WOMEN, CHILDREN AND YOUNG PEOPLE

Women, children and young people, particularly those living in Lower Income Countries (LICs), face a daily struggle to achieve their potential.

Sadly, for many, the struggle is simply to survive.

Although global maternal, child and adolescent mortality rates are falling, over 300,000 women still die every year in childbirth or as a result of pregnancy or postpartum causes; over 5 million children die before the age of five; and over 2 million older children and adolescents die between the ages of 6-19.

Those who survive often do so in the context of huge challenges that can prevent them from going on to thrive.

For women, evidence points to a range of health challenges across the life-course, including: lack of access to modern contraceptive methods; unsafe abortions; HIV/AIDS; cervical cancer; female genital mutilation; stillbirths; and gender-based violence.

For children, challenges to development begin in and even before pregnancy. An estimated 250 million children under-5 are at risk of failing to reach their development potential as a result of: inadequate maternal nutrition; exposure to environmental pollutants; HIV infection; poor caregiver mental and physical health; suboptimal breastfeeding; malnutrition; illnesses; injuries; limited stimulation; neglect and maltreatment.

For adolescents the challenges are very different between younger (10–14 years) and older adolescents (15–19 years) and between males and females, but include: child marriage; complications associated with early childbirth; unsafe abortion; lack of access to modern contraception; HIV/AIDS; gender-based violence; malnutrition; mental health problem; non-communicable diseases; and school drop-out.

WOMEN AND CHILDREN FIRST

Vision and Mission

Our vision is a world where all women, children and young people can survive and thrive.

Too often women, children and young people face problems that kill them, harm them or hold them back. We believe local communities have the answers, but too often they are told what to do, treated as the problem or ignored.

Not by us.

Our mission is to empower local communities to take action on the global health challenges facing women, children and young people.

Over the last twenty years, we have collaborated with partners to take our flagship innovation – the Participatory Learning and Action for Maternal and Newborn Health group approach (PLA-MNH) – from conception, through rigorous evaluation, to a WHO global recommendation – reaching over 12.5 million people. At scale, PLA-MNH groups could save the lives of 350,000 mothers and babies every year.

We are also currently collaborating with partners to test new models of PLA and incubate two further early stage innovations – Re-cal-l and Play++, which at scale could contribute to saving the lives of over 2.5 million more women, children and young people per year and enabling millions more to thrive.

Values

Women and Children First is:

- Collaborative: We cooperate with partners – communities, organisations, academic institutions and governments – in LICs and internationally to act on global health challenges.
- Driven: We have a clear purpose and deliver with resilience and determination.
- Adaptable: We are open minded and responsive to change.
- Kind: We act with integrity and treat our community and each other with respect and dignity.
- Brilliant: We set ourselves high standards and are respected as experts in what we do.

THEORY OF CHANGE

The chance that women, children and young people have to survive and thrive is defined by their freedom of choice.

Unfortunately, many women, children and young people, particularly those in LICs, experience barriers that take away their freedom to make informed health and development choices.

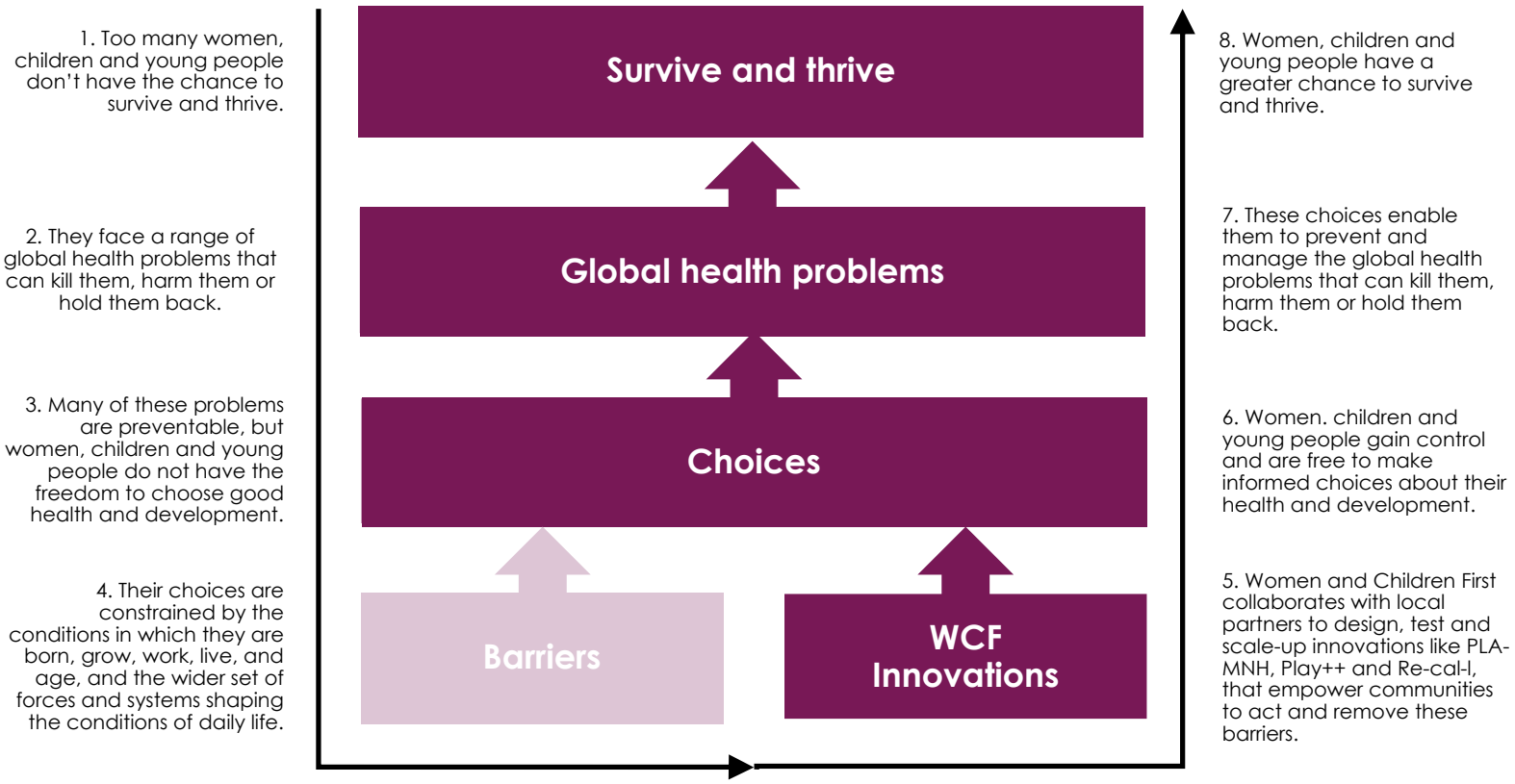
Despite any dreams they have of achieving their potential, their choices are constrained by the conditions in which they are born, grow, work, live and age. These conditions are shaped by a wider set of forces and systems, including the policy and governance environment, as well as the social norms and values around them.

These conditions in turn affect women, children and young people's material circumstances, psychosocial wellbeing, behaviour, biological status and the quality and accessibility of essential services.

This is where Women and Children First operates. We collaborate with partners to design, test and scale-up simple innovations that empower communities to take action on these barriers.

In this way women, children and young people are freed to make informed choices about their health and development. In doing so, they are better able manage the global health problems which can kill them, harm them or hold them back. In short, they can survive and thrive.

Figure 1: Women and Children First's Theory of Change



STRATEGY OVERVIEW

Position, Prepare, Power-Up

Since 2001, Women and Children First has contributed to the Sustainable Development Goals by implementing more than 50 international programmes, reaching over 12.5 million people across 15 countries in Africa, Asia and Central America.

For much of our history, we have developed, adapted and rigorously tested the PLA-MNH group approach. With our partners we have established over 5,000 PLA-MNH groups, with close to 200,000 members. These groups have enabled communities to save the lives of more than 6,500 women, children and young people and have supported hundreds of thousands more to achieve their potential.

We are proud that, through collaborations with partners, we have proven the potential for PLA-MNH. It is effective, cost-effective, equitable, sustainable and scalable. It is recommended globally by the World Health Organisation. It can make a substantial contribution to global efforts to ensure women, children and young people can survive and thrive.

Position

Our history brings clarity to our role in relation to PLA-MNH in the future. We are uniquely placed to support scale-up globally, to ensure PLA-MNH reaches the communities where it can have the greatest impact.

In the past we have taken a project-by-project approach to achieve this aim. We have sought to build an evidence-base in each country, in collaboration with partners with the capacity to scale nationally, and then engaged in local advocacy to drive scale-up in collaboration with the Ministries of Health.

It has been a hard process, which – although supportive for the communities involved - has resulted in only limited reach.

This has led us to evolve our strategy. We recognise our role as an 'intermediator' – uniquely positioned between the PLA-MNH approach and governments and stakeholders, with the capacity to deliver it at scale. Essentially the small cog that helps drive the big wheels!

To best leverage this role, over the next three years, we will work to *position* PLA-MNH ready for scale-up in countries where it can save thousands of lives every year. We will achieve this through advocacy and working closely with national governments and their partners, supporting them in confirming its potential at national level. In support, we will offer a comprehensive package of technical

assistance to transfer knowledge and institutionalise PLA-MNH. We will start in Ethiopia, Malawi and Tanzania, where we are already well placed to deliver this strategy, but will remain open to working in other countries, if the potential to institutionalise PLA-MNH opens up elsewhere.

Prepare
Working closely with communities for 20 years has shown time and again the incredible changes they can make. This has inspired us to explore other innovations that communities can use to take action on their priority heath and development concerns.

Working on PLA-MNH has provided a blueprint for how we can work with communities to address these concerns. Collaborating closely to identify and design simple innovations > rigorously testing them > bringing those with the greatest potential to scale.

Using this blueprint, alongside PLA-MNH, we are proud to have developed a rich pipeline of new innovations which all share a basic principle of seeking to empower communities to act on their own concerns. Many of these build on the PLA platform that we know so well, whereas others are completely new, but build on our institutional capacity and experiences.

Over the next three years we will continue to incubate and guide these new innovations through the pipeline and *prepare* them for scale-up.

Power-up
The Women and Children First team is fortunate to have excellent staff, supportive trustees and committed ambassadors and friends.

Over the next three years we will take the opportunity to further *power-up* the team in readiness to work at scale. This will involve securing the funds needed and being smart about investing them to most effectively grow and motivate our team and reinforce our systems.

Women and Children First Strategy 2022-2024: Position, Prepare, Power-Up			
Goal	**Objectives**		**Targets**
To position, prepare and power-up Women and Children First to amplify its contribution to global efforts supporting women, children and young people to survive and thrive.	**1. Position** Collaborate with partners to explore the potential for national level scale-up of PLA-MNH through community health workforces in Ethiopia, Malawi and Tanzania.	1.1 Advocate for government mandated tests of PLA-MNH in 3 countries	- PLA-MNH on government policy agenda in 3 countries by 2025
		1.2 Support government mandated tests of PLA-MNH in at least 2 countries	- Support initiation of government mandated tests in at least 2 countries by 2025 - Completed tests show PLA-MNH is feasible at scale - Completed tests show at least a 25% reduction in neonatal mortality - PLA-MNH scale-up plan developed in at least 1 country by 2025
	2. Prepare Collaborate with partners to build the evidence base for Re-cal-l, Play++ and alternative models of PLA as new innovations that can empower communities to take action on the global health challenges facing women, children and young people.	2.1 Build a body of evidence through research and evaluation to understand and share lessons learned about Re-cal-l, Play++ and at least nine alternative models of and delivery mechanisms for PLA	- Complete 11 pilot tests by 2025 - Completed pilot tests help to determine practicality, accessibility and acceptability of the innovations and inform decisions on progression to efficacy/ effectiveness testing - Initiate 3 efficacy/ effectiveness studies by 2025 - Completed studies help to determine impact of the innovations on flourishing of women, children and young people which can inform decisions on progression to further testing and/or scale-up
		2.2 React to emergent concerns in communities by identifying and preparing new innovations for pilot testing	
	3. Power-Up Raise sufficient funds to cover our costs, invest in our people and systems and maintain adequate operating reserves to expand our capacity in readiness for working at scale.	3.1 Strengthen our income to ensure we can cover our costs, allow for investment and maintain adequate operating reserves	- Total unrestricted funds raised - £170,000 (2022), £175,000 (2023); £180,000 (2024) - Overheads from grants and consultancies contribute to 66% of our needs by 2025
		3.2 Invest in our team by supporting growth, provide a great place to work and where necessary recruit the right people,	- Establish a quarterly pulse survey which achieves an 80% participation rate and use the findings to implement targeted improvements
		3.3 Invest in the systems needed to support high-performance operations to deliver the current strategy and ensure readiness to scale our work in future.	- Conduct an operational audit to identify priorities and implement targeted improvements

OBJECTIVE 1: POSITION

We will collaborate with partners to explore the potential for national level scale-up of PLA-MNH through community health workforces in Ethiopia, Malawi and Tanzania.

Objective 1.1: Advocate for government mandated tests of PLA-MNH in three countries

Starting in Ethiopia, Malawi and Tanzania we will collaborate with partners to advocate for and align constituencies to support the initiation of government mandated tests of PLA-MNH, which will assess the approach in the local context and health system.

There is extensive evidence supporting the potential for PLA-MNH at scale, it has a WHO global recommendation (WHO, 2014) and is enshrined in the Every Newborn Action Plan (WHO, 2014):

1. *Effective:* Seven cluster randomised controlled trials and a meta-analysis have shown that PLA-MNH can reduce maternal mortality by 49% and neonatal mortality by 33% when at least a third of pregnant women attend a group (Manandhar et al, 2004; Tripathy et al, 2010; Azad et al, 2010; Shah More et al, 2012; Fottrell et al, 2013; Lewycka et al, 2013; Colbourn et al, 2013; Prost et al, 2013).
2. *Cost-effective:* PLA-MNH is cost-effective by WHO standards, with a cost of between $1,457 to $8,670 per neonatal death averted (Prost et al, 2013; Mangham-Jefferies et al, 2014).
3. *Equitable:* PLA-MNH is pro-poor and can contribute to an equitable reduction in neonatal mortality across socio-economic strata (Houweling et al, 2016).
4. *Sustainable:* Up to 80% of PLA-MNH groups remain active beyond the end of project funding (Sondaal et al, 2018).
5. *Scalable:* There is evidence PLA-MNH can be scaled through community health worker structures (Tripathy et al, 2016). At scale in India, delivered through frontline health workers supported by the Ministry of Health, PLA-MNH reduced neonatal mortality by 24% (26% in the poorest quintiles) at a cost of $385 per death averted (Nair et al, 2021).

Our experiences to date suggest that to validate the potential for PLA-MNH at scale most governments will require evidence from sub-national level tests of the approach delivered by the community health workforce and supported through Ministry of Health systems.

It makes sense for us to start in Ethiopia, Malawi and Tanzania. All three countries have high maternal and newborn mortality rates, policies in place to leverage

the power of communities to address these issues, strong community health workforces, tasked with mobilising communities and have also expressed high-level interest in PLA-MNH. We also have existing or potential for strong implementation partnerships in these three countries. This does not mean we will not consider other countries. We will keep a watching brief to identify whether any other countries develop to meet these criteria too.

We will collaborate with representatives from across PLA-MNH implementing partners in Africa and Asia, to establish an international coalition and define global PLA-MNH scale-up advocacy objectives, coordinate national action and monitor progress.

In Ethiopia, Malawi and Tanzania we will continue to map and assess the interest and influence of key opinion-leaders and decision-makers from governments and national and international development partners with influence over potential national level scale-up of PLA-MNH and the required resources.

Before engaging we will continue to refine our advocacy messages, adapting them to:
- build a strong link between national level scale up of PLA-MNH and their vested interests;
- provide rigorous evidence of the effectiveness of PLA-MNH, its potential in their specific context including, where necessary, through externally funded projects; and
- clarity over the action they can take to support scale-up of PLA-MNH.

Finally, we will increase our engagements and strengthen our relationships with key opinion-leaders and decision-makers utilising the full range of online and offline opportunities available to us, carefully selecting who should be involved in these engagements to maximise our credibility and providing materials tailored to the audience.

Targets
- PLA-MNH on government policy agenda in 3 countries by 2025

Objective 1.2: Support government mandated tests of PLA-MNH in at least two countries

Once national governments mandate the testing of PLA-MNH, we will collaborate with partners to transfer the organisational capacity needed to implement PLA-MNH at scale, support tests and maintain momentum.

We are world leading experts in PLA-MNH. We have over 20-years experience in the design, implementation and evaluation of PLA-MNH in 13 countries in Africa,

Asia and Central America. We have developed a world class technical assistance package, that has successfully been used by partners to embed PLA-MNH and deliver community mobilisation programmes that have reached over 12.5 million people – and counting. We have expanded this package so it can uniquely be delivered via e-learning, online, face-to-face or blended learning channels. We have evidence that this package has successfully enabled partners to deliver programmes that have mobilised communities to bring about substantial improvements in maternal and newborn health and are currently using it to embed PLA-MNH within Ministry of Health systems in Zanzibar, Tanzania.

To further support the government mandated tests and prepare for provision of support to scale-up initiatives in future, we will continue to add functionality and strengthen our technical assistance package. The first key area of focus will be on adapting our model of technical support provision from a narrow and short-term focus on training, predominantly originating from the team in London, to a broader and longer-term focus on institutionalisation of PLA-MNH predominantly originating in country through partners and relationships.

Alongside this the second key area of focus will be on developing our human resource capacity to support transfer of organisational knowledge. This will predominantly be through training and building a team of PLA-MNH experts in Africa, but also through recruitment of additional staff.

The third key area of focus will be on developing a standardised approach to the quality control and quality assurance backstopping support we provide to PLA-MNH implementing partners.

The final key area of focus will be on expanding our PLA-MNH community of practice to provide a central hub for all practitioners globally to share best practice in design, implementation and evaluation of PLA-MNH.

Where evidence for progression is generated, we will collaborate with national partners to transition government mandated tests into national scale-up by supporting development of scale-up plans, advising on strategy adaptation and advocating with key decision-makers and constituencies to maintain momentum and secure the required resources.

Targets

- Support initiation of government mandated tests in at least 2 countries by 2025
- Completed tests show PLA-MNH is feasible at scale
- Completed tests show at least a 25% reduction in neonatal mortality
- PLA-MNH scale-up plan developed in at least 1 country by 2025

OBJECTIVE 2: PREPARE

We will collaborate with partners to build the evidence base for Re-cal-l, Play++ and alternative models of PLA as new innovations that can empower communities to take action on the global health challenges facing women, children and young people.

Objective 2.1: Build a body of evidence through research and evaluation to understand and share lessons learned about Re-cal-l, Play++ and at least nine alternative models of and delivery mechanisms for PLA

Our innovation and testing pipeline has three stages:

1. Pilot study: Small-scale pilot test to assess the practicality, acceptability and accessibility of the innovation.
2. Efficacy study: Small-scale rigorous evaluation in a controlled setting, with a focus on internal validity.
3. Effectiveness study: Large-scale rigorous evaluation under routine conditions in varied settings, with a focus on external validity.

We will only seek to progress those innovations which achieve proven effectiveness. Our research and evaluation approach at all stages will employ gold standard rigorous monitoring, evaluation and learning methodologies. We will expand our partnerships with academic institutions, particularly in the countries where we work, to support these activities.

We are currently incubating the following innovations in collaboration with partners:

- Re-cal-l: a personalised health appointment reminder system for women and children in remote rural areas.
- Play++: toys enhanced to support stimulating play and early learning opportunities for children, while simultaneously supporting and motivating responsive caregiving that protects children from threats and improves their nutrition and health.
- Alternative models of PLA:
    - PLA-Unintentional Injuries: PLA to reduce mortality from unintentional injuries in children aged 0-5.
    - PLA-Family Planning: PLA to increase uptake of family planning services.
    - PLA-Adolescent Sexual and Reproductive Health and Rights (ASRHR): PLA to improve ASRHR.
    - PLA-Disability: PLA to reduce mortality through improved health care access.
    - PLA-Vaccination: PLA to increase uptake of vaccination services.
- Alternative delivery mechanisms for PLA:

- Capsule-PLA: A rapid, 'curriculum-based' version of PLA amenable to contexts where access to communities is more time-limited and delivery by health workers.
- Radio-PLA: A remotely radio-facilitated version of PLA.
- Private sector-PLA: A version of PLA amenable to delivery by community-based private health-care workforces.
- Humanitarian-PLA: A version of PLA appropriate for delivery in internally displaced people (IDP) camps.

All these innovations have been developed in collaboration with partners to address concerns arising from the communities in which we work. All these innovations are currently under evaluation, with all undergoing pilot testing and two scheduled for effectiveness testing.

Country	Stage*	Alternative models of PLA					Alternative delivery mechanisms for PLA			
		Injuries	FP	ASRHR	Disability	Vacc.	Capsule	Radio	Private sector	IDP
Bangladesh	P	x					x			
Ethiopia	P		x				x		x	
Malawi	P			x			x	x		
Uganda	P, Ee				x		x			
Somalia	P					x	x			x

* P = Pilot study. Ee = Effectiveness study

All our new innovations will start at stage one. Where evidence for progression is generated, we will test the impact and cost-effectiveness of the innovations through efficacy and/or effectiveness studies. Where evidence for progression is not generated, we will be transparent and disseminate findings.

Targets
- Complete 11 pilot tests by 2025
- Completed pilot tests help to determine practicality, accessibility and acceptability of the innovations and inform decisions on progression to efficacy/ effectiveness testing
- Initiate 3 efficacy/ effectiveness studies by 2025
- Completed studies help to determine impact of the innovations on flourishing of women, children and young people which can inform decisions on progression to further testing and/or scale-up.

Objective 2.2: React to emergent concerns in communities by identifying and preparing new innovations for pilot testing

We will remain vigilant of the concerns in communities where we work, using socio-behavioural methods and elements of human centered design to gain a

better understanding. We will collaborate with partners and use our 20 years of experience in community development and these insights to fuel generation of ideas and discovery of potential new innovations which can empower communities to meet these concerns.

Ideas for new innovations will be prioritised where they meet the following criteria:

- Specificity – can they address the concerns emerging from the communities where we work?
- Simplicity – can communities use them to take action to address their concerns?
- Scalability – can they be scaled to reach all those who share these concerns?

We will prototype the ideas with the greatest potential with partners to assess their suitability for pilot testing in future.

OBJECTIVE 3: POWER-UP

We will raise sufficient funds to cover our costs, invest in our people and systems and maintain adequate operating reserves to expand our capacity in readiness for working at scale.

Objective 3.1: Strengthen our income to ensure we can cover our costs, allow for investment and maintain adequate operating reserves

We will raise funds to cover costs, invest in the organisation and maintain an adequate operating reserve through three mechanisms: unrestricted donations; cost recovery on grants; and profit on consultancy services.

Unrestricted funds will be generated through donations from a diverse range of organisational and individual donors. Our priority targets will be Trusts and Foundations (T&F), major donors and community fundraising, which are expected to have the greatest potential for Women and Children First over the next three years.

Organizational donors		**Individual donors**			
Corporates	T&F	Major	Mid	Other	Community
★ ★	★ ★ ★	★ ★ ★	★ ★	★	★ ★ ★

Star rating (★) indicates prioritisation of effort and resources.

To maximise our chances of success we will develop and communicate attractive opportunities that enable donors to create a tangible impact on women, children and young people. We will continue to build deep respectful relationships with, and be responsive to our donors, while also providing an experience that is memorable, valuable and enjoyable.

We will adapt our cost recovery model to ensure it reflects the true costs of undertaking sustainable, quality projects. We will use this model to make informed decisions about which funding opportunities to pursue and will strengthen how we articulate our needs to cover these costs. We will coordinate with other organisations to inform and educate donors on the need for and benefits of improved cost recovery.

We will define our consultancy rates, based on market research and benchmarking with other similar organisations. We will use these to make informed decisions about which opportunities to pursue and will strengthen how we communicate our value in line with these.

Targets

- Total unrestricted funds raised - £170,000 (2022), £175,000 (2023); £180,000 (2024)
- Overheads from grants and consultancies contribute to 66% of our needs by 2025

Objective 3.2: Invest in our team by supporting growth, providing a great place to work and where necessary recruiting the right people

We will invest into our people, specifically our staff, trustees and ambassadors, enabling us to deliver activities under this strategy and expand our capacity for the future.

We will develop a supportive management group who set clear and transparent goals and provide coaching and agile performance management. We will also provide opportunities for growth through training and on job support, facilitated promotion pathways and a learning culture.

We will build a fair, inclusive and diverse work environment that provides flexible working opportunities, a humanistic workplace, a culture of recognition and an attractive package of benefits, benchmarked within sector. We will also develop a trusted and inspirational leadership group, driven by the vision and mission of the organisation and characterised by transparency and honesty.

Where necessary we will bring in staff, trustees and ambassadors who can help us to deliver this strategy. We will find and recruit people who fit with the organisation in terms of both capacities and values and ensure that everyone is welcome regardless of gender, age, disability, religion, sexual orientation, background or cultural identity, especially those from underrepresented groups in the NGO sector.

Targets
- Establish a quarterly pulse survey which achieves an 80% participation rate and use the findings to implement targeted improvements

Objective 3.3: Invest in the systems needed to support high-performance operations to deliver the current strategy and ensure readiness to scale our work in future

We will invest in our systems to fill gaps and strengthen our operational effectiveness and efficiency. We will start by conducting an operational audit to identify gaps in our operations management – how our staff, trustees and ambassadors and resources help us to achieve our strategic objectives – before strengthening existing and establishing new systems to fill these gaps.

While our approach will be contingent on the operational audit, some of the critical operational priorities are likely to include strengthening our systems related to:

- Legal
- Human Resources
- Accounting/Financial Management
- Fundraising and business development
- Governance
- Technology
- Planning
- Training

Targets

- Conduct an operational audit to identify priorities and implement targeted improvements