Strategic Framework 2013 - 2015

September 2012

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Appendices

1. Women and Children First – who we are and what we do

Over 385,000 women and 3 million newborns die each year during pregnancy, childbirth or the first month of life. In some parts of the world, one in every eight women is affected.

Women and Children First is an international development organisation dedicated to reducing these unacceptably high, but largely avoidable, levels of mortality. Women and Children First works primarily through women's groups in rural communities in the poorest parts of Africa and Asia to improve maternal, newborn and child health. We empower women to find their own solutions to maternal, newborn and child health problems.

Established in 2001, the charity has an a excellent 10-year track record of working with partners to deliver projects which have a proven impact on maternal, newborn and child health. Funding for this work has come from a range of sources including the UK government, UNFPA, the UK national lottery, charitable trusts, corporate supporters and individual donors.

We are a niche organisation offering technical expertise, support and consultancy to our partners. We use evidence-based methods to empower women to advocate for their right to health, building women's capacity to take control of their and their children's health. We adopt complementary approaches and support communities to develop demand for quality health services to those provided by government, the private sector and NGOs at local and national level.

We advocate for maternal, newborn and child health to be at top of the agenda in policy and practice, both locally and internationally.

2. Vision, Mission and Values

Women and Children First's **Vision** is an equitable world where all women and children have good health.

Women and Children First's **Mission** is to improve maternal, new-born and child health in poor and marginalised communities in developing countries.

This contribution to sustainable development is achieved by working with partners to raise awareness of maternal, newborn and child health issues. We mobilise communities, healthcare providers, funders and influencers to find solutions which empower women to exercise their health rights.
Women and Children First's **Values** are:

- Southern partner-led approach
- Evidence-based programmes
- Rights-based approach
- Equity in partnerships
- Equitable access to health information and services
- Transparency and accountability
- Value for money
- Ethical funding

3. Women and Children First's theory of change

Our theory of change identifies six areas which need to be addressed to improve maternal, newborn and child health and articulates where Women and Children First's work can make a contribution or a measurable difference.

The first three of these areas are complex, macro-level issues which require sophisticated multi-sectoral responses from a range of stakeholders. Women and Children First's approach which addresses both the supply and demand sides of a health system can make a contribution, but it is not measurable.

1) **Poverty reduction**: a shift in the allocation of resources is required to achieve this, but improved health can make a difference by enabling individuals and family units to be more productive and not incur catastrophic expenditure on health services and medicines.
2) **Improving the status of women**: the assumption is that improved health will contribute to empowerment and that empowerment will lead in turn to improved health, but it is recognised that much wider changes – including improved attitudes towards women in society and in the economic arena - are required to reduce harmful health practices and inequities in access to health services.
3) **Increasing the political will to deliver effective, well planned, well resourced, accessible high quality health systems**. Critical issues that need to be addressed include legislation, funding, the provision of effective human resources and infrastructure and an accountable private sector.

The last three areas focus on direct drivers of maternal, newborn and child health for which Women and Children First makes, or potentially can make, a direct, measurable contribution.

4) **Changing knowledge, beliefs and behaviours within communities**: for example improved practice of maternal, newborn and child health care in the community, successfully addressing myths and harmful traditional practices related to maternal, newborn and child health, increasing male involvement and reducing gender disadvantages and stigma etc. and sustaining the change beyond the end of funded projects.
5) **Increasing access to effective and appropriate maternal, newborn and child health information and services**: especially for women, newborns and children.
6) **Increasing access to effective and appropriate sexual and reproductive health information and services for young people**.

Based on this theory of change, our programmes encapsulate three interdependent components:

1. Community mobilisation

Women's groups have proved to be an important component in community mobilisation programmes which have been shown to make deep and lasting improvements to the health and wellbeing of communities. Community mobilisation achieves these improvements by empowering communities to identify and address important needs themselves.

Women and Children First promotes a participatory learning and action cycle focused on women's groups which has been demonstrated to reduce newborn mortality by up to 45 per cent in marginalised rural communities. We share the approach with our southern partners and provide technical assistance for establishing and managing women's groups programmes.

2. Health system strengthening

Health system strengthening aims to develop the capacity of low-income countries to plan, manage and deliver high-quality healthcare equally within communities. Strengthened health systems will provide quality health services that meet women's and children's needs.

Women and Children First works to improve the knowledge and skills of healthcare staff who are providing maternal and newborn health services. We assist in developing and providing teaching material and training all cadres of healthcare staff including midwives, community healthcare workers and traditional birth attendants.

3. Policy and advocacy to create an enabling environment

Advocacy encompasses a spectrum from campaigning to ensuring the voices of local people are heard far beyond their community.

For Women and Children First advocacy means *speaking for the cause*, in our case maternal, newborn and child health, at local, national and international level. Our international programmes help build the capacity of Southern NGOs to make their voices heard at grassroots, national and international levels. Our own policy analysis and advocacy is informed by our Southern partners' experience and aims to influence decision-makers and fund holders in the UK and at international level.

4. Strategies

We have designed five strategies to put our theory of change into action and work towards achieving our Mission.

Strategy 1: International programming

- Increase the scale and impact of our work to mobilise communities and healthcare providers to improve maternal, newborn and child health.

We will work with women, adolescent girls and children under five to prevent unnecessary death in childbirth and ensure that women receive the information, services and support they need.

Strategy 2: Providing technical assistance

- Establish Women and Children First as the leading expert to provide technical assistance in the participatory learning and action cycle (women's groups) approach to improving maternal, newborn and child health.

We will identify other organisations which work to improve maternal, newborn and child health and offer our services to enable them to include the tried and tested women's groups approach in their programmes.

Strategy 3 - Effective influencing

- Keep maternal, newborn and child health at the forefront of the evolving international and sustainable development policy agenda.

We will keep maternal, newborn and child health at the heart of international development by influencing key policy and decision-makers, and developing strategic alliances and networks in the UK and internationally.

Strategy 4: Financing the Strategic Plan

- Ensure funding is in place to deliver the plan

We will use our evidence and experience to raise ambitious donations sufficient to share knowledge and deliver large scale women's group programmes for maternal, newborn and child health in our current and new high priority areas.

Strategy 5: People and organisational development

- Ensure optimum staffing is in place to deliver the Strategic Plan

We will ensure staff knowledge, skills and expertise are appropriate to deliver annual plans.

Each strategy has specific objectives with related indicators to ensure progress and can be measured.

5. Impact measurement

Each of Women and Children First's programmes includes specific aims and objectives, the accomplishment of which is measured during project implementation. Longer term impact cannot be determined through NGO project mechanisms, but as Women and Children First's work is primarily delivered through an approach which has been tested through randomised control trials in various countries in both Africa and Asia, we are able to calculate impact through lives saved based on the percentage reduction in newborn mortality in each programme area.

Women and Children First will calculate impact by taking into account the percentage of women of reproductive age and the crude birth rate in a given population. This information will be used to estimate the number of births per year in programme areas which, when coupled with an estimate of percentage reduction in newborn mortality based on rates demonstrated by other programmes, will provide an estimate of the number of newborn lives saved per year.

SMART Objectives and Indicators

Strategy	SMART Objectives	Indicators
1. Increase the scale and impact of our work to mobilise communities and healthcare providers to improve maternal, newborn and child health	1.1 By the end of 2014, a network of partner organisations committed to improving maternal, newborn and child health will be established in programme countries and the UK.	▪ New potential partners identified ▪ MOUs agreed with new partners
	1.2 By 2015 four action research projects will be in place to test the efficacy of interventions (e.g. PMTCT, improving nutrition, family planning) and which can be delivered through the women's groups approach.	▪ Action research projects which will test additional components designed and proposals developed ▪ Funding secured for action research projects
	1.3 By the end of 2015, organisations with existing groups (e.g. micro-credit, agricultural, religious groups) already active in our targeted programme areas will be part of Women and Children First's network.	▪ Relevant organisations identified in each programme country ▪ Organisations contacted and consulted ▪ Organisations signed up to an MOU ▪ Women's groups methodology shared with organisations ▪ Women's groups training provided as required ▪ Organisations active in women's groups programmes
	1.4 By the end of 2015 monitoring and evaluation indicators to measure the scale and impact of Women and Children First's work accurately will be integrated into every project design.	▪ Appropriate indicators developed ▪ Indicators documented in proposals and project activity plans
2. Establish Women and Children First as the leading expert to provide technical assistance in the women's groups approach	2.1 By March 2013 results of a study to assess the feasibility of marketing the women's groups approach received.	▪ Consultant briefed and contracted to carry out the study ▪ Study report completed
	2.2 By December 2013 an action plan to secure resources to market the women's groups approach in place.	▪ Action plan drawn up
3. Keep maternal, newborn and child health at the forefront of the evolving	3.1 By the end of 2013 a database of influencers, policy and decision makers, national level alliances and networks in the UK, in programme countries and at global level will be	▪ Database established

Strategy	SMART Objectives	Indicators
international and sustainable development policy agenda	established.	
	3.2 Advocacy strategy in place by the end of 2013.	▪ Messages, means of communication and related communication tools developed ▪ Partners who have the potential to deliver in-country advocacy received Women and Children First's training/support
4. Ensure funding is in place to deliver the plan	4.1 Sources of funding to run Women and Children First's UK office and operations and projects in Africa and Asia identified by the end of 2012.	▪ Finance plan developed ▪ Fundraising strategy for all voluntary income streams developed
	4.2 Income targets as per the annual operating budget achieved annually.	▪ X proposals delivered p.a. to institutional donors ▪ X applications to small (x), medium (x) and large trusts (x) submitted p.a. ▪ New media fundraising plans delivered ▪ Major gifts fundraising plans delivered
	4.3 Maintain sufficient unrestricted reserves to meet the WCF Reserves policy each year.	▪ Annual income targets met ▪ Annual expenditure within budget
5. Ensure optimum human resource (among staff and trustees) is in place to deliver the Strategic Plan	5.1 Each member of Women and Children First's staff undergoes an annual appraisal to identify their contribution of knowledge, skills and expertise to deliver the Strategic Plan	▪ Annual appraisal reports completed
	5.2 An audit of staff and trustee knowledge, skills and expertise to deliver the Strategic plan will be carried out annually.	▪ Annual audits completed
	5.3 The feasibility of addressing the gap, if any, between staff and trustee contribution and organisational requirements for knowledge, skills and expertise will be assessed and plans made to address gaps in line with resources.	▪ Report on analysis completed ▪ Action plan devised ▪ Action plan delivered