the highest quality are found in the market. It is the pharmacist who ensure the drugs and vaccines necessary for prevention and cures are available in right quantities at the right time and of the right quality. Availability of adequate and qualified and motivated pharmaceutical personnel is therefore key in ensuring

success in the prescribed. Addressing the shortage of pharmaceutical staff is therefore a major issue.

The meeting noted that professionals in the pharmaceutical industry were in short supply in Sub-Saharan Africa, because few institutions of higher learning specialized in pharmacy training. Insufficient training opportunities mean that very few people are entering the field. For example 24 of the 47 countries in Sub-Saharan Africa have only one medical school and 11 have no medical school at all.

The professionals noted that demand for pharmaceutical workers outstripped supply and called upon Christian Health Associations to set up schools for training pharmacy technicians. The Cameroon Baptist Convention was named as one such institution specializing in pharmacy trainings. Another option discussed was the acquisition of these personnel from other countries that have a surplus of technicians.

(b) A challenging working environment

The meeting noted that remuneration and retirement benefits for pharmaceutical personnel working in government were more attractive than those in the private sector. Job security in the former was assured. Research has shown that the average monthly salary

Continued on page 6

EXCHANGE VISITS GAIN RECOGNITION

Continued from previous page
its experiences.

What lessons can we learn, coming from a country that is half muslim and that does not have a Christian Organization dealing in drug distribution?

The first, without doubt is the unity of faith based organizations as seen in the countries we visited.

The second is the organizational model for partnerships that the FBO's have and the third, a corollary to the above two is the enormous progress realized. The challenges faced are great in our country. We need to go beyond denominational, doctrinal and separatist agendas and unite, one with another in this globalized world. The opportunity to do this are well

on course with the opportunity that EPN offers us as Faith Based health organizations to meet and discuss problems pertaining to medicine and health. Subsequently, we can agree to have a common front in this case meaning committing ourselves to providing access to essential drugs, of a good quality and at a reasonable price.

Lastly we need to organize ourselves to be able to buy drugs communely. An effort to do a bulk purchase among 3 hospitals here is on the cards.

Without taking to consideration the foregoing, it would seem to me that the journey to realizing a DSO will be a long one. Can we make it? The challenge remains, but it is not impossible.



STRENGTHENING SERVICE DELIVERY IN THE PHARMACEUTICAL INDUSTRY

for a pharmacist with two years post graduation experience in Uganda is USD 250 compare to Euro 2670 (USD 3,177) in Germany.

The poor emoluments coupled by lack of other non-financial incentives such as training and career advancement opportunities, housing, education facilities for children, governance and management shortcomings and political or personal security all contributed to an environment that was less than motivational. But given the macroeconomic and fiscal reality of the African countries, large scale increases in salaries of health workers is difficult. The meeting proposed the introduction of non monetary benefits such as training opportunities for pharmaceutical cadres.

The participants also discussed the development of support supervision systems for Pharmaceutical services in order to address the quality of services given the shortage of pharmaceutical personnel in hospitals. The general consensus was that support supervision is both desirable and feasible. Examples of existing church based pharmaceutical support supervision systems which could be used as models included the services provided by Mission for Essential Medical Supplies (MEMS) in Tanzania. MEMS runs a formal program for support supervision system which includes modules to train the pharmacy staff. Two pharmacists invest 25% of their working time to support 36 hospitals with two-three visits per year.



DRUG SUPPLY IN A POST-WAR SCENARIO the case of Southern Sudan

By Joy Mukaire: Executive Director, Christian Health Association of Sudan

Southern Sudan has moved from crisis to a transitional phase, a period between the immediate aftermath of war and the restoration of normal development. Two years after the signing of the Comprehensive Peace Agreement (CPA), a state of flux floats in Southern Sudan. It is characterized by cessation of generalized combat which may be referred to as peace but remains which nonetheless remains. It allows increased geographical access to hitherto unreachable portions of the country and this translates to an increased demand by the people who had been isolated by the war. Pockets of people in need of humanitarian need are becoming lesser, emergency actors slowly phasing out.

For a long time the main source of procurement of medical supplies by Christian health organizations serving Sudan was imported donations from overseas Church groups. Internal distribution has been the work of NGO and FBO's. The government has since taken over that role after receiving a significant amount of financial support following its signing of the CPA, two years ago. The financial support is meant to procure medicines, equipment and supplies for all service organizations including Christian service providers.

Essential drugs and equipments have been procured and delivered to the government central medical stores in Juba. The biggest challenge to-date is timely distribution to the State and County levels. Factors affecting this

distribution include the poor road network, flooding in most parts for approximately six months of the year and the lack of strategic planning to circumvent movement of goods during these wet seasons. Air transport remains the option for emergency supplies during this period. Southern Sudan is diverse, the shortest flight distance taking one hour and the longest safe road access taking 6 hour drive.

Massive amounts of drugs have expired in the central medical stores and significant amounts incurred demurrage charges due to delays in distribution. Distribution is a major problem in the supplies logistics management system of Southern Sudan health sector it has limited budget, lacks essential warehousing and a point at which leakages of essential drugs from public sector to the private drug shops.

How best can Christian organizations advocate for co-existence of their own efficient but limited system with that of an emergent government without being perceived as competitors or resisters to authority?

- **Do you think you can help answer this question? Send your thoughts to:**
chas@chak.or.ke

STIGMATIZATION & DISCRIMINATION IN HIV/AIDS; A LESSON FROM THE BOOK OF JOB

By Rev Charles Klagba: Theological consultant, WCC-EHAIA

Religious beliefs and morals have led many people to imagine that getting affected by HIV/AIDS is purely the result of a moral weakness, (such as promiscuity or sexually deviant behaviour), which merits punishment.

These beliefs are prevalent in the book of job and make up a fundamental aspect of what produces stigmatization and discrimination in the context of HIV/AIDS.

Generally there are two attitudes that describe how Christians respond to the problem of HIV/AIDS. There are those who believe that HIV/AIDS is a punishment from God and those who do not. Each group has its convictions.

For the Christians in the first group, HIV/AIDS is seen as a punishment from God, in response to immorality. Consequently it implies that those who are infected merit this punishment. Still others believe that it is a result of disobedience to God's 10 commandments. According to this group, HIV/AIDS is more than just a health problem, it is also a problem of the soul. They contend that the soul that is freed by God is free from covetousness. Sin has no hold over it.

The two perception are not specific to our generation, our culture and our way of thinking. In biblical traditions there has been a belief that those who feared God prospered while those who did not fear Him were punished.

In Deutoronomy 28, a similar belief can be found. Blessings come upon those who believe, punishment on sinners.

Popular theology, affirms the 'legitimate order' of acts and consequences. This theology is not adequate because in the context of HIV and AIDS, those who have the disease did not necessarily 'sow' it. We need to examine an alternative paradigm.

This alternative theology will be fashioned out of the distressing experiences of HIV/AIDS sufferers in Africa.

We will look to the book of Job to see whether we can discover or hear this voice. A positive, hopeful voice, a theology that takes into account human suffering under a different angle than that of « Popular theology ». The book of Job shows that suffering is a complicated issue. It is not simply a question of reward and punishment.

In examining the conversations between job and his friends and between him and God, we will be seeking to find out how suffering was understood in Job's life and how this understanding can help us in the fight against HIV/AIDS.

Job and his friends

Have you had the experience of friends who think they are helping you while comforting you but in reality they are

demoralizing you ?

Jobs friends fall in this category.

In Job 2 :11, we see that Jobs friends had come to express their 'sympathy and comfort', toward the end of the book, we discover that they did exactly the opposite of their good intentions.

The message of Jobs friends was based on the idea that what happens to us is predetermined by principles or external forces. A popular wise saying can be quoted here thus : *'the just prosper while the wicked perish'*

The book of Job calls us to examine this question. It says that Job was *'an upright and righteous man'....' He feared God and shunned evil.'*

The wise saying is thus not tenable in Jobs case. How could a just man suffer ? How could God permit a just man to suffer while the Bible said that it was the just who prospered ?

Continued on page 9

MEDS: LESSONS FROM A LEADING FAITH BASED DSO

health facilities from obtaining drugs from the government's central store.

Dependency on the free market for drug supplies came with its own challenges. The free market had no system in place to know which kinds of drugs were needed and in what quantities and one could not authenticate the veracity of drugs. Drugs from the free-market were also very expensive due to the presence of middlemen. The church based facilities systems had little bargaining power since they lacked a centralized buying system and procurement was done haphazardly. They also lacked goodwill which would have allowed

them to buy drugs using credit facilities and therefore they had to buy on cash basis.

In addition, due to lack of personnel the facilities did not have adequate information on drug prices on the international and national markets as well as the availability of the various support products in the market.

To remedy this situation, the Kenya Episcopal Conference (KEC) and the Christian Health Association of Kenya (CHAK) came together and formed the Mission for Essential Drugs Supply (MEDS) in 1986. MEDS is a Christian not-for-profit making organization based in Nairobi. Today, MEDS' services go beyond the denominational barriers of the founding organizations. MEDS impacts on an estimated 40% of the Kenyan population. When MEDS held its first annual general meeting in March 1987 its stock list had 47 items as compared to about 800 items, presently, it stocks about 800 items.

MEDS also serves countries within the region such as Southern Sudan, Ethiopia, Somalia, Uganda, Burundi, DRC, Tanzania, Zambia, Malawi, Zimbabwe, Cameroon and Chad. Its growing capacity in Supply Chain and Logistics management plus the acquisition of a new physical facility will push its reach to an even greater clientele. To achieve its potential which is driven by the mission to contribute to the healing ministry of Christ, MEDS started off with several

management practises and some lessons that are worth noting:

(a) Maintaining professionalism in management of a DSO: Delinking the Organization from its parent companies in terms of governance. Being a child of both KEC and CHAK, it was tempting for both to heavily influence the structure and the content of the management system, however it is advisable to leave the staffing and running of such an entity to the professionals. Leadership of a DSO as a separate entity can be extremely challenging if the right staff to drive the

process are not put in place.

(b) Enhancing a DSO's capacity to

cope with varied needs of clients – the health facilities do not have homogeneous supply needs in terms of the disease components and the drugs needed to combat these. A DSO must therefore come up with an elaborate system that will keep it relevant to its members by virtue of the fact that it meets their drug supply needs.

(c) Operating a DSO as a business venture but still maintaining a 'not-for profit outlook.

With improved staffing and a satisfied clientele, it is tempting for such a big organization to shed of its founding motto of addressing the needs of the poor in preference of catering for the needs of monied clientele and focusing on a sector of the market that is lucrative. Upcoming DSOs need to learn to define their driving mandate. For MEDS the mandate is to provide reliable, affordable, quality essential drugs and other pharmaceutical services guided by Christian and professional values.

MEDS continues to grow and expand its services. The DSO has been constructing a new premises to accomplish its expanding services and will be moving into the new premises in 2010.



Jobs friends knew the foregoing well and that is why they went to visit him. When they saw him, they were shocked, they couldn't understand how a man so rich could suffer. So they used their wisdom, which ran along pop-talk, 'if job is suffering, he must have done something wrong, he must have sinned, after all, no one suffers without reason.'

After spending 7 days with Job watching him suffer and even curse the day he was born, his friends were convinced that it was an opportune time to convince Job that his suffering was without doubt as a result of a sinful act. The bigger part of the book of Job is dedicated to the attempts of Jobs friends in convincing him of his culpability. His friends based their arguments on a combination of beliefs : (a) Common sense (b) Observation (c) Theology.

God's response

Finally Job personally talks directly to God, instead of listening to Gods voice in the form of his friends' advice. Job asks God to appear in order to acquit him or show him his erroneous ways. God appears to Job in the form of a tempest. Attentive reading shows that God does not respond directly to Job's questions. Its not that God chooses not to respond to Job, rather, he chooses to respond in a manner radically different from what Job expected.

God shows Job a different way of thinking in response to his questions, in Job 38, we see God asking Job *Who is this that darkens my counsel with words without knowledge ? Brace yourself like a man ; I will question you and you shall answer me.*

In Job 42 : 3-6, Job says : *You asked me Whos is this that*

obscures my counsel without knowledge ? Surely I spoke of things I did not understand, things too wonderful for me to know. You said, Listen now and I will speak ; I will question you and you shall answer me. My ears have heard of you but now my eyes have seen you. Therefore I despise myself and repent in dust and ashes.

In conclusion

As we have seen the book of Job does not offer to us solutions to the problem of suffering. Neither Job, nor his friends, or even God gives us a response to the question of suffering.

What the book does is to teach us how not to talk of God during times of suffering.

The book of Job does not offer clear answers to the questions concerning suffering, but it makes us hear another voice, an alternative to popular wisdom which revolves around reward and punishment. It teaches us to show compassion. It helps us address the tendency to believe that HIV/AIDS is a punishment from God.

This alternative paradigm of thought offered in the book of Job helps people living with HIV and the people affected to develop a new way of talking to God in their state of suffering. We have observed that Common sense, observation and theology are inadequate especially when they are interpreted from the point of view of the sufferer.

In the end, the book teaches us not to judge because we do not possess all the answers.



Ends

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