



Strategy: 2019 – 2021



WE WANT A WORLD WHERE ALL WOMEN, CHILDREN AND YOUNG PEOPLE CAN SURVIVE AND THRIVE.

WE ARE PIONEERS AT EMPOWERING LOCAL COMMUNITIES TO TAKE THE LEAD IN ACHIEVING THIS VISION. OUR WORLD-CLASS APPROACHES ARE EFFECTIVE AND RECOMMENDED GLOBALLY.

BY THE END OF 2021 WE WILL SAVE THE LIVES OF 10,000 WOMEN, CHILDREN AND YOUNG PEOPLE AND ENABLE 1 MILLION MORE TO CHOOSE THEIR FUTURES.

WOMEN, CHILDREN AND YOUNG PEOPLE IN THE POOREST COUNTRIES IN AFRICA, ASIA AND LATIN AMERICA, FACE PROBLEMS THAT KILL THEM, HARM THEM OR HOLD THEM BACK.

PROBLEMS LIKE SEVERE COMPLICATIONS IN PREGNANCY AND CHILDBIRTH, DEADLY DISEASES AND UNACCEPTABLE VIOLENCE.

GLOBAL PROBLEMS

Sustainable Development Goals (SDGs)

The 17 SDGs are a universal call to action that guide international policy and practice to end poverty, protect the planet and ensure that all people enjoy peace and prosperity.ⁱ We will focus on challenges under two goals, although all are interconnected:

- Goal 3 – Promote healthy lives and wellbeing for all at all ages.
- Goal 5 – Achieve gender equality and empower all women and girls.

Life course approach

Across the life course, women, children and young people face a range of problems. We will focus on issues including:

- Women's health – SRH; malnutrition; GBV; pre-conception
- Pregnancy, childbirth and postnatal care – pregnancy health; maternal / newborn complications; pre-term birth; PMTCT
- Child health and development – infectious diseases; malnutrition; accidents / injuries; early child development
- Adolescent health and development – SRH, GBV; mental health

Where we work

We currently have programmes in Africa (Ethiopia, Malawi, Sierra Leone, Uganda), Asia (Bangladesh, Myanmar) and Latin America (El Salvador, Guatemala, Honduras, Nicaragua). We will work wherever inequalities exist in the ability of women, children and young people to survive and choose their futures.

LOCAL COMMUNITIES HAVE THE ANSWERS.

THEY CAN COME UP WITH LIFE-SAVING IDEAS LIKE HOME-MADE EMERGENCY STRETCHERS, SOURCING AND DISTRIBUTING MOSQUITO NETS, AND CLEANING WATER SOURCES.

LOCAL ANSWERS

Simple answers, tailored to the local context, and designed and resourced by the communities themselves, that can prevent maternal and newborn complications, improve nutrition, improve sexual and reproductive health, prevent diseases and reduce gender-based violence. These include:

- **Transport to health facilities** – like donkey-carts in Ethiopia and crisis transport funds in India.
- **Businesses to raise money for health expenditures** – like fish ponds in Malawi and macadamia nut growing in Myanmar.
- **Lobbying health services** – like lobbying for improvements in quality in Latin America and for outreach clinics in Malawi.
- **Raising awareness** – like how to have a balanced diet in Bangladesh and prevent HIV/AIDs in Sierra Leone.
- **Challenging cultural norms and values** – sensitising and mobilising men regarding their responsibilities Sierra Leone and referring early marriage cases to authorities in Bangladesh.
- **Distributing commodities** – like mosquito nets in Malawi and iron tablets in India.
- **Constructing infrastructure** – like pit-latrines in Ethiopia, maternity waiting shelters in Malawi and protection of water sources in Uganda.
- **Other answers** – including: tracking, supporting and referring pregnant women at risk, growing and distributing vegetables, establishing child creches, advocating for changes in policy.

**BUT TOO OFTEN LOCAL COMMUNITIES ARE TOLD WHAT TO DO,
TREATED AS THE PROBLEM OR IGNORED.**

NOT BY US. NOT BY YOU.

**OVER THE LAST 18 YEARS WE HAVE LEARNT HOW BEST TO
SUPPORT LOCAL COMMUNITIES.**

**THEY DON'T NEED PEOPLE TO GIVE THEM THE ANSWERS,
LECTURE THEM OR PROVIDE SHORT-TERM FIXES. THEY WANT TO
BE EMPOWERED TO COME UP WITH THEIR OWN ANSWERS.**

SO THAT'S OUR ROLE.

SUPPORTING COMMUNITIES

Participatory Learning and Action (PLA)

The PLA methodology is a sustainableⁱⁱ, cost-effectiveⁱⁱⁱ and equitable^{iv} way of supporting communities to come up with their own answers. The methodology works best in rural settings^v, but there is increasing evidence in urban and humanitarian settings. It can be scaled through local volunteers^{vi}, community health workers^{vii}, NGOs^{viii} or hybrid systems. The methodology is rooted in work by Save the Children in Bolivia and developed in collaboration with partners: BADAS-PCP (Bangladesh), Ekjut and SNEHA (India), MaiKhanda and MaiMwana (Malawi), MIRA (Nepal) and UCL (UK).

Community support tools

We have developed four tools based on the PLA methodology:

- Maternal and Newborn Health – reduces maternal mortality by up to 49% and neonatal mortality by up to 33%.^{ix} This tool has a WHO global recommendation.^x
- Family Planning – increases knowledge, support and uptake of family planning methods and services.^{xi}
- PMTCT – increases adherence to the PMTCT service cascade.^{xii}
- Life course – under pilot test in Uganda.

We will develop new tools to support communities to find answers to other problems across the life course. Our tools will be delivered alongside health systems and advocacy activities. We will manage grants and provide consultancy to ensure the most effective tools are scaled to reach the communities where the needs are greatest.

OVER THE LAST 18 YEARS, WE HAVE REACHED OVER 12 MILLION PEOPLE, IN 13 COUNTRIES AND SAVED OVER 6,000 LIVES – AND COUNTING.

EVIDENCE

Measurement

What sets us apart is our evidence. We are committed to learning, celebrating achievements and working hard to improve.

Results

Since 2001, we have delivered 40 international projects in 13 different countries. These projects have reached over 12 million people and supported over 5,000 communities:

- Saving over 6,000 lives; and
- Improving the health and wellbeing of over 250,000 women, children and young people, enabling them to choose their futures.

A recent example is a project in Bogra District, Bangladesh, in partnership with BADAS-PCP and funded by UK Aid.^{xiii} The project supported 196 communities to develop answers that:

- Increased early antenatal care (by 42%), attendance of 4 or more antenatal appointments (65%), skilled delivery (15%) and postnatal care seeking (21%)
- Ensured 99% of babies had bathing delayed for 24 hours (71% at baseline) and 97% had their umbilical cord undressed (51%)

As a result, the health of over 28,000 women, children and young people was improved and newborn mortality and stillbirths were reduced by 34% and 19% respectively.

STRATEGY: 2019 – 2021

OBJECTIVE		
To become a world leader in putting communities first – supporting them to come up with local answers to the global problems facing women, children and young people		
GOALS	STRATEGIES	INITIATIVES
<p>A. Live: By the end of 2021, save the lives of 10,000 women, children and young girls</p> <p>B. Choose: By the end of 2021, improve the wellbeing of 1,000,000 women, children and young people enabling them to choose their futures</p> <p>C. Support: By the end of 2021, support 10,000 local communities to come up with answers to the problems facing women, children and young people</p>	<p>1. Transform WCF Build a strong, engaged and active team supported by appropriate structures, rigorous policies and efficient processes</p>	<p>a. Recruit, engage and motivate staff, trustee and ambassadors</p> <p>b. Strengthen structures</p> <p>c. Update policies</p> <p>d. Streamline processes</p>
	<p>2. Expand our portfolio Expand our portfolio of community support tools and scaling mechanisms</p>	<p>a. Design new tools</p> <p>b. Design new mechanisms to deliver tools at scale</p>
	<p>3. Amplify our impact Develop the evidence-base, partnerships and supporters needed to grow impact</p>	<p>a. Collate learning</p> <p>b. Expand partnerships</p> <p>c. Lobby for scale-up</p>
	<p>4. Grow our income Pursue diverse streams to successfully generate unrestricted (UR) and restricted (R) income to transform our organisation, expand our portfolio, amplify our impact and deliver our programmes</p>	<p>a. Generate funds from individuals</p> <p>b. Encourage community fundraising</p> <p>c. Land major gifts</p> <p>d. Raise UR trust/ foundation funds</p> <p>e. Leverage corporate donations</p> <p>f. Win R trust/ foundation and institutional donor grants</p> <p>g. Bring in consultancy contracts</p>

Objective and goals

In three years, between 2019 and 2021, our ambitious new strategy will ensure we accelerate the impact for women, children and young people, that we have achieved between 2001 and 2018. We will support 10,000 local communities to come up with answers (having supported 5,000 to date) that save the lives of 10,000 women, children and young girls (6,000 to date) and enable 1,000,000 women, children and young people to choose their futures (250,000 to date). To measure progress against these goals we will count: the number of lives we save; the number of women, children and young people we reach; and the number of communities we support. Achieving these goals will ensure we become a world leader in putting local communities first – supporting them to come up with local answers for the global problems facing women, children and young people.

Strategies, measures and initiatives

To achieve our objective and goals, we will learn from our past experiences, build on our achievements and evolve the organisation for the future.

First, we will transform the organisation. We will build a strong, engaged and active team of staff, trustees, ambassadors and friends. These individuals will be supported by appropriate and effective team structures, rigorous organisational policies, and streamlined and efficient processes. **Second, we will expand our portfolio.** We will grow our toolbox of effective community support tools, by designing innovations to address additional global challenges and reach beneficiaries in new settings and designing alternative mechanisms to reach larger scale. **Third, we will amplify our impact.** We will collate learning generated through rigorous monitoring and evaluation of our projects, broaden our implementing partnerships and promote adoption to ensure our effective tools are implemented at scale. **Fourth, we will grow our income.** We will pursue multiple, diverse income streams to generate unrestricted and restricted income from individuals and organisations, that enables us to transform the organisation, expand our portfolio, amplify our impact and deliver our programmes.

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- ⁱ <https://sustainabledevelopment.un.org/post2015/transformingourworld> [accessed: 7 September 2018].
- ⁱⁱ Sondaal, A (2018). Sustainability of community-based women's groups: reflections from a participatory intervention for newborn and maternal health in Nepal, *Community Development Journal*, bsy017, <https://doi.org/10.1093/cdj/bsy017> [accessed: 7 September 2018].
- ⁱⁱⁱ Prost, A et al. Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *Lancet*. 2013; 381: 1736-46.
- ^{iv} Houweling, et al 2015. Reaching the poor with health interventions: programme-incidence analysis of seven randomised trials of women's groups to reduce newborn mortality in Asia and Africa. *Journal of Epidemiology and Community Health*. 2015; (0): 1-11.
- ^v Prost, A et al. Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *Lancet*. 2013; 381: 1736-46.
- ^{vi} Fottrell, E. Community Led Evidence-based Action for Newborns (CLEAN) at scale through participatory women's groups and health workers in rural Bangladesh. Personal communication.
- ^{vii} Tripathy et al. Effect of participatory women's groups facilitated by Accredited Social Health Activists on birth outcomes in rural eastern India: a cluster-randomised controlled trial. *Lancet Global Health*. 2016; 4(2): e119-e128.
- ^{viii} Tripathy, P et al. Effect of a participatory intervention with women's groups on birth outcomes and maternal depression in Jharkhand and Orissa, India: a cluster-randomised controlled trial. *Lancet*. 2010; 375: 1182-92.
- ^{ix} Prost, A et al. Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *Lancet*. 2013; 381: 1736-46.
- ^x WHO. WHO recommendation on community mobilization through facilitated participatory learning and action cycles with women's groups for maternal and newborn health. WHO. 2014.
- ^{xi} AHS, Women and Children First and USAID (2018). Increasing family planning uptake through community action groups: Learning Document. Women and Children First, London.
- ^{xii} WCF (2017). Addressing loss to follow up in PMTCT in the community and preventing unintended pregnancies in Salima District, Malawi. Annual Report. WCF, London.
- ^{xiii} WCF (2018). Improving maternal and newborn health in Bogra District, Bangladesh. Project Completion Report. WCF, London.