



CHIDIDI HEALTH FOR ALL FOUNDATION (CHAFO)

5-YEAR STRATEGIC PLAN | 2025–2030

Empowering Communities for Health.

Vision



Healthy and thriving communities where everyone has access to quality healthcare services.

Mission

To improve the health and well-being of vulnerable communities through sustainable community-based healthcare initiatives.

Core Values



**Health
Equity**



**Community
Participation**



Transparency



Quality

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I. Executive Summary

The **Chididi Health for All Foundation (CHAFO)** is a local, legally registered nonprofit organization dedicated to improving the health and well-being of vulnerable communities in Malawi through sustainable, community-based healthcare initiatives. Founded with a deep-rooted commitment to equity, community participation, and quality service delivery,

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CHAFO envisions **healthy and thriving communities where everyone has access to quality healthcare services.**

Since its establishment, CHAFO has made notable strides despite operating with limited resources. The organization has built a solid reputation and strong partnerships with key stakeholders such as the Nsanje District Health Office (DHO), the District Executive Committee (DEC), Area and Village Development Committees (ADCs and VDCs), and international partners like **Vitamin Angels, USA**. CHAFO has successfully implemented impactful health interventions—including the **Vitamin A Supplementation, Deworming, and Multiple Micronutrient Supplementation Program**—which has reached over **172,000 beneficiaries**, including children under five and pregnant women across Nsanje District. The organization also played a vital role in disseminating COVID-19 awareness messages to hard-to-reach communities and has demonstrated leadership by chairing the **health committee of the Nsanje Civil Society Organizations Network**, advocating for essential drug availability and patient rights.

However, CHAFO faces critical capacity gaps that threaten its ability to scale and sustain these achievements. Limited funding, absence of full-time staff, weak internal systems, and the need for robust monitoring, evaluation, and resource mobilization structures remain significant challenges. As Malawi transitions into more localized development models and faces shifting donor landscapes, CHAFO recognizes that it must evolve to meet emerging community health needs more effectively and sustainably.

This **5-Year Strategic Plan (2025–2030)** marks a pivotal step toward that evolution. Anchored in national priorities like the **Malawi Health Sector Strategic Plan (HSSP III)**, **Malawi 2063 (MW2063)**, and aligned with global frameworks such as the **UN Sustainable Development Goals (SDGs)**, the plan articulates a bold but realistic roadmap for CHAFO's growth and impact.

Over the next five years, CHAFO will focus on five strategic priorities:

1. **Strengthening Organizational Capacity**
 - Establishing strong internal systems, governance structures, and a dedicated full-time staff to enhance effectiveness.
2. **Diversifying Funding and Resource Mobilization**
 - Building sustainable income streams through donor engagement, grant acquisition, and innovative fundraising.
3. **Expanding Programmatic Reach and Quality**
 - Scaling up primary healthcare, maternal and child health, and disease prevention initiatives with measurable outcomes.
4. **Deepening Community Engagement and Ownership**
 - Empowering local communities to actively participate in health planning, delivery, and accountability.
5. **Enhancing Monitoring, Evaluation, and Learning (MEL)**
 - Strengthening data collection, analysis, and feedback systems to guide program improvement and demonstrate impact.

By 2030, CHAFO envisions itself as a **fully grown, professionally staffed, and resource-diverse health organization**, expanding its impact beyond Nsanje District and delivering **sustainable, high-quality healthcare services** to a broader network of vulnerable communities in Malawi.

In short, this strategic plan is more than a guide—it is CHAFO's declaration of intent to **empower communities for health**, promote resilience, and create lasting change.

2. Organizational Profile

2.1 History and Legal Status

CHAFO was established in response to the growing health disparities and systemic gaps affecting vulnerable populations in rural Malawi. Founded by local professionals and community advocates passionate about equitable healthcare access, CHAFO was officially registered as a nonprofit organization under the laws of Malawi. Since its inception, the organization has focused on delivering sustainable, community-based healthcare interventions that respond directly to the needs of the underserved.

Operating with the motto “**Empowering Communities for Health,**” CHAFO brings a grassroots approach to health promotion, disease prevention, and maternal and child health, striving to transform lives in hard-to-reach areas through locally led solutions.

2.2 Governance Structure

CHAFO’s governance framework reflects transparency, accountability, and participatory leadership. The organization is overseen by a **Board of Trustees**, which provides strategic direction and fiduciary oversight. The Board is responsible for setting policies, approving annual budgets, and guiding overall governance practices.

The **Management Team**—led by the Executive Director—handles the day-to-day operations, program implementation, stakeholder engagement, and reporting. Despite financial limitations, CHAFO is supported by a team of dedicated part-time staff and committed volunteers with professional backgrounds in clinical medicine, nursing, community development, social work, accounting, environmental health, communication, and administration.

Efforts are currently underway to strengthen the capacity of both the Board and management structures, with targeted institutional support from the NGO Regulatory Authority (NGORA).

2.3 Geographic Focus

CHAFO currently operates in **Nsanje District**, one of the most vulnerable and disaster-prone districts in Southern Malawi. Its interventions primarily target rural and hard-to-reach communities with limited access to healthcare services.

While Nsanje remains its immediate geographic priority, CHAFO’s strategic vision includes **expanding operations to other underserved districts** in Malawi as the organization builds its institutional capacity and mobilizes additional resources.

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2.4 Key Achievements

Despite operating within a resource-constrained environment, CHAFO has demonstrated commendable results and organizational growth since its establishment. Notable accomplishments include:

- ✓ **Reaching 172,652 beneficiaries** through the Vitamin A Supplementation, Deworming, and Multiple Micronutrient Supplementation Project, supported by **Vitamin Angels, USA**. This includes:
 - 69,500 children (12–59 months) dewormed with Albendazole.
 - 29,500 children (6–11 months) supplemented with 100,000 IU of Vitamin A.
 - 64,250 children supplemented with 200,000 IU of Vitamin A.
 - 9,402 pregnant women provided with multiple micronutrient tablets.
- ✓ **Building strategic partnerships** with the Nsanje District Health Office (DHO), District Executive Committee (DEC), Area and Village Development Committees (ADCs and VDCs), and community leaders.
- ✓ **Playing a key leadership role** as the current **Health Committee Chair** of the Nsanje Civil Society Organizations Network—advocating for the availability of essential drugs and the adoption of Health Service Charters in public health facilities.
- ✓ **Launching community-led COVID-19 awareness campaigns** in hard-to-reach rural areas using innovative channels such as community radios, megaphones, posters, and mobilization of health workers and volunteers, with support from **Friends of CHAFO**.
- ✓ **Securing institutional development funding** from the **NGO Regulatory Authority (NGORA)** for internal systems strengthening, governance improvement, and human resource development.

These achievements are a testament to CHAFO’s commitment to inclusive, sustainable health development and its ability to mobilize local solutions for national challenges.

3. Strategic Planning Methodology

The development of this 5-Year Strategic Plan (2025–2030) for the **CHAFO** was grounded in a **participatory, inclusive, and evidence-informed process** designed to reflect the organization’s realities, community needs, and aspirations for long-term impact.

3.1 Participatory Planning Approach

At the heart of CHAFO's strategic planning process was a commitment to **inclusive engagement and collective ownership**. The approach ensured that the voices of internal leadership, frontline implementers, community representatives, and development stakeholders were heard and valued.

The strategic planning process was facilitated through a series of structured activities, including:

- **A Pre-Strategic Plan Executive Survey** completed by the Executive Director to identify core strengths, capacity gaps, and future priorities.
- **Individual and group consultations** with CHAFO board members, part-time staff, and volunteers to assess organizational readiness and aspirations.
- **Stakeholder input** from the Nsanje District Health Office (DHO), the District Executive Committee (DEC), Area and Village Development Committees (ADCs and VDCs), and civil society collaborators to align community health needs with organizational objectives.
- Reflection on lessons learned from previous projects and institutional engagements (e.g., with Vitamin Angels, MHEN, NGORA).

This collaborative planning process not only strengthened stakeholder buy-in but also laid a strong foundation for implementation accountability.

3.2 Stakeholders Involved

The strategic planning process engaged a diverse range of actors, reflecting CHAFO's multi-stakeholder operating environment:

- **Board of Trustees** – Provided governance insights and institutional oversight direction.
- **Management and Staff** – Shared operational realities and ideas for scaling impact and improving internal systems.
- **Community Representatives** – Including local chiefs, ADC/VDC members, and community health volunteers who highlighted grassroots priorities.
- **Government Partners** – Especially the Nsanje DHO and DEC, who offered policy alignment and technical insights.
- **Civil Society Networks** – Such as the Nsanje CSOs Network and CONGOMA, with whom CHAFO collaborates on advocacy and community engagement.
- **Development Partners** – Including Vitamin Angels and Friends of CHAFO, who have supported program implementation and awareness campaigns.

The integration of these voices helped shape a plan that is contextually relevant, community-responsive, and institutionally sound.

3.3 Strategic Tools and Frameworks

To ensure a comprehensive understanding of CHAFO's current position and future direction, the following strategic tools and alignment frameworks were used:

a) SWOT Analysis

A full SWOT (Strengths, Weaknesses, Opportunities, Threats) assessment was conducted to:

- Recognize organizational assets (e.g., skilled staff, strong partnerships).

- Acknowledge internal challenges (e.g., funding constraints, weak HR systems).
- Identify emerging opportunities (e.g., donor localization, health policy gaps).
- Anticipate external threats (e.g., climate disasters, political interference).

b) Executive Survey

The Executive Director completed a detailed questionnaire capturing institutional history, accomplishments, gaps, risks, external dynamics, and vision for the future. This provided a rich baseline for strategy design.

c) Alignment with National and Global Development Agendas

To ensure relevance and policy coherence, this strategic plan is aligned with the following frameworks:

- **Malawi Health Sector Strategic Plan III (HSSP III)**
- **Malawi Implementation Plan I (MIP-I)** under **MW2063**
- **UN Sustainable Development Goals (SDGs)**—particularly **SDG 3: Good Health and Well-being**
- Sectoral best practices and development priorities from the Ministry of Health and other national coordinating bodies

4. Situational Analysis

To effectively chart the future direction of the Chididi Health for All Foundation (CHAFO), a detailed **Situational Analysis** was conducted to evaluate the organization's internal capacity and external environment. This analysis, grounded in both reflection and consultation, serves as a foundation for setting strategic priorities that are realistic, responsive, and resilient.

4.1 Internal Strengths

CHAFO is built upon a solid foundation of people, partnerships, and purpose-driven programming. Key strengths that position the organization for growth include:

☐ Skilled and Diverse Human Capital

- CHAFO benefits from a team of professionals with expertise in clinical medicine, nursing, community development, environmental health, communication, administration, accounting, and social work.

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- Leadership is passionate and community-rooted, providing direction with insight into local realities.

☐ **Strong Community and Stakeholder Partnerships**

- Robust working relationships with the **Nsanje District Health Office (DHO)**, **District Executive Committee (DEC)**, **Area and Village Development Committees (ADCs/VDCs)**, and local leaders.
- Membership in the **Nsanje Civil Society Organizations Network**, where CHAFO currently chairs the health committee, providing a platform for advocacy and influence.

☐ **Proven Programmatic Impact**

- Successful implementation of large-scale community health interventions, reaching **172,652 beneficiaries**, including children under five and pregnant women, through supplementation and deworming.
- Effective COVID-19 awareness campaigns targeting hard-to-reach areas via community radio, megaphones, posters, and health volunteers.

☐ **Volunteer Engagement and Community Support**

- Strong base of committed volunteers who actively support program implementation.
- Community trust and ownership fostered through a participatory, bottom-up approach.

4.2 Internal Weaknesses

Despite significant accomplishments, CHAFO operates within a context of limited institutional capacity that threatens the sustainability and scalability of its interventions. Key internal weaknesses include:

● **Limited and Unpredictable Funding**

- The organization currently relies on a small institutional grant (from NGORA), with no stable or diversified funding sources for programmatic expansion or staff compensation.

● **Lack of Full-Time Staff**

- Due to financial constraints, CHAFO operates with only part-time and volunteer personnel, limiting efficiency, strategic continuity, and program reach.

● **Weak Human Resource Systems**

- Absence of a formal human resource management structure hinders staff development, recruitment, and performance monitoring.

● **Inadequate Monitoring, Evaluation, and Learning (MEL) Systems**

- A need for stronger data collection tools, reporting systems, and impact-tracking frameworks.

● Limited Internal Financial Controls

- Incomplete financial systems restrict budgeting accuracy, accountability, and donor compliance.

● Capacity Gaps in Fundraising and Strategic Communication

- Insufficient ability to develop compelling proposals, track donor opportunities, or showcase CHAFO's impact.

4.3 External Opportunities

CHAFO is strategically positioned to capitalize on various national and global trends that support community-led development:

☐ Donor Localization Agenda

- Many development partners are shifting toward direct funding of local NGOs, presenting CHAFO with a timely opportunity to attract institutional grants and forge new partnerships.

☐ Community Demand for Health Services

- Persistent gaps in rural healthcare delivery present an opportunity for CHAFO to expand its reach and deepen its community impact.

☐ National Health Policy Priorities

- Malawi's HSSP III and MIP-I emphasize universal health coverage and community health systems—areas well-aligned with CHAFO's focus.

☐ Growing Recognition of Civil Society Voices

- CHAFO's role in the Nsanje CSO Network enhances its visibility and potential for advocacy, policy influence, and coalition-building.

4.4 External Threats

In an increasingly complex operating environment, CHAFO must also navigate several external risks that could affect its ability to achieve its goals:

☒ Shrinking Donor Support

- Major donors such as USAID are scaling down their support in Malawi, which may reduce the availability of large health grants in the near future.

☒ Political Interference

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- Local politics and gatekeeping may delay or disrupt project implementation and stakeholder engagement at the grassroots level.

⚠️ Climate Change and Natural Disasters

- Nsanje is highly prone to flash floods, droughts, and cyclone-induced disasters, which can destroy infrastructure, disrupt programming, and displace communities.

⚠️ High Inflation and Economic Instability

- Rising costs of goods and services strain budgets and reduce purchasing power for both organizations and communities.
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5. Vision, Mission, and Core Values

✨ Vision

Healthy and thriving communities where everyone has access to quality healthcare services.

CHAFO envisions a future where rural and underserved populations—especially women, children, and other vulnerable groups—live in dignity, enjoy good health, and have equitable access to essential health services without financial, geographic, or systemic barriers.

🎯 Mission

To improve the health and well-being of vulnerable communities through sustainable community-based healthcare initiatives.

Our mission reflects CHAFO's commitment to empowering communities to take ownership of their health, fostering self-reliance, and creating locally driven solutions that address systemic health challenges in Malawi.

✨ Core Values

CHAFO is guided by the following foundational values that shape its culture, operations, and relationships:

• Equity

We believe that every person—regardless of location, gender, age, or socioeconomic status—deserves equal access to quality healthcare. We prioritize the most vulnerable and marginalized populations in our work.

• Community Participation

We value the voice, knowledge, and leadership of communities. Our programs are designed with, by, and for the people we serve to ensure relevance, ownership, and sustainability.

- **Sustainability**

We are committed to creating long-term impact through cost-effective, environmentally conscious, and resilient interventions that strengthen community and health systems over time.

- **Quality**

We strive for excellence in everything we do—ensuring that our services, partnerships, and internal operations reflect the highest standards of professionalism, effectiveness, and compassion.

- **Transparency**

We practice open and accountable governance, with clear communication to our stakeholders, responsible use of resources, and ongoing performance tracking and reporting.

- **Collaboration**

We recognize that transformative change requires collective effort. We actively collaborate with government agencies, development partners, civil society, and communities to achieve shared goals.

6. Strategic Priorities and Goals

To realize its vision of healthy and thriving communities, CHAFO has identified four strategic priorities that will guide its operations and programming over the next five years. These priorities are rooted in the realities of the organization’s operating context and informed by stakeholder consultations, organizational assessment, and alignment with national and global development goals.

Priority I: Strengthen Organizational Capacity

Goal: *Build strong internal systems and a full-time team to support effective operations.*

CHAFO recognizes that achieving impact at scale requires a solid institutional foundation. Over the next five years, the organization will focus on:

- Developing and implementing standard operating procedures (SOPs) across departments.
- Recruiting and retaining a full-time, qualified, and motivated team.
- Enhancing leadership and governance through board capacity development.

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- Strengthening human resources (HR) systems, financial management, and internal communications.
 - Introducing digital tools to improve operational efficiency and internal coordination.
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Priority 2: Fundraising and Resource Diversification

Goal: *Mobilize sustainable resources through diverse donor engagement and fundraising strategies.*

To ensure financial sustainability and reduce over-reliance on limited funding sources, CHAFO will:

- Develop a comprehensive fundraising strategy targeting bilateral donors, foundations, and corporate social responsibility (CSR) partners.
 - Build capacity in grant writing and donor relationship management.
 - Explore innovative financing mechanisms such as social enterprise models, individual giving campaigns, and local resource mobilization.
 - Maintain donor compliance and reporting standards to increase trust and repeat funding.
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Priority 3: Build Strategic Partnerships

Goal: *Deepen relationships with government, NGOs, donors, and communities for program support and scale-up.*

CHAFO understands that strategic collaboration enhances impact. It will invest in:

- Strengthening partnerships with District Health Offices (DHO), District Executive Committees (DEC), and other government bodies.
 - Positioning CHAFO as a reliable local implementing partner for national and international NGOs.
 - Establishing platforms for ongoing dialogue with community leaders, traditional authorities, and beneficiaries.
 - Participating actively in policy spaces and health coordination forums at district and national levels.
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Priority 4: Improve Monitoring, Evaluation, and Learning (MEL)

Goal: *Develop a robust MEL framework to track progress, measure impact, and guide decision-making.*

To ensure accountability and data-driven growth, CHAFO will:

- Design and implement a results-based MEL framework aligned with national and SDG health indicators.
 - Build staff capacity in data collection, analysis, and reporting.
 - Invest in digital data systems for real-time tracking and visualization.
 - Establish feedback loops to ensure that learning informs program design and implementation.
 - Publish periodic impact reports to share evidence with stakeholders and beneficiaries.
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7. Programmatic Focus Areas

To fulfill its mission and contribute meaningfully to national and global health priorities, CHAFO will concentrate its efforts across five key programmatic focus areas. These areas represent both the organization's core strengths and the pressing needs of the communities it serves. Each area aligns with Malawi's Health Sector Strategic Plan III (HSSP III), Sustainable Development Goals (SDGs), and CHAFO's commitment to sustainable, community-centered healthcare.

1. Primary Health Care (PHC)

Objective: *Improve access to essential healthcare services in rural and underserved areas.*

CHAFO will scale up its support for community-level health services by:

- Supporting mobile outreach clinics and community health days.
 - Training Health Surveillance Assistants (HSAs) and community health volunteers.
 - Facilitating integrated health screenings (e.g., blood pressure, malaria, nutrition, HIV).
 - Promoting household-level health education and hygiene practices.
 - Strengthening referral systems between communities and health facilities.
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2. Maternal and Child Health (MCH)

Objective: *Promote the health and survival of mothers and children under five.*

Maternal and child well-being remains a top priority. CHAFO will:

- Expand Vitamin A supplementation and deworming programs in collaboration with DHOs.
 - Provide prenatal and postnatal nutrition support and safe delivery messaging.
 - Promote early antenatal booking and facility-based deliveries.
 - Support child growth monitoring, immunization follow-ups, and parenting education.
 - Address adolescent pregnancy through youth-friendly reproductive health services.
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3. Disease Prevention and Control

Objective: *Reduce the burden of preventable diseases through awareness, screening, and vaccination.*

CHAFO will focus on prevention as the most cost-effective strategy by:

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- Conducting behavior change campaigns on malaria, HIV, TB, and non-communicable diseases.
 - Supporting community-led vaccination drives in collaboration with health authorities.
 - Enhancing disease surveillance through community health structures.
 - Promoting use of insecticide-treated nets (ITNs), clean water, and sanitation.
 - Working with schools to integrate health education in extracurricular activities.
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4. Community Engagement and Ownership

Objective: *Empower communities to lead and sustain their own health development.*

To ensure sustainability and responsiveness, CHAFO will:

- Employ participatory rural appraisal (PRA) and other bottom-up approaches.
 - Establish and strengthen Village Health Committees and Community Action Groups.
 - Facilitate social accountability platforms such as community scorecards.
 - Train local leaders and champions on health rights and entitlements.
 - Create feedback channels that connect communities to district health systems.
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5. Health System Advocacy

Objective: *Promote equity, accountability, and quality in the public health system.*

CHAFO will champion change by advocating for:

- Regular supply of essential drugs, vaccines, and medical equipment.
 - Infrastructure improvements at rural health posts and facilities.
 - Adoption of Health Service Charters to guide service delivery standards.
 - Transparent health budgets and equitable resource allocation.
 - Increased community involvement in District Health Plans and reviews.
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8. Institutional Strengthening and Capacity Building

To deliver on its strategic priorities and fulfill its mission sustainably, **CHAFO** recognizes the need for a solid institutional backbone. Over the next five years, the organization will invest in strengthening its internal systems, governance structures, and human capital to enhance operational effectiveness and long-term impact.

1. Strengthen Board Governance and Oversight

CHAFO will build the capacity of its Board of Trustees to provide strategic direction and effective oversight by:

- Conducting annual board governance and leadership training sessions.
 - Establishing functional board subcommittees (e.g., Finance, Programs, HR & Audit).
 - Reviewing and updating the organization's constitution and board policies.
 - Ensuring regular board meetings with clear performance and accountability tools.
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2. Human Resources (HR) System Development

A robust HR framework will be established to attract, manage, and retain skilled personnel. Key actions will include:

- Developing a comprehensive HR policy and staff handbook.
 - Instituting performance management systems and appraisal tools.
 - Establishing an HR database for staff records and compliance tracking.
 - Promoting staff development through training, mentorship, and exposure visits.
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3. Internal Controls and Financial Management Systems

Sound financial management and accountability are foundational to CHAFO's credibility and growth. Priorities will include:

- Finalizing and enforcing financial policies and internal control procedures.
 - Installing reliable accounting software and financial reporting systems.
 - Training staff in financial accountability, donor compliance, and procurement.
 - Conducting annual independent audits and regular internal financial reviews.
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4. Communication, Information, and Documentation Systems

Effective communication and knowledge management are essential to visibility, learning, and stakeholder engagement. CHAFO will:

- Develop a communication strategy and branding guidelines.
 - Improve documentation and archiving of project data, reports, and lessons learned.
 - Maintain an updated website and leverage social media for visibility and advocacy.
 - Establish systems for community feedback and digital data collection.
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5. Staff Recruitment and Retention Strategy

To ensure program continuity and professionalism, CHAFO will prioritize building a motivated team by:

- Recruiting a minimum of **five full-time staff** across programs, finance, and operations.
 - Offering competitive and sustainable compensation packages.
 - Creating a positive organizational culture rooted in the foundation's core values.
 - Implementing wellness, recognition, and capacity-building initiatives to retain staff.
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9. Strategic Partnerships and Stakeholder Engagement

Achieving lasting impact in community health requires collaborative action and strong stakeholder relationships. **Chididi Health for All Foundation (CHAFO)** is committed to deepening and expanding partnerships with key actors at all levels—community, district, national, and global—to drive shared goals, increase reach, and build collective accountability.

1. Formalize Partnerships with Local Governance and Health Structures

CHAFO will institutionalize its relationships with district and community governance structures to ensure coordinated, community-owned interventions by:

- Signing Memorandums of Understanding (MoUs) with the **District Executive Committee (DEC)** and **District Health Office (DHO)** to define collaborative roles in planning, implementation, and supervision.
 - Strengthening engagement with **Village Development Committees (VDCs)** and **Area Development Committees (ADCs)** through joint action plans, co-facilitation of community dialogues, and participatory planning.
 - Participating in district-level technical working groups and stakeholder platforms.
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2. Foster and Strengthen Community Volunteer Networks

Community health volunteers are at the heart of CHAFO's model. The organization will:

- Recruit, train, and support a network of **Community Health Champions** to lead grassroots health promotion.
 - Provide ongoing mentorship, supervision, and non-monetary incentives (e.g., t-shirts, solar lamps, learning opportunities).
 - Recognize and celebrate volunteer contributions during annual community health events.
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3. Increase Visibility and Build Trust with Partners and Donors

To attract sustainable support, CHAFO will increase its visibility, transparency, and credibility by:

- Developing and sharing periodic impact stories, case studies, and performance reports.
 - Cultivating relationships with existing and potential partners, including **Vitamin Angels**, **Malawi Health Equity Network (MHEN)**, and the **Non-Governmental Organisations Regulatory Authority (NGORA)**.
 - Participating in health and development networks to showcase innovations and best practices.
 - Hosting donor visits and community open days to strengthen trust and transparency.
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4. Convene Quarterly Review and Planning Meetings

Continuous learning and accountability will be fostered through structured engagement platforms. CHAFO will:

- Organize **quarterly review and planning meetings** with stakeholders, including community leaders, government representatives, and partners.
 - Use these forums to share results, gather feedback, identify gaps, and align priorities.
 - Document and disseminate outcomes of meetings to ensure follow-through and learning.
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10. Monitoring, Evaluation, and Learning (MEL)

To ensure accountability, transparency, and continuous improvement, **CHAFO** will implement a robust Monitoring, Evaluation, and Learning (MEL) framework that supports evidence-based decision-making and demonstrates measurable impact.

I. Establish Key Performance Indicators (KPIs)

CHAFO will develop clear indicators aligned with its strategic priorities to track progress and results. These will include both output and outcome metrics, such as:

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- **Program Reach:** Number of beneficiaries accessing services across programmatic focus areas.
 - **Volunteer Engagement:** Number of active community health volunteers and retention rate.
 - **Resource Mobilization:** Amount of funds raised, donor diversification, and in-kind support mobilized.
 - **Advocacy Outcomes:** Number of policy changes influenced, health systems improvements documented.
 - **Capacity Milestones:** Staff recruitment, board development, and operational systems established.
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2. Conduct Regular Outcome Evaluations and Feedback Loops

To assess effectiveness and adapt as needed, CHAFO will:

- Carry out **biannual and annual evaluations** to measure program outcomes and community health improvements.
 - Integrate **community satisfaction surveys** and **feedback mechanisms** (e.g., suggestion boxes, focus groups) to ensure responsiveness to local needs.
 - Facilitate internal quarterly reviews to analyze data and make evidence-based course corrections.
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3. Document Success Stories and Policy Influence

To communicate impact and inspire learning, CHAFO will:

- Regularly document and publish **success stories**, **case studies**, and **testimonials** from community members and volunteers.
 - Track and report on instances of **policy influence**, such as contributions to district-level planning or resource allocation decisions.
 - Develop knowledge products (e.g., reports, briefs, infographics) to share lessons with stakeholders and position CHAFO as a thought leader in community health.
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4. Strengthen Data Systems and Learning Culture

To support efficient data management and adaptive programming, CHAFO will:

- Establish a **digital data management system** for secure storage, retrieval, and analysis of program data.
 - Train staff and volunteers on data collection tools, ethics, and usage.
 - Promote a **learning culture** by creating opportunities for reflection, peer learning, and continuous professional development.
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II. Risk Management

To safeguard its mission and sustain progress amid evolving challenges, **CHAFO** adopts a proactive and systematic approach to identifying, assessing, and mitigating risks that could impede its work.

I. Risk Mapping and Tracking

CHAFO will maintain a dynamic risk register that identifies and monitors key risks across multiple dimensions, including:

- **Political Risks:** Potential disruptions due to local political interference or changes in governance that could affect stakeholder cooperation or program implementation.
- **Climate-Related Risks:** Vulnerabilities to natural disasters such as cyclones, flash floods, and droughts which may damage infrastructure, displace communities, and hinder access to services.
- **Financial Risks:** Threats from fluctuating donor funding, economic instability, inflation, and budget shortfalls.
- **Operational Risks:** Risks related to staff capacity, supply chain interruptions, and information system failures.

Regular reviews will be conducted to update risk status and mitigation effectiveness.

2. Contingency Response Planning

Recognizing the high susceptibility of Nsanje and surrounding areas to climate shocks, CHAFO will develop and maintain a comprehensive contingency plan that includes:

- Pre-positioning of emergency supplies and resources to support rapid response.
 - Clear communication protocols for staff, partners, and communities during crises.
 - Training for staff and volunteers on disaster preparedness and response.
 - Partnerships with local authorities and humanitarian agencies for coordinated relief efforts.
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3. Financial Risk Mitigation

To enhance financial resilience, CHAFO will:

- Build a financial reserve fund to provide a buffer against funding gaps or emergencies.
 - Diversify its funding portfolio by cultivating multiple donor relationships and exploring alternative financing streams.
 - Institute stringent financial controls to prevent mismanagement and fraud.
 - Regularly review and adjust budgets to reflect changing economic conditions.
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I2.Alignment with National and Global Goals

To maximize relevance, effectiveness, and impact, **CHAFO** ensures that its strategic objectives, programs, and operations are fully aligned with Malawi's national development frameworks and the broader global development agenda.

12.1 National Alignment

CHAFO's strategy is closely linked to key national policies and plans that guide Malawi's health sector and development trajectory:

- **Malawi Health Sector Strategic Plan III (HSSP III):**
CHAFO supports the government's priorities of improving primary healthcare access, strengthening health systems, and addressing maternal and child health outcomes, which form the backbone of HSSP III.
 - **Malawi Implementation Plan I (MIP-I):**
CHAFO's community-based interventions contribute to MIP-I targets, emphasizing sustainable, localized health solutions and enhanced disease prevention and control.
 - **Malawi Vision 2063 (MW2063):**
CHAFO aligns its long-term vision with MW2063's goals for equitable development, health equity, and sustainable livelihoods, contributing to the country's socio-economic transformation agenda.
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12.2 Global Alignment

At the international level, CHAFO commits to supporting the Sustainable Development Goals (SDGs), particularly:

- **SDG 3: Good Health and Well-being**
CHAFO's focus on improving access to quality healthcare, maternal and child health, disease prevention, and community empowerment directly advances SDG 3's targets on reducing maternal mortality, ending epidemics, and achieving universal health coverage.
 - **Supporting SDGs 1, 2, 5, and 10**
By addressing health inequities, malnutrition, gender disparities, and vulnerable populations, CHAFO's work also contributes to the broader goals of poverty reduction, zero hunger, gender equality, and reduced inequalities.
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13. Implementation Roadmap

This phased implementation roadmap outlines CHAFO's prioritized actions over the next five years to systematically build organizational capacity, expand programmatic reach, and ensure long-term sustainability.

Year 1: Institutional Strengthening and Foundation Building

CHAFO: *Empowering Communities for Health*

- Recruit and onboard **five full-time staff** to support leadership, program management, finance, and operations.
- Develop and implement comprehensive **Monitoring, Evaluation, and Learning (MEL) systems** for data-driven decision-making.
- Conduct **board governance and leadership capacity-building** sessions.
- Establish or update key organizational policies, including HR, financial controls, and communication protocols.
- Strengthen partnerships with local government, community structures, and existing donors.

Years 2–3: Program Scale-Up and Resource Mobilization

- Expand core health interventions within Nsanje district, increasing beneficiary reach and service quality.
- Intensify **fundraising efforts**, targeting diversified donors including bilateral agencies, foundations, and private sector partners.
- Strengthen community engagement and volunteer networks to support program delivery and ownership.
- Amplify **advocacy activities** focused on health system improvements, policy influence, and resource allocation.
- Pilot innovative approaches for service delivery and financial sustainability.

Years 4–5: Geographic Expansion and Sustainability

- Scale CHAFO’s successful health programs to additional districts beyond Nsanje, responding to community needs and government priorities.
- Diversify program offerings to address emerging health challenges and gaps identified through MEL data.
- Institutionalize sustainable financing mechanisms, including reserves and social enterprise opportunities.
- Cement CHAFO’s role as a trusted partner in Malawi’s health sector through strengthened networks and thought leadership.
- Conduct comprehensive impact evaluations and strategic reviews to inform the next planning cycle.

I 4. Financial Sustainability and Resource Mobilization

Financial sustainability is critical for CHAFO to maintain and expand its impact on community health. Over the next five years, the organization will adopt a multi-pronged approach to diversify funding sources, build robust financial management systems, and explore innovative income streams.

I. Develop a Donor Engagement Strategy

CHAFO: *Empowering Communities for Health*

- Identify and cultivate relationships with a diverse range of donors including bilateral and multilateral agencies, foundations, corporate social responsibility (CSR) programs, and high-net-worth individuals.
 - Regularly communicate CHAFO's impact through tailored reports, success stories, and stakeholder engagement events.
 - Establish a donor stewardship plan to enhance retention and build long-term partnerships.
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2. Design Fundraising Campaigns

- Launch targeted fundraising campaigns both locally within Malawi and internationally, leveraging digital platforms, community events, and partnerships with faith-based and civic organizations.
 - Mobilize community support through awareness drives, charity events, and volunteer engagement to build grassroots fundraising capacity.
 - Explore crowd-funding and social media outreach to broaden the donor base.
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3. Explore Income-Generating Projects

- Conduct feasibility studies to identify viable social enterprises or micro-enterprises aligned with CHAFO's mission (e.g., health-related products, training services).
 - Pilot and scale income-generating activities that can supplement grant funding and provide financial buffers.
 - Build organizational capacity for managing business operations alongside program delivery.
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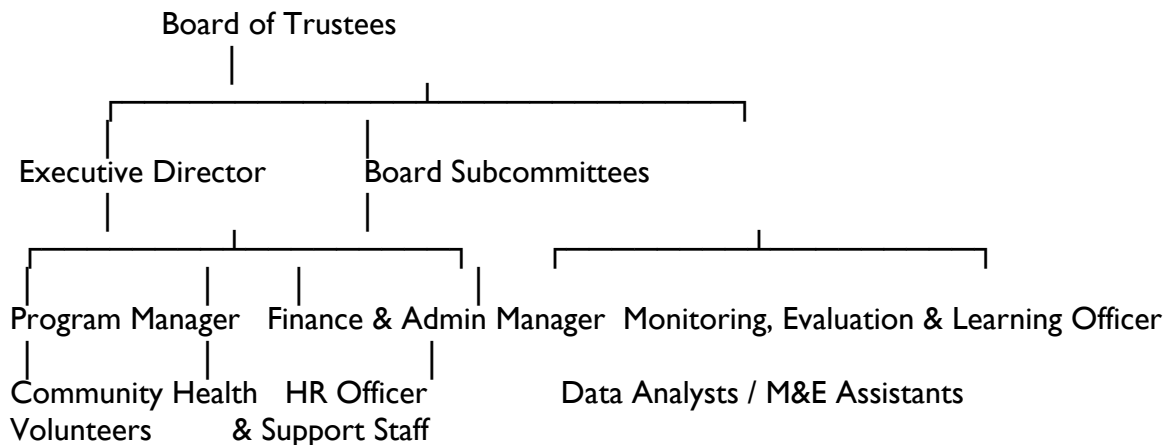
4. Develop Proposal-Writing Capacity

- Train staff and volunteers in grant proposal development, budgeting, and donor compliance requirements.
 - Establish a quality assurance process for proposals to increase success rates.
 - Maintain an updated database of funding opportunities and deadlines to ensure timely submissions.
-

I 5. Annexes

Annex A. Organizational Organogram

The organizational organogram below illustrates the governance and management structure of **CHAFO**, highlighting key roles and reporting lines necessary for effective oversight and operational execution.



- **Board of Trustees:** Provides strategic leadership, fiduciary oversight, and policy guidance.
 - **Executive Director:** Oversees daily operations, implementation of strategic plan, and stakeholder engagement.
 - **Program Manager:** Leads design, implementation, and monitoring of health programs.
 - **Finance & Admin Manager:** Manages financial systems, human resources, and administrative functions.
 - **MEL Officer:** Coordinates monitoring, evaluation, learning activities, and data management.
 - **Community Health Volunteers:** Serve as frontline implementers and liaisons within target communities.
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Annex B. SWOT Matrix

Strengths (Internal)	Weaknesses (Internal)
- Skilled and experienced leadership & staff	- Limited funding and reliance on small grants
- Strong partnerships with government & NGOs	- Part-time and volunteer staff; insufficient full-time staff
- Successful program implementation (e.g., Vitamin A supplementation)	- Weak human resource management systems
- Strong community and volunteer engagement	- Inadequate monitoring, evaluation & fundraising capacity
- Positive reputation and local credibility	- Limited internal controls and financial management
Opportunities (External)	Threats (External)
- Localization agenda favoring local NGOs	- Major donors withdrawing or reducing funding
- Growing community demand for health services	- Political interference affecting program delivery
- Potential expansion to other districts	- Climate change impacts (floods, droughts)
- Emerging funding sources and innovative financing	- High inflation and economic instability

Annex C. Monitoring, Evaluation, and Learning (MEL) Framework

Strategic Priority	Key Performance Indicator (KPI)	Data Source	Frequency	Responsible	Purpose/Use
Strengthen Organizational Capacity	- Number of full-time staff recruited	HR records	Annual	HR Manager	Track staffing growth and capacity
	- Board governance trainings conducted	Training reports	Annual	Executive Director	Ensure effective oversight
Fundraising and Resource Diversification	- Total funds raised (local and international)	Financial reports	Quarterly	Finance Manager	Monitor financial sustainability
	- Number of fundraising campaigns conducted	Campaign reports	Annual	Resource Mobilization Team	Assess fundraising efforts
Build Strategic Partnerships	- Number of formal partnership agreements	Signed MoUs	Annual	Program Manager	Track partnership growth
	- Frequency of stakeholder meetings	Meeting minutes	Quarterly	Executive Director	Strengthen stakeholder engagement
Improve Monitoring, Evaluation & Learning	- Number of program evaluations conducted	Evaluation reports	Biannual	MEL Officer	Measure program effectiveness
	- Community satisfaction survey results	Survey data	Annual	MEL Officer	Incorporate community feedback
Programmatic Focus Areas	- Number of beneficiaries served (by program)	Program records	Quarterly	Program Manager	Measure program reach and impact
	- Volunteer retention rate	Volunteer records	Annual	Community Coordinator	Sustain volunteer engagement
Advocacy and Policy Influence	- Number of health policies influenced or contributed to	Advocacy reports	Annual	Advocacy Officer	Track policy impact

Strategic Priority	Key Performance Indicator (KPI)	Data Source	Frequency	Responsible	Purpose/Use
	- Media mentions or public awareness activities	Media monitoring reports	Quarterly	Communications Officer	Measure visibility and awareness

Additional MEL Components:

- **Data Collection Methods:** Surveys, interviews, focus groups, routine reports, field visits.
- **Data Quality Assurance:** Regular staff training, data verification checks, and use of digital data tools.
- **Learning and Adaptation:** Quarterly reflection sessions, annual strategic reviews, and sharing lessons learned with stakeholders.
- **Reporting:** Production of quarterly and annual reports to donors, partners, and the community.

Annex D. Funding Projections (2025–2030)

The following funding projections outline anticipated resource needs and expected sources to support CHAFO's strategic priorities over the next five years. These projections are estimates and will be regularly reviewed and updated based on fundraising success and program expansion.

Year	Projected Budget (USD)	Key Funding Sources	Notes
2025	\$50,000	<ul style="list-style-type: none"> - NGO Regulatory Authority (NGORA) Grant - Vitamin Angels (in-kind support) - Other international donors - Small local donations 	Focus on institutional strengthening and staff hiring

Year	Projected Budget (USD)	Key Funding Sources	Notes
2026	\$80,000	<ul style="list-style-type: none"> - Expanded donor grants - Fundraising campaigns - Corporate social responsibility (CSR) 	Program scale-up in Nsanje
2027	\$120,000	<ul style="list-style-type: none"> - Multilateral and bilateral grants - Income-generating activities - Local fundraising 	Continued program expansion and advocacy Piloting new revenue streams
2028	\$130,000	<ul style="list-style-type: none"> - Diversified donor portfolio - Social enterprise income - Partnerships with NGOs and government 	Geographic expansion beyond Nsanje
2029	\$150,000	<ul style="list-style-type: none"> - Increased grants and contracts - Social enterprise and local fundraising 	Scaling up services and sustainability efforts
2030	\$200,000	<ul style="list-style-type: none"> - Stable mixed funding base 	Established reserves and diversified income streams

Key Assumptions:

- Gradual increase in budget reflects phased program growth and institutional capacity building.
- Donor diversification reduces dependency on a few sources.
- Income-generating activities start small but grow steadily to contribute to financial sustainability.
- Inflation and operational cost increases are accounted for in budget escalations.

Financial Management Priorities:

- Ensure transparent and accountable use of funds through regular audits and financial reporting.
- Build a reserve fund equal to 3-6 months of operational costs by Year 5.
- Invest in staff training and systems to improve fundraising efficiency and compliance.

Annex E. Stakeholder Map

Stakeholder Group	Role / Interest	Level of Influence	Engagement Approach
Board of Trustees	Governance, strategic oversight, policy approval	High	Regular meetings, strategic retreats, capacity building
Executive Director & Staff	Daily management, program implementation, monitoring	High	Weekly operational meetings, training, performance reviews
District Executive Committee (DEC)	Policy guidance, resource allocation, local government support	High	Formal MoUs, joint planning, quarterly review meetings
District Health Office (DHO)	Health sector coordination, technical guidance, service delivery	High	Collaboration on program planning, data sharing, technical support
Village Development Committees (VDCs)	Community mobilization, grassroots implementation	Medium	Community dialogues, participatory planning, regular feedback
Area Development Committees (ADCs)	Oversight of development activities in local areas	Medium	Joint planning sessions, engagement during program rollout
Community Health Volunteers	Frontline health promotion, beneficiary linkages	Medium	Training, supervision, recognition events
Beneficiaries (Community Members)	Service recipients, feedback providers	Low	Community meetings, satisfaction surveys, feedback channels
Donors (e.g., Vitamin Angels, NGORA, MHEN)	Funding provision, technical assistance, reporting requirements	High	Donor reports, impact communication, site visits
Non-Governmental Organizations (NGOs) & Networks	Collaboration, advocacy, knowledge sharing	Medium	Network meetings, joint initiatives, advocacy coalitions
Malawi Government Ministries	Policy formulation, national health sector support	High	Policy dialogues, alignment with national plans
Private Sector Partners	Potential funding, CSR activities, technical support	Low to Medium	Partnership development, joint CSR campaigns
Media	Public awareness, advocacy, community education	Low	Press releases, media briefings, feature stories

Visual Representation

