CHRISTIAN HEALTH ASSOCIATION OF KENYA

Strategic Plan 2023 – 2028

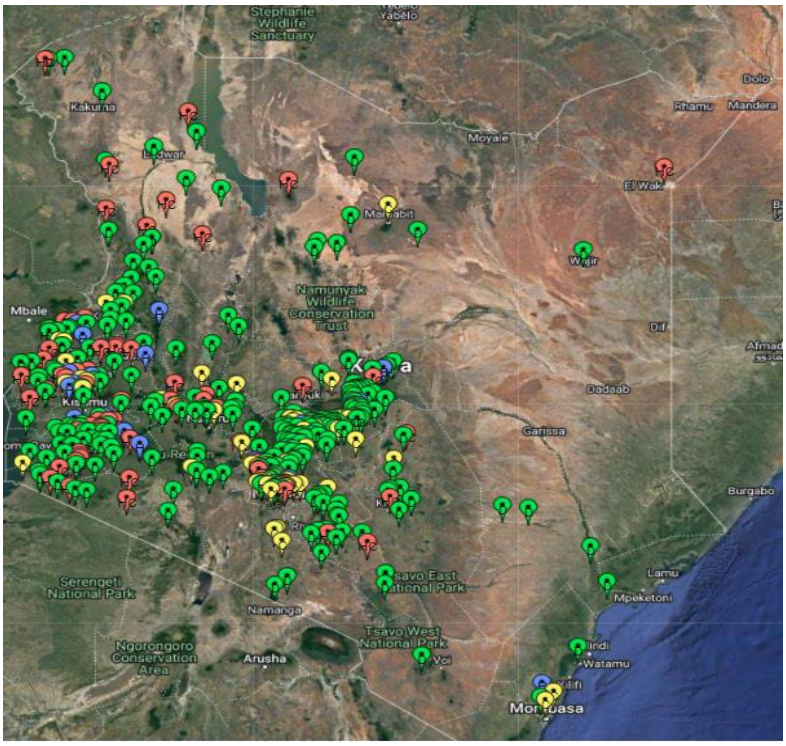
Promoting universal access to quality health care in Kenya

delivered through a resilient health system

CHAK Identity

CHAK is a national faith-based organisation of the Protestant Churches, health institutions and programs from all counties of Kenya providing quality health care since 1946 through building of health systems, partnerships, and community empowerment. CHAK is founded upon Revelation 22:2 which states "on either side of the river there was there the tree of life which bore the twelve kinds of fruits and yielded her fruit every month: and the leaves of the tree were for the healing of the nations."

Map of Kenya showing location of CHAK member health facilities



Vision

Quality health care for all to the glory of God.

Mission Statement

To facilitate provision of quality health services through health systems strengthening, innovation, training, advocacy and partnerships as a witness to the healing ministry of Christ.

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Acknowledgement

The General Secretary and CHAK management team wish to express their gratitude to all those who supported and contributed to the end-term external evaluation of the Strategic Plan 2017-2022 and the development process of this Strategic Plan 2023-2028. We thank all CHAK Member Health Units who gave their feedback in the evaluation process. Special appreciation to all those who participated in and shared their views and recommendations during the CHAK Strategic Plan 2017-2022 MHUs evaluation workshop held in Nairobi in July 2022. Their contributions have informed the environmental and stakeholder analysis and articulation of the strategic priorities.

CHAK Secretariat staff have worked tirelessly to facilitate the end-term evaluation of the previous strategic plan and the development process of the current strategic plan. We particularly wish to register appreciation to the Strategic Plan Development Steering Committee which was co-chaired by Dr Mutugi Muriithi and Irene Wagaki and the members Evelyn Gathuru, Geoffrey Mwalo, Mark Machira, Moses Mokua and Winnie Ochieng. The editorial team of Evelyn Gathuru and Anne Kanyi are also recognized and appreciated. This team put in a lot of work to process all the inputs into this strategy document.

The Chairman and Executive Committee (Board) provided support and inspiration. We thank them for allowing the necessary resources and for their individual and collective input towards the development of this strategic plan. EXCO chartered the vision, mission, values and strategic options that provided CHAK Secretariat technical teams with the benchmarks for developing the detailed strategic document.

We thank the external evaluation consultants, Dr Jonathan Kiliko and Jonathan Mbului for their facilitation of the end-term external evaluation process that documented important findings and recommendations which have been utilized in articulating this strategy. Dr Kiliko also provided technical support to the Strategic Plan Development Technical Working Group.

The Ministry of Health has steered the health sector through critical reforms of devolution of health services, universal health coverage, primary health care, health systems strengthening and management of the COVID-19 pandemic. We thank the Ministry of Health for its leadership role in the health sector, recognition and involvement of CHAK in the Health Sector Partnership and Coordination Framework and new policy developments. This has enhanced our knowledge of emerging developments in the health sector and created impetus for development of this strategic plan. The Council of Governors facilitate CHAK engagement with the County Governments on health. The MoU developed and signed between Kenya Faith Based Health Services Consortium and Council of Governors provided a good framework for partnership engagement with the counties. CHAK will advocate for the MoU review to align it with the national and county governments health priorities.

We cannot forget to thank our dependable development partner Bread for the World-Protestant Development Service from Germany who provided resources for the evaluation process. We thank Bread for the World-Protestant Development Service for their long-term partnership with CHAK which has contributed tremendously to the organization's capacity development and programmes. We also sincerely thank our other partners; CDC/PEPFAR, USAID, Gates Foundation, Astra Zeneca, DANIDA/Novo Nordisk and Novartis for supporting the implementation of specific components of the concluded Strategic Plan.

It is our prayer and hope that we will continue to partner in the implementation of this strategic plan over the period 2023-2028. We take inspiration from Proverbs 16:3; "Commit to the Lord whatever you do, and he will establish your plans".

Dr Samuel Mwenda
GENERAL SECRETARY

Foreword

Implementation of CHAK Strategic Plan 2017-2022 came to an end in December 2022. During this plan period, CHAK made tremendous progress in organizational capacity development and expansion of programmes through enhanced scope and diversification of donor partners.

Institutional capacity was enhanced through expansion of the human resource capacity of the secretariat, projects and strategic partnerships. Internal systems strengthening was enhanced through the migration of financial and resources management to Microsoft Nav 365 ERP, an efficient and integrated system for resource management for diverse projects.

CHAK led a consortium that was funded by PEPFAR through CDC that successfully implemented the five-year CHAP Uzima project that delivered quality HIV care and treatment services in 19 counties with HIV testing to 1.12m people, ART to over 56,400 PLWHIV with viral load suppression of 95 per cent and supported over 5,800 orphans & vulnerable children. A new HIV care and treatment project was awarded by USAID that has further expanded CHAK work and response to the pandemic. Advocacy remained a key area of CHAK work with the notable achievement of the MoU between FBOs, Council of Governors and MOH which enhanced collaboration and partnership. Strategic engagements were held with MOH and NHIF on UHC and health financing. CHAK programmes expanded to include Non-Communicable Diseases covering Hypertension, Diabetes, cervical cancer, Asthma and Sickle Cell disease. The global COVID-19 pandemic presented a major challenge to health systems. We are grateful to the Government and partners for the successful response and provision of COVID vaccines. CHAK partnered with PEPFAR to implement a nationwide initiative on dissemination of COVID-19 messages of hope. Through partnership with the Africa Christian Health Associations Platform (ACHAP), CHAK was funded by USAID and implemented a successful community-based reproductive, maternal, child and adolescent health project in Kilifi County. Our partnership with Bread for the World provided a variety of medical equipment for MHUs and provided funding to procure high quality dosimetry and quality assurance calibration equipment for the CHAK NHCTS programme. CHAK has obtained a licence from the Kenya Nuclear Regulatory Authority for the Dosimetry Lab that is providing radiation exposure safety monitoring and calibration services for anaesthesia machines and ventilators. Through strategic public-private-partnerships, CHAK member hospitals introduced specialized services such as dialysis, MRI and Lab equipment. CHAK membership recorded steady growth to close year 2022 at 587 members. Our Annual Health Conference and AGM have become vibrant events for networking, learning, information dissemination and strategic engagement.

The external evaluation of CHAK Strategic Plan 2017-2022 conducted by a consultancy team of Dr Jonathan Kiliko and Jonathan Mbului has documented the organisation's performance of the ended strategic plan period and identified organizational strengths and environmental opportunities we need to build on. It has also pointed out the need to address internal capacity gaps and external

threats. Financing, staff retention, membership engagement, regulatory burden and sustainability of quality services have been identified as the key challenges facing MHUs in health service delivery. The COVID-19 pandemic had a negative impact on some of the previous gains in health systems strengthening.

CHAK Strategic Plan 2023–2028 whose theme is "promoting universal access to quality health care in Kenya" has been developed through a participatory process that involved member health units, EXCO, all secretariat departments and technical staff. The Strategic Plan has the vision "Quality Healthcare for all to the glory of God". To achieve this vision, CHAK Secretariat will be guided by the mission; "To facilitate provision of quality health services through health systems strengthening, innovation, training, advocacy and partnerships as a witness to the healing ministry of Christ".

To maximize efficiency in utilization of the available scarce resources, CHAK has adopted a strategy of integration, innovation and partnerships. The strategic plan priority areas have been clustered into six strategic thematic areas, namely: health service delivery, health systems strengthening, advocacy, partnerships and networking, sustainable financing and resource management, strategic information management and branding, marketing and communication. The scope of health services will be expanded to include communicable, non-communicable, maternal and child health, WASH, nutrition, mental health and determinants of health.

CHAK regional structure of RCCs will play a key role in membership engagement.

To address the capacity gap in business development through proposal writing and the M&E weakness identified in the evaluation, the organization structure has been enhanced to include a Business Development Unit led by a Business Development expert and the M&E strategy has been elaborated for all projects and the strategic plan. A communication strategy has been developed to guide branding, marketing and communication. ICT innovations will be promoted and deployed to enhance resource management, data processing and reporting. The integrated CHAK Hospital Management software will be patented and commercialized for sustainable deployment.
We are rolling out this ambitious plan because we have inspiration from our Christian foundation. We trust God for the provision of partners, resources and an enabling environment. The Almighty God who has called us to this healing ministry has given us assurance in 1 Thessalonians 5:24 which states: "The one who calls you is faithful and He will do it." We believe God has a good plan for the prosperity of CHAK as recorded in Jeremiah 29:11 which states: "For I know the plans I have for you…plans to prosper you, ... plans to give you hope and a future".

We invite all potential partners to join hands with us and to support our efforts towards implementation of this Strategic Plan. Through focused collaborative effort, determination and

effective stewardship, we will deliver on the aspirations and commitments in this plan for the service of the people of Kenya and the region.
May God bless you and bless the CHAK network!

Rt. Rev. Charles Asilutwa

Chairman, CHAK

Abbreviations and acronyms

ACHAP	Africa Christian Health Associations Platform
AGM	Annual General Meeting
AHC	Annual Health Conference
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBHC	Community Based Heath Care
CBO	Community Based Organization
CCM	Country Coordinating Mechanism for Global Fund
CES	County Engagement Structures
CHAK	Christian Health Association of Kenya
CHAS	Christian Health Associations
CHCK	Catholic Health Commission of Kenya
CHEW	Community Health Extension Workers
CHMS	CHAK Hospital Management System
CHMT	County Health Management Team
CHSCC	Church Health Services Coordinating Committee
CHV	Community Health Volunteers
CME	Continuing Medical Education
CORPS	Community Own Resource Persons
CPD	Continuous Professional Development
CPR	Contraceptive Prevalence Rate
eMTCT	Elimination of Mother to Child Transmission of HIV
EXCO	Executive Committee
FBHSCC	Faith Based Health Services Coordinating Committee
FBO	Faith Based Organization
FAD	Finance and Administration Department
FAM	Finance & Administration Manager
GFTAM	Global Fund to fight Tuberculosis, AIDS and Malaria
GOK	Government of Kenya
GS	General Secretary
HBC	Home Based Care
HCTS	Health Care Technical Services
HENNET	Health NGOs Network

HMIS	Health & Management Information Systems
HIV	Human Immunodeficiency Virus
HSCC	Health Sector Coordinating Committee
HTS	HIV Testing Services
HRH	Human Resources for Health
HRIS	Human Resource Information Systems
HRM	Human Resource Management
HSD	Health Services Department
HSM	Health Services Manager
ICC	Inter Agency Coordinating Committee
ICT	Information Communication Technology
IOD	Institutional & Organizational Development
IEC	Information Education and Communication
KCCB	Kenya Conference of Catholic Bishops
KCM	Kenya Coordinating Mechanism
KEBS	Kenya Bureau of Standards
KEMSA	Kenya Medical Supplies Agency
KEPH	Kenya Essential Package for Health
KQMH	Kenya Quality Model for Health
MNCH	Maternal, Neonatal and Child Health
MEDS	Mission for Essential Drugs and Supplies
MHU	Member Health Unit
MIS	Management Information Systems
MOH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS & STI Control Program
NCCK	National Council of Churches of Kenya
NCK	Nursing Council of Kenya
NGO	Non-Governmental Organisation
NHIF	National Hospital Insurance Fund
NHSSP	National Health Sector Strategic Plan
OJT	On-job Training
PEP	Post-exposure prophylaxis of HIV/AIDS
PEPFAR	Presidential Emergency Plan on AIDS Relief

PHC	Primary Heath Care
PLWHA	People Living with HIV&AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
RCC	Regional Coordinating Committee
RH	Reproductive Health
SWOT	Strengths-weaknesses-opportunities-threats
TA	Technical Assistance
TOR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counselling and Testing
WCC	World Council of Churches
WHO	World Health Organization

Executive summary

CHAK is a national faith-based organisation of the Protestant Churches, health institutions and programs from all counties of Kenya providing quality health care since 1946 through building of health systems, partnerships, and community empowerment. CHAK aims at becoming the FBO of choice in delivery of quality health services in Sub-Saharan Africa through adopting best practices and innovations in health programming and strengthening health systems, while upholding its core values.

The organisation will incorporate sustainable financing and resource management approaches for sustained organisational operations and will establish and maintain partnerships and networks to collaborate with other stakeholders to strategically position in the health sector. Robust strategic information approaches will be employed, ensuring the organisation is on course to achieving its strategic goal. CHAK will enhance its brand by implementing an inclusive communication strategy.

CHAK Strategic Plan 2023–2028 whose theme is "promoting universal access to quality health care in Kenya" has been developed through a participatory process that involved member health units, EXCO and all secretariat departments and technical staff. The Strategic Plan has the vision "Quality Healthcare for all to the glory of God".

To achieve this vision, CHAK Secretariat and projects will be guided by the mission; "To facilitate provision of quality health services through health systems strengthening, innovation, training, advocacy and partnerships as a witness to the healing ministry of Christ". In their daily work, the staff, members and partners will uphold transparency, accountability, integrity, teamwork, innovation and professionalism as core values.

An elaborate stakeholder mapping and analysis has been done and a detailed environmental analysis conducted to identified internal strengths and weaknesses and external threats and opportunities. Strategies have been adopted that will reduce weaknesses, mitigate threats and harness opportunities while leveraging on our strengths

To maximize efficiency in utilization of the available scarce resources, CHAK has adopted a strategy of integration, innovation and partnerships. The strategic plan priority areas have been clustered into six strategic thematic areas namely:

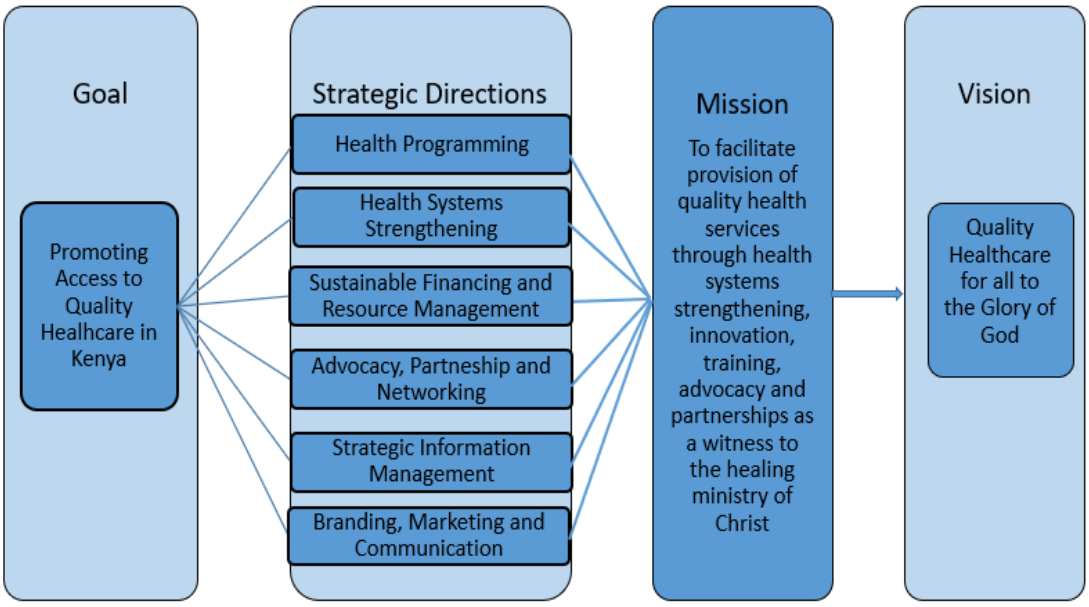
i. Health service delivery
ii. Health systems strengthening
iii. Advocacy, partnerships and networking
iv. Sustainable financing and resource management
v. Strategic information management
vi. Branding, marketing and communication

The scope of health services will be expanded to include communicable, non-communicable, maternal and child health, WASH, nutrition, mental health and determinants of health. Our implementation plans, programmes design and implementation approaches will be inclusive and gender responsive.

Performance will be tracked using a robust M&E strategy which has been articulated and results and achievements will be disseminated guided by a communication strategy which has been put in place. CHAK will integrate adoptive learning as part as part of implementation and data management strategy.

A detailed implementation logframe with specific objectives, time bound activities and measurable targets has been developed as part of this strategic plan. Costing has been done for each objective to provide the estimated budgetary need.

Strategy conceptual framework



Chapter 1: INTRODUCTION

Background information: Operating and planning context

Global Health status

Global health strategies call for precise focus to reach people most affected and at risk for each disease that addresses inequities. They promote synergies under a universal health coverage and primary health care framework and contribute to achieving the goals of the 2030 Agenda for Sustainable Development. (WHO: Global health sector strategies 2022-2030)

The global 2018 Declaration of Astana on Primary Health Care (PHC) vows to strengthen PHC systems as an essential step towards achieving universal health coverage. The Declaration of Astana reaffirmed the historic 1978 Declaration of Alma-Ata and envisions:

- Governments and societies that prioritize, promote and protect people's health and well-being, at both population and individual levels, through strong health systems
- Primary health care and health services that are high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed

Lessons from the Alma Ata Declaration of 1978 and the October 2018 Astana Declaration have been integrated in the Kenya UHC Policy and the updated Primary Health Care Policy. Comprehensive and integrated primary health care forms the bulk of health services in the community. Maternal and child health services and NCD screening and management of uncomplicated cases will be done at primary health care level with appropriate referral. The UHC Policy framework has prioritized investment towards strengthening community level services through primary health care as the main vehicle for delivering UHC.

COVID-19, which has infected 500 million people (as of mid-2022) and led to 15 million deaths (2020-2021), has threatened global health and reversed the gains made towards SDG 3. For example, by the end of 2021, 92 per cent of countries had experienced disruptions in essential health services and 3.7 million more children missed basic vaccines in 2020 compared to 2019.

The pandemic halted progress on UHC, decreased global life expectancy and increased prevalence of mental health issues, NCDs and increased incidences of SGBV[2].

The WHO calls for global solidarity for worldwide health security by strengthening and forming partnerships between countries to improve preparedness for pandemics and health emergencies, as

well as hastening access to COVID-19 tests, medicines and vaccines, while ensuring equitable access and strengthening health systems to deliver them.

Advance health for all is another global priority which will be achieved by implementing primary health care and UHC to ensure that people of all ages can access essential health services. In line with this is the need to address health inequities by addressing their drivers such as income, gender, disability, ethnicity, living in rural areas or disadvantaged urban areas and unemployment conditions.

There is a global call to intensify response to communicable diseases including prevention, treatment and care, with increased efforts to eliminate AIDS, TB, malaria and Neglected Tropical Diseases (NTDs).

The WHO estimates that non-communicable diseases (NCDs) accounted for seven of the top ten causes of death in 2019. It is therefore imperative that there is a global focus on screening and treatment for diseases such as diabetes, heart disease and cancer, as well as promoting mental health and preventing and treating mental health conditions.

Climate change is another focus area as it is closely connected to health and wellbeing. Data-driven decision making and learning is central in strengthening global health systems.[3]

Kenya health sector

Kenya has a relatively stable social political environment that enables economic activities and investment to thrive. Kenya adopted a new Constitution in 2010 that transformed the governance structure to a devolved system with 47 semi-autonomous county governments and a national government. Health services have been devolved to the county governments with the national government left to deal with policy, regulation, capacity building and oversight of national referral hospitals.

The Constitution of Kenya guarantees all citizens the right to quality healthcare. This includes reproductive health of the highest attainable standards and access to emergency medical treatment among other rights.

Kenya has witnessed increased budget allocation in health sector from 7.8 per cent pre-devolution in FY 2012/13, to 9.1 per cent in FY 2019/20[1]. Despite the significant increase in health sector budget allocations, current trends still fall short of the government's pledged target of 15 per cent of the total national budget to health as articulated in the 2001 Abuja Declaration[2].

Kenya has adopted universal health coverage (UHC) as a priority developmental agenda towards delivering its commitment on SDG3 focusing on health and wellbeing for all. Progress towards UHC is a means to realizing the right to health as enshrined in the Kenyan Constitution, and ambitions set out in Vision 2030, the Kenya Health Policy 2014 – 2030, Sessional paper No 2 of 2017, Health Act 2017 and the Big 4 Agenda. It is also in line with Kenya's commitment to the Sustainable Development Goals (SDGs).

The COVID-19 pandemic which affected the country from 2020 to 2022 threatened to roll back the gains achieved over 10 years of devolution and exacerbated health financing and human resources for health challenges leading to closure of several primary level faith-based health facilities.

Additionally, climate change has disrupted normal weather patterns and agricultural productivity, while the global economic recession and high fuel prices driven by the conflict in Ukraine has increased the cost of inputs, negatively impacting health service delivery in Kenya.
UHC is an investment in human capital and a foundational driver for inclusive and sustainable economic growth and development. Progress towards UHC will enable Kenya to protect the poor and vulnerable, invest in its human capital and make progress in its overall goal of inclusive human development (Kenya Universal Health Coverage (UHC) Policy: 2020-2030)

Kenya went through a competitive election in August 2022 which ushered in a new administration. Review of the Health Policy and UHC agenda is therefore anticipated.

Kenya remains a lower middle-income country with 34.3 per cent of its estimated 56 million people living below the poverty line[3] and 79 per cent living in the rural areas and relying on small scale agriculture and micro enterprise for their income[4].

Kenya's population is growing faster than its economy, stretching limited resources. Further, the HIV/AIDS epidemic and COVID-19 pandemic have left many orphans and households headed by women which are more vulnerable to poverty. The country continues to suffer due to the heavy burden of communicable diseases, growing cases of non-communicable diseases, as well as emerging and re-emerging diseases.

Rural women are particularly vulnerable due to the socio-cultural construction of communities which limits equal access to social and economic assets.

UHC policy framework for Kenya

The SDG 3 has the goal of good health and wellbeing for all through a strategy of Universal Health Coverage. The Government of Kenya has committed to implement Universal Health Coverage (UHC) as a development priority agenda. This would ensure that all individuals and communities in Kenya have access to the quality essential health services that they need without suffering financial hardship.

The UHC policy spells out the country's goals and aspirations and provides strategic interventions and priority areas of implementation. The policy objectives are:

1. Strengthen access to health services
2. Ensure quality of health services
3. Protect Kenyans from the financial risks of ill health
4. Strengthen the responsiveness of the health system

It is acknowledged that successful implementation will require contribution of all stakeholders in the health sector, including faith-based health services.

The main objectives towards achieving UHC in Kenya are progressive increase in the percentage of Kenyans with coverage for essential health services covered under pre-paid health financing mechanisms such as health insurance, subsidies, and direct government funding; and, progressively expanding the scope of the health benefits package and quality of services while protecting Kenyans from catastrophic health expenditure, particularly the poor and vulnerable groups.

The MOH has also launched development of the Digital Health Platform as part of the Government's digitalization. The platform's goal is to transform health data collection, transmission and processing from manual to automated systems. It has the vision of building interoperability with existing well-developed systems and improving access to information through mobile platforms.

Kenya has achieved gains in implementation and roll out of UHC including renewed and strengthened focus on Primary Health Care (PHC) and community health systems.

Counties are now deliberately focusing efforts and resources on quality, access and demand for health services at community level and enforcing strategies that ensure public participation by offering citizens the opportunity to engage with government in decision-making processes on health sector planning and budgeting.

Role of faith-based organisations in Kenya's health sector

Faith-based organisations have played a key role in the country's health sector over decades. The Christian Health Association of Kenya (CHAK) and the Kenya Conference of Catholic Bishops (KCCB) provide an estimated 40 per cent of health care in the country through an expansive network of community-based health programmes, health facilities, medical training institutions and the supply chain organisation (Mission for Essential Drugs and Supplies).

As the country implements the UHC policy, Kenya Faith-based Health Services Consortium (KFBHC) continuously advocates for inclusion of FBO health services.
The re-launch of PHC through the 2018 Astana Declaration and review of the Kenya Primary Health Care Policy has given new impetus to the critical place of primary health care services.

The FBOs will strategize to reclaim their leadership role in community level services including preventive, health promotion, curative and rehabilitative by utilising the unique linkages between health facility, church and community.

CHAK has demonstrated the power of this community model through the successes in COVID-19 pandemic response, HIV management, RMNCAH/FP and NCDs programmes in education, awareness, screening and linkage for treatment.

CHAK is proactively engaged in development of the UHC policy framework through various technical working groups and the UHC inter-agency steering committee. The expectation is that UHC will create an impetus for improving and promoting utilisation of health services by various service providers, including FBOs.

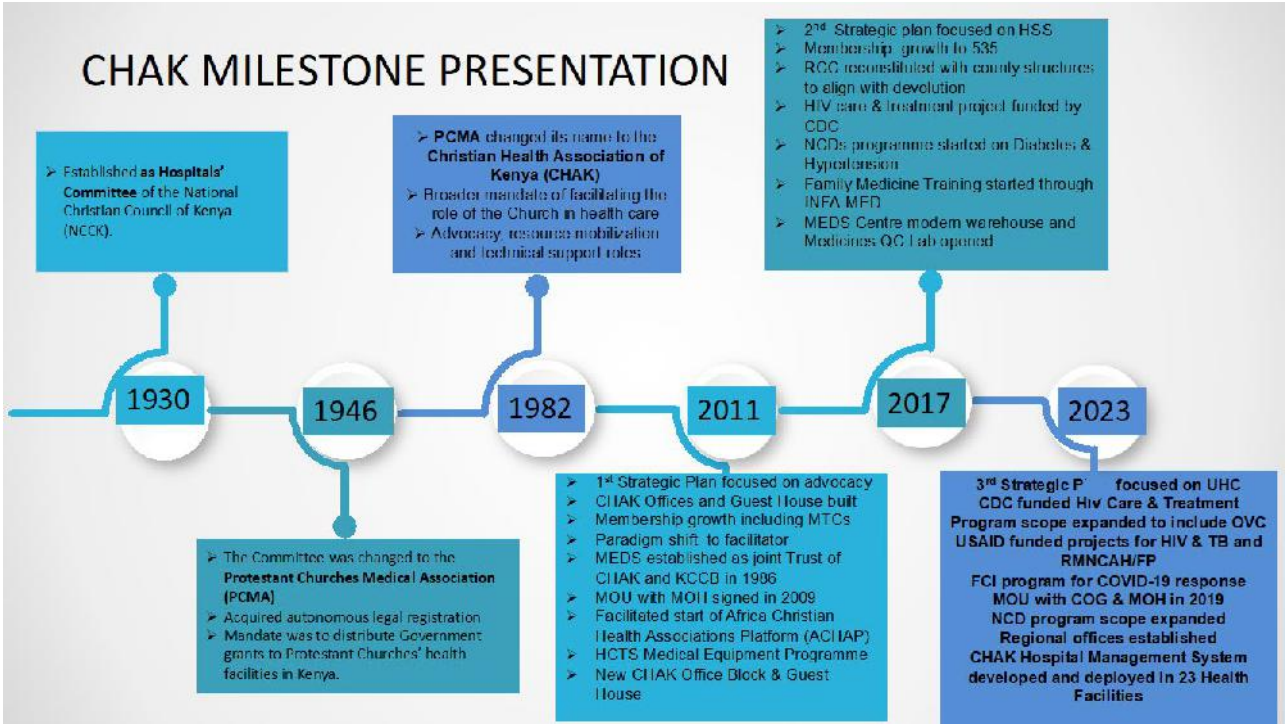
A panel of experts has developed a costed health benefits package for UHC and the General Secretary of CHAK served as a member of the health financing reforms taskforce which produced a report with recommendations for NHIF reforms towards positioning it as a strategic purchaser of the health benefits package for UHC.

Implementation of these reforms will enhance efficiency of NHIF in financing essential health services in a predictable and reliable way for faith-based health facilities.

CHAK plays a pivotal role in advocating for implementation of the MoU between MOH & Council of Governors and Kenya Faith-based Health Services Consortium (CHAK, KCCB, SUPKEM & MEDS) which sustains recognition by the national and county government.

Christian Health Association of Kenya

CHAK Milestones since inception



CHAK governance and leadership structure

CHAK has an elaborate governance structure which includes the Annual General Meeting (AGM), a Board of Trustees comprising of senior religious leaders, Executive Committee (EXCO), which is the Board and Board sub-committees (Finance, Programmes and Human Resource, Audit and Risk and Tender committee).

The Secretariat is overseen by the Management Team, while the Internal Audit unit oversees compliance.

Capability statement

CHAK is a national faith-based organisation of Protestant Churches' health facilities, community-based programmes and medical training colleges with 535 members across 45 of the 47 counties of Kenya as of 2022.

CHAK's key areas of strength are RMNCAH, HIV/AIDS, NCDs, Health Systems Strengthening (HSS) and advocacy programming.

CHAK works in collaboration with the Ministry of Health to facilitate provision of quality health care and enjoys partnership with health sector stakeholders including FBOs, private sector, communities, international agencies and development partners to propel provision of quality health services.

CHAK's faith platforms are of advantage and are used to address community challenges and address social determinants of health. CHAK has both national and county presence through its regional structures and MHUs present in 45 counties in Kenya. Additionally, CHAK is a founding partner of MEDS, a leader in providing efficient and reliable access to affordable quality essential medicines and health products. Training institutions in the CHAK network provide opportunities for continuous capacity building for a highly skilled workforce. CHAK has robust systems for grants management, project implementation, reporting and experience in managing diverse donor grants.

Service coverage

CHAK is a national faith-based organisation of the Protestant Churches and is dedicated to promoting universal access to quality health care in Kenya. CHAK has a long history of collaborating with the Government, through the Ministry of Health (MOH), Civil Society Organisations (CSOs), development partners, other faith-based organisations (FBOs) and private sector to provide healthcare services to populations in need, especially vulnerable and marginalised communities.

Since its establishment in 1946, CHAK has consistently supported faith-based health institutions and programmes through its programmes. CHAK Secretariat forms a vital link between MOH and faith-based healthcare institutions and health workers. The CHAK network engages communities to empower them to seek and access quality health care.

CHAK membership is grouped into four regions covering the whole country, which are:
(a) Eastern/North Eastern region,
(b) Central/Nairobi/South East/Coast region,
(c) Western/North Rift region,
(d) Nyanza/South Rift region.

As at December 31, 2022, CHAK had 587 members (33 hospitals, 125 health centres, 318 dispensaries, 27 community-based healthcare programs, 68 churches and church organisations, 16 medical training colleges and universities, and, 50 church denominations affiliations).

Health programming

CHAK's activities are aligned to the Kenya Constitution 2010 which provides "that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care"[4] and are in line with national health priorities as articulated in the Kenya Health Policy 2014-2030.

The policy has the following eight building blocks: service delivery systems, health leadership and governance, health infrastructure, human resources for health, health products and commodities, health management information systems and M&E, health financing; and health research and development.

Its strategic objectives aim to accelerate reduction of the burden of communicable diseases, halt and reverse the burden of non-communicable diseases, reduce the burden of violence and injuries, improve person centred essential health services, minimise exposure to health risk factors and strengthen collaboration with health-related sectors.

CHAK works at the community, primary care level, county and national levels which are defined by the Kenya Essential Package for Health.

CHAK strategy for engagement in UHC

CHAK has been engaged in development of the UHC policy framework through various technical working groups and the UHC Inter-agency Steering Committee. It is expected that UHC will create impetus for improving and promoting utilization of health services.

A UHC pilot programme was started in December 2018 in in public health facilities in four counties. A panel of experts has developed a costed Health Benefits Package for UHC and the General Secretary of CHAK served as a member of the Health Financing Reforms Taskforce which produced a report with recommendations for NHIF reforms towards positioning it as a strategic purchaser of the UHC health benefits package.

Implementation of the reforms will enhance efficiency in NHIF by financing essential health services in a predictable and reliable way for Faith-based and other health facilities.

As the country continues to implement the UHC policy, CHAK will advocate for inclusion of FBO health services. The re-launch of Primary Health Care (PHC) through the Astana Declaration and review of the Kenya Primary Health Care Policy have made clear the critical place of primary health care services. The FBOs will strategize to reclaim their leadership role in preventive, health promotion, curative and rehabilitative services by utilizing the unique linkages between health facility, church and community. CHAK has demonstrated the power of this community model through the successes in COVID-19 pandemic response, HIV management, RMNCAH/FP programmes and NCDs.

CHAK collaborates with County Health Management Teams (CHMTs) to build capacity of health care workers and strengthen health systems of MHUs. CHAK has successfully implemented TB, Malaria, RMNCAH, FP, NCDs and HIV programs through support of partners such as Bread for the World, PEPFAR, CDC, USAID, Global Fund, Novo Nordisk, Novartis, AstraZeneca, The Gates Foundation, African Christian Health Associations Platforms (ACHAP), Christian Connections for International Health (CCIH), World Council of Churches (WCC) and other partners.

CHAK is recognised in the health sector and is part of Interagency Coordinating Committees and their respective thematic technical working groups. CHAK position is unique in providing holistic

support to Member Health Units (MHUs) by harnessing the technical expertise in health programming for continuous quality improvement.

In addition, CHAK has rich experience in strengthening demand creation for health services through engagement of religious leaders and other community structures.

CHAK's role in health advocacy

CHAK led the FBO partners in the Kenya Faith-based Health Services Consortium to develop the partnership framework with MOH and Council of Governors MoU which was signed in 2019. CHAK also facilitated engagement meetings of religious leaders with the Cabinet Secretary for Health which discussed the government priority agenda and strengthening partnership with FBOs for service delivery scale-up.

CHAK has achieved good visibility and recognition in the health sector in Kenya as a result of performance, credibility and effective representation of MHU issues to national and county governments and the other health sector stakeholders.

Faith-based organisations involved in health in Kenya have established the Kenya Faith-based Health Services Consortium (KFBHSC) which is chaired by CHAK General Secretary and leads advocacy and partnerships for the FBOs in Kenya. CHAK has also engaged in regional and global advocacy through participation in the Africa Christian Health Associations Platform, CSOs Leadership Team in Kenya, WCC and CCIH, as well as leading the PEPFAR Faith and Community Initiative in Kenya.

Implementation of CHAK Strategic Plan 2017-2022

Implementation of the CHAK 2017-2022 Strategic Plan was affected by several factors, resulting in an overall rating of 80 per cent in the planned activities for the period. As part of strategy evaluation, a rapid assessment was carried out to ascertain CHAK performance, including stakeholder surveys to determine the extent of achievement in light of set goals and objectives. The evaluation elucidated the following success factors, challenges and lessons learnt:

Key achievements

- Enhanced advocacy
- Strengthened resource mobilisation
- Increased member engagement
- Improved performance monitoring, learning and knowledge management
- Effective grant management systems
- Effective communication

- Dissemination of updated/new health sector guidelines and policies
- Inclusivity, openness and integrity
- Good governance
- Enhanced partnerships
- Strengthened innovations for improved service delivery including CHAK Hospital Management Software, m-health applications (CHAK mPower, Ushauri, Nishauri, m-Lab, C4C), CHAK DHIS platform (iSTREAM) and digital health applications e.g. Kobo Collect

Challenges faced in implementation

- Limited financial resources
- Staff turnover in MHUs
- Limited involvement of some MHUs in projects due to inadequate resources
- COVID-19 pandemic
- Global economic challenges
- Cultural beliefs, myths and misconceptions that hinder health seeking behaviour
- Community expectations for support
- Inaccessible areas due to insecurity and poor infrastructure
- Limited/restricted donor funding
- Low purchasing power from communities
- Limited gender responsive and inclusive programming

Lessons learned

- Good data capture and communication underpin the success in coordination and effectiveness of any activity
- Performance management has emerged as a strong component in service delivery and staff accountability
- Technical support/expertise in medical equipment servicing and maintenance improved efficiency, effectiveness and institutionalisation of servicing and maintenance
- Continuous resource mobilisation aligned to the strategic plan is required
- Broad geographic and thematic project scope enhances equity
- Collaborative developing, packaging, delivering correct and consistent information from trusted sources to beneficiaries is key in addressing public health challenges such as the COVID-19 pandemic

Strategic initiatives to be carried forward to the next strategic plan

i. Strategic partnerships
ii. Capacity strengthening for CHAK members

iii. Development of CHAK communication and advocacy strategy
iv. Diversification of CHAK revenue streams/sources
v. Realignment of the organisational structure to support the strategy

Strategic planning process

CHAK engaged in a strategic planning process during the last quarter of 2022 that culminated in the finalisation of this strategic plan that covers the period January 2023 to December 2028.

The strategic planning process helped the organisation define its strategic focus as well as set its operational structures. CHAK Board (EXCO), management team, members and staff were engaged in the development process.

The strategic plan provides a road map to ensure strategy implementation remains on course and any emerging issues are taken into consideration in a timely manner.

While a strategic planning process takes different forms, a four-step iteractive process was used in development of the CHAK Strategic Plan 2023-2028 as outlined below:

i. Identifying the current position of CHAK operations and activities
ii. Identifying and setting strategic directions
iii. Conducting environmental scanning or analysis
iv. Identifying strategic issues and designing relevant strategies and requisite controls

Participatory and consultative approaches were used through questionnaires, interviews, meetings, document reviews and strategic planning workshops, ensuring ownership.

Chapter 2: STRATEGIC DIRECTION

CHAK aims at becoming the FBO of choice in delivery of quality health services in Sub-Saharan Africa through adopting best practices and innovations in health programming and strengthening health systems, while upholding its core values.

The organisation will incorporate sustainable financing and resource management approaches in its operations and will establish and maintain partnerships and networks to collaborate with other stakeholders to strategically position itself in the health sector.

Robust strategic information approaches will be employed, ensuring the organisation is on course to achieving its strategic goal. CHAK will enhance its brand by implementing an inclusive communication strategy.

Identity

CHAK is a national faith-based organisation of the Protestant Churches, health institutions and programs from all counties of Kenya providing quality health care since 1946 through building of health systems, partnerships, and community empowerment.

CHAK is founded upon Revelation 22:2 which states "on either side of the river there was there the tree of life which bore the twelve kinds of fruits and yielded her fruit every month: and the leaves of the tree were for the healing of the nations."

Core functions

CHAK's areas of operation are shown in the figure below.

Vision

Quality health care for all to the glory of God.

Mission statement

To facilitate provision of quality health services through health systems strengthening, innovation, training, advocacy and partnerships as a witness to the healing ministry of Christ.

Core values

CHAK is committed to nurturing the core values shown in the diagram below over this strategic plan period.

Figure 1:Core Values

Mandate

CHAK's mandate is to promote universal access to quality healthcare by building capacity of health workers and facilitating health facilities to deliver accessible, comprehensive quality health services to the people of Kenya and beyond in accordance with Christian values, professional ethics and national health sector policies. CHAK also engages communities to empower them to seek and access quality health care.

Core Functions/areas of operation

CHAK's areas of operation include the following functions, among others:

Figure 2: Core Areas of Operation

Chapter 3: STRATEGIC ANALYSIS/ENVIRONMENTAL (SCANNING) ANALYSIS

Introduction

CHAK conducted environmental scanning through a participatory process that involved staff, members and EXCO.

External analysis (PESTEL)

CHAK reviewed political, economic, social, technological, ecological or legal factors affecting its operations. The analysis identified the key drivers of change, while anticipating how they could collectively interact to affect the organisation's future.

Political

CHAK identified the following political factors which may influence its future operations:

- Kenya's political stability would affect CHAK's ability to deliver quality health services. CHAK can anticipate disruptions in programming and health service delivery related to political instability, especially during election seasons. Political transitions at both county and national level would affect CHAK's operations as new relationships with the incoming leadership would have to be forged, and sometimes, the gains made with the outgoing leadership lost.
- Alignment with national and international priorities or strategic areas:
  It is important that CHAK aligns itself with international priority areas such as the SDGs, and national priority areas such as Kenya Health Policy, Kenya Vision 2030, PHC and UHC.

Economic

These are factors affecting the general economy which have an effect on CHAK's performance in the long run. These include:

- Increasing cost of health care in the face of increasing poverty
- Unemployment
- Depreciating currencies, debt burden and tax regimes
- Declining and shifting donor funding
- Restrictive funding conditions that sometimes are not aligned with MHU needs
- Competition from government, private and other faith-based healthcare service providers

In order to remain competitive and relevant, CHAK will be proactive in resource mobilisation and diversify funding sources including domestic resource mobilisation, embrace change, build agility to respond to the dynamic environment and strengthen/create new partnerships.

Member Health Units (MHUs) should consider specialising in certain service delivery areas that will give them a competitive advantage, leveraging on products such as health care packages, social capital, and enhance marketing, branding and provision of quality health services.

Socio-cultural

Socio-cultural factors affecting CHAK's work were identified as follows:

- Varying beliefs and cultures in the country
- Myths and misconceptions about health and wellbeing
- Reaching the most vulnerable populations and considering intersectionality to ensure that no one is left behind
- Strengthen community presence
- Foster an organisational culture that values learning, adaptation, agility, recognition and reward
- Strengthen the link to founding organisations and the church to tap into its social capital
- Sustained proactive membership engagement to ensure equity of programming across the 45 counties in Kenya where CHAK operates

Technological

Technological developments that will keep CHAK relevant in this strategic plan period have been identified as follows:

- Innovation and digital health platforms i.e. telemedicine, robotics, e-health, m-health including interactive platforms with interoperability with MOH platforms e.g. KHIS and Kenya EMR for increased access and enhanced provision of quality health services
- Use of technology for knowledge management and products dissemination
- Efficient systems for financial and HR performance management
- Enhanced communication, information sharing, learning, professional capacity building through digital, social media and e-learning platforms
- Capacity building on cyber security

Ecological

CHAK has identified the following priority ecological factors:

- Climate change has increased shocks and stresses, especially low- and middle-income countries, resulting in increased poverty and food insecurity, which further marginalise communities. As a result, CHAK's activities need to contribute to the SDG 13 on climate action through its integration into programmes and projects.
- The need to strengthen pandemic and emergency preparedness including responses to emerging and re-emerging diseases

- Urbanisation and the resulting health issues
- Rural-urban migration
- Occupational health and safety
- Cost of energy
- Pollution and its impact on health

Legal

Legal factors affecting CHAK's operations include:

- The 2010 constitution which defines governance structures, devolved functions and regulations governing public health
- Operating within the existing laws and regulatory frameworks
- Enabling laws and policies at national and county level
- Prohibitive laws and policies i.e. multiple, demanding and uncoordinated regulations, policies and procedures for obtaining work permits and tax waivers which are costly and bureaucratic
- Inadequate information and linkage to justice for vulnerable persons

Internal analysis

CHAK conducted a SWOT analysis to provide helpful information for matching resources and capabilities to the competitive environment in which it operates. Through a consultative, self-reflection processes, the model was used as an instrument for devising and selecting strategy and will guide key decision-making for this strategic plan.

Through SWOT analysis, CHAK identified intrinsic skills and assets which add to its value relative to competitive forces as well as forces that detract from achieving optimal performance. To optimise and operationalise change ideas to drive this strategic plan, the SWOT analysis guides design of the four broad strategies below:

i. SO: Strategies that will use the internal strengths and capabilities to take advantage of opportunities
ii. ST: Strategies that will use strengths to avoid threats
iii. WO: Strategies that will take advantage of the environmental opportunities by overcoming weaknesses and making them relevant by developing the required strengths to outmanoeuvre the competition.
iv. WT: Strategies to minimise weaknesses and avoid threats.

The detailed SWOT analysis has been included as an annex in the full version of the CHAK Strategic Plan 2023-2028.

Stakeholder analysis

With full realisation of the roles of other key actors in the strategic plan implementation, a stakeholder mapping and analysis was conducted to systematically gather and analyse information to determine whose interests should be considered.

Stakeholders were classified according to their level of interest and influence. Specifically, CHAK will will make a deliberate plan to reconcile the variety of interests that individuals and groups represent. Among the stakeholders identified were Church MHU leadership, EXCO and Trustees, MHUs, clients/patients, staff, MOH at county and national level, suppliers, and community.
A comprehensive stakeholder management plan will be developed and used to operationalise the strategic objectives touching on stewardship.

To proactively optimise stakeholder involvement, CHAK will invest the time and effort necessary to create a stakeholder's engagement matrix, measure the dynamics and drive effective stakeholder interaction as well as execute a focused and flexible stakeholder communication plan.
All CHAK strategies including the communication, branding, and marketing strategy, advocacy, health programming and systems strengthening will be hinged on a strong stakeholder engagement plan to be reviewed annually.

Cues from the mapping and analysis of stakeholders will be sensitive to both apparent and nuanced interests of various actors.

Chapter 4: STRATEGIC ISSUES, STRATEGIC OBJECTIVES AND STRATEGIES

Introduction

In this chapter, we provide a description of CHAK's strategic issues and objectives and a snippet of how CHAK will position itself in the policy, programme and health service delivery space.

CHAK's strategic issues are the thematic areas that integrate the vision, mission, core values and functions to preserve our societal legitimacy as a resilient and responsive organisation in a dynamic world. All the strategic objectives and activities draw from the thematic areas to progressively build internal organisational capacity and embolden the position and functions of MHUs.

In this strategic plan, we reimagine the CHAK's existence, buttressing the strategic direction with well thought-out thematic areas and the system enablers.

Strategic issues and thematic areas

Each of our strategic issues, as outlined below, are carefully themed to not only position CHAK as an influential regional faith-based leader and a centre of excellence in health service provision, but also to promote the functions and competitive edge of our member health units, academic and training institutions. In all the strategic issues there are themes that will harness the internal potential from the human resources and re-focus the energies on innovative, dynamic management system that taps technological advancements to addresses the contemporary and future health needs of our population.

Health programming

CHAK will revitalise its health programming to ensure sustainable, inclusive, quality health programmes that are gender-responsive. Health programming will emphasise primary health care as a gateway to Universal Health Coverage. The specific focus areas are:

a. Reproductive maternal neonatal, child care and nutrition
b. Infectious disease prevention and treatment programmes like HIV, Tuberculosis, Malaria, and other emerging infectious diseases
c. Non-communicable disease prevention and management programmes targeting diabetes, hypertension, cardiovascular diseases, chronic obstructive airway diseases among others, and advocacy for affordable medicines and health products
d. Programming around neglected tropical diseases (NTDs) and emerging infectious diseases using one-health approach
e. Integrated mental health programmes

f. Organisational gender and disability responsive programmes
g. Global health programmes addressing social determinants of health

Health systems strengthening

CHAK will continue in its endeavours to strengthen health systems for all MHUs by establishing systems for governance and stewardship through management Boards and RCCs, as well as developing governance guidance and facilitating capacity building.

Recognising the centrality of human resources or health and policy gaps, CHAK will strengthen policy development and create a responsive and competitive HRH system that promotes staff retention, motivation and performance outputs at all levels.

CHAK will also focus its efforts on medical equipment and health products sourcing, installation and maintenance and quality assurance. CHAK will continue to provide technical support in infrastructural development in MHUs.

Advocacy, partnerships, and networking

Advocacy remains a tool for CHAK to influence a healthy public policy through strategic partnerships with religious leaders, state, and non-state actors in health. Through advocacy and partnership, CHAK will influence adoption and rollout of universal health coverage, implementation of NHIF and other state health priorities for social inclusion.

CHAK will advocate for MHUs' inclusion in the UHC agenda and networking to create synergies.

Sustainable financing and resource management

CHAK will invest in strategies to diversify donor funding and secure sustainable income streams through domestic resource mobilisation. In this strategic plan period, CHAK will deliberately build the capacity of MHUs in responding to donor requests for proposals, collaboration with government and other non-state actors and establish symbiotic partnerships with communities.

Further, CHAK will drive efficiencies in resource management through in-built, coordinated internal and external controls and enhance technological innovations and systems to improve performance.

CHAK will pursue strategies for domestic resource mobilisation through the special purpose vehicle, CHAK Business Services Ltd. Effort will be put in to strengthening partnerships with NHIF, supporting MHUs through the accreditation process and addressing contractual issues for sustainable financing of UHC.

Strategic information management

CHAK plans to institutionalise strategic learning and adaptation in this strategic plan. Through this data management processes, analysis and use for decision-making will be strengthened.

Technology will be integrated in data management and information dissemination at MHU and organisational level. Utilisation of the CHAK Hospital Management System will be scaled up to support enhanced efficiency in management of patient records, revenue, inventory control and report generation for decision making. Innovations will be supported through encouraging development of new products, optimisation and adaptation of existing systems.

Branding, marketing and communications

Central to CHAK's existence in a competitive and dynamic market is communication, branding and marketing. CHAK has drawn lessons from the past strategic plan periods and seeks to reposition itself through a well thought-out branding and marketing plan.

In this strategic plan, CHAK will improve visibility, marketing and information sharing at the secretariat and MHUs through branding and awareness creation and strategic sector-level communication.

CHAK will seek strategic partnerships to support structured corporate social responsibility drives spearheaded by RCCs and MHUs, to raise its visibility. The organisation will curate information and create a repository for knowledge management as well as create, package and disseminate information using various platforms for a varied audience. CHAK will have brand ambassadors and an alumni portal to promote its interests and enhance visibility as well as expand its network for resource mobilisation.

Strategy Conceptual Framework

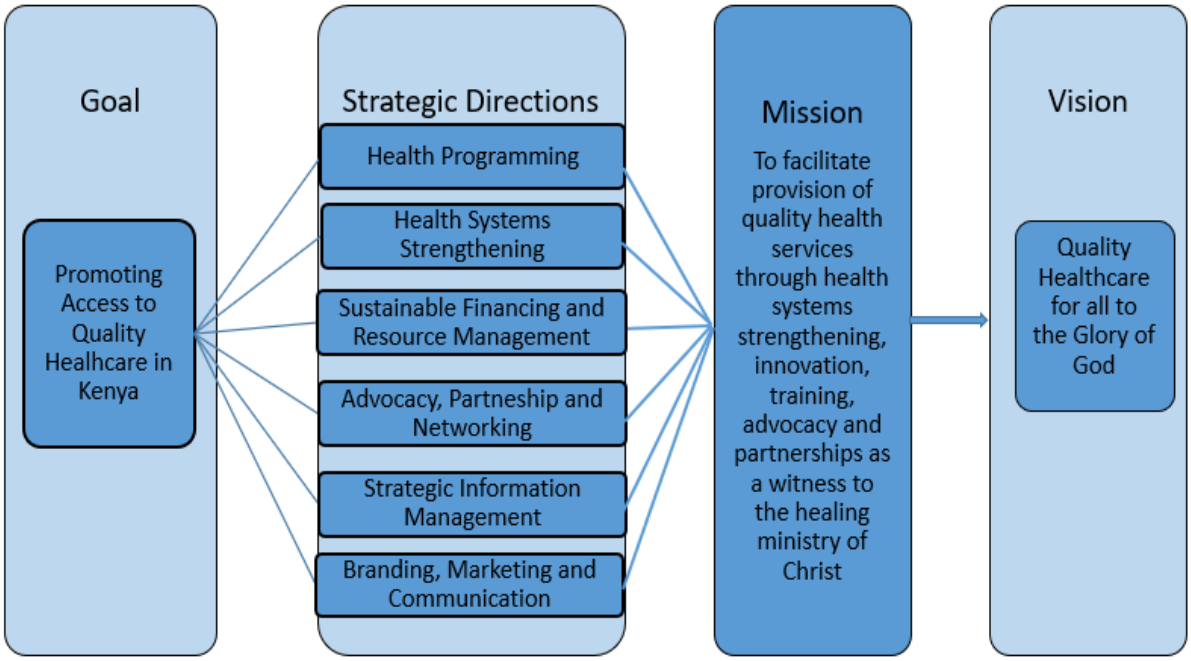


Figure 3: Strategy Conceptual Framework

Strategic objectives and strategies

CHAK will address each of the strategic issues identified above by achieving a number of strategic objectives which provide a link between the strategic issues and the strategies that the organisation will employ in order to attain its vision and mission. Consequently, for the period 2023-2028, CHAK will work towards achieving the set objectives through the identified strategies.

Strategic objectives and strategies

No.	Strategic Issues	Strategic Objectives	Strategies
1	**Health Programming**	Contribute to the health outcomes in Kenya through gender responsive, sustainable and inclusive quality health programmes and services	Improve universal access to RMNCAH and nutrition services.
			Improve access to prevention, care and treatment of infectious diseases e.g. HIV, TB, malaria, and emerging diseases
			Improve access to prevention, care and treatment of non-communicable diseases (diabetes, cancer, cardiovascular diseases, chronic obstructive airway diseases)
			Promote access to affordable quality, essential medicines
			Strengthen WASH and health care in emergency and disaster management systems and programmes
			Scale up the availability and access to Neglected Tropical Disease (NTD) services
			Increase access to integrated mental health services in service delivery

			Improve access to quality health services for the elderly; geriatric medicine and neurodegenerative diseases
			Strengthen organisation gender and disability responsiveness
2	**Health Systems Strengthening**	2.1a: Strengthen MHU boards	Enhance capacity of hospital boards to govern
			Enhance quality of management practice by hospital administrative teams for efficient and competitive operations at hospitals
		2.1b: Effective and efficient management at health centres and dispensaries (MHUs)	Building capacity of management committees of MHUs
		2.2: Establish an engaging and effective Regional Coordinating Committee (RCC)	Coordinate CHAK membership through RCCs
			Ensure county engagement and regional advocacy
			Bridging the gap in MHUs health service delivery through equitable membership
		2.3: Promote suitable and functional living and work-built environment	Provide infrastructure development technical services
		2.4: Maintain high standards in clinical diagnosis and specifications for medical	Planned preventive maintenance and repair of medical equipment
			Quality assurance through calibration of medical equipment and radiation monitoring

		equipment & consumables in health sector in Kenya	Participate in KEBS TWGs for standardisation of medical equipment and consumables
			Facilitate capacity building of biomedical technicians in hospitals
		2.5.1 Strengthen policy development and HRH planning for responsive HRH systems in CHAK MHUs	
			Revise and disseminate HR management generic policy for MHUs
			Supporting the adaptation and use the revised HRH policy
			Coordinate internship training for doctors, nurses and clinical officers in MHUs
			Support development of new training programmes and create a platform for shared learning among CHAK affiliated medical training colleges
			Provide technical support to MHUs on HR management and compliance with regulatory authorities and
			Strengthen partnerships and coordination of HRH mechanisms
			Support engagement with county health departments for secondment of health workers to MHUs
			Participate in national TWGs on HRH

			Engaging with health workers labour unions on work environment and collective bargaining agreements for health worker compensation
		2.5.2 Strengthen CHAK Secretariat HR management systems to enhance performance management and organisational culture	Automation of HR management procedures and records through the ERP HR module
			Ensure CHAK attracts, develops, engage, motivates and retains and diverse talent
			Enhance HR performance management for optimal productivity
			Redefine and promote CHAK's organisational culture which will enhance its brand and teamwork
			Develop and implement succession planning to ensure organisational operations continuity
3	**Advocacy, Partnership and Networking**	3.1: Advocacy for enabling policy environment and resources	Map and identify strategic issues for advocacy with MOH, NHIF and COG
			Facilitate advocacy at the county and regional level by RCCs and CHAK regional offices for improved local presence and partnerships
			Engage the support of religious leaders in high level advocacy
			Engage in strategic partnerships for resource mobilisation

		3.2: Embrace strategic partnership for growth and greater impact	Engage a proactive approach in advocacy with MOH through implementation of the Health Sector Partnership and Coordination Framework (2018-2030) structures such as the Health Sector Interagency Steering Committee, Inter Governmental Consultative Forum, Inter Agency Coordinating Committees and TWGs
			Provide leadership and coordinate strategic advocacy engagements of the Kenya Faith-based Health Services Consortium including pursuing MoU implementation
		3.3: Create a vibrant CHAK membership through focused networking	Facilitate membership networking for experience sharing and learning
			Build national, regional and international partnerships with NACC, KHF, HENNET, MSF, ACHAP, EPN, CCIH and WCC
4	**Sustainable Financing and Resource Management**	4.1: Enhanced resource mobilisation for growth and sustainability for CHAK Secretariat	Diversify donor funding through business development
			Pursue domestic resource mobilisation through the special purpose vehicle- CHAK Business Services Ltd
			Enhance asset and resource management to promote efficiency and effectiveness
			Enhance efficiency in utilisation of funds through optimal use of the integrated ERP

			Strengthen internal controls for compliance and accountability through internal and external audits
		4.1: Enhanced resource mobilisation for growth and sustainability for MHUs	Revenue diversification through income generating activities and in-kind donation protocol for MHUs
			Enhance capacity building of MHUs on proposal development and project implementation
			Support accreditation processes and contractual issues management of NHIF, private insurances and other UHC funding initiatives
			Capacity building on financial management for MHUs
			Promote use of automated financial management systems at MHUs for efficiency, reliability and generation of reports for decision making
			Technical support in strengthening controls in grants management for MHUs
5	**Strategic Information Management**	5.1.1: To strengthen a robust, effective and efficient management information systems at CHAK Secretariat and Guesthouse	Implement robust information management systems in CHAK Secretariat to promote data security and safe storage
			Driving optimal utilisation of IT resources
			Strengthen Secretariat and Guesthouse systems through information technology

			Create an incubation hub to promote innovation
		5.1.2: To strengthen a robust, effective and efficient management information systems at CHAK MHUs	Promote robust, effective and efficient management information systems at MHUs
			Strengthened innovations for improved service delivery including CHAK Hospital Management System, m-health applications (CHAK mPower, Ushauri, Nishauri, m-Lab, C4C), CHAK DHIS platform (iSTREAM) and digital health applications e.g. Kobo Collect
		5.2: Strengthen data capture, information use and knowledge management in CHAK to improve on decision making and management	Integrate technology in data management to ensure implementation of e-health supporting the adoption of MOH digital health platforms
			Strengthen data management, quality, reporting and demand for information use (DDIU)
		5.3: Institutionalise strategic learning and adaptation in CHAK	Strengthen adaptive learning and knowledge management
			Curate and develop a learning repository for CHAK's learning agenda

6	**Branding, Marketing and Communications**	6.1: Enhance internal and external communication to improve strategic information sharing, collaboration and partnerships among CHAK stakeholders	Review and update CHAK Communications Strategy
			Enhance internal communications capacity and structures
			Identify and sustain communication products and services
			Maximize use of digital spaces
			Multiple stakeholder engagement through diverse and appropriate communication platforms and channels
		6.2: Raise the profile of CHAK as a leading Faith-based provider of health services in Kenya	Use local, regional and international platforms to create awareness of CHAK's activities, projects and programmes
			Enhance use of advocacy campaigns and events to position CHAK as an impact-driven health organisation
			Track and share best practices and successes through appropriate channels and with appropriate audience categories
			Partnerships to showcase CHAK work
			Utilize content creation opportunities offered by the CHAK network to increase social media presence
		6.3: Strengthen knowledge management by curating and	Create internal communications repository for knowledge management products

		disseminating information and learning to support adaptive programming	Identify indicators to track strengthening of knowledge management by curating and disseminating information and learning
			Produce knowledge artefacts
			Identify and utilise opportunities for publicising CHAK knowledge management work

Chapter 5: STRATEGY IMPLEMENTATION FRAMEWORK

Implementation matrix

Implementation of this strategic plan will be guided by an elaborate implementation matrix. The implementation matrix describes how the policies and actions in the Strategic plan will be carried out. It recommends steps to monitor, evaluate, and update the plan on a regular basis.

The implementation matrix is broken into key action areas containing a reference to the vision and goal of CHAK and identifies action items, key tasks, timeframes, responsible departments and budget implications. It is important to note that the order in which the action areas appear does not indicate priority order.

Performance indicators in the implementation matrix will help CHAK in monitoring progress and assessing achievement in the final evaluation.

Annual action planning: Institutionalising and operationalising strategy

The structure, culture, policies, staff and leadership style will drive successful implementation of this strategic plan.

CHAK Governance and Management Structure

The CHAK governance structure is defined by its Constitution. CHAK's supreme authority, the AGM, is composed of all registered members and meets annually in April. CHAK has a Board of Trustees composed of seven senior church leaders from member churches who are mandated by the constitution to hold in trust all the assets of the association.

The RCCs coordinate networking and participation in health sector planning at the regional level in addition to providing a communication link between the Secretariat and MHUs. They facilitate identification of advocacy issues and provide feedback to the Secretariat. Further, RCCs assist the Secretariat in monitoring health services and projects within their regions and information dissemination.

The 47 county governments have the mandate of health services coordination, supervision, resource mobilization and service delivery. CHAK will continue strengthening its County Engagement Structures (CES) to support RCCs in advocacy and partnership engagement with the counties for MHUs recognition and support. The county engagement structures will take into consideration the strength of the membership present in the county, including Medical Training Colleges.

CHAK Secretariat

Implementation of this Strategic Plan is facilitated by the Secretariat management and technical staff under the leadership of the General Secretary. The Secretariat has been restructured into two directorates and departments/units. In addition, to drive domestic resource mobilization through strategic investments, a company has been registered with the name CHAK Business Services Ltd which will be reporting directly to a Board of Directors. CHAK health systems strengthening initiatives on medical equipment services and the hospital management information systems software will be scaled up through a sustainable business model under the company.

The two major directorates are:

i) Health Programmes

This directorate will include:

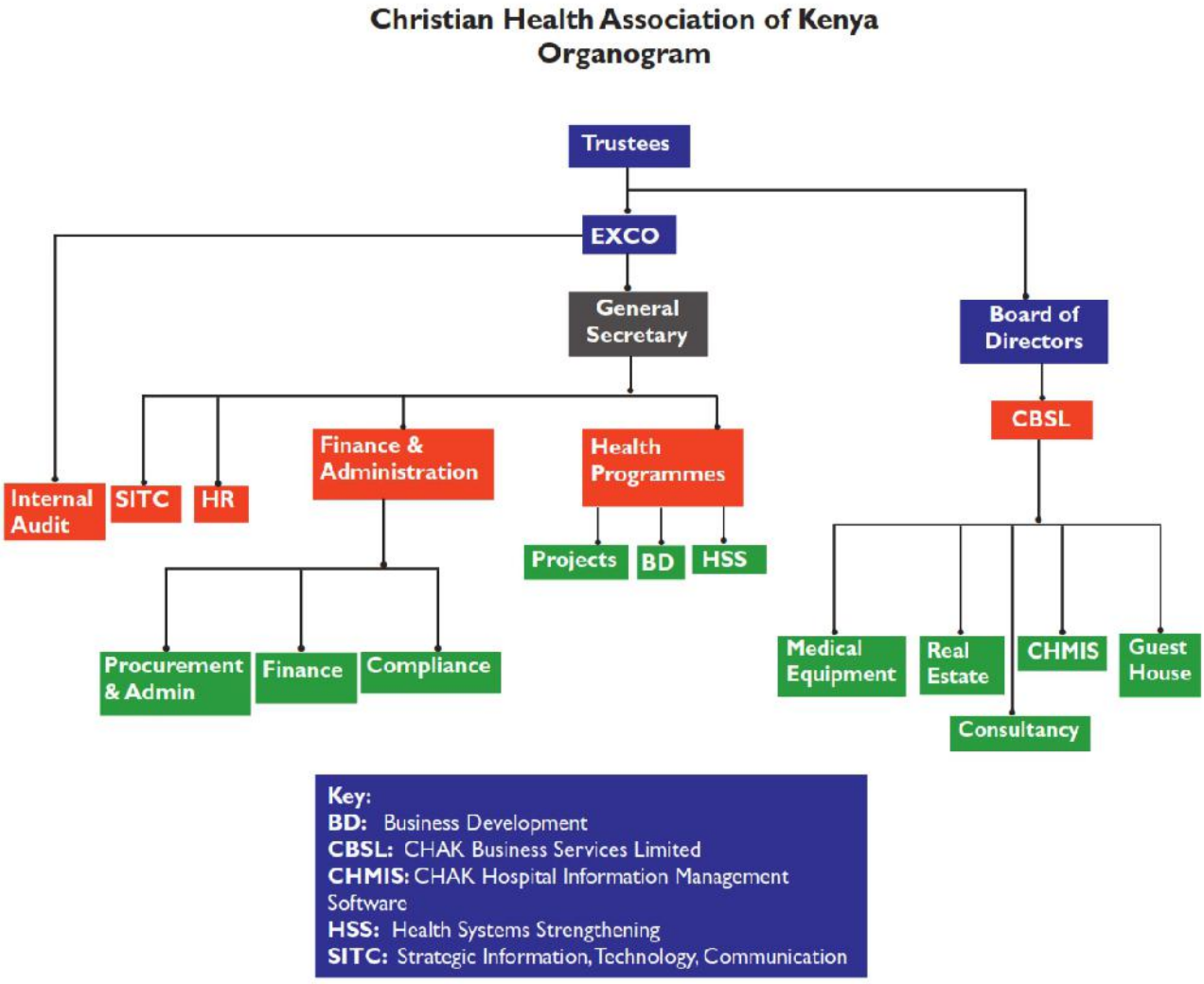
a. Business Development Department/Unit
b. Projects
c. Health Systems Strengthening – to cover MHUs support, medical equipment services and RCCs support

ii) Finance & Administration

This directorate will be responsible for financial resources and assets management, internal systems strengthening, donor funding compliance and procurement and administration.

Other components of the organogram are:

a. HR Department – will coordinate and manage talent acquisition, performance management, safety at the workplace, culture and discipline.
b. Strategic Information, Technology and Communication (SITC) – will house the cross-cutting core functions of IT, Communication and M&E for the Strategic Plan.
c. Internal Auditor assures compliance with policy and prudent utilization of resources as well as continuous internal control systems strengthening. The Internal Auditor reports to the Audit and Risk Committee of the Board/EXCO.



CHAK Organogram

The CHAK structure will have the flexibility to accommodate expansion necessitated by new business acquisitions through project proposal development and business expansion. CHAK will engage consultants to fill short-term needs in specific areas of expertise, as well as expand its human resource capacity to cope with new project demands.

CHAK may also draw technical assistance from partners for relevant joint health project implementation. During this plan period, implementation of the 2021 job evaluation recommendations will be progressed to full implementation at 50th and 75th percentile.

As provided for in the current CHAK Constitution, CHAK governance will expand capacity and diversity of expertise by co-opting up to four industry experts in EXCO and/or its subcommittees to provide additional expertise, guidance and impartiality.

Budgeting and resource mobilisation

Budgets will be developed in line with the Annual Operational Plans (AOP) which will be extracted from the strategic plan by the departments responsible for implementation. The budgetary requirements and projections will be developed and approved by EXCO on an annual basis in form of an operational annual budget.

CHAK Business Services Limited is the strategic special purpose vehicle for domestic resource mobilisation through investments. A Business Development Unit (BDU) will be established under the office of the General Secretary to coordinate new business development through project proposals. This will continually track and identify funding opportunities that are aligned to CHAK mission and pursue them.

CHAK will expand the scope of programming to include the social determinants of health and explore areas of competitive advantage including Mother Child health, environmental health and healthcare financing for MHU programming.

Risk analysis and critical assumptions

In the achievement of this strategic plan's objectives, CHAK has assumed and stated the below risks. A risk register will be developed to track real situations and progress on their mitigation measures.

Table 1:Risk Analysis

Identified Risk	Description	Impact	Likelihood	Mitigation
Strategic Risk	Declining donor funding	High	High	Diversification of funding sources
Strategic Risk	Unstable political environment affecting CHAK's operations	High	Low	Engage security consultants to provide advisory services Remain neutral in political activities Proactively engage new leadership to re-introduce CHAK
Operational Risk	Competition from similar organisations	High	High	Continuous scouting for new opportunities Diversification of funding streams Considering donor priorities when developing strategies

				Carving out a niche of expertise
Legal/Regulatory Risk	Unfavourable government policies	High	Medium	Advocacy
Strategic Risk	Pandemics and emergencies	High	Medium	Track disease surveillance information released by MOH and WHO Develop an emergency response plan Capacity building on disasters and emergencies Enhance security including cyber security Diversify storage e.g. servers include cloud server
Operational Risk	Strategic implementation monitoring	High	High	Strengthening CHAK M&E plan for the strategic plan implementation
Reputational Risk	Resource sharing and distribution among MHUs	Medium	Medium	Information sharing with MHUs on resource allocation and capacity building of MHUs in fund raising and resource mobilisation
Financial Risk	Shifting donor funding priorities (Access to funding, liquidity, paying of supplier and other obligations)	High	High	Diversification in fund raising efforts. (Cash flow management, diversification by investment, financial Transparency)
Financial Risk	Qualified Audit Report	High	Low	Enhance transparency, accountability and strengthening internal controls.
Human Resource Risk	High staff turnover	High	High	Improve staff motivation strategies

Chapter 6: STRATEGY CONTROL: MONITORING, EVALUATION, RESEARCH AND LEARNING (MERL) FRAMEWORK

Goal and objectives of the MERL strategy

The Monitoring, Evaluation, Research and Learning (MERL) strategy is one of the key drivers of the CHAK strategic plan. The plan acknowledges the necessity of a functional and robust MERL system to provide timely information. The MERL strategy will be implemented through the CHAK M&E unit.

Goal

The goal of the MERL strategy is to establish a sustainable system for tracking progress and demonstrating results of the overall organisational performance and ensure evidence-based decision making. The strategy will help identify achievements of CHAK's programmes and departments.

This would entail evaluation, including impact analysis. Data will be collated in a CHAK central repository and retrieved for analysis and sharing to assess performance.

Objectives

1. To improve the quality and capacity of routine data collection systems, e.g. development of registries, routine data collection forms, type and frequency of reports
2. To outline specific activities required for strengthening the organisational capacity to conduct effective MERL
3. To strengthen the evidence-based decision-making culture within CHAK
4. To enhance adaptive learning and knowledge management.

The MERL strategy is organised into three tenets: strategy control, results monitoring, evaluation and adaptive learning. Each of the three tenets will play a pivotal role in CHAK's ability to monitor, assess progress and learn from successes and challenges at the organisational and MHUs level.

Strategy control links elements of strategic planning and helps an organisation to continuously adjust or revise its strategic inputs and actions to achieve the desired outcomes. These elements

provide indicators for strategy control through monitoring, evaluation and learning for adaptation.

Strategy monitoring, evaluation and learning involves examining how the strategic plan is being implemented and the outcomes of the strategies while documenting lessons learned and making necessary adaptations.

Implementation would consider various stakeholders in the health sector such as state actors (National and County Governments), external actors (development partners), non-state actors (civil society organisations, partners, private sector) and CHAK membership.

Strategy control has four prongs: Premise control, implementation control, special alert control and strategic surveillance control.

The figure below summarizes the adopted conceptual framework in the strategic planning process.

Figure 4:Key Stages of Strategy Control, Monitoring and Evaluation

The existing data collection and reporting mechanisms in CHAK are led by development partners and national MoH health information systems including data registers and the KHIS2 reporting platform.

CHAK has also developed systems to respond to identified data collection and reporting gaps.These and implementation of eHealth applications including CHAK mPower to strengthen community level data collection. Data collection and reporting methods in the health system strengthening strategy are process specific and are both qualitative and quantitative. Finance and Aministration Department efficiently utilises financial data management and has adopted an ERP system for financial management, accountability and reporting.

Results monitoring will provide routine tracking and reporting of key output and outcome indicators that measure progress at each level of CHAK operations. The indicators used in the results framework will establish common quality standards for all aspects of CHAK's operational model, for example, the established benchmarks for quality project plans, effective joint projects /departmental/directorates reviews, and overall CHAK data and learning assessment systems.

Evaluation will build on findings from the results framework and will be used to provide objective findings and recommendations about CHAK projects and support to stakeholders. It will probe the strengths and weaknesses of the operational model, and provide detailed information about the effectiveness of its thematic and programmatic activities. Mid-term evaluation will elucidate progress towards achieving the planned outputs and outcomes, spurring reflections and adaptation. An end-term evaluation of the strategic plan will determine the extent to which different outputs monitored along the implementation path led to proposed outcomes and impact.

Dissemination of learning will be done through publications and other communication platforms. The following are the key guiding principles for this strategy:

i. MERL develops an understanding for project managers and other stakeholders, including development partners, who need to know the extent to which their projects or programmes are meeting their objectives and leading them to their desired outcome and impact.
ii. MERL builds efficient systems for transparency and accountability of project resources
iii. MERL systems-based information generated provides CHAK management and staff with a clear picture of implementation status.
iv. During implementation, the MERL function will identify good practices and derive lessons from operational experiences to guide adaptation and improve overall performance.

Performance monitoring, evaluation, research and learning framework

Monitoring, evaluation, research and learning are essential functions to ensure that priority actions outlined in the strategic plan are implemented as planned against stated objectives and desired results, while using learnings for adaptation to ensure that the strategy remains

responsive to the dynamic environment. Evidence gathered by embracing the MERL framework will be used to guide decision making.

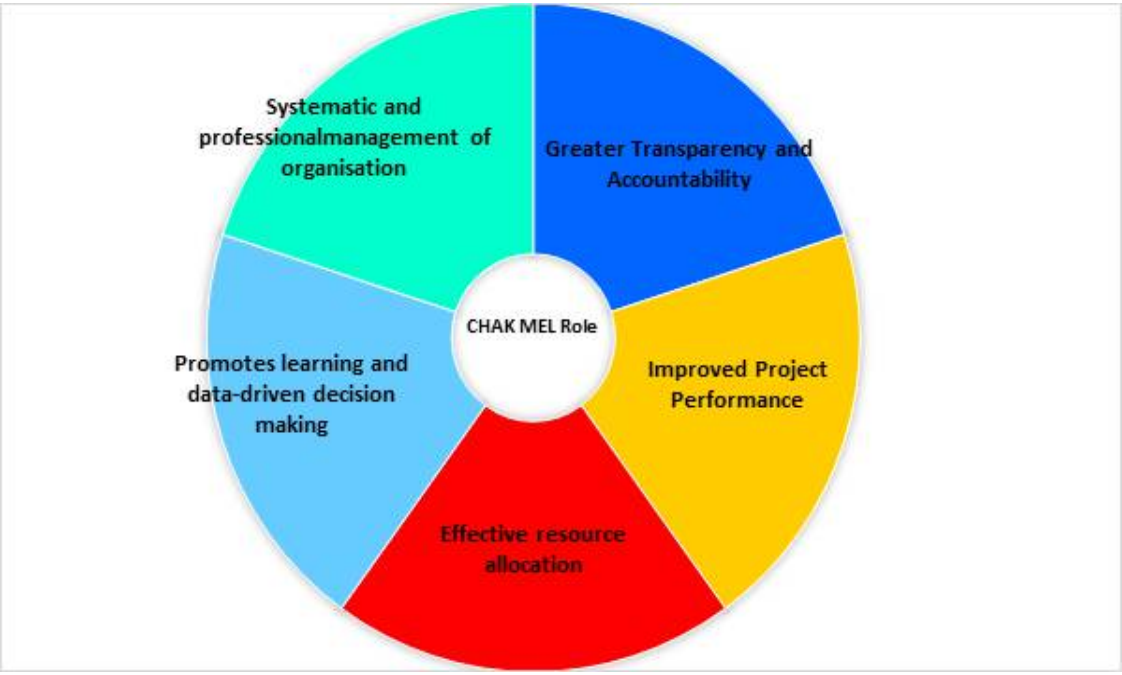


Figure 5:CHAK MERL Role

By implementing the proposed MERL framework, CHAK will achieve:

i. **Greater transparency and accountability:** CHAK's MERL component will generate robust evidence on all of its activities, enabling data-driven decision-making for project operations and strategy improvement. The evidence will also be used to showcase CHAK's work to stakeholders forging new partnerships and positioning CHAK as the leading regional faith-based health services provider.

ii. **Improved organisational performance**

CHAK's MERL plan will help clarify the process and interventions leading to achievement of outputs and outcomes. Moreover, MERL will enable planning of an end-to-end indicator management system, identify effective tools and methodologies to measure, analyse and demonstrate interventions and their expected outcomes and impact. Through this, CHAK will gauge its progress, while the reflection and learning will identify gaps, challenges and successes as they arise, enabling timely adaptation to achieve the desired results.

iii) **Effective resource allocation:** CHAK's MERL system will be an effective tool for enhancing the efficiency and effectiveness of finances in project /programmes implementation. Information on value and impact of project components will be reviewed regularly informing necessary adaptations including in resource allocation.

iv) **Systematic management of the organisation:** CHAK will use MERL as a performance management tool to gather, disseminate and utilise information and data to improve its internal operations and add value to the organisation. CHAK will therefore focus on organisational priorities such as enhancing performance, encouraging innovation, providing accountability to stakeholders including beneficiaries, MoH and development partners, sharing and integrating lessons learned for continuous improvement. The MERL system will also streamline the organisational procedures to achieve constructive coordination among different stakeholders and organisational units.

v) **Learning & data-driven decision making:** CHAK will develop a collaborative learning agenda and develop learning questions. By using M&E data, CHAK will reflect on project assumptions and interrogate the implementation experience in a systematic manner and develop evidence based learnings of what works and what does not and identify success factors for replication and scale up. This will be used to guide adaptations to improve project effectiveness and efficiency. As a result, CHAK will be better prepared to respond to the evolving project situations. CHAK will develop learning artefacts such as abstracts, presentations, fact sheets and videos and will showcase these learnings to different stakeholders through forums such as county TWGs, CHAK's Annual Report, the CHAK Magazine (CHAK Times), on CHAK's social media platforms and through an annual learning harvest conference.

vi) **Gender and disability responsiveness:** CHAK will implement gender and disability sensitive monitoring, evaluation and learning to reveal the extent to which a project and programmes have addressed the different needs of men, women, boys and girls and persons with disabilities and has made an impact on their lives and overall social and economic well-being. It will be used to measure and evaluate from gender and disability related changes over time, showing how far and in what ways the gender equity and inclusion objectives have been achieved. It will be used to improve project performance during implementation, incorporate learning which will allow for midterm corrections. By employing gender and disability MERL, CHAK will assess whether the project's planned activities are achieved gender equity and inclusive goals and provide feedback on how the activities affect the various groups of beneficiaries addressing the principle of intersectionality. This will ensure that the projects and programmes do not overlook gender and disability differences in vulnerability. Gender and disability needs will be included in every stage of the project cycle from design, implementation, monitoring, evaluation and learning.

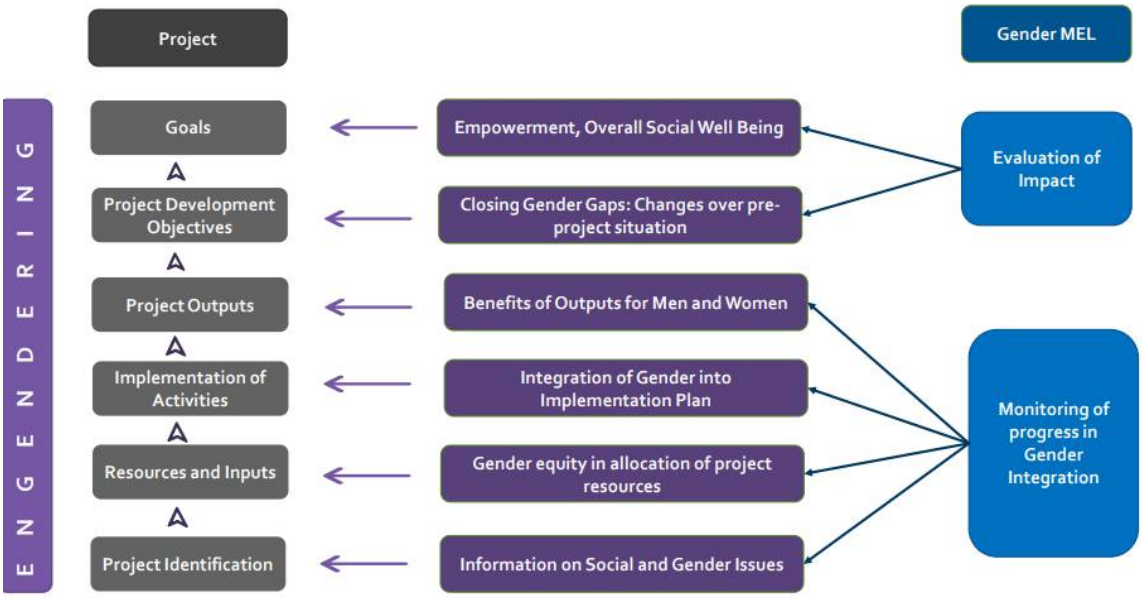


Figure 6:vi. Gender and disability responsiveness in MERL

6.3 Performance Monitoring of projects and programmes

A desk top monitoring framework (dashboard) will provide information on implementation progress, including prompts activities that are lagging behind. Monthly and quarterly performance reviews shall be conducted to consistently monitor the progress of the strategy using the tool below:

Table 2:Strategy Monitoring Tool

Strategic Objective:					
Strategy	**Key Activities**	**Timeline**		**Output**	
		Planned	Actual Status	Expected	Actual Status

6.4 Performance Evaluation

The strategy evaluation will entail reviewing and appraising the strategy implementation process and measuring organisational performance.

Table 3:Strategy Evaluation Tool

Strategic Objective:	

Strategy	Key Performance Indicator	Planned Output	Actual Status	Comments

6.5 Responsibility and Accountability

The responsibility of successful strategy implementation rests with the CHAK General Secretary under the leadership of the Executive Committee (EXCO). It is however crucial that all CHAK stakeholders commit to supporting strategy implementation and actively contribute to its success. Checks and balances will be employed to ensure that strategy implementation is not derailed, while remaining adaptive to the changing environment. Performance on the strategy will be monitored in a semi-annual basis led by the Performance Monitoring and Evaluation Committee (PMEC). This will be an opportunity to gauge the progress towards achieving the strategic goals, successes and challenges. Lessons learned and best practices will be elucidated to drive adaptation.