



2026-2028 Strategic Plan



Trust | Localize | Transform

EXECUTIVE SUMMARY

Community Partners International (CPI) strengthens, equips, and connects local organizations serving communities affected by conflict and poverty with a core focus on public health, health care, and humanitarian services.

For decades, conflict, instability, humanitarian emergencies, and natural disasters have uprooted and impoverished tens of millions of people in Myanmar, with millions seeking shelter in Thailand, Bangladesh, and other nearby countries.

Communities that can't rely on the state for essential services have built their own local organizations and systems. Although trusted and uniquely able to access their communities, they remain under-resourced, isolated, and constrained by a fragmented, top-down aid system.

CPI's 2026–2028 Strategic Plan outlines our ambition to nurture and strengthen resilient and sustainable local health and humanitarian organizations, systems, and services. CPI will:

- 1. Advance authentic localization:** Support local actors to lead through technical coaching, funding pathways, and system tools, with local organizations owning data, budgets, and decisions. Focus, where possible, on local-to-local strengthening.
- 2. Nurture mesh network health systems:** Support decentralized webs of local organizations, clinics, health workers, and referral sites that can reroute care, share data, and keep essential services flowing when one part falters.
- 3. Build trust** with and between local organization partners through timely, transparent information-sharing, predictable financing, structured cooperation, and joint decision-making.

CPI acts as a connector, facilitator, and champion of local leadership, providing technical support and quality assurance while bridging local organizations, donors, and policymakers. We shift decision-making power to those closest to the challenges while ensuring compliance and accountability. We are often first funders, investing where others hesitate, and we balance accountability with flexibility. For CPI, local organizations are not subcontractors delivering someone else's vision; they are architects of their solutions.

By 2028, our ambition is to connect 200 local organizations into coordinated networks reaching 7 million people with quality, equitable, and sustainable health services.

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1. STRATEGIC PRIORITIES

1.1 Advance Authentic Localization

What it means: Authentic localization entails a structural shift in power, with local organizations owning and leading service delivery, governance, and access to resources. CPI is an enabler and coach, supporting local actors to lead while maintaining quality, accountability, and compliance.

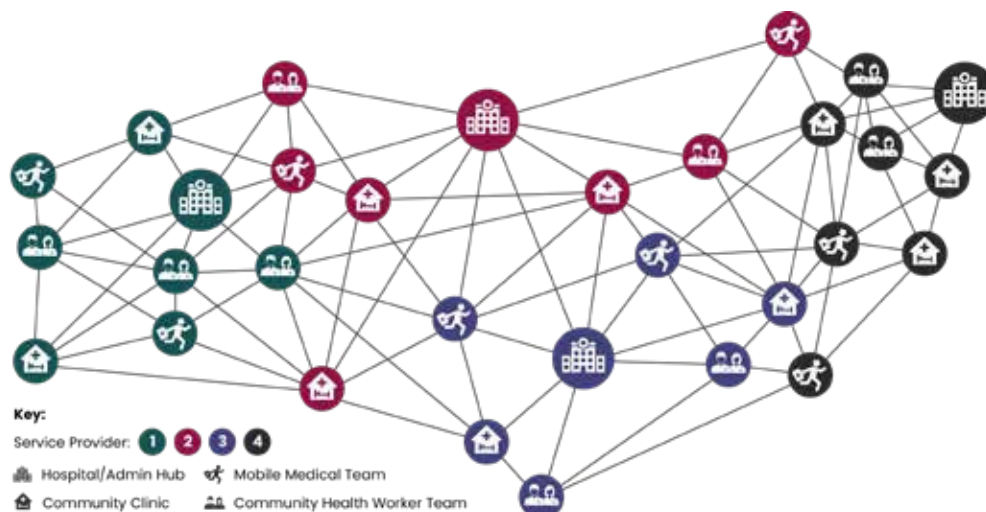
Approach:

- Support local organizations to lead across all program phases, from needs assessment and design to implementation and evaluation.
- Strengthen organizational capacity of local organizations in governance, finance, and operations; invest in human resources and talent development.
- Strengthen local organizations' technical and quality assurance capacities in health through targeted training, coaching, and serving as a local hub for collaborative learning and technical resource sharing.
- Catalyze locally-led health service delivery, emphasizing CPI's strategic health areas, to accelerate improved outcomes for targeted communities.
- Establish a Localization Benchmark Framework to assess and strengthen partner capacity across governance, finance, monitoring, evaluation, accountability, and learning (MEAL), and procurement.

1.2 Nurture Mesh Network Health Systems

What it means: A mesh network health system is a decentralized, agile, and resilient system where local providers and community actors are connected. If one part of the system fails, others step in to ensure essential services continue to flow.

Figure 1: A simplified example of a mesh network health system



Approach:

- Provide financial and technical support to local health actors to improve data management systems, supply chains, and human resource management, ensuring their systems remain resilient during crises.
- Equip local health actors with contextualized quality management systems through the development of standard service packages with minimum quality, integrating data and service quality assessments, and targeted capacity development.
- Build community-based surveillance and reporting to track outbreaks and improve response.
- Invest in peer-to-peer cooperation between ethnic health organizations, CSOs, and public providers to overcome fragmentation.

1.3 Build Trust

What it means: Trust is both a tool and an outcome, enabling collaboration across divided stakeholders, reducing duplication, and fostering accountability to communities.

Approach:

- Facilitate joint planning and coordination among ethnic health actors, CSOs, and government counterparts.
- Establish platforms for collective advocacy, resource mobilization, and standardization of best practices.
- Support coordination platforms, alliances, and joint (cooperative) projects for resource mobilization, collective advocacy, and the standardization of best practices.
- Facilitate multi-stakeholder dialogues to build cooperation across ethnic health actors, CSOs, and government.
- Orchestrate peer-to-peer exchange visits among local health actors to drive cross-learning, promote collaboration, deepen partnerships, and shared learning.
- Establish a Trust Index to measure perceptions of CPI, local organizations, and national actors.

CPI's Strategic Health Areas:

Through these strategic priorities, CPI will support local organization partners to strengthen health and humanitarian service delivery, with particular focus on:

- **Maternal, Newborn, and Child Health (MNCH):** Expand partner-led primary health care and immunization coverage.
- **Communicable Disease Control:** Strengthen TB, HIV, and malaria prevention and continuity.
- **Emergency Health and WASH:** Ensure service continuity and rapid recovery in crises.
- **Non-Communicable Diseases (NCDs):** Support partner-led, community-level screening and referral models.

2. HOW THIS PLAN WILL BE USED

Our priorities will be translated into annual operating plans and budgets, with flexible funding invested when other funding sources are unavailable. These plans and budgets will guide our donor engagement and project selection. Every July, CPI's leadership will hold a "Pause and Reflect" session to assess progress, adapt to changing conditions, and ensure we remain on course.

3. VISION, MISSION, AND VALUES

3.1 Vision

Resilience sparks renewal — a future of health, dignity, and opportunity for all.

3.2 Mission

To enable rescue, recovery, and resilience in conflict- and poverty-affected communities by equipping local organizations and fostering collective action.

3.3 Values

Trust: Essential to operating in sensitive environments, building strong systems, and maintaining the confidence of donors and communities alike. Trust is both a tool and a goal, countering fear and enabling cooperation.

Equity: Ensuring inclusive access and shifting power to those closest to the challenges. We measure impact through equity, prioritize programs that reach all, and advocate for equity with partners.

Agility: Adapting rapidly to maximize impact in unstable settings. Agility is not optional; it is a prerequisite for stability.

Evidence: Turning data into action. We build resilient learning systems and share lessons for broader application.

Synergy: Harnessing the collective strength of diverse actors. Strong partnerships and networks multiply impact and resilience.

4. OUR HISTORY

CPI was founded in 1998 as war and displacement devastated Myanmar. Local groups and informal networks were already delivering care in places no one else could. CPI emerged from partnerships between U.S. doctors, volunteers, and Myanmar's frontline health networks, not to replace them, but to strengthen them.

From the outset, CPI embraced principles of flexibility, decentralization, and resilience. Long before “mesh network” and “authentic localization” became our explicit language, we operated in that spirit: enabling communities to lead, adapt, absorb shocks, and sustain services.

Key milestones in our journey:

- **1998–2008:** Rooted in border regions, CPI built trust with community-based organizations and supported life-saving services in conflict-affected areas.
- **2010–2015:** As political space opened, CPI became a trusted interlocutor, working alongside ministries and ethnic leaders to expand malaria and maternal health services.
- **2016–2020:** CPI advocated for ethnic health actors as essential system architects, not temporary implementers, while contributing to universal health coverage efforts.
- **2020–present:** Through coups, disasters, and epidemics, CPI has sustained programming, built networks of 150+ partners across Myanmar, Bangladesh, and Thailand, and advanced authentic localization.

For over 25 years, CPI has stood alongside communities through wars, disasters, and epidemics. We have supported over 150 local organizations, mobilized more than \$200M for service delivery, and improved access to health and relief services for millions of people.

Today, CPI remains the quiet bridge and convener, equipping, connecting, and trusting those closest to the work.

5. STRATEGIC OBJECTIVES

5.1 Programs and Implementation

1. Advance authentic localization	
Outcome	Local organizations lead service delivery, governance, and decision-making in health and humanitarian systems
Why?	Stronger partners deliver greater impact, attract more resources, and represent their communities more effectively.
Targets:	<ul style="list-style-type: none"> • By 2026, identify a relevant Localization Framework and operationalize it to benchmark and measure progress. • Each year, 50% of partners demonstrate measurable growth. Achieving at least one: increased total grants, increased direct grants, increased organizational development, or greater participation in networks. • Achieve a 15% increase in priority health outcomes for targeted communities, quantified using a context-appropriate, low-resource methodology such as Lot Quality Assurance Sampling (LQAS) – with the methodology piloted in 2026. • Facilitate and expand local-to-local learning and networking through platforms such as CPI’s Organizational Development Network. Expand from existing networks or build multiple networks according to the assessment in 2026.
2. Nurture mesh network health systems	
Outcome	Crisis-affected communities access equitable, high-quality health services through decentralized provider networks.
Why?	Connectivity strengthens systems’ ability to adapt and sustain services during crises.
Targets:	<ul style="list-style-type: none"> • By 2026, mesh network health system guidelines and a measurement framework will be established, shared, and understood. • By 2027, 50% of projects demonstrate plans and actions contributing to strengthening at the systems level. The measurement framework demonstrates progress towards a more joined-up health system. • By 2028, 75% of projects demonstrate plans and actions contributing to strengthening at the systems level. The measurement framework demonstrates progress towards a more joined-up health system. • Health Systems Performance Assessments show improvement in health systems of at least 75% of major partners yearly.

3. Build trust	
Outcome	Multidirectional trust among partners, communities, and donors strengthens collaboration, reduces friction, and builds resilience.
Why?	Trust enables collaboration, reduces friction, and builds resilience.
Targets:	<ul style="list-style-type: none"> • In 2026, develop a Trust Index, measuring trust in CPI, local health organizations, and national organizations, and conduct a baseline assessment. • By 2027–2028, overall trust scores rise, with at least 50% of partners reporting increased trust in CPI.

5.2 People and Structure

1. Optimize HR management for workforce continuity, equity, and agility	
Outcome	CPI's HR management approach ensures continuity, equity, and agility, enabling staff to focus on building trust, supporting partners, and delivering quality services in complex contexts.
Why?	CPI is operating in a continuously changing context, and enhancing the ability to anticipate, adapt, and absorb internal and external stressors is crucial. A strong HR management approach allows staff to focus on building trust and systems — not navigating reshuffles — and gives partners consistent counterparts.
Targets:	<ul style="list-style-type: none"> • By 2025, 100% of staff understand their roles and responsibilities within a rightsized structure. • By 2026, implement a competency-based Learning & Development framework, ensuring staff competencies are aligned with CPI's Strategic Plan and operational context. • By 2026, the Employee Satisfaction Score will exceed 60. Necessary restructuring will be clearly and transparently communicated and fairly implemented. • By 2027, the Employee Satisfaction Score will exceed 70. • By 2027, conduct an equity audit and establish and adapt systems to prevent the equity gap.

2. Simplify and streamline administration	
Outcome	CPI operations are efficient, transparent, and responsive.
Why?	Reducing bureaucracy frees time for service delivery and partner support while still meeting donor requirements.
Targets:	<ul style="list-style-type: none"> • By 2026, review, align, and automate (where relevant) key administration processes. • By 2026, review, update, and simplify the Authorization Matrix. • By 2027, the adapted processes are well established throughout the organization. • By 2027, design and conduct a review of program management to assess task shifting and agility enhancement. • By 2026, establish an emergency protocol for program management, staff trained, and effectively implemented in emergency contexts. • In 2027 and 2028, disburse flexible funds to partners responding to emergencies within 48 hours.
3. Digitize and modernize workstreams	
Outcome	CPI's systems are digitized and secure, ensuring efficiency, data integrity, and accountability.
Why?	New technologies improve efficiency, safety, and data accuracy.
Targets:	<ul style="list-style-type: none"> • By 2026, design a digital reform roadmap to prioritize and plan automation for this strategic plan period. • Launch a new grant management system (GMS) in 2025. • The GMS will run smoothly without any significant issues in 2026. • By 2027, manage 100% of grants digitally. • By 2026, establish a CPI data portal and, by 2027, expand and link it to other functional areas.

5.3 Research, Advocacy, and Communication

1. Roll out communications to reflect the Strategic Plan and refined Theory of Change	
Outcome	CPI staff and partners have a clear and consistent understanding of CPI's Theory of Change and Strategic Plan.
Why?	A clear identity improves onboarding and partner and donor engagement.
Targets:	<ul style="list-style-type: none"> • By 2025, staff and partners understand the vision and aims of the Strategic Plan. • By 2026, develop updated onboarding materials and an internal hub for messaging resources, meaning all staff maintain a strong understanding of CPI's identity. • By 2026, align all templates, slide decks, and messaging guides to the updated Theory of Change.
2. Leverage our unique approach and impact in thought leadership	
Outcome	CPI is recognized as a knowledgeable and trusted systems-change actor, shaping policy and practice in humanitarian health.
Why?	Our experience offers lessons that could improve aid delivery globally.
Targets:	<ul style="list-style-type: none"> • By 2026, publish at least four flagship thought editorials annually, aligned with programmatic priorities. • By 2027, translate at least three research outputs annually into accessible formats (infographics, blogs, panels, webinars). • In 2027–2028, secure at least three high-level speaking engagements annually (global health, humanitarian, or systems-change forums) and three invitations annually for CPI to attend international webinars. • Prioritize and test two communication channels annually.
3. Use data to improve outcomes	
Outcome	CPI builds a culture of learning and adaptive management, ensuring that programs remain effective in complex, fast-changing environments.
Why?	Learning and adaptation ensure relevance and impact in fast-changing environments.

Targets:	<ul style="list-style-type: none"> • Hold annual “Pause and Reflect” sessions to assess progress, adapt to context, and refine strategy. • Each unit produces at least one structured learning output annually (evaluation briefs, case studies, learning reviews) with accompanying improvement plans. • By 2027, CPI will introduce a knowledge management system that links programmatic data with advocacy messaging, strengthening evidence-to-policy translation. • Update CPI’s dashboard of health service delivery and needs to reflect outcomes where possible, using the lot quality assurance methodology. • Conduct quarterly program reviews, including program data, share analysis and findings with the key stakeholders, and ensure CPI’s programs adapt as necessary, and advocate to ensure that donors and implementers remain agile and impact-focused.
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5.4 Financial Sustainability and Development

1. Diversify funding to improve financial resilience	
Outcome	CPI’s funding base is diversified and resilient, enabling continued service delivery and investment in partner-led systems even during complexities.
Why?	Diverse funding protects against volatility and enables strategic growth.
Targets:	<ul style="list-style-type: none"> • Secure one new foundation donor in 2026, and at least two in 2027. • Secure two new foundation donors in 2028, giving \$100K+.
2. Forge new and stronger relationships with prioritized funders	
Outcome	CPI builds sustained, trust-based relationships with donors, increasing flexibility, influence, and alignment with partner priorities.
Why?	Stronger relationships increase flexibility, resilience, and influence.
Targets:	<ul style="list-style-type: none"> • Receive three requests for proposals from new donor organizations and requests for participation in three panel events annually in 2027 and 2028. • Meet with five new donors each year in 2027 and 2028.



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Images: This page: A health worker measures a child's height at a community clinic in Shan State, Myanmar. (Lwin Phyu Phyu Kyaw/CPI)
 Front cover: Children in Ayeyarwady Region, Myanmar. (Jeanne Hallacy/Kirana Productions/CPI)
 Page 3: Children in Kutupalong Refugee Camp, Bangladesh. (Md. Dipu/CPI)