**Strategic Plan 2015-2020**

"Health and healing for all in Africa through Christian Health Associations' engagement"

# CONTENTS

## ACRONYMS

ACHAP      Africa Christian Health Associations Platform

CHA      Christian Health Association

CHAK      Christian Health Association of Kenya

CCIH      Christian Connection for International Health

CHN      Church Health Network

EPN      Ecumenical Pharmaceutical Network

HR      Human Resources

HRH      Human Resources for Health

ICCO      Inter-church Organization for Development Corporation

IMA      IMA World Health

KM      Knowledge Management

M&E      Monitoring and Evaluation

TWG      Technical Working Group

USAID      United State Assistance for International Development

WB      World Bank

WCC      World Council of Churches

WHO      World Health Organization

APHRH      Africa Platform on Human Resources for Health

## ACRONYMS

## FROM THE BOARD CHAIR

The Africa Christian Health Platform (ACHAP) aims at *'facilitating communication and information sharing, joint advocacy and networking among CHAs from Africa and other collaborating & donor partners'.* Since its establishment in 2007, a broad spectrum of initiatives has been carried out under this mandate. This strategic plan aims at positioning ACHAP as an effective advocate and network manager providing relevant and timely support to its membership of 34 Christian health associations (CHAs) in 26 countries (as at January 2014). This strategic plan was developed through a participatory and consultative effort by the initial ACHAP board members of 2011 – 2013 following an internal institutional assessment of ACHAP and further revised by the current ACHAP board of 2013 – 2015.

This strategic plan has considered key strategic directions of ACHAP; where the organisation wants to be in the next five years, how it would get there and how it would know if it got there or not.

On behalf of the ACHAP board, I wish to thank; Cordaid who supported the consultancy for an institutional assessment in 2012 that has helped in providing relevant information on ACHAP and IMA World Health for providing resources to support the strategic planning process, the ACHAP secretariat and the ACHAP members for being available to provide needed information.


Karen Sichinga
ACHAP Board Chair

## 1. INTRODUCTION

### VISION, MISSION AND CORE VALUES

The following purpose, vision, mission, and core values are laid down in ACHAP's Constitution that was adopted in 2011:

PURPOSE

The purpose of ACHAP is to promote continued, effective, and efficient engagement of Church Health Services in Africa towards achieving equitable access to quality health care among members of the Platform and in Africa at large.

VISION, MISSION AND CORE VALUES

**Vision**
*'Health and Healing for all in Africa'*

**Mission**
*Inspired by Christ's healing ministry, ACHAP supports Church related health associations and organizations to work and advocate for health for all in Africa, guided by equity, justice and human dignity.*
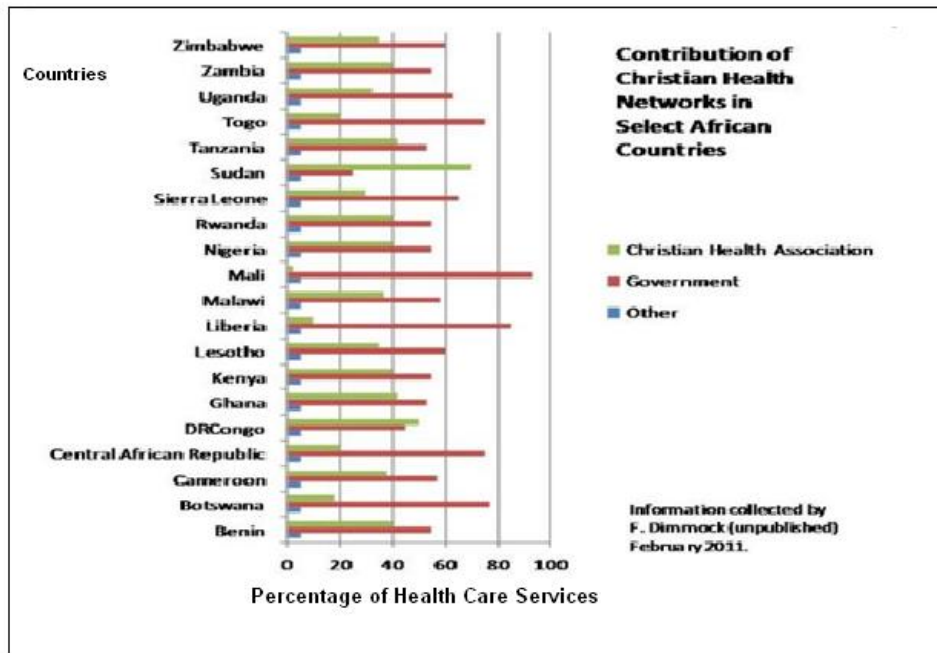
**Guiding Principles**

- Equity and justice
- Respect for human dignity
- Gender sensitivity
- Transparency and accountability
- Integrity and good stewardship
- Innovation and resourcefulness
- Inclusiveness and non-discrimination
- Compassion and Solidarity

### SITUATION ANALYSIS & RATIONALE

Faith-based organizations (FBOs) and particularly Church-owned/Christian health facilities, play a key role in providing health care in many parts of the world. According to the World Health Organization (WHO), FBOs in Africa own and operate an estimated 30% to 70% of health care facilities (see Figure 1). In addition, FBOs often serve remote and rural areas where the public sector has difficulty attracting and retaining health workers yet in some countries FBOs continue to remain under recognized for their immense contributions to the health sector and are often not integrated into planning and resource allocations for national health systems, leading to service and system redundancies and gaps.

ACHAP therefore serves a voice for many FBO service providers in Africa and exists to ensure joint advocacy for its members on regional and global health sector initiatives and agenda.

**Figure 1: Contribution of Christian Health Services in Selected African Countries**



Source:    Africa Christian Health Associations Platform. February 2011. www.africachap.org.
Information collected by F. Dimmock (unpublished).

The Africa Christian Health Association Platform (ACHAP) was established in 2007 as an advocacy and networking platform for improving knowledge sharing and joint learning among CHAs and Church Health Networks in Sub-Saharan Africa. CHA networks have a long history of working within developing countries to provide health care services to populations in need, and they form the integral link between the Ministry of Health and the faith-based health care facilities. ACHAP provides the framework for a collaborative network with a cohesive voice to advocate for equitable access to quality health care. ACHAP also provides the knowledge and skills for member facilities to deliver better care for their clientele. Currently ACHAP's membership includes 34 CHAs in 26 countries (as at January 2014 – see list in appendix 1).

With the adoption of a new constitution and registration as an International NGO in May 2012 in Nairobi Kenya and hosted by the Christian Health Association of Kenya (CHAK), ACHAP began establishing formal organizational structures to better serve its members. The process started in October 2012 through an institutional assessment that informed the need for the Platform to focus on five key objectives that will better equip the Platform as a network organization with strong capacity to provide the following functions:

➢ **Advocating & lobbying**: This includes influencing relevant organisations without making binding agreements, in support of members or issues of concern to members.
➢ **Negotiating & contracting**: This includes protecting and promoting interests of members by making externally binding agreements and securing funding.

> **Supporting members**: This includes improving the capacity of members to better do what they do. These activities may be part of the membership benefits or partly paid for services or through direct donor support.
> **Coordination and synergy**: This includes harnessing the collective strength of the network to support members through sharing of experiences and the promotion and application of best principles and practices.
> **Leadership & value building**:  This includes sharing and building a common body of thought, values and identity, creating solidarity

**Environmental context:**

In the past CHAs were well supported by Government, missionaries / international Church partners. In the current setting most CHAs are supported through government mechanisms which are not always easy to work through.  There have also been changes in the identity of CHAs such as CHAs being lumped into the private sector/CSOs/Faith-inspired institutions.

ACHAP members also have a vast mix with others being much stronger while others having limited capacity.  Due to this diverse mix there is need for on-going capacity building and enhanced networking among members for example through the Platform some of the countries have received support in establishing MOUs and government agreements for support.

Building the communication/networking capacities across the network is also necessary to make the work of the Platform more visible and in some contexts support towards inter-CHA capacity building.

This environment requires political sensitivity among the members. The ACHAP mandate focuses on on-going advocacy however this priority also comes with an increased responsibility for visibility of the institution and the necessary demands to sustain the positive image of ACHAP.

Traditional donors of the platform have increasingly reduced their funding over the years affecting the consistency for FBO institutional support.  In the regard, there is need for re-engagement with these donors as well as the need to explore new mechanisms and collaboration with potential partners and new donors.  ACHAP therefore is looking to establish various mechanisms for funding and build on the existing strengths of its members and it will apply its resources to uphold its strengths through working with relevant development partners and experts in key issues affecting the network institutions. A key strategy under consideration being working through technical working groups and teams to ensure ACHAP representation in regional and global health agenda on key areas such as maternal and child health, pharmaceuticals and essential drugs, human resources for health, health services, advocacy and communications among other key issues affecting the members.

Through its secretariat, the ACHAP network has attracted several global partners and donors who are interested in addressing key issues such as global health funding mechanisms and has successfully hosted seven biennial conferences since 2007 which have provided opportunities for high level engagement and advocacy with the global community and interaction for its members.   These have involved collaboration with partners like the WB, USAID, UNFPA, GF, WHO, GHWA, WCC, IMA World

Health and European faith-based partners, among others. The table below summarizes some of the key successes and interactions that ACHAP has had with the global health community over the years:

| Strategic Area | Achievements |
|---|---|
| **Advocacy and Lobbying** | **Representation in Key regional and global conferences**<br>- PPP conference (In Dar-es-Salaam Tanzania, May 2012)<br>- FBO panel at the World Health Assembly in (Geneva)<br>- GHWA HRH conference in (Bangkok Jan 2011)<br>- US Congress advocacy – May 2011 and 2012<br>- Global Health Council – 2011<br>- UNFPA global conference (New York June 2010)<br>- GAVI Partners Forum (Hanoi, Vietnam Nov 2010)<br>- International FP conference (Dakar, Senegal Dec 2011<br>- UNAIDS (Geneva April 2010)<br>- AACC General Assembly (Maputo Dec 2008)<br>- WCC International Peace Conference (Jamaica July 2011)<br>- With Medicus Mundi presented at General Assembly (Amsterdam 2010)<br>- With DIFEAM at German Pharmaceutical Companies forum (Berlin Jan 2011)<br>- World Bank forums (Accra and Washington DC in Feb 2011)<br>- Input to GHWA *Kampala Declaration* in 2009 |
| **Negotiating and contracting** | - Full-time HRH Technical Advisor from Capacity*Plus* a USAID-funded project (July 2009)<br>- Funding for various biennial conferences |
| **Membership support** | - Sub-Saharan Africa FBO – Global Fund meeting (Tanzania 2008)<br>- 500,000 USD FP grant awarded for two CHAs (Packard Foundation)<br>- HRH technical assistance availed to member CHAs and HRH TWG (from May 2010; IMA & Capacity*Plus*)<br>- Capacity building workshops; Advocacy and HRH retention (May 2011) and Governance (Oct 2011)<br>- Technical assistance through USAID Capacity Plus and IMA World Health in different CHAs; CHAG, CHAK, CHAM, CSSC, CHAL, CHALe, among others. |
| **Coordination and Synergy** | - Assessment & capacity building of CHAs ICT facilities (UCMB & CHAK)<br>- Establishment and coordination of an HRH TWG consisting of 9 members from 7 countries (January 2007) now grown to 13 members from 10 countries (May 2014)<br>- EPN fora – Rwanda, Addis Ababa, Tanzania, and Kenya<br>- 6 Inter-CHA exchange and learning trips supported on different issues:<br>   o Pharmaceutical (visits to MEDS by CHAZ, CHAM, CSSC)<br>   o HRH (CHAK & CHAM), June 2010<br>   o MOU development; CHAK/KEC/MEDS/Govt to CHAG (2007)<br>   o Setting up a CHA (CHAS & CHAK).<br>   o Sustainability (CHAZ, CHAK), (ECC, CHAK) |

| Strategic Area | Achievements |
|---|---|
| | o HIV&AIDS; CHAK/KEC/MEDS to South Africa (SACBC) and CHAZ<br>o Governance (CHALe & CHAK) June 2014<br>o Bi-monthly virtual exchange meetings on HRH by the HRH TWG |
| **Leadership and value building** | - biennial conferences:<br>  o Bagamoyo (2007)<br>  o Kampala (2009)<br>  o Ghana (2011)<br>  o Zambia (2013)<br>  o Kenya (2015)<br>- Quarterly ACHAP Bulletin and Monthly Hotline HRH newsletter<br>- Compilation of Africa CHAs Directory (2008)<br>- Production of CHAs distribution map in Africa and relative strength in service delivery in Africa (2010) revised (Feb 2014)<br>- CHAs website developed (2009) and updated regularly.<br>- Co-hosted a Regional FBOs meeting on HIV response sustainability (Kenya 2012)<br>- Contribution to an international AIDS publication presented in Washington DC (June 2012) among others |

Through these interactions, ACHAP serves as a resource to mobilize resources and a platform to serve its members. There is however potential challenges with the management of the relationship between ACHAP and its members especially for areas such as resource mobilization where there is need for distinct roles especially with implementation. This ACHAP strategic plan therefore seeks to clarify ACHAP's role in supporting its members and the expected member responsibilities as part of the network. Directional goals that will guide the strategic objectives:

Overall Goal:
1) Networking, Communications & Advocacy,
2) Capacity development of the network through partnerships for improved service delivery
3) Quality network management

From an institutional and managerial point of view, ACHAP has been evolving from a voluntary membership towards a professional network organisation, currently comprising 34 Christian/Church Health Associations (CHAs) and networks, operating in 26 countries. In 2011, a new constitution was adopted and ACHAP was registered as an International NGO under Kenyan Law.

In this strategic period 2015 – 2020, ACHAP also seeks to address and work with its partners to address some of its challenges such as those outlined in the 2012 institutional assessment:

- The need to redefine its products and services to members and improve its knowledge management.
- On-going board support and need to adopt the necessary board model following the formalization of the Platform as an international NGO (i.e. Executive Board, Advisory Board, or Board of Trustees).

- Improve the membership commitment to support the network as the current Platform activities rely heavily on external partner support.
- Need to address the technical capacity gaps at the Secretariat and identify effective mechanisms necessary to utilization existing member technical expertise to support network initiatives and activities.
- Improve communication and knowledge of network members and upgrade communication systems to provide for a more comprehensive 'membership knowledge base' necessary for effective public relations, advocacy, and member support.

This strategic plan also seeks to position ACHAP amidst the changing operating context characterized by:

- New macro-economic, political, demographic, socio-cultural, climatic and technological developments impacting the health industry. The policy, legal and financial context of the health sector at (sub) regional and national level is structurally changing, which calls for different type of linkages between ACHAP and its continental partners.
- There is a significant increase of private sector and civil society participation in health care provision, training, knowledge management and advocacy, which puts ACHAP in a more 'competitive' environment.
- The global economic downturn is likely to affect the level of funding to the faith-based sector, which calls for alternative strategies for resource mobilisation

## 2. CONCEPTUAL FRAMEWORK

In 2011, a first attempt towards developing a conceptual framework for guiding ACHAP's operations was made by the then interim board of ACHAP and following the institutional assessment findings in 2012, this was further revised by the current board and aligns with the ACHAP mandates as stated in the ACHAP constitution.

> **Strategic Objective 1:**
> To facilitate networking and communication among Christian Health Associations and other Church Health Networks in Africa

- Rationale

Promoting networking and communication among network members is one of the main pillars of ACHAP, hence the need for further sharing and disseminating experiences and lessons of the faith-based sector in improving the quality service delivery and health care training.

- Orientation

The importance of 'knowledge management' and its strategic utilisation has grown exponentially over the years and so has the number of related 'networks', be it virtual or not. A wide spectrum of (grey) literature on health system development is currently available. One of the main challenges for those wishing to make use of existing information is not to access it, but to adequately make use of it within the context in which it could be of relevance. ACHAP's (i.e. the Secretariat's role) will therefore increasingly focus on making

network members aware of new trends and topics pertaining to health care development, capturing existing scenarios of health while at the same time pointing members towards resources found in already existing networks. Rather than managing this process itself, the Platform's role will be to facilitate the linkage between the felt need and the information resource, as per earlier adopted Communication Strategy.

- Expected outcome

By (pro) actively keeping members informed of new emerging issues pertaining to the provision and management of health care, while at the same time facilitating the establishment of an interactive exchange platform, the quality as well the range of information available is going to increase. In addition information management within the faith-based sector would be improved

- Performance indicators
  - An electronic library pertaining to the faith-based health sector in place
  - A minimum of four newsletters/annum sent out to members
  - An electronic exchange platform in place and functioning
  - CHAs contributing to knowledge sharing (networking, sharing information regularly with the ACHAP secretariat)
  - Secretariat (work as knowledge hub, sign up on listserves)
  - ACHAP to disseminate to members and be the central hub (library/ depository for information)
  - ACHAP as a moderator keeps and shares list of regional and global meetings and monitors representation of membership.

> **Strategic Objective 2:**
> To facilitate joint advocacy with and for the Christian Health Associations and Church Health Networks in Africa on matters of health development.

- Rationale

Network members are involved in national advocacy initiatives and in many cases have generated positive results. Building on these strengths ACHAP through the coordination of its secretariat will effectively work with the membership to undertake joint advocacy initiatives.

- Orientation

By far most advocacy initiatives carried out to date have been limited to representation of ACHAP at international fora and meetings, which has undoubtedly improved the visibility of the network. ACHAP has also actively engaged US Congressional Offices through joint initiatives with CCIH and has attained recognition in some global publications. However, the engagement of various member CHAs in advocacy has not been coordinated or documented. It is anticipated to use the TWG's as an engine of change in this respect. CHAs and partners will spearhead the development of four technical working groups on key thematic areas such as MCH, Advocacy, Partnerships, Governance and HRH.  The role of these TWGs will be to ensure that key CHA issues in the given areas are well documented and shared and that the

platform can channel its technical documentation and statements through these technical working groups.

- Expected outcome

A more robust and targeted advocacy campaign will not only ensure that experiences and 'best practices' gained in the faith-based sector will, be more used for policy and planning purposes; it will also lead to increased funding level of the faith-based sector.

- Performance indicators
    - A comprehensive overview of the role of the faith-based health sector in Africa compiled and widely disseminated
    - An ACHAP specific advocacy strategy developed and being implemented
    - Four TWG's established and working towards agreed objectives as per TOR.

**Strategic Objective 3:**
To support the capacity development of Christian Health Associations and Church Health Networks to provide quality health care through Church Health Networks

- Rationale

Membership support is usually perceived as one of the typical functions of any network organisation since members want to benefit from each other's strength and -if and when the need be- join forces. This is also applicable to ACHAP, even though members are working in very distinct health systems and different geographical areas.

- Orientation

Although network members run their own 'health system" specific capacity development programmes, there has been a gap in identifying "network specific" training needs and therefore a need for initiating specific competency development programmes on network management.

- Expected outcome

Upgrading the skills of network managers and technical staff will result in improved performance of the faith-based sector in the local health system in which they are operating particularly in policy development, health system research/strengthening and advocacy.

- Performance indicators
    - A network management competency framework developed to guide network management in member organizations and the ACHAP secretariat
    - Financial resources mobilized to sustain network activities
    - One training workshop/annum implemented to strengthen network management capacity

**Strategic Objective 4:**
To establish and maintain partnerships with other institutions and organisations in support of health development in Africa.

- Rationale

There are numerous (multilateral, continental and faith-based) initiatives dealing with health sector development in Africa, which ACHAP and/or member institutions are directly or indirectly working with. During this strategic period, ACHAP seeks to deliberately take stock of the impact of these partnerships and continue to pro-actively establish and sustain strong regional and global partnerships.

- Orientation

There is fragmentation and possible overlap between some on-going partnership initiatives, also within the faith-based sector and more technical collaboration and cooperation is likely to lead to better outcomes. With a view to further strengthening harmonisation and alignment and more effectively use available resources, ACHAP is planning to further mainstream its operations with existing faith-based network initiatives, like EPN, AACC, CCIH, Medicus Mundi, IMA World Health, WCC, EHAIA and others.

- Expected outcome

Intensified cooperation and collaboration with a selected number of continental, regional and international networks along with possible joint-ventures with other faith-based networks, is likely to improve quality and availability of resources to be utilized for future investments as well as to improve the body of knowledge resident in its secretariat.

- Performance indicators
  - The number of institutional partnerships increased by 100% each year
  - ACHAP's representation on Boards and Committees of relevant 'partners in health' increased
  - The Secretariat's funding level for crosscutting network initiatives increased by 100% in the first year and then at least 50% in consecutive years over the next five years.

**Strategic Objective 5:**
To improve the quality of network management

- Rationale

The performance of a network largely depends on the 'driving force' behind it, in the case of ACHAP, its Secretariat. ACHAP recognizes the need to support its secretariat to ensure quality of services to members and network activities.

- Orientation

Moving beyond an operational focus, this strategic plan focuses on building the network to provide (technical) leadership and guidance to network activities and serve as a 'coordinating, technical support, knowledge exchange and advocacy' body

- Expected outcome

Improved leadership and technical capacity at the secretariat and throughout the network will improve the overall performance of ACHAP and the core functions it is supposed to deliver, being knowledge management, advocacy, membership support and coordination.

- Performance indicators

  - Members of ACHAP providing technical and/or financial support to overall network management.
  - Products and services of the Secretariat are aligned to the needs and expectation from membership
  - The Secretariat is providing high quality services

## 3. KEY ACTIVITIES

Under this strategic plan, ACHAP will endeavor to undertake the following priority interventions through active engagement and participation of the ACHAP members, development partners, the ACHAP board, secretariat and technical working groups:

**ACHAP Strategic Plan 2015 - 2020 Implementation Plan**

| | Strategic Objective 1: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | To facilitate networking and communication among CHAs and other Church Health Networks in Africa | | | | | | | | |
| | Priority Interventions | Performance Indicators | Responsibility | YR1 | YR 2 | YR 3 | YR 4 | YR 5 | Estimated Cost (USD) |
| 1 | Enhanced Web-based and virtual communications | Interactive website in place | Secretariat | X | | | | | 3,600.00 |
| | | 60% of network members using/linking to the ACHAP website | CHAs | X | X | X | X | X | - |
| 2 | Create synergy between other regional faith-based health networks | No of regional collaborators increased by 50% annually | Secretariat | X | X | X | X | X | 6,000.00 |
| 3 | Regularly inform membership of new developments in international health | 4 quarterly bulletins disseminated | Secretariat | X | X | X | X | X | 4,000.00 |
| | | At least 6 Hotline HRH newsletters disseminated | HRH TWG | X | X | X | X | X | 4,500.00 |
| 4 | South to South Exchange peer learning | At least 1 inter-CHA exchange and learning initiative supported and documented | Secretariat | X | X | X | X | X | 150,000.00 |
| | **TOTAL Objective 1** | | | | | | | | **168,100.00** |
| | Strategic Objective 2: | | | | | | | | |
| | To facilitate joint advocacy with and for the Christian Health Associations and Church Health Networks in Africa on matters | | | | | | | | |
| | Priority Interventions | Performance Indicators | Responsibility | YR1 | YR 2 | YR 3 | YR 4 | YR 5 | Estimated Cost (USD) |
| 1 | Analyse existing policy papers from global and regional health forums with a view to identify advocacy messages | Key Advocacy messages identified and documented annually on areas affecting the FBO sector | ACHAP Board , TWGs and Secretariat | X | X | X | X | X | 3,000.00 |
| 2 | Document and disseminate best practises on CHAs advocacy with Government and other partners . | Annual report on CHA advocacy efforts developed and disseminated | Secretariat | X | X | X | X | X | 2,500.00 |
| 3 | Expand regional and advocacy network and partners to include high level regional and global networks eg governments, UN Agencies and regional bodies like; SADC, COMESA,AACC | Collaboration and inclusion of ACHAP in at least 2 key regional/global conferences annually | ACHAP Board , TWGs and Secretariat | X | X | X | X | X | 20,000.00 |
| | **TOTAL Objective 2** | | | | | | | | **25,500.00** |

**ACHAP Strategic Plan 2015 - 2019 Implementation Plan**

| | Strategic Objective 3: | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | To support capacity development of CHAs and Church health networks to provide quality health care through CHA networks | | | | | | | | |
| | **Priority Interventions** | **Performance Indicators** | **Responsibility** | **YR1** | **YR 2** | **YR 3** | **YR 4** | **YR 5** | **Estimated Cost (USD)** |
| 1 | Facilitate technical support and training to members in network management & health systems strengthening components | Annual competency gaps and capacity building needs documented for at least 60% of member CHAs | Secretariat, CHAs and Partner Organizations | X | X | X | X | X | 1,500.00 |
| | **TOTAL Strategic Objective 3** | | | | | | | | **1,500.00** |
| | **Strategic Objective 4:** | | | | | | | | |
| | To establish and maintain partnerships with other institutions and organisations in support of health in Africa | | | | | | | | |
| | **Priority Interventions** | **Performance Indicators** | **Responsibility** | **YR1** | **YR 2** | **YR 3** | **YR 4** | **YR 5** | **Estimated Cost (USD)** |
| 1 | Develop and update inventory of existing partnership relations in each member CHA | Inventory of CHA partners developed and updated biannually | CHAs & Secretariat | X | X | X | X | X | - |
| 2 | To identify and engage at least three potential partners (from academia, development agencies and private sector) interested to enter into long-term partnership with ACHAP | at least 3 long-term partners identified | ACHAP Board , TWGs and Secretariat | X | X | X | X | X | 2,500.00 |
| 3 | Identify and pursue  calls for research and/or health systems strengthening proposals in areas relevant to ACHAP  priorities | at least 1 call for research/proposal responded to annually | TWGs and Secretariat | X | X | x | x | x | 2,000.00 |
| | **TOTAL Strategic Objective 4** | | | | | | | | **4,500.00** |

| | Strategic Obejective 5: | | | YR1 | YR 2 | YR 3 | YR 4 | YR 5 | Estimated Cost (USD) |
|---|---|---|---|---|---|---|---|---|---|
| | To improve the quality of the platform governance and management | | | | | | | | |
| | **Priority Interventions** | **Performance Indicators** | **Responsibility** | **YR1** | **YR 2** | **YR 3** | **YR 4** | **YR 5** | **Estimated Cost (USD)** |
| 1 | Hold biennial conference for ACHAP members and general assembly | Biennial conferences held | ACHAP Board , TWGs and Secretariat | X | | X | | X | 525,000.00 |
| 2 | Put in place operational management policies and procedures for secretariat | policies and procedures in place | | X | | | | | 2,000.00 |
| 3 | Membership management | at least 80% or CHAs meeting subscriptions and other obligations | Secretariat & CHAs | X | x | x | x | x | 30,000.00 |
| 4 | Indentify and upgrade the competencies of the Secretariat Team | Secretariat staff in place and positions funded (Overall coordinator, administrator/accounts, technical manager and communications officer) | ACHAP Board and Secretariat | X | X | x | x | x | 575,000.00 |
| 5 | Facilitate the work of the ACHAP Board | ACHAP board meets at least twice a year and meeting proceedings documented | ACHAP Board and Secretariat | X | X | X | X | X | 122,500.00 |
| | **TOTAL Strategic Objective 5** | | | | | | | | **1,254,500.00** |
| | **TOTAL STRATEGIC PLAN BUDGET** | | | | | | | | **1,454,100.00** |

## FUNDING THE STRATEGIC PLAN

To date, ACHAP has been benefitting from substantial donor support (both in kind and in cash) by partners such as Difaem, Cordaid, ICCO, WCC, WB, IMA/World Health / USAID Capacity*Plus* project and others. Due to various funding cuts affecting these key partners, ACHAP is looking to continue engaging them as advocates for the work of the FBOs in Africa as well as identify new partners to support some of the on-going and emerging needs of the network.

ACHAP is also looking to work closely with the CHAs to get their support through potentially increasing member subscriptions, in kind support, technical assistance among other avenues.

In addition ACHAP is looking to engage other church and development partners to (technically and/or financially) contribute to the implementation of the priority activities, listed in the implementation plan above. The private sector will also be a target partnership hub for the Platform over the period of this strategic plan.  Financing strategies will include but are not limited to:
- Specific funding in kind from partners and CHAs (eg for staff and activities)
- Engaging new partners while revisiting initial ACHAP partners
- Explore opportunities to cost-share with CHAs on ACHAP activities and initiatives
- Improve member subscription collection processes Engage private sector foundations and companies such as Novo Nordisk, Johnson & Johnson, mobile telephone companies, banking institutions

- Explore potential partnerships to leverage on resources
- Participating in existing and emerging research and development initiatives
- Strengthen relationships with current partners
- Work closely with TWGs to fund raise for TWG specific initiatives.

## 4. IMPLEMENTATION ARRANGEMENTS

This strategic plan will be implemented under the leadership of a a fulltime 'network coordinator' with support of the ACHAP board and secretariat team.. To the extent possible, some management support activities shall be supported by member CHAs through selected point persons..

The ACHAP Coordinateor will work under the supervision of the Board, will facilate implementation of the priority interventions, ensure accountability and lead the network towards the next phase of organizational development. Where possible, the board and secretariat will work with development partner's to achieve some of the key objectives and to fundraise for the strategic plan priorities.

## 5. MONITORING AND EVALUATION

In accordance with the Constitution, the Board shall meet bi-annually mainly to (a) approve ACHAP's (comprehensive) annual work plan and budget, (b) discuss and review six monthly financial and technical progress reports and (c) assess progress against performance indicators agreed upon in this Strategic Plan.

ACHAP Secretariat shall compile quarterly and annual progress reports to be reviewed by the Board and submitted to partners and members. The Financial reports and books of accounts shall be externally audited annually, and the approved auditor's report submitted to members and the General Assembly, to partners and also filed with the relevant legal authorities.