CHRISTIAN HEALTH ASSOCIATION OF MALAWI

2025-2030 STRATEGIC PLAN

JANUARY 2025

ACKNOWLEDGEMENTS

The 2025-2030 Christian Health Association of Malawi (CHAM) strategic plan is a living document. It provides strategic direction on CHAM's implementation arrangements for the attainment of its mandate through its 194 and 11-member health facilities and training colleges in Malawi.

The plan has been developed through tireless effort of the three-member writing team comprising of Mrs. Elimase Kamanga Gama, the Director of Health Programs; Dr. Dumisan Enricho Nkhoma the Health Services Manager and Mr. Gift Merix Werekhwe, the M&E Manager with support from a volunteer consultant, Dr. Harriet Chanza. Another level of support in writing was received from the following managers and these contributors include Mr. Godwin Kamanga, Mr. Philemon Mulenga, Mr. Kondwani Kandota Kumwenda, Mr. Evans Chimayi Chirambo, Mrs. Chifundo Tsokonobwe Mbewe, Mrs. Zione Salima and Mr. Parry Chinyama.

Further acknowledgement goes to the Association of Christian Associations Platform (ACHAP) and Members of the Board for their constructive feedback during the strategy development.

In this regard, the CHAM Board of Directors and the Executive Director recognize and appreciate the aforementioned individuals for effectively developing this strategic plan. Our Lord Jesus Christ will heavily bless each one of you for doing this for CHAM.

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Reverend Fr. Bernard Silungwe	Mr. Happy Makala
BOARD CHAIRPERSON	**EXECUTIVE DIRECTOR**

EXECUTIVE SUMMARY

This document outlines the Strategic Plan for the Christian Health Association of Malawi (CHAM) for the period 2025 to 2030. CHAM, established in 1966, serves as an ecumenical umbrella organization for Church-owned health facilities and training institutions in Malawi. It is co-owned by the Malawi Conference of Catholic Bishops (MCCB) and the Malawi Council of Churches (MCC). Currently, CHAM currently comprises 194-member health units—including 24 hospitals, 29 rural hospitals, 117 health Centres with maternity services, 24 without maternity, and 11 training colleges. With 75% of its facilities located in rural and hard-to-reach areas, CHAM maintains a presence in 27 of Malawi's 28 districts, with the exception of Mwanza. CHAM remains the second largest provider of health services in Malawi and the highest in training middle level health workers.

The development of this Strategic Plan has been informed by a thorough review of the previous strategic plan, desk & literature review as well as extensive stakeholder consultations. The situational analysis revealed that the plan will be implemented in a context where the population remains predominantly rural, relying on subsistence agriculture, and is significantly affected by poverty and the growing impacts of climate change. A comprehensive SWOT analysis identified key internal strengths and weaknesses, as well as external opportunities and threats that could influence the success of this plan. A critical area of focus emerging from this process is the use of digital platforms in service provision including marketing and branding of CHAM health services, building sustainability systems recognized as essential to strengthening visibility and addressing systemic challenges faced by CHAM and its member units.

Unlike the predecessor strategic plan, this Strategic Plan is structured around nine strategic priority areas, which include: Leadership and Good Governance; Health Financing and Financial Sustainability; Health Service Delivery and Technical Support Coordination; **Pre-service Education**; Human Resource Management and Capacity Development; Pharmaceutical Services; Monitoring, Evaluation, Accountability, and Learning (MEAL); **ICT & Digital Health**; Business Development, Marketing, and Branding. The pillars in bold have been added to the previous 7 to highlight their importance in the coming six years.

These priorities are aligned with CHAM's mission, vision, and values, and are informed by the achievements and lessons learned from the previous strategic plan, findings from the current situational analysis, and key frameworks such as the WHO Health System Building Blocks and Malawi's Health Sector Strategic Plan III (2023–2030). Effective implementation of this Strategic Plan will require integration of its priorities into CHAM's annual planning, budgeting, and reporting frameworks. It is intended to guide the setting of annual targets, inform program and project design for donor engagement, and align resources with strategic goals. Monitoring and evaluation will leverage CHAM's and MOH's existing data systems, with enhanced focus on data analysis and evidence-based reporting to track progress and demonstrate impact.

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

CHAM - Christian Health Association of Malawi
MCCB -The Malawi Conference of Catholic Bishops
MCC - Malawi Council of Churches
MOH - Ministry of Health
MoU - Memorandum of Understanding
SLA - Service Level Agreement
HRH - Human Resources for Health
EHP - Essential Health Package
NGO - Non-Governmental Organization

DEFINITION OF TERMS

Mother Bodies: Church bodies that established and co-own CHAM, namely, the Malawi Conference of Catholic Bishops (MCCB) and the Malawi Council of Churches.

Proprietor: The head of a Church or a Church structure, e.g., a synod or a diocese, in whom ownership of the assets is vested. The proprietor may be the Bishop, General Secretary or President

CHAM Secretariat: The body that coordinates the association and implements CHAM's policies. The Secretariat is headed by the Executive Director and is located in Lilongwe.

Health Coordinator: An employee of the proprietor responsible for managing the medical portfolio of the proprietor. The health coordinator also may be known by other official titles, e.g., Health Secretary or Medical Director.

Member Unit: A health center, community hospital, hospital or training college that is a member of CHAM. The term is used interchangeably with "member unit."

INTRODUCTION

The Christian Health Association of Malawi (CHAM) was established in 1966 as an ecumenical umbrella organization for Church-owned health facilities and health training institutions across Malawi. It is co-owned by two Church Mother Bodies: The Malawi Conference of Catholic Bishops (MCCB) and the Malawi Council of Churches (MCC). CHAM is governed through a four-tier structure comprising the General Assembly**,** Board of Trustees**,** Board of Directors, and Management. The General Assembly, made up of leaders from all proprietor churches that own CHAM-affiliated health facilities, serves as the highest policy-making body within the organization.

As of 2025, CHAM's network includes 194 member units, consisting of 24 hospitals, 29 rural hospitals, 117 health Centres with maternity services, 24 health Centres without maternity, and 11 training colleges. These facilities operate in 27 of Malawi's 28 districts, with the exception of Mwanza. Approximately 75% of CHAM's facilities are located in rural and hard-to-reach areas**,** significantly contributing to health service accessibility in underserved communities. The network supports a workforce of 13,031 health personnel, delivering an estimated 37% of Malawi's healthcare services. Additionally, CHAM's training institutions are responsible for producing approximately 80% of the country's mid-level health professionals**,** making it a critical contributor to the national health workforce.

The CHAM Secretariat acts as the executive arm of the organization, providing coordination, strategic leadership, and representation of member units. It serves as a key liaison in policy dialogue and partnerships with the Government of Malawi, development partners, and other stakeholders involved in health service delivery and system strengthening.

This Strategic Plan outlines CHAM's priorities for the period 2025-2030, building on past achievements while addressing emerging health challenges in Malawi's dynamic healthcare environment.

Mandate for CHAM Secretariat

i. To coordinate health care services among all CHAM members.
ii. To be a conduit between CHAM Units and GOM in provision of healthcare services
iii. To provide technical support to members.
iv. To represent CHAM members in different fora.
v. To ensure standards for provision of quality health care services and health worker training are adhered to in member units.
vi. To mobilize resources and support for capacity building
vii. To advocate for policy change and build partnerships in the interest of CHAM members.

THE DEVELOPMENT PROCESS

The formulation process of this strategy-involved use of evidence and engagements with relevant government departments and development partners' as well as stakeholders that contribute to the well-being of CHAM and its member Units (Facilities and Training Colleges).

It also employed desk reviews as well as analysis of the constitution of CHAM; the previous strategic plan; reports of meetings of Board Committees, the Board of Directors, Trustees and of the General Assembly and Regional Meetings.; Health sector strategic plan III 2023-2030, the **Malawi 2063 (MW2063) strategy,** the DHIS2, Digital Health Strategy, the Health Financing Strategy and many other local, regional as well as global strategies and instruments. This inclusive approach is necessary for collective ownership, collaboration and shared commitment for the successful implementation of the strategic plan.

1. SITUATION ANALYSIS

According to the 2024 Malawi Demographic and Health Survey (MDHS), the population of Malawi is estimated to be around 21.2 million. About 18.5% of this population live in urban areas, while 81.5% live in rural areas. An estimated 51.3% of the population is female, while 48.7% is male and around 42% are children aged 0-14, and over 51% are 18 years old. This highlights that nearly half of the population are children. Malawi is highly affected by poverty with nearly half of its population living below the poverty line. The country is overwhelmed with the effects of climate change. Harsh weather patterns, natural disasters and disease outbreaks continue to have negative socio-economic impact in the country.

1.1. HEALTH SECTOR IN MALAWI

Malawi's health sector operates through a mixed service delivery model involving the Ministry of Health (MOH), public health facilities, faith-based and private providers, civil society organisations, and development partners. The Government of Malawi, through the MOH, has the constitutional mandate to ensure equitable access to quality health services and provides policy leadership, regulation, financing, and stewardship of the sector. Public facilities deliver the majority of essential health services, while faith-based providers and non-governmental organizations complement government efforts by extending services to rural, hard-to-reach, and underserved populations. Development partners support the sector through aligned financing, technical assistance, and health systems strengthening in line with national health strategies.

Within this framework, the Christian Health Association of Malawi (CHAM) is the largest faith-based health service provider, guided by the Church's biblical mandate to promote the healing ministry of Jesus Christ. CHAM facilities are predominantly located in rural-hard to reach areas and play a critical role in expanding access to essential health services. As a not-for-profit provider facing resource constraints, CHAM is supported through a Service Level Agreement (SLA) with the Government, under which the MOH finances the delivery of selected priority

services. Established in 2006, the SLA has expanded in line with successive Health Sector Strategic Plans and has contributed to improved health outcomes, with recent financing from the Health Sector Joint Fund and the World Bank.

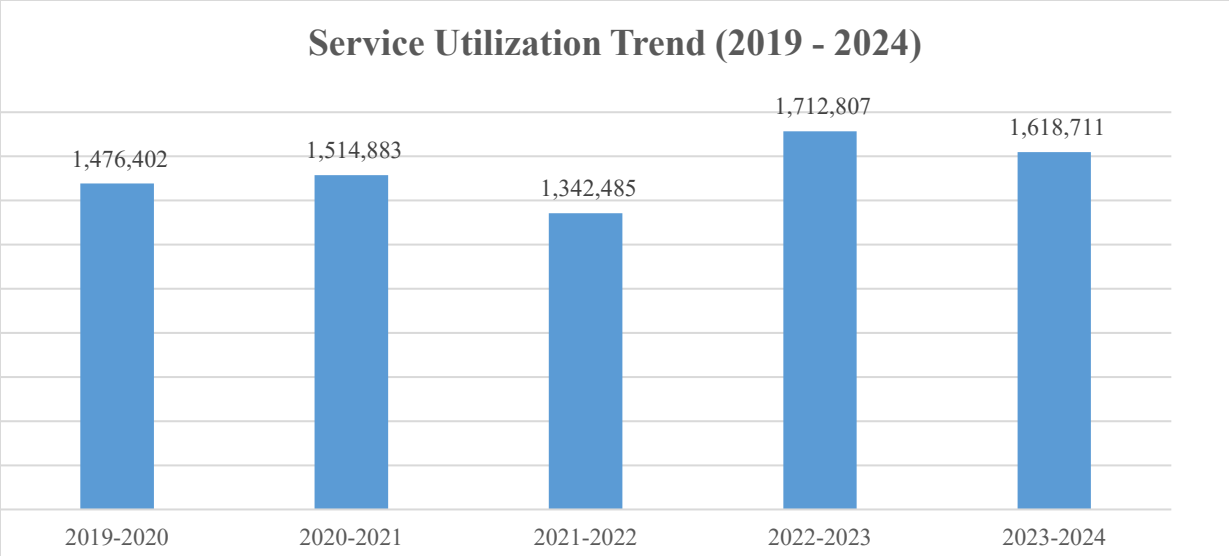
1.2. PRIORITIZED HEALTH CHALLENGES AND RATIONALE FOR STRATEGIC FOCUS

In alignment with Malawi's Health Sector Strategic Plan III (HSSP III) and the Agenda 2063, CHAM has prioritized key health problems that continue to compromise health status of Malawians and the quality of life as well as challenges in equitable access to quality health services, particularly among rural and vulnerable populations. These health problems include persistent high maternal, neonatal and child morbidity and mortality; gaps in quality of care and patient safety; weak continuity of essential services due to health system constraints; rising demand for integrated reproductive, maternal, newborn, child, adolescent and nutrition (RMNCAH-N) services; and the growing burden of communicable diseases, including HIV, TB, and malaria. These challenges directly align with HSSP III priorities on improving service quality, strengthening health systems, and achieving universal health coverage, as well as Agenda 2063's aspirations for a healthy, well-nourished, and productive population.

An analysis of the 2020–2024 CHAM work plan shows that while significant progress was made in expanding access to essential services through faith-based health facilities, critical gaps remain in quality improvement, system resilience, data use for decision-making, and sustainable financing. Building on these lessons, CHAM undertook a comprehensive SWOT analysis and stakeholder consultations involving the Ministry of Health, district health teams, facility managers, development partners, and community representatives. These processes confirmed the need for sharper strategic focus on quality of care, health systems strengthening, performance monitoring, and institutional sustainability.

As a result of this comprehensive stakeholder consultation, CHAM's new strategic priorities have been deliberately developed to address these systemic challenges and to maximize its comparative advantage as the largest faith-based health service provider in Malawi. The priorities are fully aligned with HSSP III and Agenda 2063 and are designed to accelerate progress toward improved health outcomes, equity, and resilience within the national health system. The Service Level Agreement (SLA) programme, established in 2006 and implemented as part of the broader MOH–CHAM partnership, remains a key mechanism for delivering these priorities. The SLA has expanded in line with successive Health Sector Strategic Plans and has contributed positively to improved health outcomes, with recent financing support from the Health Sector Joint Fund and the World Bank.

Five Year SLA Interventions Trend 2019/2020 to FY 2023/2024



1.2.1. Reproductive Maternal Newborn Child and Adolescent health

Malawi has a fertility rate of 3.7 children per woman declining from 6.7 in 1990s. Sixty-eight percent of currently married women are using a method of contraception, with 66% using a modern method and 2% using a traditional method. Among currently married women, injectable and implants are the most commonly used modern methods (34% and 19%, respectively), followed by female sterilization (9%).

According to MDHS 2024, teenage pregnancy is high at 33% rising from 29% during MDHS for 2015. Most of these pregnancies are occurring in rural areas than in urban areas (34% versus 19%).
About 97% of pregnant women receive antenatal care from skilled personnel. Approximately 65,000 babies are born annually with 97% of the births taking place in health facilities. An estimated 96% of the births happen with the help of the skilled health provider compared to 56% skilled deliveries in 2004. Despite a huge number of births taking place in facilities, only 65% of women and 60% of newborns receive postnatal care.

MMR has declined by 94 percent since 2000. Despite this progress, Malawi is among countries with high MMR estimated at 225/100,000[1] live births and an NMR of 24/1000 live births. Infant mortality is at 35/100 live births of which 69% is a result of neonatal deaths. Similarly, neonatal deaths contribute 50% to the under-5 mortality ratio which is at 48/1000 live births. It is unlikely that Malawi will achieve the 2030 SDGs targets for maternal and neonatal mortality of 70/100,000 and 12/1000 live births respectively.

[1]Knoema. (2023). *Maternal mortality ratio in Malawi (per 100,000 live births)*. Retrieved from https://knoema.com/atlas/embed/Malawi/topics/Health/Health-Status/Maternal-mortality-ratio

1.2.2. Child Health

Malawi adopted the Integrated Management of Childhood Illnesses approach for comprehensive and integrated management of common childhood illnesses. Universal immunization of children against common vaccine-preventable diseases is crucial in reducing infant and child morbidity and mortality. However, the percentage of children age 12–23 months who have been fully vaccinated against all basic antigens has fluctuated over time, decreasing from 82% in 1992 to 70% in 2000, subsequently increasing to 81% in 2010, and then declining to 67% in 2024. The percentage of children with no vaccinations declined from 3% to 1% between 1992 and 2024. Acute respiratory infection (ARI), fever, and dehydration from diarrhea are important contributing causes of childhood morbidity and mortality in developing countries The MDHS 2024 reports that 10% of children under age 5 showed symptoms of an ARI, 36% had a fever, and 22% experienced diarrhea in the 2 weeks preceding the survey

1.2.3. HIV/AIDS and Sexually Transmitted Infections (STIs):

According to the Ministry of Health DHA 2024 HIV Estimates, Malawi has achieved near-universal access to antiretroviral therapy, with a high percentage of people living with HIV accessing treatment and achieving viral suppression. New HIV infections have been significantly reduced, with a decline of 88% since the peak in 1993 and 72% since 2010. Malawi has met the second and third UNAIDS targets, ensuring that a high percentage of those diagnosed receive treatment and achieve viral suppression, but the first target (ensuring 95% know their status) remains below the threshold. Malawi's HIV prevention efforts focus on condom provision, pre-exposure prophylaxis (PrEP), voluntary medical male circumcision, and prevention of mother-to-child transmission (PMTCT) of HIV Ministry of Health (DHA) 2024 HIV Estimates.

1.2.4. Tuberculosis

The annual incidence of TB in Malawi was estimated at 132 per 100,000 in 2021 and 125 per 100,000 in 2022, according to a research report. This represents a significant reduction of 4% per year, and a 61% reduction between 2010 and 2022. In 2023, the incidence was reported at 119 per 100,000. A significant portion of TB cases (60%) originate from the southern region of Malawi The high incidence of TB in Malawi is also linked to the generalized HIV epidemic.

1.2.5. Malaria

Malaria remains a significant public health challenge in Malawi, with an estimated 7 million cases annually. While there has been progress in reducing malaria incidence and mortality, the disease remains endemic in over 95% of the country, affecting a large portion of the population. Malawi is among the top 20 countries with the highest malaria prevalence and mortality rates, with a case burden of 219 per 1000 of the population at risk in 2022. Malawi has implemented various control measures, including the distribution and use of insecticide-treated mosquito nets (ITNs) and intermittent preventive treatment for pregnant women (IPTp).

1.2.6. Non Communicable Diseases Prevention and Control

In summary, Malawi's NCD profile is characterized by a high prevalence of risk factors, a rising burden of NCDs, and challenges in addressing the epidemic due to limited resources and funding. Addressing the "big four" and the broader set of NCDs is crucial for improving public health outcomes in Malawi. However, Recognizing and addressing the burden of NCDs beyond the "big four" is also important, as conditions like rheumatic heart disease, mental illness, and road traffic injuries contribute significantly to the overall NCD burden.

1.2.7. Human Resources for Health - HRH

The Malawi government has made strides in recruiting health work force. While this effort is notable, the numbers are still lower than the projected need. For example, the population to health worker ratio which, in 2020, was at 2.85 health workers per 1,000 populations is still low when compared against the WHO target of 4.45 per 1,000 and the realities on the ground.

The Malawi Govt. supplements HRH inputs for CHAM to achieve optimal capacity to offer quality health services in a manner that has been proven to be effective in improving health system goals. CHAM does not yet benefit from the placement of Interns (such as the Clinical Technicians, Medical Assistants and Biomedical Engineers) by ministry of labour, as is the case with public health facilities.

CHAM health facilities have over 40% vacancy rate and in 2024, 70% of the facilities had high vacancy rates. See figure 1 below;

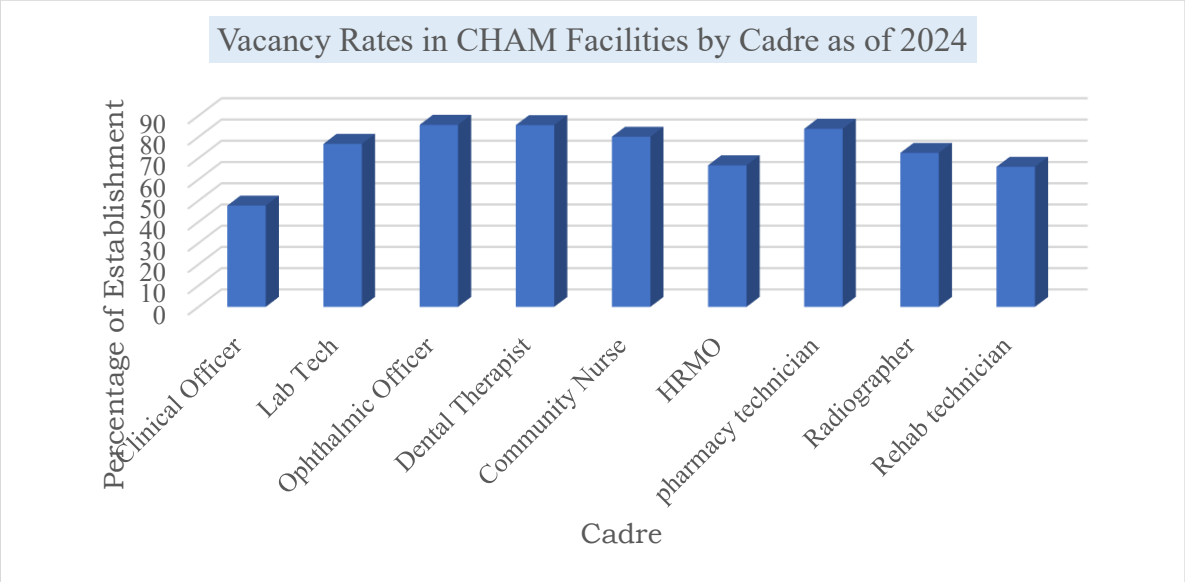


Figure 1: A graph showing some of the highest vacancies by cadre. Note that human resource staff vacancies were present in 70% in 2024

1.3. NGO REGULATORY AUTHORITY (NGORA) AND COUNCIL FOR NON-GOVERNMENTAL ORGANIZATION OF MALAWI (CONGOMA) COMPLIANCE

CHAM remains compliant with governing structures like NGORA and CONGOMA among many others that the CHAM Units comply to. Going forward, CHAM will engage NCHE for the benefit of its training colleges. NGORA provides in its Act a 30% partnership requirement for programs by international NGOs to be implemented by local NGOs

1.4. LINKAGES WITH NATIONAL, REGIONAL AND INTERNATIONAL DEVELOPMENT POLICIES

In developing this strategic plan, CHAM drew inspiration from several global, regional and local instruments, protocols and declarations. Some of them include; United Nations Convention on the Rights of the Child (1990); World Health Assembly; Universal Health Coverage (UHC); Health Benefit Package; Agenda 2030 of the Sustainable Development Goals; the African Charter on the Rights and Welfare of the Child; the 2008 Ouagadougou Declaration on Primary Health Care (PHC) and Health Systems in Africa; the 2005; African Union (AU);
United Nations Global Strategy for Women's Children's and Adolescents' Health; the United Nations Commission on Life-Saving Commodities for Women and Children (UNCoLSC) and its associated RMNCH Trust Fund.
The strategic plan has also been developed in line with Government priorities spelled out in the Malawi Vision 2063, the Agenda 2030 of SDGs; The Health Sector Strategic Plan (HSSP III) 2023-2030; SRHR 2023- 2027; HIV/AIDS Strategy; Child Healthy Strategy 2021-2026; EPI Strategy 2025-20230; Malaria Strategy; TB Strategy; NCD Strategy; Public Health Security; IHR; PHIM Strategic Plan, Digital Health Strategy; Communication Strategy; HRH Strategy; National Health Research Agenda II; Health Financing Strategy; Guidelines; NGORA Strategy; MCM, NMNC; CONGOMA; AERA; PMRA; CHAM Constitution.

1.5. STRENGTH, WEAKNESSES, OPPORTUNITIES AND TRAITS (SWOT) ANALYSIS

A SWOT analysis was conducted to understand both the internal and external environments in which CHAM operates. The internal perspective looked at the strengths and weaknesses of CHAM whilst the external environment involved analyzing the opportunities and threats. The strengths highlight areas in which CHAM should continue to build and leverage on in the next six (6) years, while the weaknesses highlight areas which CHAM needs to reduce or eliminate to effectively deliver on its mandate. The opportunities consist of factors prevailing in the market that CHAM can leverage to its advantage. The threats are those factors that can adversely affect its operations if not properly addressed. The SWOT for CHAM Strategic Plan 2025-2030 is as presented below in table 1.

Leadership and Governance			
STRENGTHS	WEAKNESSESS	OPPORTUNITIES	THREATS
Availability of CHAM Constitution and strategic policy frameworks. Functional boards and committees. Availability of generic governance documents	Lack of clarity in roles and responsibilities of governance structures in CHAM units Nonfunctional/Un availability of governance structures at some CHAM units **Limited Compliance with Policies and Guidelines** Outdated CHAM Constitution Limited participation in national high level fora Limited follow up and finalization of some high level resolutions. Over delegation	Government commitment to work with CHAM Decentralization of health management functions to districts Availability of community-led management structures **Strengthened collaboration with Donors**. Private sector interest to contribute resources towards CHAM staff capacity building initiatives. Membership affiliation with relevant organizations (e.g. ACHAP, EPN, CCIH, Act Alliance etc.) **Digitalization of Governance Processes**. **Enhanced CHAM Secretariat and facility relations**. Availability of management/leadership training institution	Unstable operational environment (Political/Financial) Limited resources Natural disasters and disease outbreaks
Financial Management and Sustainability			
STRENGTHS	WEAKNESSESS	OPPORTUNITIES	THREATS
Good relationship with government Developed Infrastructure at CHAM Secretariat. Being a paid-up membership association High financial management capacities at CHAM Secretariat and in some CHAM units	Ageing Infrastructure in CHAM Units Low finance staff retention both at CHAM Secretariat and facilities. Limited stable sources of finance (Membership & Rentals) High institutional debt for CHAM SecretariatWeak financial management system that leading to premature termination of donor funded projects	Availability of Strategic Alliances. Institution of Higher learning willing to partner through short term placements of Accountancy and Audit students for practical experience	Limited direct communication with Donors on Projects (SLA & Payroll Support) Reliance on Government to pay employees in CHAM Facilities. Unstable economic operating environment (currency exchange rates, high inflation rates, high interest rates and taxes). Wholesale pharmacies competition to

Utilization of ERP accounting System Availability of CHAM internal auditor Availability of quarterly internal audits			DRF Lawsuits increasing frequency and costs of litigation in Malawi.
Human Resources for Health (HRH)			
STRENGTHS	WEAKNESSESS	OPPORTUNITIES	THREATS
Good relationship with Government Established relationship with facilities Experienced staff Loyal employees	Lack of staff development programs Critical shortage of staff in CHAM units High staff turnover at CHAM Secretariat and units Lack of promotion opportunities for in CHAM units Recruitment of unqualified employees in some areas in CHAM units Low salaries for CHAM No staff performance assessments in some units Poor communication between proprietors and staff Limited resources for HR core functions Overdependence on government salary grants Minimal technology use - manual	Conducive political environment (Government salary grant to CHAM employees) Availability of staff development institutions. Technology advancement Government willingness to funding HR activities in facilities (functional review, verification, etc.).	High demand for skilled labour Volatile economic environment

	handling of most day-to-day functions. Limited staff motivation.		
Health Service Delivery			
National wide coverage through 194 health facilities Availability health service and process data Provide health services in hard-to-reach areas Availability of health coordination structures across CHAM units Availability of specialized services in some CHAM units Missionary set up of CHAM units allowing easy uptake of services	Limited funds for comprehensive HSM core functions. Lack of structured program to fund health services for low-income individuals Weak feedback systems Less use of science Inadequate presence of specialist cadres (e.g. in anaesthesia, dental, and clinical areas)	Digital communication tools Developed partnerships that support CHAM mandate. Availability of health service provision policies/guidelines/standards/protocols Availability of TWGs across all program functions	Limited collaboration among implementing partners. Increasing frequency of disasters and disease outbreaks Decreasing pool of traditional funders Proliferation of private health entities
Pharmaceutical Services and Supply Chain			
Readily available market (i.e. CHAM health facilities) Compliance with PMRA regulations. Basic inventory system enhances operational efficiency. Established partnerships with international suppliers. Availability of fully functional minilab for medicine quality. Established AMS Committee in 25 facilities Strong management control	Limited storage capacity at CHAM Secretariat Pharmacy (i.e. Space, AC, temperature monitoring, pest control). No temperature controlled transport for pharmaceuticals. Few facilities have qualified pharmacy professionals. Few facilities in AMS programme (25/194) Lack of guidance on disposal of expired/damaged pharmaceuticals. No integrated supply chain system	Availability of partners to support Minilab (PMRA & CMST) and installing of supply chain system. A big customer base to utilize for business expansion PMRA oversight provide internal controls for legal operations of the pharmacies	Microbial resistance. Natural disasters disrupting the supply chain. DRF competition from local suppliers offering corrupt incentives. Forex shortages affecting supplier payments. Price inflation impacting pharmaceutical affordability. Poaching of pharmacy personnel from CHAM facility.

which reduces pilferage and theft.	linking Secretariat and facilities. Individual procurement which leads to procurement of expensive supplies.		Policy and regulatory changes affecting CHAM operations and procurement.
Pre-Service Training			
Established network of ever-growing CHAM training institutions Strong partnerships with government (MOH) and regulatory bodies Strong coordination among CHAM Training Institutions Availability of volunteer lecturers in some CHAM training institutions Experienced and well qualified faculty with practical knowledge Alignment with WHO, national, regulatory bodies' education standards	Inadequate number of faculty and clinical staff Inadequate digital learning infrastructure Variability in the quality of clinical placements Limited research culture in training institutions Heavy reliance on tuition fees for financial sustainability Gaps in infrastructure for skills laboratories and clinical learning environments Small proportion of needy students on scholarships	Growing demand for healthcare workers nationally and globally Emerging donor and government support for healthcare workforce development Potential partnerships with local, international universities and health institutions. National policy focus on strengthening healthcare workforce Technological advancements for teaching and learning.	Economic instability affecting tuition affordability Competition from other training institutions (public and private) Changing government policies on accreditation and funding Limited clinical training sites due to increased student numbers
Business Development Unit (BDU)			
National presence with a wide network of health facilities Significant technical and financial support by the Government Strong Ecumenical Foundation-ecumenical associations and networks such as ACHAP, CCIH and EPN Presence in Remote Areas Significant experience and	Limited Financial Independence. Limited capacity in Grants applications and Resource Mobilization at CHAM Sec and Units Infrastructure and Resource Gaps, affecting quality of services, patronage of clients, leading to revenue reduction and difficulty membership payment. Limited strategic engagement of	Partnerships with local & International partners Public- Private Partnership Presence of Social Media & Digital Platforms Increasing demand for professional growth and diversity among the general public. Government Health Initiatives which align with CHAM priorities.	Political and Economic Instability Competition for Funding Donor Fatigue Health Crises or Pandemics that divert focus of resources

reputation in country	partners and donors by CHAM management and the Board		
Digital Health (ICT)			
Availability of ICT infrastructure in some CHAM facilities and CHAM Secretariat Availability of ICT personnel in some CHAM facilities and CHAM Secretariat Partnership with MUST and Daeyang on ICT Availability of data management systems – DHIS2, TrainSMART, RetailMax, etc. Availability of ERP system at CHAM Secretariat	Unavailability of ERP systems in most facilities and colleges Unqualified ICT personnel in most CHAM facilities Outdated ICT infrastructures Inadequate resources/budget System interoperability challenges User adoption resistance Poor connectivity in hard-to-reach areas	Partnerships (i.e. MUST, Department of Digital Health) Availability of advanced technology like Machine Learning, Artificial Intelligence, IoT and many more Government and NGO investment in ICT sector Telemedicine innovations	Cyber attack Digital divide Resistance from users Changing policies Privacy violations Unsustainable systems High acquisition and maintenance cost for hardware/software. Poor connectivity
Monitoring, Evaluation, Accountability and Learning (MEAL)			
Availability of designated M&E staff at CHAM Secretariat and some units Decentralized M&E approach Existence of standardized HMIS/M&E tools/guidelines Availability of M&E/Data training materials and platforms Availability of qualified M&E facilitation personnel (i.e. MOH/CHAM TOTs)	Weak organizational and M&E structures across CHAM Facilities Inadequate numbers of M&E/Data Personnel across CHAM units Limited availability of M&E gadgets Lack of a comprehensive and coordinated M&E Capacity Building program Lack of a centralized CHAM data base for real time data management Limited data use for decision makers Limited to zero funds allocation for MEAL activities	Significant technical and financial investments in digital health. Availability of national systems (HMIS, HRIS, and iCHIS) Well established HMIS/DHIS 2 data base Well develop TrainSMART database for student data management	Weak Partner Coordination and fragmented M&E structures Nonfunctioning M&E TWGs at district/facility level

Table 1: Strength, Weaknesses, Opportunities and Threats (SWOT) Analysis

1.6. ANALYSIS OF THE CHAM 2020 TO 2024 STRATEGIC PLAN IMPLEMENTATION STATUS

By 31 December, 2024, CHAM had successfully implemented 882 out of 944 tasks outlined in its annual work plans (derived from the strategic plan) from January 2020 to December 2024, achieving a 93.4% completion rate since the launch of the CHAM 2020 - 2024 Strategic Plan. While the target was 100% implementation by the strategic plan's conclusion, various challenges slightly reduced this rate. Historical data shows consistently high achievement rates above 90% in previous years, with a 91% completion rate by Q4 of FY2024 (i.e. Year 5).

Throughout the five-year implementation period, CHAM encountered several obstacles, including the COVID-19 pandemic during FY2019/2020, funding constraints due to lower membership fee collections following delayed SLA payments, premature termination of some donor projects and freezes on staff recruitment and replacement in CHAM facilities, impacting service delivery. Additional challenges included delays in donor-supported projects, such as the Global Fund VMMC Project, and slow disbursement of funds for ongoing initiatives, notably CDC projects using manual drawdowns. Furthermore, insufficient investment in the Drug Revolving Fund (DRF) hindered its development into a sustainable business entity, exacerbated by the absence of a dedicated pharmacy warehouse. These factors collectively affected task implementation over the years, resulting in a slightly lower-than-expected achievement rate, as shown in the chart below.

1.7. ANALYSIS OF CHAM 2024 WORK PLAN: VARIATIONS IN ACTIVITY IMPLEMENTATION AND RESOURCE ALLOCATION ACROSS STRATEGIC PILLARS WITH A FOCUS ON BURN RATES

An analysis of the activity implementation in CHAM's 2024 Annual Work Plan reveals variations across the seven strategic pillars of the CHAM 2020-2024 Strategic Plan.

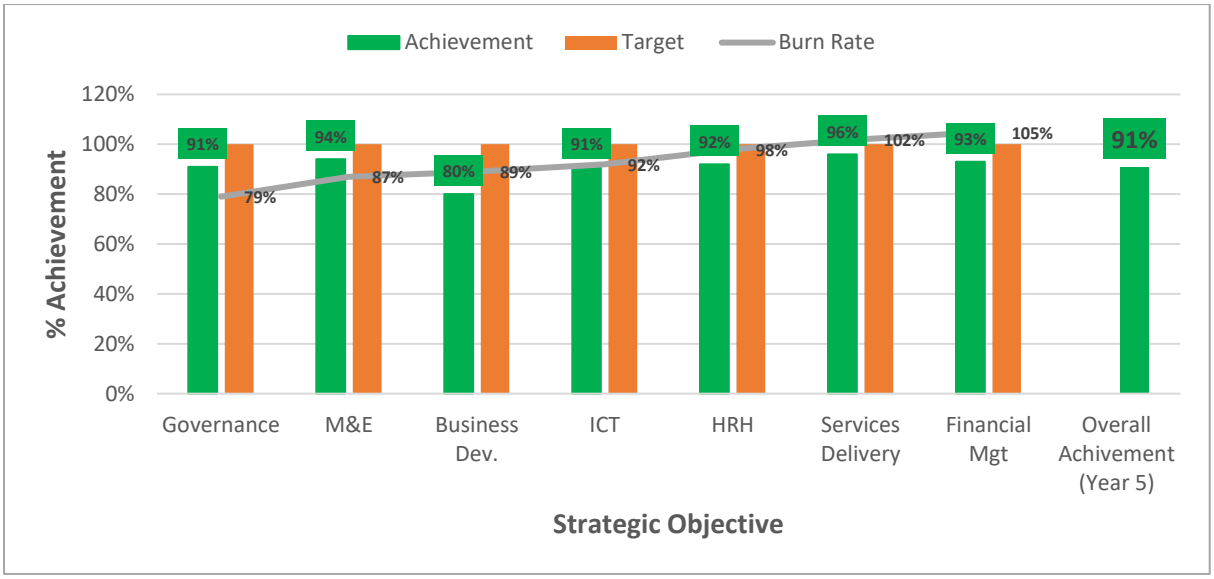
The graph below compares the percentage of achievement across different strategic objectives against the set targets while also illustrating the burn rate. Governance achieved 91% of its target, with a burn rate of 79%, indicating efficient resource utilization. Similarly, M&E (94% achievement) and ICT (91% achievement) demonstrated strong performance, with burn rates of 87% and 92%, respectively. However, Business Development fell slightly short, achieving 80% of its planned activities while utilizing 89% of its allocated budget. This suggests challenges in meeting expected outputs within the allocated financial resources. HRH and Service Delivery closely matched or slightly exceeded their budgets, achieving 92% and 98% of their planned activities, with corresponding burn rates of 98% and 102%. This indicates a prudent allocation and use of resources. Financial Management had the highest burn rate at 105%, while its

achievement stood at 93%, suggesting a slight overspending or misalignment of financial resources during implementation.

The burn rate, represented by the grey trend line, shows a steady financial utilization pattern that aligns closely with the achievement percentages across most strategic objectives. The overall achievement for Year 5 stands at 91%, reflecting the effective implementation of planned activities. While certain areas, such as Business Development and HRH, did not fully meet their targets, most strategic objectives performed well, indicating strong financial and operational execution. The close correlation between achievement and burn rate suggests that financial resources were generally well managed, with only minor variations that may require adjustments for improved efficiency in future program cycles.

Variations in Activity Implementation and Resource Allocation Across Strategic Pillars with a Focus on Burn Rates.

Figure 2: Activity Implementation and Resource Allocation and Burn Rates.



1.8. CONSULTATIONS

This section provides some of the findings from the stakeholder consultations conducted across the country and representatives from various stakeholders. Data was collected through Key Informant Interviews (KIIs) using a semi-structured interview guide. Interviews targeted Government representatives, CHAM facility managers (Hospital Directors/Administrators), College Leaders (Principal/Registrar), Proprietors (Health Coordinators), CHAM Secretariat staff, Health facility providers, and implementing partners. About 88% of the respondents were

interviewed physically, with the remaining 12% participants completing an online questionnaire. Below are the results from these consultations;

1.8.1. Best Practices Noted:

- Supportive supervision and regional meetings were consistently conducted.
- Some in-service training programs conducted with some facilities.
- CHAM supported internal audits have been very helpful to member units
- Quarterly review meetings for college principals consistently conducted.
- Evidence of technical support across all systems; program implementation, finance, HR, and M&E.

1.8.2. Local Sustainability Measures

- User fees and income-generating activities (IGAs) such as private wings, farming, tuck-shops/pharmacy, and private hostels/kitchens
- Growing interest in expanding CHAM's entrepreneurial footprint (e.g., establishing regional DRF branches, entering medical equipment partnerships etc.).

1.8.3. Pooled Procurement & Supply Chain

- Participants supported the idea of pooled procurement but noted its poor execution, which led to drug stock-outs and expired commodities.
- Recommendations included improving forecasting, regular inventory updates, and addressing corruption risks in procurement processes.

1.8.4. Institutionalization of Interventions

- Several innovations from donor projects (e.g., community outreaches) have successfully continued using local resources after project phase out. However, institutionalization remains challenged by staffing gaps, weak transition planning post-donor support, and inconsistent CHAM Secretariat follow-up.

1.8.5. Challenges Identified

- Lack of promotions and growth pathways demotivating staff.
- Fragmented capacity building with no long-term plans or follow-up.
- Inflexibility in adapting to emerging patient needs or market shifts.
- Limited technical support in non-clinical areas such as finance, HR, and M&E.
- Limited sharing of progress on strategic plan implementation with member units from the Secretariat.
- Persistent staffing shortages, especially clinical cadres, undermining service quality.

1.8.6. Key Recommendations for KII responses

Strategic Theme	Recommendations
Leadership/Governance	-Strengthen facility governance through structured board inductions and inclusion of HSM reporting in board agendas. -Wide determination of the SP among CHAM units and

	stakeholders. -Enhance two-way communication between Secretariat and facilities, especially on SP progress and performance monitoring.
Health Services	-Introduce service delivery innovations (e.g., public-private support models for salary offsets). -Facilitate hospital-to-hospital peer clinical networks and mentorships. -Coordination of capacity building initiatives from stakeholder support.
Human Resources for Health	-Establish scholarship fund and locum support schemes for interns. -Implement staff retention strategies and introduce continuous capacity building initiatives for facility heads.
Health Financing	-Diversify CHAM's revenue base to reduce dependency on donor support. -Engage government and financial institutions as well as partners for pooled resources for infrastructure, equipment, human resources and disaster management among others. -Strengthen internal audits and quality assurance mechanisms.
ICT & MEAL	-Develop digital tools for supervision, reporting, and performance tracking. -Share annual indicators and work plans with facilities for alignment and planning.
Supply Chain & Pooled Procurement	-Reinforce pooled procurement implementation through better coordination, digital inventory systems, and annual quantification. -Establish comprehensive marketing strategy for DRF
Business Development	-Identify existing business initiatives within CHAM units and share within the network for replication -Build capacity of BDU for generation of winning proposals
Institutionalization	-Build mechanisms for sustaining donor-funded initiatives (e.g. staffing, budgeting, M&E integration).

	-Develop a centralized digital repository for policies and strategic documents.

2. STRATEGY DEVELOPMENT

2.1. MISSION STATEMENT

To coordinate members by providing administrative, technical and financial support for better and effective delivery of health care services and training of human resources for health.

2.2. VISION

Sustainable, quality and equitable health care services for all people in Malawi as inspired by the healing Ministry of Jesus Christ.

2.3. CORE VALUES

CHAM's core values are:

- Unity of purpose in the framework of its Christian identity and witness
- Delivery of quality services considering client centeredness, gender sensitivity, and respect for human dignity and rights
- Participatory approach, accountability and transparency in management of the CHAM members
- Innovation and sustainability.

2.4. KEY PERFORMANCE AREAS

- Leadership and Governance
- Financial Management System
- Health Service Delivery
- Capacity Development for HRH
- ICT & Digitalization
- Supply Chain
- Resource Mobilization/Business Development

2.5. STRATEGIC INTERVENTIONS:

2.5.1. LEADERSHIP AND GOVERNANCE

Introduction

Strong leadership and effective governance are central to CHAM's mission of delivering quality health services through faith-based institutions. CHAM operates under a constitution and strategic policy frameworks that guide decision-making, accountability, and organizational efficiency. While progress has been made in standardizing governance practices through manuals and functional boards, several facilities still face challenges related to role clarity, policy enforcement, and active participation in governance processes. Addressing these gaps is essential to strengthening institutional leadership across CHAM member units and aligning governance with national health reforms and decentralization efforts.

Broad Objective

Leadership and governance pillar aims to strengthen leadership and governance systems across CHAM Secretariat and Member Units for effective oversight, policy direction for sustainable health service delivery and pre-service training. Below are the specific objectives for this strategic pillar;

i. Define and clarify mandates, roles, and responsibilities for all governance structures across CHAM facilities.
ii. Establish, train, and operationalize facility-level boards and committees to enhance governance functionality and compliance.
iii. Enforce adherence to governance direction and increase participation in governance meetings for greater accountability.
iv. Strengthen communication, mentorship, and performance monitoring between the CHAM Secretariat and Member Units to improve governance linkages.
v. Implement digital governance tools and align governance practices with national decentralization policies to boost efficiency and responsiveness.

To achieve the outlined objectives, CHAM will implement the Leadership and Governance Strengthening Program through the following targeted and action-oriented approaches:

Objective 1: Define and clarify mandates, roles, and responsibilities for all governance structures across CHAM facilities

Implementation Strategies

i. Develop and disseminate governance role definitions and organograms for and with all facilities to standardize understanding of responsibilities.
ii. Conduct targeted orientation sessions for board members, proprietors, and management teams on governance mandates.
iii. Integrate governance roles into facility operational manuals for routine reference and accountability.
iv. Support facilities to develop and update strategic plans aligned with CHAM's national strategy and MOH guidelines.
v. Provide technical support and templates for facility-level strategic planning, implementation, and review processes.
vi. Include strategic plan development in annual facility planning cycles and budgeting processes.
vii. Monitor the existence and implementation of facility strategic plans through routine supervision and reporting.

Objective 2: Establish, train, and operationalize facility-level boards and committees to enhance governance functionality and compliance

Implementation Strategies

i. Reconstitute or establish functional boards and committees in all facilities with clear terms of reference.
ii. Roll out standardized governance training programs focusing on roles, ethical leadership, health sector governance, and legal frameworks.
iii. Support facilities to conduct quarterly governance meetings, track performance, and submit structured reports to CHAM Secretariat.

Objective 3: Enforce adherence to governance direction and increase participation in governance meetings for greater accountability

Implementation Strategies

i. Monitor compliance with CHAM governance direction through routine supervision and performance assessments.
ii. Set minimum meeting frequency requirements and require submission of minutes and action logs for all governance bodies.
iii. Incentivize active participation by recognizing high-performing governance structures through CHAM awards or support packages.

Objective 4: Strengthen communication, mentorship, and performance monitoring between the CHAM Secretariat and Member Units to improve governance linkages

Implementation Strategies

i. Implement structured mentorship programs between CHAM Secretariat and facility boards, including quarterly review calls and site visits.
ii. Develop a governance performance scorecard to track and provide feedback on board functionality and leadership outcomes.
iii. Establish regular governance forums (physical or virtual) to promote peer learning and collective problem-solving.

Objective 5: Implement digital governance tools and align governance practices with national decentralization policies to boost efficiency and responsiveness

Implementation Strategies

i. Deploy digital platforms for board meetings, reporting, and compliance tracking, ensuring access across all zones.
ii. Train board secretaries and facility leadership on digital governance tools and document management systems.
iii. Align facility governance structures with decentralization guidelines issued by the Ministry of Health and Local Government.

Leadership & Governance Strategic Implementation Matrix

The Leadership and Governance Strengthening Program is guided by a clear results framework that links each strategic objective to measurable key performance indicators (KPIs), specific targets, defined timelines, and alignment with national and donor priorities. This matrix serves as

both a management and accountability tool, ensuring that every activity contributes directly to CHAM's overarching governance goals while remaining consistent with the Ministry of Health's policies and development partner requirements. By outlining what will be achieved, how progress will be measured, and when results are expected, the framework enables systematic monitoring, informed decision-making, and transparent reporting. It also ensures that resource allocation is evidence-based and that CHAM's governance interventions are both relevant and fundable within the broader health sector context.

Table 2: Leadership & Governance Strengthening Program – KPI Matrix

Strategic Objective / Priority	**Key Performance Indicator (KPI)**	**Target**	**Timeline**	**Alignment with MOH & Donor Priorities**
1. Define and clarify mandates, roles, and responsibilities for all governance structures across CHAM facilities	% of facilities with updated governance role definitions and organograms approved	100% by Year 2	Y1–Y2	MOH decentralization & facility management guidelines
	% of facilities with governance roles integrated into operational manuals	70% by Year 2	Y2	MOH operational standards; donor accountability frameworks
2. Establish, train, and operationalize facility-level boards and committees	% of facilities with functional boards/committees with active TORs	95% by Year 3	Y1–Y3	MOH health governance policy; donor governance compliance
	Number of governance training sessions conducted annually	≥ 3 per year	Annual	Donor capacity building requirements
3. Enforce adherence to governance direction and increase participation	% of governance bodies meeting quarterly and submitting minutes	90% by Year 3	Y1–Y3	MOH accountability framework
	Number of facilities recognized for governance excellence annually	≥ 10	Annual	Donor interest in incentivized performance
4. Strengthen communication, mentorship, and performance monitoring	Number of mentorship visits/calls per facility per quarter	1	Quarterly	MOH coordination & performance review mandates
	Governance performance scorecard developed and updated	100% by Year 2	Y2	MOH monitoring & evaluation systems
5. Implement digital governance tools and align with decentralization	% of facilities using digital governance platforms	80% by Year 3	Y2–Y3	MOH digital health & decentralization strategies
	% of facility governance structures aligned with decentralization guidelines	90% by Year 3	Y3	Malawi Decentralization Policy; donor e-governance initiatives

2.5.2. FINANCIAL MANAGEMENT AND SUSTAINABILITY

Introduction

Financial sustainability and accountability are foundational to CHAM's ability to deliver quality health services and maintain institutional credibility. In the face of an evolving economic landscape, CHAM must strengthen its financial management systems, enhance internal controls, improve cost recovery mechanisms, and diversify revenue streams. This will ensure continued financial discipline, reduce debt exposure, and increase transparency at both Secretariat and facility levels.

Broad Objective

Financial management and sustainability pillar aims to strengthen financial management systems for enhanced transparency, sustainability, and institutional resilience across CHAM Secretariat and its member facilities. Below are the specific objectives for this pillar;

i. To ensure financial management and internal control systems are responsive to changing operational and economic environments.
ii. To enhance cost recovery mechanisms, including full recovery of core costs from donor-funded projects.
iii. To strengthen internal audit functions and reduce financial risks, debts, and liabilities.
iv. To increase financial contributions from member facilities through improved collection of membership fees.
v. To review and harmonize financial and procurement policies across the Secretariat and member facilities.
vi. To diversify sources of income and reduce over-reliance on donor support.
vii. To improve financial governance at the facility level through revival of governance structures and staff retention.

To achieve the outlined objectives, CHAM will implement the Financial Management and Sustainability Program through the following targeted and action-oriented strategies:

Objective 1: Ensure financial management and internal control systems are responsive to changing operational and economic environments

Implementation Strategies

i. Review and update financial and procurement manuals for both CHAM Secretariat and all facilities to align with emerging financial realities and regulatory requirements.
ii. Implement and enforce use of the ERP financial system across all CHAM institutions for real-time tracking, reporting, and financial analysis.
iii. Conduct regular training for finance staff on adaptive financial planning, forecasting, and digital tools to improve responsiveness.

Objective 2: Enhance cost recovery mechanisms, including full recovery of core costs from donor-funded projects

Implementation Strategies

i. Mandate full cost recovery in all project proposals, including salaries, utilities, and administrative overheads.
ii. Train program and finance teams on budgeting for cost-sharing and indirect costs during donor negotiations.
iii. Monitor cost recovery performance quarterly and provide feedback to project leads and finance teams for corrective actions.

Objective 3: Strengthen internal audit functions and reduce financial risks, debts, and liabilities

Implementation Strategies

i. Expand and capacitate the internal audit unit to cover routine and risk-based audits across CHAM facilities.
ii. Develop and implement a financial risk management framework to monitor, prevent, and mitigate financial exposure.
iii. Create a debt tracking system to identify, document, and follow up on all outstanding obligations, while putting in place controls to avoid new debt accumulation.

Objective 4: Increase financial contributions from member facilities through improved collection of membership fees

Implementation Strategies

i. Develop and implement a member fee compliance plan, including communication campaigns and regular reminders.
ii. Provide incentives or recognitions for compliant facilities (e.g., eligibility for special grants or awards).
iii. Track and report facility contributions quarterly, and address non-compliance through targeted follow-up in line with AGM resolutions.

Objective 5: Review and harmonize financial and procurement policies across the Secretariat and member facilities

Implementation Strategies

i. Conduct a comprehensive policy review to identify gaps, inconsistencies, and outdated provisions across CHAM units.
ii. Standardize templates and guidelines for budgeting, procurement, and expenditure tracking to ensure consistency.
iii. Roll out training sessions for finance and procurement officers to ensure full understanding and application of revised policies.

iv. Institute policies and guidelines on management of donor funds

Objective 6: Diversify sources of income and reduce over-reliance on donor support

Implementation Strategies

i. Explore and support new income-generating ventures such as property rentals, health insurance schemes, consultancies, and pharmaceutical sales through Drug Revolving Funds (DRFs).
ii. Develop business plans for income-generating activities at facility level with feasibility and sustainability analysis.
iii. Include revenue diversification metrics in facility performance reviews to encourage innovation and self-sufficiency.

Objective 7: Improve financial governance at facility level through revival of governance structures and staff retention

Implementation Strategies

i. Revitalize governance bodies (e.g., finance committees, audit committees) at facility level with clear roles and regular meetings.
ii. Develop and implement finance staff retention strategies, including incentives, career development, and supportive work environments.
iii. Train facility boards and managers on financial oversight responsibilities and internal accountability systems.

Financial Management and Sustainability KPI & Accountability Matrix

The Financial Management and Sustainability Program outlines measurable objectives, KPIs, targets, timelines, and alignment with national and donor priorities to strengthen CHAM's financial systems. This framework ensures effective resource management, enhanced cost recovery, diversified income streams, and robust governance at all levels. It also guarantees compliance with MOH policies and donor standards while promoting long-term financial sustainability.

Table 3: Financial Management and Sustainability Program – KPI & Accountability Matrix

Strategic Objective / Priority	Key Performance Indicator (KPI)	Target	Timeline	Alignment with MOH & Donor Priorities
1. Ensure financial management and internal control systems are responsive	Updated financial & procurement manuals in place and approved	100% of Secretariat & facilities by Y2	Y1–Y2	MOH Public Finance Mgmt. reforms; donor fiduciary standards
	ERP system fully operational across CHAM institutions	100% by Y3	Y1–Y3	Donor digital transformation requirements
	Number of finance staff trained in adaptive	≥ 2 per facility	Annual	MOH capacity building priorities

	planning & forecasting	annually		
2. Enhance cost recovery mechanisms	% of projects with full cost recovery provisions	100% of new proposals	Y1–Y3	Donor cost recovery and sustainability policies
	Quarterly cost recovery performance reports produced	4 per year	Annual	USAID/Global Fund compliance
3. Strengthen internal audit functions & reduce financial risks	% of facilities audited annually (routine + risk-based)	≥ 80%	Annual	MOH & donor audit compliance
	Financial risk management framework implemented	100% by Y2	Y2	Donor risk mitigation requirements
	Debt tracking system operational	100% by Y2	Y2	Aligns with debt sustainability frameworks
4. Increase member facility contributions	Member fee compliance rate	≥ 90%	Annual	CHAM AGM resolutions; MOH partnership agreements
	Quarterly fee contribution reports produced	4 per year	Annual	Internal accountability standards
5. Review & harmonize financial/procurement policies	Revised harmonized policies adopted	100% by Y2	Y1–Y2	MOH procurement guidelines; donor compliance
	% of finance/procurement officers trained on new policies	100%	Y2	Fiduciary risk reduction
6. Diversify income sources	Number of facilities with approved income-generating business plans	≥ 50% by Y3	Y1–Y3	MOH health financing strategy; donor sustainability focus
	Share of income from non-donor sources	≥ 20% of total revenue by Y3	Y1–Y3	Donor co-financing requirements
7. Improve financial governance at facility level	Functional finance/audit committees at facility level	≥ 90% by Y3	Y1–Y3	MOH governance standards
	Finance staff retention rate	≥ 85% annually	Annual	Donor HR capacity requirements
	% of facility boards trained on financial oversight	100% by Y3	Y1–Y3	MOH accountability policies

2.5.3. HUMAN RESOURCES AND CAPACITY BUILDING

Introduction

Human resources (HR) form the backbone of CHAM's service delivery system and pre-service training operations. A strong, skilled, and motivated workforce is essential for achieving CHAM's mission of providing holistic, accessible, and quality health services. The 2025-2030 Strategic Plan recognizes the importance of prioritizing and addressing HR-related challenges while leveraging existing strengths and opportunities to build institutional capacity and sustainability.

Broad Objective

The human resources and capacity building pillar aims at strengthening CHAM's human resource capacity and institutional systems to improve service delivery and pre-service training for organizational effectiveness. Below are the specific objectives for this pillar;

i. To enhance staff recruitment, retention, and development processes across CHAM Secretariat and member units.
ii. To improve HR management systems and processes, including performance assessment and career progression.
iii. To strengthen internal communication and coordination between proprietors, management, and staff.
iv. To reduce reliance on government salary grants by enhancing resource mobilization for HR functions.
v. To promote the use of technology in HR functions and service delivery.

To achieve the outlined objectives, CHAM will implement the Human Resources Management and capacity building program through the following strategic arrangement;

Objective 1: Enhance staff recruitment, retention, and development across CHAM Secretariat and health facilities

Implementation Strategies

i. Review and institutionalize HR policies that guide recruitment, retention, and internal mobility across all CHAM facilities.
ii. Implement internal recruitment pathways to promote career growth and fill vacancies using existing talent pools.
iii. Design and implement retention strategies such as recognition systems, bonding schemes, and staff welfare programs including occupational health.
iv. Partner with academic institutions to support internship, mentorship, and long-term staff development programs.
v. Mobilize funding for staff development including CPD, scholarships, locums and in-service training for key cadres.

Objective 2: Improve HR management systems and processes, including performance assessment and career progression

Implementation Strategies

i. Introduce standardized performance appraisal tools across all CHAM units to track staff performance and inform promotions.
ii. Develop clear career progression frameworks aligned with job grading and performance evaluation outcomes.
iii. Conduct annual HR audits to identify system gaps and track improvements in staff deployment and management.
iv. Train HR managers and supervisors on performance management, coaching, and disciplinary procedures.

Objective 3: Strengthen internal communication and coordination between proprietors, management, and staff

Implementation Strategies

i. Facilitate regular structured meetings between the CHAM Secretariat, facility leadership, and proprietors to strengthen governance and alignment.
ii. Establish feedback and grievance mechanisms at facility level to support two-way communication and resolve staff concerns.
iii. Clarify governance roles and responsibilities through orientation sessions and the dissemination of updated governance manuals.
iv. Use digital platforms and newsletters to share HR updates and reinforce organizational values and expectations.

Objective 4: Reduce reliance on government salary grants by enhancing resource mobilization for HR functions

Implementation Strategies

i. Develop a human resource financing strategy to guide resource mobilization for HR operations, training, and incentives.
ii. Engage partners and donors with targeted proposals to fund staff development, recruitment, and retention programs.
iii. Explore income-generating activities at facility level to support HR budgets and reduce grant dependency.
iv. Incorporate HR cost recovery components in all new project proposals submitted to partners.

Objective 5: Promote the use of technology in HR functions and service delivery

Implementation Strategies

i. Partner with local institutions like MUST to pilot and scale digital HR solutions (e.g., e-leave, e-payroll, HR dashboards).
ii. Digitize HR records and data management systems to improve accuracy, access, and performance tracking.
iii. Train HR teams and facility managers in the use of digital platforms for staff records, performance management, and communication.

iv. Integrate digital service tools in facility operations to improve administrative efficiency and staff coordination.

Human Resources Management & Capacity Building Program – Strategic Implementation Matrix

This strategic framework outlines key objectives aimed at strengthening human resource management within the health sector, with measurable indicators designed to ensure accountability and progress tracking. Each objective is linked to specific key performance indicators (KPIs) and targets, accompanied by clear timelines to guide implementation over the medium term. The priorities reflect a commitment to enhancing workforce capacity, improving management systems, fostering effective communication, diversifying funding sources, and leveraging technology, all aligned with Malawi's Ministry of Health (MOH) strategic plans and the priorities of major development partners including USAID, the Global Fund, and the World Bank. This alignment ensures synergy with national health goals and donor expectations, positioning the health workforce for sustained impact and resilience.

Strategic Objective	**Key Performance Indicators (KPIs)**	**Targets**	**Timeline**	**Alignment with MOH Strategies & Donor Priorities**
1. Enhance staff recruitment, retention, and development	• % of vacancies filled within 3 months • Staff turnover rate • % staff accessing CPD opportunities	• 90% of vacancies filled within 3 months by Year 3 • Staff turnover reduced to <10% by Year 4 • 80% of staff receive CPD annually	Year 1–5	Aligns with Malawi's **H**uman Resources for Health Strategy, USAID HRH investments, and Global Fund workforce sustainability priorities
2. Improve HR management systems and processes	• % of units using standard performance appraisal tools • Existence of career progression framework	• 100% adoption of appraisal tools by Year 2 • Career framework operational by Year 3	Year 1–3	Supports MOH HR audit and job grading reforms; aligns with World Bank PFM and HRM reform programs
3. Strengthen internal communication & coordination	• # of structured governance meetings held annually • % of facilities with active feedback mechanisms	• Minimum of 4 governance meetings/year • 90% of facilities with active grievance and feedback channels by Year 3	Year 1–3	Consistent with MOH governance strengthening agenda and USAID/Global Fund compliance requirements

4. Reduce reliance on government salary grants	• % of HR budget funded from non-government sources • # of donor/partner-funded HR initiatives	• 30% of HR budget from alternative sources by Year 5 • Minimum 3 new donor-funded HR programs by Year 4	Year 1–5	Aligned with MOH sustainability frameworks and Global Fund domestic resource mobilization strategy
5. Promote the use of technology in HR functions	• % of facilities using digital HR systems • % of HR records digitized	• 40% of facilities use digital HR tools by Year 4 • 50% HR records digitized by Year 3	Year 1–4	Aligns with MOH eHealth Strategy, Digital Health Investment Roadmap, and donor priorities for digital transformation

Human Resources Management & Capacity Building Implementation Matrix

2.5.4. HEALTH SERVICE DELIVERY AND QUALITY MANAGEMENT

Introduction

The Christian Health Association of Malawi (CHAM) recognizes that a strong, resilient, and responsive health system is foundational to the delivery of equitable, high-quality, and sustainable healthcare. The CHAM Health Systems Management program is aligned with both global and national frameworks, including the World Health Organization (WHO); health system building blocks and Malawi's Health Sector Strategic Plan III (HSSP III).

In the 2025-2030 strategic period, CHAM will continue to strengthen core health system components through a results-oriented framework that focuses on inputs, processes, outputs, and outcomes. Drawing from proven quality management models, CHAM aims to enhance systems performance, improve service access and quality, and ensure long-term sustainability of its health services network.

Broad Objective

The Health Service Delivery and Quality Management aims to develop a resilient, high-performing health system across the CHAM network that ensures equitable, quality, and sustainable health services, contributing meaningfully to national and global health targets. Below are the specific objectives for this pillar;

i. Ensure all CHAM facilities meet and maintain minimum service delivery national standards.
ii. Expand equitable access to quality health services.
iii. Increase community engagement for client-responsive services.
iv. Improve institutional capacity to anticipate, respond to, and recover from public health emergencies and climate-related events.

To achieve the outlined objectives, CHAM will implement the Health Service Delivery and Quality Management through the following strategic result areas, using targeted and action-oriented approaches:

Objective 1: **Ensure all CHAM facilities meet and maintain minimum service delivery national standards.**

Implementation Strategies

i. Maintain or upgrade infrastructure and equipment to meet national standards, responsive to current service demands.
ii. Set, review and operationalize standards for provision of health services and facility management in CHAM units.
iii. Orient and update CHAM units of key national and global health services policy tools, implementation guidelines and support program implementation.
iv. Institute and implement Secretariat-wide CPD system to enhance capacity in HSM program implementation oversight
v. Monitor, assess and facilitate compliance of CHAM units to national healthcare minimum standards as set by the Ministry of Health and regulatory bodies including facility and staff accreditation status

Objective 2: **Expand equitable access to quality health services.**

Implementation Strategies

i. Operationalize Community-Based Health Insurance (CBHI) schemes to reduce out of pocket payments.
ii. Establish a network-wide in-service capacity building framework and harmonize CPD activities for health services programs in CHAM facilities.
iii. Develop knowledge management structures and enhance research capacity in CHAM facilities.
iv. Increase coverage and monitor implementation of preventive maintenance and quality assurance for service and administrative equipment in CHAM facilities.
v. Increase presence and strengthen QoC, IPC & WASH-FIT programs within CHAM facilities
vi. Expand and strengthen CHAM internal coordination mechanisms to assist in coordination of technical support.
vii. Strengthen provision of primary health care services.
viii. Expand and strengthen provision of secondary and tertiary health care services
ix. Develop or adapt and integrate sustainable digital innovations and differentiated service delivery models to extend reach
x. Expand coverage of SLA program implementation in CHAM units
xi. Implement activities that support compliance to SLA implementation.

Objective 3: Increase community engagement for client-responsive services.

Implementation Strategies

i. Strengthen community participation in CHAM facility planning, monitoring, and accountability through client feedback and community-led monitoring systems.
ii. Develop and diversify client mobilization and health services marketing interventions for CHAM units.

iii. Support and provide linkages to socio-economic development initiatives for CHAM served populations.
iv. Track and analyze service utilization trends using health information data to inform adjustments in service delivery in collaboration community structures.

Objective 4: **Improve institutional capacity to anticipate, respond to, and recover from public health emergencies and climate-related events.**

Implementation Strategies

i. Develop and implement health emergency preparedness and response plans (HERP) in collaboration with national and district authorities (i.e. DODMA, District Councils).
ii. Strengthen early warning and surveillance systems at facility and community levels.
iii. Develop, sustain and grow an investment fund to support implementation of health emergency preparedness plan.
iv. Establish and implement environmental management system (EMS) to champion climate adaptation measures.

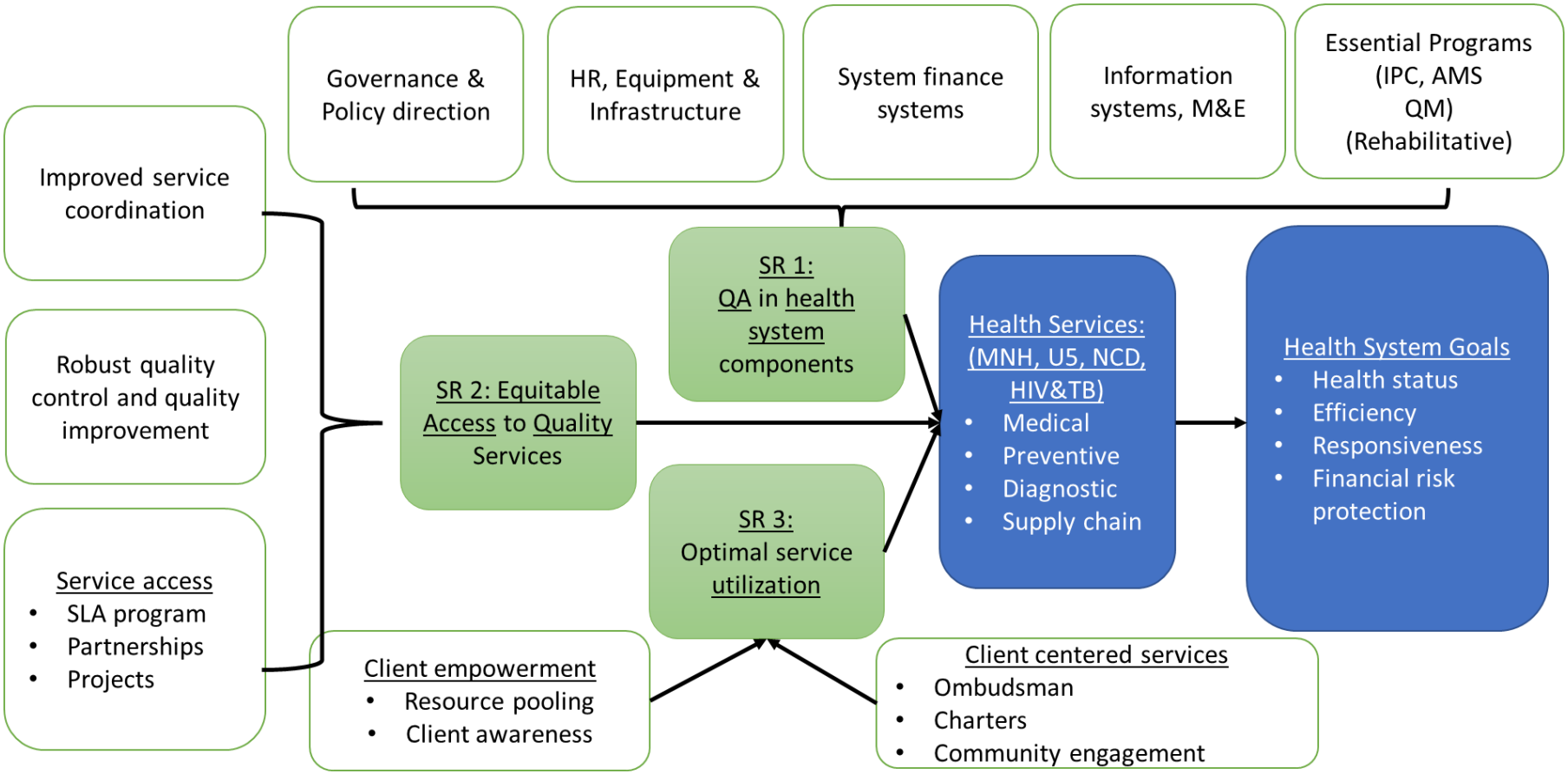


Figure 3: Conceptual Framework for Achieving CHAM Network Health Services Strategic Outcomes[2]

[2] SR: Strategic Result Area, MNH: Maternal & Neonatal Health, U5: under-5, NCD: non-communicable diseases, HIV&TB: Human Immunodeficiency & Tuberculosis programs, M&E: monitoring & evaluation, IPC: infection prevention & control, AMS; Antimicrobial stewardship, QM: quality management, HR: human resources, SLA: service level agreement program

Health Service Delivery and Quality Management - Strategic Implementation Matrix:

This Strategic Implementation Matrix outlines CHAM's key objectives to strengthen health service delivery and quality management across its network. Each strategic objective is paired with measurable Key Performance Indicators (KPIs), clearly defined targets, and realistic timelines to guide effective implementation and monitor progress. The matrix emphasizes alignment with Malawi's Ministry of Health (MOH) strategies and donor priorities, ensuring that CHAM's interventions support national health goals and meet funding requirements. This structured approach enables transparent accountability, facilitates resource planning, and fosters sustained improvements in service quality, equitable access, community engagement, emergency preparedness, and institutional capacity.

Strategic Objective	Key Performance Indicators (KPIs)	Targets	Timeline	Alignment with MOH Strategies & Donor Priorities
1. Ensure all CHAM facilities meet and maintain minimum service delivery national standards	- % of facilities meeting national accreditation standards	- 50% of the facilities accredited by Year 3	Years 1–3	Aligns with MOH quality standards, facility accreditation policies, and donor requirements for service quality
	- % of facilities upgraded infrastructure and equipment	- 80% facilities upgraded by Year 3		
	- % of staff oriented on national/global health policies and implementation tools	- 90% staff oriented by Year 2		
2. Expand equitable access to quality health services	- % enrollment in Community-Based Health Insurance (CBHI)	- 50% coverage by Year 5	Years 1–5	Supports MOH Universal Health Coverage and aligns with donor priorities on financial risk protection
	- Number of CPD sessions harmonized and implemented	- Network-wide CPD framework operational by Year 3		
	- % facilities with preventive maintenance and quality assurance programs	- 90% facilities compliant by Year 4		
3. Increase community engagement for	- Number of community feedback mechanisms	- 90% of facilities with active feedback by Year	Years 1–3	Consistent with MOH community participation

client-responsive services	established	3		frameworks and donor emphasis on accountability
	- Frequency of client mobilization and health marketing interventions	- Quarterly campaigns in all CHAM units by Year 2		
4. Improve institutional capacity to respond to public health emergencies & climate events	- % of facilities with implemented health emergency preparedness and response plans	- 100% facilities with HERP by Year 3	Years 1–4	Aligns with MOH health emergency preparedness plans, DODMA collaboration, and donor emergency response funding
	- Functionality of early warning and surveillance systems	- Fully operational early warning systems by Year 3		
	- Existence of environmental management system (EMS)	- EMS operational in all facilities by Year 4		
Cross-Cutting Areas	- Number of active partnerships and coordination meetings	- Quarterly partner coordination meetings held	Ongoing	Operationalizes MOH and partner coordination mechanisms
	- Implementation rate of health services risk management plans	- 90% plan implementation rate by Year 3		

2.5.5. PRESERVICE TRAINING AND HUMAN RESOURCES FOR HEALTH DEVELOPMENT

Introduction

A resilient and responsive health system depends significantly on a well-trained, competent, and ethical health workforce. In Malawi, the Christian Health Association of Malawi (CHAM) plays a pivotal role in the pre-service training of health professionals who serve in both CHAM and broader national health systems. Recognizing the increasing demand for quality healthcare and the global call for Universal Health Coverage (UHC), CHAM is committed to strengthening its pre-service training system to meet national and global competency standards.

The 2025-2030 strategic plan outlines a transformative agenda aimed at enhancing the quality, scale, and sustainability of CHAM's pre-service education. With a network of 11 training institutions, CHAM seeks to increase student enrollment by 30%, ensure that 90% of graduates meet national competency standards, and upgrade infrastructure for effective

learning, including the integration of digital platforms and simulation labs. This plan will be implemented in alignment with national health goals and in collaboration with government bodies, regulatory agencies, and other strategic partners to ensure that the healthcare workforce of tomorrow is adequately equipped to meet Malawi's health needs.

Broad Objective

By 2030, strengthen and sustain a high-quality pre-service training system within CHAM institutions by ensuring at least 90% of graduates meet national competency standards, increasing enrollment by 30%, and expanding training infrastructure, thereby producing well-trained, ethical, and service-oriented healthcare professionals to support Malawi's health sector. Below are the specific objectives for this pillar;

i. By 2029, improve the quality of CHAM's pre-service training by ensuring that 100% of training programs are aligned with WHO, national, and regulatory education standards, 80% of faculty undergo continuous professional development annually, and all CHAM training institutions establish at least one standardized simulation laboratory.

ii. By 2029, increase student enrolment in CHAM training institutions by 30% through improved infrastructure, marketing strategies, integration of digital learning (ensuring at least 50% of institutions adopt blended learning), and expansion of scholarships to support at least 20% of students from disadvantaged backgrounds.

iii. By 2027, secure at least three new funding partnerships with government, donors, and stakeholders to diversify financial sustainability, and establish formal Memoranda of Understanding (MoUs) with 100% of CHAM's clinical training sites to ensure standardized and high-quality student placements.

iv. By 2028, increase research output within CHAM training institutions by supporting at least 50% of faculty to engage in research projects, ensuring each institution publishes at least one research paper annually, and integrating research methodologies into 100% of CHAM's training programs to foster evidence-based education.

To achieve the outlined objectives, CHAM will implement the Pre-Service training program through the following targeted strategies aligned with each specific objective:

Objective 1: Improve the quality of CHAM's pre-service training programs

Implementation Strategies

i. Align curricula with WHO, national, and regulatory standards through regular curriculum reviews and benchmarking with national guidelines.

ii. Train and develop faculty by organizing annual capacity-building workshops, CPD sessions, and exchange programs with health training institutions.

iii. Establish and equip simulation labs in all CHAM training institutions with standardized equipment and training protocols by 2027.

iv. Monitor and evaluate the effectiveness of training programs through student performance audits, tracer studies, and stakeholder feedback mechanisms.

Objective 2: Increase student enrollment by 30%

Implementation Strategies

i. Upgrade infrastructure by constructing and rehabilitating classrooms, dormitories, laboratories, and libraries to accommodate increased student intake.
ii. Implement targeted marketing and outreach campaigns, particularly in underserved regions, to raise awareness of CHAM's training opportunities.
iii. Introduce blended learning platforms (e-learning and in-person hybrid models) and ensure ICT infrastructure and faculty capacity for delivery.
iv. Expand scholarship programs by partnering with donors, private sector, and government to support disadvantaged students, aiming for at least 20% scholarship coverage.
v. Streamline the admission process and invest in student support services (e.g., academic advising, mental health counseling) to improve retention and completion rates.

Objective 3: Strengthen financial sustainability and clinical training partnerships

Implementation Strategies

i. Identify and engage new funding partners (donors, foundations, private sector) through targeted proposals and strategic dialogues.
ii. Establish and formalize MoUs with all CHAM clinical training sites to standardize mentorship, supervision, and student assessment practices.
iii. Implement a costed business development strategy to guide income generation through consultancies, short courses, and use of campus facilities.
iv. Create a funding coordination unit within CHAM Secretariat to track proposals, manage donor relations, and monitor funding flows to training institutions.

Objective 4: Increase research output and integration in education

Implementation Strategies

i. Build faculty research capacity by training staff in research methodologies, grant writing, and academic publishing.
ii. Create institutional research committees to coordinate research activities, approve protocols, and guide publication processes.
iii. Integrate research courses and practical research projects into all training programs, including mentorship by experienced faculty.
iv. Support publication and dissemination of research through internal journals, partnerships with academic publishers, and national/international conferences.
v. Incentivize research performance through awards, recognition programs, and linkage of research output to career progression.

Pre-Service Training Strategic Implementation Matrix

This Strategic Implementation Matrix outlines CHAM's focused approach to strengthening its Pre-Service Training Program through measurable objectives, targeted activities, and clear timelines. Each priority area is linked to specific key performance indicators (KPIs) and defined targets to ensure robust accountability and trackable progress. The matrix illustrates how strategic goals cascade into annual work plans and budgeting processes, facilitating coordinated implementation across departments and institutions. With explicit alignment to Malawi's Ministry of Health strategies and donor priorities, this framework supports sustained improvements in training quality, student enrollment, financial sustainability, and

research integration—positioning CHAM to effectively contribute to national health workforce development and broader health system goals.

Priority Area / Strategic Objective	Key Performance Indicators (KPIs)	Targets	How Strategic Plan Informs Annual Work Plans & Budgeting	Timeline for Achievement	Alignment with MOH Strategies & Donor Priorities
1. Improve quality of pre-service training programs	- % of curricula aligned with WHO and national standards	- 100% curricula reviewed and aligned by Year 2	Annual curriculum review schedules included in work plans; budgets allocate resources for curriculum updates and benchmarking workshops	Years 1–2	Supports MOH Health Training Institutions guidelines and WHO standards; aligns with donor quality improvement programs
	- Number of faculty trained in CPD and capacity-building workshops	- Annual 2 workshops and 80% faculty participation	Faculty development activities budgeted annually; CPD sessions integrated into departmental plans	Ongoing	Aligned with MOH HR development strategy and donor capacity building investments
	- Simulation labs established and equipped	- Simulation labs fully operational in all institutions by 2027	Capital investment plans and equipment procurement included in multi-year budgets	By Year 3	Supports MOH training infrastructure strengthening and donor digital transformation priorities
2. Increase student enrollment by 30%	- % increase in student enrollment	- 30% increase by Year 5	Infrastructure expansion and outreach campaigns planned annually; budgets reflect construction and marketing costs	Years 1–5	Aligned with MOH education access strategies and donor priorities on equitable education access
	- % of scholarships awarded	- 20% scholarship coverage by Year 4	Scholarship programs budgeted with donor and private sector contributions tracked through work plans	Years 1–4	Supports MOH equity and gender inclusion strategies; aligns with donor education financing goals
	- Adoption rate of blended learning platforms	- 80% faculty trained and blended learning operational by Year 3	ICT infrastructure upgrades and training programs included in annual plans and budgets	Years 1–3	Aligns with MOH eHealth and digital education strategies; donor digital learning initiatives

3. Strengthen financial sustainability & clinical partnerships	- Number of new funding partners engaged	- At least 3 new funding partners by Year 3	Proposal development and partnership engagement activities scheduled annually; funding tracked and coordinated centrally	Years 1–3	Aligns with MOH resource mobilization framework and donor partnership strategies
	- MoUs signed with clinical training sites	- 100% sites with formalized MoUs by Year 3	Legal and partnership units budgeted to support MoU development and monitoring	Years 1–3	Supports MOH clinical training standards and donor requirements for quality supervision
	- Revenue generated from income-generating activities	- 20% increase in revenue by Year 4	Business development activities included in Secretariat plans; budgets allocated for short courses and consultancy programs	Years 1–4	Supports MOH financial sustainability goals; aligns with donor and private sector investment interests
4. Increase research output and integration in education	- Number of faculty trained in research methods and grant writing	- 3 annual training sessions with 70% faculty participation	Research capacity building budgeted annually; integrated into institutional development plans	Ongoing	Supports MOH research capacity strengthening; aligns with donor academic partnership programs
	- Number of institutional research committees active	- Committees established in all training institutions by Year 2	Governance structures included in strategic plans and budgeted accordingly	By Year 2	Consistent with MOH research governance frameworks and donor research funding policies
	- Number of research publications and conferences attended	- 15 publications and 10 conference presentations annually	Research dissemination activities budgeted and coordinated with academic partnerships	Ongoing	Aligned with MOH national research agenda and donor knowledge management priorities

2.5.6. SUPPLY CHAIN AND PHARMACEUTICAL SERVICES

Introduction

The Pharmacy Section of CHAM provides technical leadership for strengthened regulatory compliance, staff performance, and pharmaceutical service delivery across the network. It collaborates with the Pharmacy and Medicines Regulatory Authority (PMRA) to ensure that all CHAM facilities and personnel meet national licensing, practice, and reporting standards. The section also co-leads the Antimicrobial Stewardship (AMS) program to address antimicrobial resistance (AMR), while supporting the safe disposal of expired pharmaceuticals, staff mentorship, and continuous professional development (CPD), for

CHAM Secretariat and its member units, thus 194 health facilities, and 11 training colleges. It oversees key functions such as adherence to regulatory standards including PMRA, coordinates the management of the Drug Revolving Fund (DRF), which ensures continuous access to high-quality, affordable medicines while generating revenue to support Secretariat operations. Additionally, the section manages the Minilab Project, which strengthens medicine quality assurance by detecting substandard and falsified medicines, thus protecting patients in CHAM-supported facilities.

Broad Objective:

This pillar envisions the provision of high quality and affordable pharmaceutical services and combating antimicrobial resistance in CHAM. Below are the specific objectives;

i. Fully implement the approved Drug Revolving Fund (DRF) business model by 2026.
ii. Establish pharmacies as costing Centres by end of 2026 to prioritize drug budget for procurement of pharmaceuticals.
iii. Implement a centralized supply chain system linking CHAM Secretariat and health facilities by 2030
iv. Support CHAM health facilities and pharmacy personnel to be compliant with PMRA and improve supply chain management.
v. Expand Minilab services within CHAM network.
vi. Establish AMS committees in at least 50% of CHAM health facilities and achieve full implementation of AMS programme.
vii. Develop and institutionalize pharmaceutical disposal guidelines.

To achieve the outlined objectives, CHAM will implement the Pharmaceutical Services and Supply Chain Strengthening Program through the following strategies;

Specific Objective 1: Fully implement the approved Drug Revolving Fund (DRF) business model by 2026.

Implementation Strategies

i. Roll out the DRF model.
ii. Conduct training workshops for pharmacy and finance personnel on DRF principles, cost recovery, and reinvestment strategies.
iii. Establish a monitoring dashboard to track DRF performance indicators (e.g., stock availability, fund recovery rate).
iv. Develop and disseminate communication materials to promote buy-in from facility managers.

Specific Objective 2: Implement a centralized supply chain system linking CHAM Secretariat and health facilities by 2030

Implementation Strategies

i. Develop and implement a centralized procurement and distribution framework, including roles for the CHAM Pharmacy and transport logistics.
ii. Integrate inventory management systems (e.g., mSupply, RxSolution) across all facilities for real-time stock tracking.

iii. Build capacity of facility finance teams to manage pharmacy budgets independently under the costing Centre model.
iv. Create feedback loops between facilities and CHAM Secretariat to inform adjustments to centralized operations based on ground realities.

Specific Objective 3: **Support CHAM health facilities and pharmacy personnel to be compliant with PMRA and improve supply chain management.**

Implementation Strategies

i. Conduct a facility-level compliance audit to assess registration status and gaps in PMRA requirements.
ii. Facilitate registration support sessions with PMRA for all unregistered CHAM facilities.
iii. Train pharmacy staff on PMRA regulatory requirements, documentation, and ethical dispensing practices.
iv. Establish a compliance tracker at CHAM Secretariat for ongoing monitoring of facility regulatory status.
v. Establish a pharmacy technical working group (TWG) to coordinate and support continuous improvement efforts.

Specific Objective 4: Expand Minilab services within CHAM network.

Implementation Strategies

i. Procure and maintain Minilab equipment and consumables in partnership with quality assurance institutions.
ii. Train selected staff on sample collection, testing protocols, and data interpretation.
iii. Develop a quarterly reporting and dissemination mechanism, including dashboards and summaries shared with facilities and regulators.
iv. Engage CMST, facilities and communities on Minilab initiative.
v. Collaborate with PMRA and Ministry of Health to flag substandard and falsified medicines.

Specific Objective 5: **Establish AMS committees in at least 50% of CHAM health facilities and achieve full implementation of AMS programme.**

Implementation Strategies

i. Issue guidelines for AMS committee formation, including TORs, composition, and roles.
ii. Conduct annual AMS capacity-building workshops for clinicians, pharmacists, and lab personnel.
iii. Integrate antibiotic use audits, prescription tracking, and education campaigns into facility operations.
iv. Monitor AMS progress using AMR indicators, and share best practices across facilities.
v. Commemorates World AMR Awareness Week (WAAW)

Specific Objective 6: **Develop and institutionalize pharmaceutical disposal guidelines.**

Implementation Strategies

i. Finalize and disseminate pharmaceutical waste disposal SOPs in line with national environmental regulations.
ii. Designate disposal focal points at facility level and provide training on proper segregation, documentation, and disposal processes.
iii. Establish annual disposal schedules and reporting formats, monitored by CHAM Secretariat.
iv. Partner with certified waste disposal agencies to carry out safe and legal disposal of pharmaceutical waste.

Pharmaceutical Services and Supply Chain Strengthening Program Implementation **Matrix**

This Strategic Implementation Matrix details CHAM's comprehensive approach to strengthening pharmaceutical services and supply chain management across its health facilities. Each specific objective is linked to clear, measurable key performance indicators (KPIs) and targets, ensuring transparent accountability and enabling effective progress monitoring. The matrix illustrates how these strategic priorities cascade into annual work plans and budgeting processes, promoting coordinated and resource-aligned implementation at all levels. With explicit alignment to Malawi's Ministry of Health strategies and donor requirements, this framework enhances program relevance, supports regulatory compliance, and optimizes resource mobilization—positioning CHAM to improve pharmaceutical availability, quality assurance, and antimicrobial stewardship in line with national health system goals.

Table: Pharmaceutical Services and Supply Chain Strengthening Implementation Matrix

Priority Area / Specific Objective	**Key Performance Indicators (KPIs)**	**Targets**	**How Strategic Plan Informs Annual Work Plans & Budgeting**	**Timeline for Achievement**	**Alignment with MOH Strategies & Donor Priorities**
1. Fully implement the approved Drug Revolving Fund (DRF) business model by 2026	- % of facilities implementing DRF model	- 100% rollout by Year 2 (2026)	Training workshops and DRF rollout activities integrated into annual plans; budgets allocate funds for training, monitoring, and communication	Years 1–2 (2024–2026)	Aligns with MOH pharmaceutical financing reforms and donor sustainability priorities
	- Fund recovery rate	- ≥90% fund recovery rate by Year 3	Monitoring dashboard development funded and incorporated into Secretariat M&E		Supports MOH and Global Fund drug financing frameworks

			plans		
2. Implement centralized supply chain system linking Secretariat & facilities by 2030	- Centralized procurement and distribution framework operational	- Framework developed by Year 3, fully implemented by Year 6 (2030)	System development and integration work planned annually; budgets include IT systems, training, and transport logistics	Years 1–6 (2024–2030)	Aligned with MOH supply chain optimization strategies and donor digital health investments
	- % facilities with integrated inventory management systems	- 100% integration by Year 6	Capacity building and system rollout budgeted in work plans		Supports MOH eHealth and supply chain digitalization efforts
3. Support CHAM facilities to comply with PMRA regulations and improve supply chain management	- % facilities compliant with PMRA regulations	- 100% compliance by Year 3	Compliance audits, training, and regulatory support activities budgeted and planned	Years 1–3 (2024–2027)	Aligns with MOH regulatory compliance agenda and donor quality assurance standards
	- Number of trained pharmacy staff on PMRA requirements	- 90% staff trained by Year 3	Training incorporated in annual capacity-building plans		Supports PMRA and MOH pharmaceutical workforce capacity strengthening
	- Compliance monitoring dashboard established	- Dashboard operational by Year 2	M&E system development integrated in Secretariat plans		Supports MOH and donor supply chain monitoring frameworks
4. Expand Minilab services within CHAM network	- Number of facilities equipped with Minilab services	- Minilab services operational in 50% of facilities by Year 4	Procurement and training activities budgeted; reporting mechanisms integrated into facility M&E plans	Years 2–4 (2025–2028)	Supports MOH quality assurance programs and donor initiatives to combat substandard medicines
	- Number of staff trained in Minilab protocols	- 80% of designated staff trained by Year 3	Training sessions scheduled and budgeted annually		Aligns with MOH laboratory strengthening and quality assurance strategies

5. Establish Antimicrobial Stewardship (AMS) committees in ≥50% of CHAM facilities and achieve full AMS implementation	- % of facilities with functional AMS committees	- ≥50% facilities by Year 3	AMS guideline dissemination and capacity building budgeted; integration in annual facility work plans	Years 1–3 (2024–2027)	Aligned with MOH AMR National Action Plan and donor antimicrobial resistance priorities
	- Number of AMS capacity-building workshops held annually	- At least 1 workshop annually	Capacity building activities scheduled and resourced		Supports MOH stewardship and donor AMR advocacy programming
	- AMR indicators monitored and reported	- Routine monitoring in ≥75% of facilities by Year 3	M&E and reporting mechanisms integrated into facility and Secretariat plans		Supports MOH AMR surveillance and donor reporting requirements
6. Develop and institutionalize pharmaceutical disposal guidelines	- Pharmaceutical waste disposal SOPs finalized and disseminated	- SOPs disseminated by Year 2	SOP development and dissemination budgeted in Secretariat and facility plans	Years 1–2 (2024–2026)	Aligned with MOH environmental health policies and donor environmental safety standards
	- % of facilities with trained disposal focal points	- 100% trained by Year 3	Training and monitoring budgeted; annual disposal reporting established		Supports MOH waste management regulations and donor environmental compliance requirements
	- Number of safe pharmaceutical waste disposals executed annually	- 100% compliance with disposal schedules by Year 3	Partnerships with certified waste disposal agencies budgeted and operationalized		Supports MOH and donor environmental health priorities

2.5.7. BUSINESS DEVELOPMENT, RESOURCE MOBILIZATION AND PARTNERSHIPS

Introduction

This strategic pillar aims to support CHAM's Vision and Mission, and seeks to guide in generating adequate resources necessary to finance and sustain CHAM and its member units in order to deliver on its mandate.

This pillar will be implemented along the other eight pillars of the strategic plan towards increased access to sustainable, equitable and quality health services with the underserved populations as a priority, as inspired by the healing ministry of Jesus Christ.

Broad Objective

This pillar aims to ensure availability of resources to support continuity and sustainability of CHAM Secretariat and Member units, from diverse actual and potential resource mobilization streams which include revenue generation, grants, engagement of private and public actors, in-kind donations, and human resources, joint partnerships and collaborations.

Specific Objectives

i. Increase CHAM's awareness, visibility and recognition among the general public and diverse range of organizations, donors, partners, influencers and stakeholders
ii. Engage, expand, and diversifying strategic partnerships led by CHAM senior management, the Board, supported by programs and Business development unit Managers
iii. Enhance effective and efficient communication with internal and external stakeholders to align them with CHAM goals and share key updates
iv. Increase collaborative opportunities and maximize resource sharing

To achieve the outlined objectives, CHAM will implement the Business Development and Resource Mobilization Program through the following strategies aligned with each specific objective;

Specific Objective 1: Increase CHAM's awareness, visibility and recognition among the general public and diverse range of organizations, donors, partners, influencers, and stakeholders.

Implementation Strategies:

i. Develop and implement a comprehensive CHAM branding and visibility strategy, including targeted media campaigns, stakeholder newsletters, and digital engagement.
ii. Enhance CHAM's presence on digital platforms by strengthening social media activity, website content, and multimedia storytelling.
iii. Organize and participate in national and international forums, exhibitions, and health summits to showcase CHAM's impact and innovation.
iv. Produce and distribute impact briefs, annual reports, and promotional materials tailored to donor and public audiences.

Specific Objective 2: Engage, expand, and diversify strategic partnerships led by CHAM Senior Management, the Board, supported by Programs and Business Development Unit Managers.

Implementation Strategies:

i. Map and prioritize **potential partners across sectors** (public, private, faith-based, international NGOs, academia).
ii. Conduct **regular partnership engagement meetings** at national and district levels, led by senior leadership.
iii. Develop and maintain **Memoranda of Understanding (MoUs)** with new and existing partners, clearly outlining resource contributions and collaboration objectives.

iv. Establish a **Partnership Development Plan** with timelines, targets, and responsible leads from program and business development units.

Specific Objective 3: Enhance effective and efficient communication with internal and external stakeholders to align them with CHAM goals and share key updates.

Implementation Strategies:

i. Develop and implement a stakeholder communication strategy segmented by audience (e.g., facility managers, government, donors, church proprietors).
ii. Introduce a regular stakeholder update mechanism, such as a quarterly e-bulletin and bi-annual partner meetings.
iii. Set up a centralized communication hub or dashboard at the Secretariat for real-time information sharing with CHAM units and stakeholders.
iv. Train staff and facility leaders in strategic communication and advocacy to strengthen message consistency and alignment.

Specific Objective 4: Increase collaborative opportunities and maximize resource sharing.

Implementation Strategies:

i. Build capacity for BDU and facility management on resource mobilization and grant acquisition.
ii. Promote joint project design and implementation with partners that align with CHAM's strategic priorities.
iii. Facilitate inter-facility learning exchanges and pooled resource initiatives, especially in training, procurement, and health service delivery.
iv. Establish a resource-sharing framework to guide efficient use of assets, infrastructure, and technical expertise across CHAM facilities and partners.
v. Build a resource mobilization tracking system to monitor contribution types (cash, in-kind, services) and measure return on partnerships.

Business Development and Resource Mobilization Program Strategic Implementation Matrix

This Strategic Implementation Matrix presents CHAM's targeted approach to strengthening its Business Development and Resource Mobilization efforts. The matrix links specific strategic objectives to measurable key performance indicators (KPIs) and defined targets, ensuring accountability and facilitating effective progress tracking. It outlines how the strategic plan cascades into annual work plans and budgeting processes, enabling coordinated implementation across units. Timelines for achievement provide clear milestones to monitor progress and manage expectations. Furthermore, all priorities are explicitly aligned with Malawi's Ministry of Health strategies and donor requirements, enhancing relevance, fostering partnerships, and optimizing resource mobilization to support CHAM's sustainable growth and health impact.

Table: Business Development and Resource Mobilization Implementation Matrix

Priority Area / Specific Objective	Key Performance Indicators (KPIs)	Targets	How Strategic Plan Informs Annual Work Plans & Budgeting	Timeline for Achiev	Alignment with MOH Strategies &

				ement	Donor Priorities
1. Increase CHAM's awareness, visibility, and recognition	- Number of media campaigns conducted	- Minimum 4 major campaigns annually	Branding and visibility activities included in Secretariat and unit annual work plans; budget lines allocated for media, publications, and digital engagement	Years 1–5 (2024–2029)	Supports MOH advocacy and communication strategies; aligns with donor priorities on transparency and engagement
	- Social media engagement metrics (followers, reach, interactions)	- 50% increase in digital engagement by Year 3	Digital content creation and social media management included in communication unit plans and budgets		Aligns with MOH digital health communication strategies and donor digital innovation funding
	- Number of national/international forums participated	- At least 6 forums/exhibitions annually	Event participation budgeted and planned; leadership schedules aligned for strategic representation		Supports MOH stakeholder engagement frameworks and donor partnership visibility requirements
2. Engage, expand, and diversify strategic partnerships	- Number of new MoUs signed	- Minimum 10 new MoUs by Year 3	Partnership mapping and engagement activities included in Business Development Unit (BDU) plans; budgeting for meetings and relationship management	Years 1–3 (2024–2027)	Aligned with MOH multisectoral collaboration frameworks and donor coordination guidelines
	- Number of partnership meetings held	- Quarterly meetings held consistently	Meeting schedules and follow-up activities integrated into annual work plans with dedicated budget for coordination		Supports MOH and donor collaborative health initiatives
	- Resource contributions from new partners (cash/in-kind/services)	- 30% increase in partner resources by Year 4	Resource mobilization targets cascaded to departments; financial planning incorporates donor reporting and resource tracking	Years 1–4 (2024–2028)	Supports MOH resource mobilization strategies and donor funding diversification policies
3. Enhance effective communication with internal and external stakeholders	- Frequency of stakeholder updates (e-bulletins, meetings)	- Quarterly e-bulletins and bi-annual partner meetings	Communication strategy implementation tracked through Secretariat and program work plans; budgets include communication tools and training	Years 1–5	Consistent with MOH communication standards and donor accountability frameworks
	- Centralized communication hub/dashboard operational status	- Fully operational by Year 2	Development and maintenance budgeted; staff training on communication platforms planned		Supports MOH digital communication infrastructure and donor information

					sharing standards
	- Number of staff trained in strategic communication and advocacy	- 80% of facility leaders and communication staff trained by Year 3	Training programs included in annual human resource development plans and budgets	Years 1–3	Aligned with MOH capacity-building programs and donor advocacy priorities
4. Increase collaborative opportunities and maximize resource sharing	- Number of joint projects initiated with partners	- Minimum 5 joint initiatives annually	Business development and facility plans integrate joint project proposals; budgets allocated for coordination and capacity building	Years 1–5	Aligned with MOH integrated service delivery strategies and donor collaborative programming
	- Number of inter-facility learning exchanges conducted	- At least 2 exchanges annually	Learning exchange activities scheduled in annual plans; resource-sharing framework developed and budgeted		Supports MOH knowledge sharing platforms and donor capacity strengthening initiatives
	- Resource mobilization tracking system established and operational	- Fully functional system by Year 2	Systems development and monitoring activities incorporated into Secretariat operational plans and budgets	Years 1–2	Supports MOH financial management frameworks and donor transparency requirements

2.5.8. DIGITAL HEALTH

Introduction

The ICT and Digital Health pillar plays a pivotal role in strengthening health information systems by leveraging digital technologies to enhance healthcare delivery, empower patients, and advance the vision of "Health for All." Guided by the World Health Organization (WHO) definition, digital health encompasses a broad range of innovations, including eHealth, telemedicine, electronic health records (EHRs), big data analytics, artificial intelligence, and the Internet of Things (IoT), designed to improve the flow, access, and use of health information.

As healthcare systems face growing demands, the need to modernize service delivery through digital transformation becomes more critical. This pillar aims to support the integration of intelligent digital solutions that enable timely and evidence-based decision-making, improve clinical outcomes, and promote equitable, patient-centered care. It also provides a strategic framework for CHAM to digitize and transform its health services infrastructure, ensuring that technology becomes a driver of efficiency, quality, accountability, and innovation in health care across the CHAM network.

Broad Objective

This pillar aims at improving the use of ICT and digital health services that are reliable, secure, interoperable and sustainable to improve the delivery of health services in CHAM.

Specific Objectives

Below are the specific objectives

i. Ensure reliable, scalable, and secure digital infrastructure across CHAM Secretariat and member facilities to support effective deployment of digital health technologies.
ii. Establish interoperable, real-time digital health systems that support timely, accurate health information sharing and evidence-based decision-making.
iii. Improve digital literacy and technical skills among healthcare workers and staff, while promoting equitable access to digital health services, especially in underserved areas.
iv. Accelerate the adoption of technologies such as EHRs, telemedicine, mobile health (mHealth), and artificial intelligence to improve service delivery and empower patients.
v. Develop and implement policies, data governance standards, cybersecurity protocols, and sustainable financing mechanisms to ensure long-term digital transformation and compliance.

To achieve the outlined objectives, CHAM will implement the ICT and Digital Health Transformation Program through the following targeted strategies aligned with each specific objective;

Strategic Objective 1: Strengthen ICT Infrastructure and Connectivity across CHAM Secretariat and member units.

Implementation Strategies*:*

i. Conduct a comprehensive ICT infrastructure assessment across all CHAM facilities to identify equipment and connectivity gaps.
ii. Upgrade internet connectivity and install secure, high-speed broadband networks at the Secretariat and health facilities.
iii. Procure and deploy standardized ICT hardware and software (e.g., computers, servers, routers) to support digital health systems.
iv. Establish ICT support teams to provide regular maintenance, troubleshooting, and technical support at facility level.

Strategic Objective 2: Enhance Digital Health Systems and Data Interoperability

Implementation Strategies:

i. Ensure interoperability with national health systems such as DHIS2 and LMIS by adopting open standards and APIs.
ii. Develop and enforce data governance and cybersecurity policies for patient data privacy and secure system access.

Strategic Objective 3: Build Capacity of Health Workers and Management in Digital Health Competencies

Implementation Strategies:

i. Develop and implement digital literacy and training programs for health workers, administrators, and ICT focal points to inform decision-making.
ii. Partner with academic institutions and ICT firms to deliver certified courses on digital health tools and emerging technologies.

iii. Incorporate digital health content into pre-service training curricula across CHAM's health training institutions.
iv. Support continuous professional development through e-learning platforms and virtual workshops.

Strategic Objective 4: Promote Innovative Use of Digital Health Solutions to Improve Service Delivery

Implementation Strategies:

i. Pilot and scale up telemedicine services to improve access to specialized care, especially in rural areas.
ii. Roll out Electronic Health Record (EHR) systems across CHAM facilities.
iii. Integrate mobile health (mHealth) platforms for appointment reminders, health education, and community engagement.
iv. Deploy automated stock tracking and supply chain systems to monitor drug availability and avoid stock outs.
v. Promote the use of artificial intelligence (AI) and decision support tools to aid diagnostics and clinical decisions.

Strategic Objective 5: Institutionalize ICT Governance and Sustainability Mechanisms

Implementation Strategies:

i. Establish a Digital Health Steering Committee to oversee digital transformation initiatives and align them with national priorities.
ii. Develop a CHAM Digital Health Strategy and Roadmap with clear milestones, cost estimates, and roles.
iii. Mobilize resources through public-private partnerships, donor engagement, and internal investment to support ICT operations.
iv. Conduct routine ICT and digital health audits to track performance, identify risks, and guide improvements.
v. Develop capacity of CHAM to manage cyber security issues

ICT and Digital Health Transformation Program – Implementation Matrix

The ICT and Digital Health Transformation Program Implementation Matrix outlines CHAM's roadmap for modernizing information systems, enhancing service delivery, and aligning with Malawi's national digital health priorities. It links each strategic objective to measurable performance indicators, clear timelines, and budget integration, ensuring progress is systematically tracked and reported. The matrix also demonstrates alignment with the Ministry of Health's Digital Health Strategy, donor priorities, and international best practices, providing a coherent framework to mobilize resources, guide annual work planning, and promote accountability across all CHAM facilities and programs.

Table: ICT and Digital Health Transformation Implementation Matrix

Strategic Objective	Implementation Strategies	Key Performance Indicators (KPIs)	Annual Work Plan & Budget Linkages	Timeline / Target Date	Alignment with MoH Strategies & Donor Priorities

Strengthen ICT Infrastructure and Connectivity across CHAM Secretariat and member units	• ICT infrastructure assessment • Upgrade internet and broadband • Procure ICT hardware/software • Establish ICT support teams	• % of facilities with upgraded internet • # of facilities equipped with standardized hardware/software • # of functional ICT support teams	• Budget lines for ICT equipment, connectivity, and support staff • Annual facility-level ICT upgrade plans	By 2026 – 100% Secretariat & 80% of facilities connected and equipped	MoH Digital Health Strategy 2020–2025 – Priority 1: Infrastructure & connectivity; aligned with donor ICT4D initiatives
Enhance Digital Health Systems and Data Interoperability	• Ensure interoperability with DHIS2 & LMIS • Develop data governance & cybersecurity policies	• % of facilities reporting to DHIS2 via integrated systems • Data governance policy approved and implemented	• ICT system integration projects in annual ICT budget • Allocation for cybersecurity software & training	By 2027 – Full interoperability for all reporting facilities	MoH HIS Policy – Data quality & interoperability; meets donor requirements for data security & compliance
Build Capacity of Health Workers and Management in Digital Health Competencies	• Develop & implement digital literacy programs • Partner with institutions for certified courses • Integrate digital health into pre-service curricula • Support CPD through e-learning	• # of staff trained in digital health • % of CHAM training institutions with integrated curricula • # of CPD e-learning courses delivered annually	• Annual training plan & budget under HR/ICT • CPD funding and scholarships included in annual budget proposals	By 2028 – 90% of staff trained; curricula revised in all institutions by Year 3	MoH HRH Strategy – Digital competencies for health workforce; supported by WHO Digital Health Guidelines
Promote Innovative Use of Digital Health Solutions to Improve Service Delivery	• Pilot & scale telemedicine • Roll out EHR systems • Integrate mHealth platforms • Deploy automated stock tracking • Promote AI tools	• # of facilities with telemedicine services • % of facilities using EHR • Stock-out rate reduction (%) • # of AI decision support pilots implemented	• Annual health service delivery plan includes digital innovations • Procurement budgets for EHR, mHealth & stock systems	By 2029 – EHR in 80% of facilities; stock-outs reduced by 50%; telemedicine in all districts	MoH UHC Roadmap – Digital innovation for quality service delivery; aligns with donor funding for AI & telemedicine
Institutionalize ICT Governance and Sustainability Mechanisms	• Establish Digital Health Steering Committee • Develop CHAM Digital Health Strategy & Roadmap • Mobilize resources via PPPs & donors • Conduct ICT & digital health audits	• Steering Committee operational • Strategy & roadmap approved • # of funding agreements signed • Annual audit reports completed	• ICT governance and resource mobilization budget lines • PPP engagement costs included in annual work plan	By 2026 – Governance structures in place; annual audits institutionalized	MoH Digital Transformation Agenda – Governance & sustainability; donor focus on institutional capacity building

2.5.9. MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

Introduction

Effective Monitoring, Evaluation, Accountability and Learning (MEAL) systems are critical to evidence-based decision-making, strategic planning, and improved health outcomes. CHAM recognizes the vital role that MEAL plays in tracking progress, ensuring accountability, and guiding adaptive learning. Over the years, the CHAM Secretariat has made significant efforts to institutionalize MEAL functions and align them with national systems. However, facility-level gaps, capacity constraints, and coordination challenges continue to limit the full realization of a robust and responsive MEAL system.

Broad Objective

This pillar aims to strengthen CHAM's MEAL systems for improved data-driven decision-making, accountability, and continuous learning across all levels of the health service delivery system.

Objectives'

To achieve this goal, below are the specific objectives.

i. Establish staff dedicated M&E/Data officer positions across all CHAM facilities.
ii. Develop and implement a coordinated and comprehensive MEAL capacity-building program for CHAM facilities.
iii. Align data systems with national platforms (i.e. DHIS2, HRIS, and iCHIS).
iv. Revive and operationalize district-level M&E Technical Working Groups (TWGs) and establish mechanisms for coordinated supervision and partner engagement.
v. Institutionalize mechanisms for timely feedback, learning, and adaptive decision-making

To achieve the outlined objectives, CHAM will implement the Monitoring, Evaluation, Accountability, and Learning (MEAL) program through the following targeted strategies aligned with each specific objective."

Objective 1: Institutionalize MEAL Functions at Facility Level

Implementation Strategies*:*

i. Advocate for the creation of M&E/Data officer positions in all CHAM health facilities and incorporate these roles into CHAM and MOH staffing structures.
ii. Develop and disseminate job profiles for MEAL officers to ensure consistent roles, responsibilities, and expectations across facilities.
iii. Encourage each facility to allocate resources for MEAL activities in their operational budgets to promote sustainability.

Strategic Objective 2: Build and Sustain MEAL Capacity

Implementation Strategies:

i. Create a centralized directory of training courses and providers for MEAL.
ii. Build capacity of M&E officers, program staff, and facility managers on MEAL across all CHAM units.
iii. Introduce mentorship programs linking experienced M&E professionals with junior staff to build internal capacity and promote learning.

Strategic Objective 3: Enhance Data Systems and Interoperability

Implementation Strategies:

i. Align CHAM data systems with national platforms such as DHIS2, HRIS, LMIS, and iCHIS.
ii. Support rolling out of user-friendly and sustainable digital dashboards and mobile apps for real-time monitoring and reporting at the facility level.

Strategic Objective 4: Strengthen MEAL Coordination and Partnerships

Implementation Strategies:

i. Revive and operationalize district-level M&E TWGs.
ii. Establish protocols for regular joint supervision visits and data quality audits to improve data reliability.
iii. Strengthen collaboration with donors and technical partners to align MEAL priorities and leverage support for system-wide improvements.

Strategic Objective 5: Promote Data Use and Feedback Loops

Implementation Strategies*:*

i. Institutionalize routine data review meetings at all levels
ii. Facilitate Learning Forums.
iii. Regularly generate knowledge products (briefs, dashboards, bulletins) for dissemination to stakeholders to support evidence-based decision-making.

Cross-Cutting Impact Areas

i. Establish and implement a structured engagement framework to operationalize an external coordination mechanism with Ministry of Health (MoH), Proprietors and pertinent partners as informed by an up-to-date partners list.
ii. Increase coverage and monitor impact of partnerships on health services quality and access.
iii. Operationalize implementation of the health services risk management plan, HSM project gains and M&E matrix across CHAM.

CHAM MEAL Program – Strategic Implementation Matrix

To ensure effective delivery of the Monitoring, Evaluation, Accountability, and Learning (MEAL) program, CHAM has developed this Strategic Implementation Matrix as a practical guide for translating strategic objectives into measurable results. The matrix links each priority to clear performance indicators, time-bound targets, and responsible actors, ensuring accountability at all levels. It also provides a framework for cascading the strategic plan into

annual work plans and budgets, defining realistic completion timelines, and aligning all actions with Ministry of Health priorities and donor requirements. This structured approach enables consistent tracking of progress, facilitates evidence-based decision-making, and strengthens the coherence of CHAM's contribution to Malawi's national health agenda.

Table: MEAL Program – Strategic Implementation Matrix

Strategic Objective	Implementation Strategies	Key Performance Indicators (KPIs)	Targets	Timeframe	Responsible Parties	Alignment with MOH/Donor Priorities
1. Institutionalize MEAL Functions at Facility Level	- Advocate for creation of M&E/Data Officer positions in all CHAM facilities and integrate into CHAM/MOH structures. - Develop and disseminate standard job profiles for MEAL officers. - Ensure MEAL activities are budgeted in facility operational plans.	- % of facilities with appointed MEAL/Data Officer. - % of facilities with MEAL budget line.	- 100% facilities with MEAL/Data Officer by 2028. - 100% facilities with MEAL budget line by 2027.	2025–2028	CHAM Secretariat, HR Department, Facility Managers	Supports Malawi HRH Strategy and donor goals for sustainable staffing.
2. Build and Sustain MEAL Capacity	- Develop centralized directory of MEAL training opportunities. - Train M&E officers, program staff, and facility managers. - Establish mentorship program linking experienced M&E staff with juniors.	- # of staff trained in MEAL. - % of facilities with at least one MEAL-trained officer. - # of active mentorships.	- 500 staff trained by 2027. - 100% facilities have at least one trained MEAL officer by 2026. - 50 mentorship pairings by 2027.	2025–2027	MEAL Unit, Training Institutions, District M&E TWGs	Aligns with MOH M&E Capacity Building Plan and donor focus on institutional learning.
3. Enhance Data Systems and Interoperability	- Align CHAM data systems with DHIS2, HRIS, LMIS, iCHIS. - Roll out digital dashboards/mobile apps for real-time monitoring.	- % of facilities integrated with national systems. - # of facilities using dashboards.	- 100% integration by 2027. - 75% facilities using dashboards by 2028.	2025–2028	MEAL Unit, ICT Unit, MOH eHealth Directorate	Supports MOH Digital Health Strategy and global digital transformation initiatives.
4. Strengthen	- Revive and	- # of active	- TWGs active	2025–	CHAM	Supports

MEAL Coordination and Partnerships	operationalize district M&E TWGs. - Conduct joint supervision and data quality audits. - Strengthen collaboration with donors and technical partners.	M&E TWGs. - # of joint supervision visits per year. - % of facilities meeting DQA standards.	in all districts by 2026. - At least 2 joint supervision visits/district/year. - 90% DQA compliance by 2028.	2028	Secretariat, District Health Offices, Partners	MOH coordination frameworks and donor requirements for data quality assurance.
5. Promote Data Use and Feedback Loops	- Institutionalize routine data review meetings. - Facilitate Learning Forums. - Produce and disseminate knowledge products (briefs, dashboards, bulletins).	- # of quarterly data review meetings. - # of learning forums per year. - # of knowledge products produced.	- Quarterly review meetings in all facilities by 2026. - 2 learning forums/year. - 12 knowledge products/year.	2025–2030	Facility Managers, MEAL Unit, Program Teams	Supports MOH evidence-based decision-making priorities and donor MEL frameworks.

3. STRATEGY IMPLEMENTATION

Effective implementation of the CHAM 2025-2030 Strategic Plan requires its full integration into annual planning, budgeting, decision-making, and performance management across all levels of the organization. Ownership and commitment from CHAM member units, staff, and key stakeholders are essential for achieving the strategic goals.

Successful implementation of the strategic plan will require several key actions. These include; orienting CHAM members to promote a sense of ownership and commitment to the strategy, and ensuring the Board of Directors conducts annual progress reviews. The strategic plan should serve as a reference point for management decisions and guide the alignment of CHAM's portfolios and programs with identified strategic priorities. It is also essential to integrate the plan into annual work plans and budgets across all levels. In addition, all staff should participate in an annual review of the plan to maintain focus and accountability. To enhance visibility and awareness, the strategic plan should be prominently displayed in CHAM facilities and shared on the CHAM website.

Phased Implementation Approach

The Strategic Plan will be implemented over a five-year period through a phased approach to ensure effective resource allocation and coordination with supporting initiatives.

3.1. ROLES AND RESPONSIBILITIES

- **Board of Directors**: Provides oversight, approves annual implementation plans, and receives quarterly progress updates from management. Reports to the General Assembly on overall progress.
- **CHAM Secretariat**: Leads operationalization, coordinates with stakeholders, develops annual work plans and budgets, tracks performance, and ensures strategic alignment across programs and projects.
- **Health Coordinator**: Supports and supervises member health facilities, provides technical guidance, and advocates for resources and policy support through proprietors and partners.
- **Member Facilities**: Deliver core services in healthcare and training, contribute to resource mobilization, provide data on staffing and operations, and collaborate in technical and advocacy efforts.
- **Government**: A critical partner in the provision of Service Level Agreements (SLAs), policy guidance, and technical support necessary for the plan's success.
- **Implementing Partners**: Provide technical and financial support through the CHAM Secretariat, aligning their interventions with the Strategic Plan's priorities.

3.2. IMPLEMENTATION TIMELINE

Short-Term (Years 1-3)

- Establish a resource mobilization and partnership framework.
- Enhance customer service and clinical quality through training and QI processes.
- Roll out strategic marketing campaigns.
- Initiate workforce development programs.
- Strengthen institutional resource mobilization structures.

Medium-Term (Years 3-5)

- Scale up marketing and outreach campaigns.
- Expand employee capacity-building efforts.
- Enhance CHAM's participation in residency and training programs.
- Deepen partnerships with health service providers and support networks nationwide.

4. MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING OF THE STRATEGIC PLAN

Monitoring and Evaluation (M&E) is a critical component of the Strategic Plan implementation process. While monitoring involves continuous tracking of progress to ensure activities remain on course, evaluation provides periodic assessments to determine whether the intended outcomes and impacts are being achieved.

Importance of Monitoring and Evaluation

Effective M&E enables measurement of progress and success through both process and outcome indicators. Process indicators assess the extent and quality of implementation, while

outcome indicators evaluate the achievement of strategic goals. A mid-term evaluation, will be conducted halfway through the Strategic Plan's implementation period (end 2027), to review progress, identify challenges, and guide evidence-based adjustments to keep the strategy on track.

Key M&E Approaches and Practices

To ensure efficiency and impact, CHAM will adopt the following best practices in its M&E framework:

- **Member Engagement Tracking**: Utilize tools to monitor participation and progress among CHAM facilities and stakeholders.
- **Use of Existing Data**: Leverage available health and program data to minimize the cost and time associated with new data collection.
- **Transparent Reporting**: Introduce a "report card" system to regularly communicate performance outcomes to CHAM members and stakeholders.

Monitoring and Evaluation Framework

A consolidated Monitoring, Evaluation, Accountability and Learning (MEAL) framework will guide systematic data collection, analysis, reporting, and learning throughout the strategic plan lifecycle and ensure evidence-based decision-making. The framework will be aligned to the results framework and implementation plan, and will support both accountability and adaptive management.

Process Monitoring
Routine process monitoring will track the quality, timeliness, and completeness of project implementation activities against the approved work plan. This will include monitoring progress of infrastructure development, community engagement activities, and capacity-building interventions to ensure adherence to technical standards and agreed timelines. Regular review meetings will be held to assess performance, identify implementation bottlenecks, and make timely adjustments to strategies where necessary.

Outcome Monitoring
Outcome monitoring will assess progress toward key strategic results, tracking selected outcome indicators to measure changes over time and assess the contribution of implemented interventions to broader goal of the strategic plan.

The MEAL framework will clearly define SMART indicators, data sources, data collection methods, baseline and target values, roles and responsibilities, and reporting schedules. Data will be collected using a mix of routine monitoring tools, community records, and periodic assessments. Findings will be documented and shared with stakeholders to inform learning, accountability, and continuous improvement.

To enhance efficiency and coherence, M&E activities will be aligned with national health monitoring systems, district reporting mechanisms, and other relevant assessments. Where possible, existing tools and platforms will be utilized to avoid duplication and strengthen integration with government systems.

5. FINANCING THE STRATEGY.

To effectively implement this strategy, a total amount of **8,966,713,000.00** Malawi Kwacha which is approximately **5,173,000.00** United States Dollars will be required. CHAM expects to raise this amount from the membership fees, DRF which is being recapitalized, The CBHI, management costs from grants among many other opportunities that may arise.