Strategic Guidelines for International Programs

May 2016
1. The Basis of Our Work

It is essential to have a clear understanding of the basic tenets of our work approaches. The list below indicates fundamental documents, which are relevant to our work.

The basis of our thematic framework

The Sustainable Development Goals adopted by the UN member countries in 2016 are essential for our work, particularly goals number 3 and 5. WHI seeks to align its work along the following targets:

Goal 3

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programme

Goal 5

- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

Some other fundamental documents:

- Declaration of Alma-Ata on Primary Health Care, 1978
- Ottawa Charta for Health Promotion, 1986
- Cairo Consensus on Reproductive Health, 1994
- Fourth World Conference on Women in Beijing, 1995
- The Millennium Development Goals, 2000

---

1 http://www.who.int/publications/almaata_declaration_en.pdf
2 http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
4 http://www.un.org/womenwatch/daw/beijing/platform/declar.htm
5 http://www.un.org/millenniumgoals/
Documents relating to our ethical framework

- Code of Conduct – International Federation of Red Cross and Red Crescent Societies\(^6\)
- The Universal Declaration on Human Rights\(^7\)

Documents relating to our programmatic framework

- Paris Declaration 2005\(^8\), Accra und Busan : Agenda for Aid Effectiveness \(^9\)
- Istanbul CSO Development Effectiveness Principles\(^10\)

2. Thematic Sectors

The three themes of our work are aligned with our overall goal to improve maternal, sexual and reproductive health and rights. The three sectors are interlinked and coordinated together and therefore have a much higher impact than each sector would have alone.

2.1. Thematic Sector: Safe Pregnancy and Delivery

Our Mandate
We ensure the competent support of women and girls during pregnancy, birth and the post-natal period. This includes access to pre- and post-natal care and giving birth at a health centre/clinic. Emergency obstetric care is available if necessary to pregnant women at risk.

Objectives
Through programs in the thematic sector “Safe Pregnancy and Delivery”, the following objectives will be realized in a given program area:

- Obstacles for pregnant women to access competent obstetric care by trained health workers, particularly to emergency obstetric care, are reduced and referrals made possible.
- All pregnant women are giving birth at a health centre, or in case of an emergency referral, at a hospital.

---


\(^8\) http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm


• All pregnant women are attending prenatal (four times) and postnatal clinics and are receiving family planning counselling.

• The health system is providing quality and essential maternal and reproductive health-care services with a motivated, well trained health workforce.

• Maternal mortality and the incidence of obstetric injuries are reduced.

• Midwives/skilled birth attendants are trained well and deployed to areas lacking qualified staff.

Further information and key documents: www.womenshope.ch/de/unsere-themen/sichere-geburten

2.2. Thematic Sector: Healing of Obstetric Injuries

Our Mandate
We identify, treat, physically rehabilitate and socially reintegrate women and girls with birth injuries.

Objectives
Through programs in the thematic sector “Healing of Birth Injuries”, the following objectives will be realized in a given program area:

• The prevalence and incidence of birth injuries (obstetric fistulas) are significantly reduced.

• Gynaecologists are trained to perform obstetric fistula surgeries on a high quality level.

• Women and girls with birth injuries are identified.

• Identified women have access to referral services (transportation), pre-surgical care, fistula repair surgery and post-surgical care.

• After their surgery, women with birth injuries have access to physical rehabilitation services according to their needs and are reintegrated into society: socially, psychologically and economically.

• Healed women are trained and act as community advocates for the cause of obstetric fistula and reproductive health.

Further information and key documents: www.womenshope.ch/de/unsere-themen/heilung-von-fisteln
2.3. Thematic Sector: Empowerment of Women

Our Mandate
We enhance and strengthen the status of women and girls in society. Self-determination and independence of women and girls is made possible, particularly in the area of sexual and reproductive health.

Objectives
Through programs in the thematic sector "Empowerment of Women", some of the following objectives will be realized in a given program area:

- Sexual and reproductive health rights are known and respected by men and women, particularly adolescents.
- Women and men, particularly adolescents, know the different methods of contraceptives and family planning and have access to them.
- Discrimination and violence against women and girls are eliminated.
- Early and forced marriage and teenage pregnancies are prevented and eliminated. Those who suffer from forced marriage or teenage pregnancies are strengthened.

Further information and key documents: www.womenshope.ch/de/unsere-themen/starke-frauen

3. Guiding Principles for Health Programming\(^{11}\)

The following guiding principles are essential in the design, planning, implementation and evaluation of projects and programs. They express the commitment of WHI in working with deprived women and girls and their communities.

Realizing the right to health
The United Nations considers health a “Fundamental human right indispensable for the exercise of other human rights”\(^{12}\). It further states that "every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity"\(^{13}\). Governments, as the primary duty-bearer, must generate conditions in which everyone can be as healthy as possible. The right-to-health principle gives priority to the most vulnerable

\(^{11}\) Adopted from „Health Policy for International Cooperation“ Swiss Red Cross, 2012- 2017, page 10


\(^{13}\) Ibid.
and marginalized groups, whose rights are often ignored, and calls for a more equitable distribution of resources.

**Reducing vulnerability and strengthening resilience**
To be healthy requires that people be able to cope with everyday risks and threats, and to prevent and reduce the underlying causes of vulnerability. Our health programmes help reduce the vulnerability of groups and communities and enhance their resilience. Equity is a fundamental principle of our work. Based on careful assessments of local vulnerabilities and capacities, we address the needs of those who have the least means to cope.

**Empowering people for health**
We believe that people are the drivers of their own development, and that empowerment and participation are the heart of development. WHI places special emphasis on the empowerment of people and communities. Our health programmes are intended to transform beneficiaries into agents. Individual empowerment refers to the individual’s ability to make decisions and have more control over her or his personal life. Community empowerment refers to individuals acting collectively to gain greater influence and control over the determinants of health and the quality of their community. Empowerment fosters community ownership of health services by improving people’s active participation in decision making.

**Bridging the gap between health care providers and communities**
In pursuing a holistic approach to health development, we aim to build bridges between health service providers and communities. Whichever entry point we choose, our interventions strengthen the interfaces between the various actors and stakeholders of local health systems. Health promotion, equitable access to health services, community participation and a strong emphasis on prevention are the cornerstones of our approach.
4. Principles for Program Implementation

WHI considers a program approach as the most effective and efficient way of working in development cooperation. The following principles are all part of this holistic and comprehensive way of working.\(^{14}\)

**Long-term and sustainable results**
Our programs are designed with a long-term perspective, they are innovative and aim for sustainable results and impact.

**National health policies**
Our programs are implemented according to national health policies and are as far as possible coordinated with the governmental health system.

**Evidence based**
Our programs are based on a thorough assessment of the health needs of resource-poor communities and on our institutional capabilities for implementing appropriate, cost-effective, and innovative solutions.

**Program approach**
In each of our countries of operation, we use a country program approach which brings various projects in a comprehensive and coherent way together. They are all aligned under three thematic sectors (see Nr. 2 Thematic Sectors) being implemented on micro- meso- and macro – levels and are clustered together in specific geographical areas. In countries where the operation does not yet allow such an approach, we structure the work towards it.

\(^{14}\) Some of the content of this section is adapted from “PATH’s Guiding Principles of Achieving Programmatic Impact”, [www.path](http://www.path). Org/publications/detail.php?i=347
Implementing structures – two complementary ways
In each of our countries of operation we use suitable implementation structures. In a fully developed country program WHI is registered as NGO and runs a local coordination office. The implementation of projects is executed in two complementary ways: Either through the collaboration with partner organisations (see 5. Partner Organizations) who act as principal implementers, or in a second way, in which WHI takes on the role as a direct and locally constituted implementing organization.

Strategic alliances and multi-stakeholder approaches
If possible we establish and join strategic alliances to create synergy through collaboration and to leverage public and private resources to improve reproductive and maternal health.

Capacity building for sustainability
We participate in capacity building and institutional strengthening to guarantee the long-term sustainability of our programs.

Policy dialog
We influence national and international policy processes to promote greater health equity and scaling up of successful innovations. Working on micro- meso- and macro-levels fosters this.

Cross-fertilization through information and research
We share accurate and timely information about our programs and the results of implementation studies to stimulate cross-fertilization of ideas, innovation, collaboration and replication of successful programs.

Conflict-Sensitive Programming
Conflict sensitivity is an integrated theme that influences design, planning, implementation and evaluation of our projects and programs. Conflict sensitivity needs to be an integral behaviour of all project personnel. Conflict sensitive Programming involves the understanding of the conflict context, as well as the interaction between the implemented project/programme and the conflict and the necessary alternative options and consequentially alterations for the project/program interventions. Relevant standards regarding conflict sensitivity are applied.

5. Partner Organizations
As WHI pushes to become more and more an operational implementing organization, the collaboration with local partner organizations will still be an important and complementary aspect of the work of WHI. The competence and experience of our partner organizations determine if our work will have its desired impact or not. In the section below, general principles describe with whom we desire to work, how we intend to shape our partnerships and the criteria for the selection of partner organizations.

General Principles
We collaborate with civil society organisations as well as government and UN agencies.
Our cooperation is based on partnership and on mutually agreed objectives. We contribute to the strengthening of our partner’s autonomy and self-determination and encourage their exchange with other actors on a regional and national level.

We accompany our partners and support them in the long-term with the objective to see them excel in their professional competence.

**Criteria for the selection of partner organizations**

In choosing new partner organizations or reviewing a possible phasing-out from existing partner organizations, the following criteria are used to reach an informed decision. Choosing a new partner organization and also phasing-out from an existing one is a dynamic process.

A new partnership is normally entered after the partner has first successfully implemented a small pilot project.

The listed criteria cannot necessarily be applied mechanically.

- Compatibility with WHI’s vision and values
- Competence in the area of maternal and reproductive health
- Commitment to work for the development of the poor and marginalised
- Accountability to beneficiaries
- Knowledge of the socio-political and cultural situation of the country and region
- Institutional capacity and quality
- Good governance with transparency and accountability in the internal decision-making process
- Adequate functional structures (Board, Management, Field Staff etc.)
- Good track record in documentation and reporting
- Quality assurance system
- An adequate Human Resource management
- Zero tolerance for corruption
- Legally registered

We realize that it is essential to work with organizations which are close (geographically and also in their organisational set-up) to resource-poor communities. Such organisations may not be able to fulfil the criteria below. This is the reason why the set of criteria below need to be considered separately and to a lesser degree.

- Potential to secure funds
- Innovative and cutting edge
- Potential for replicability, scaling up and advocacy towards public sector and strategic partners.

**Principles of Partnership**

The way in which WHI desires to shape the partnership with partner organisations as well as their selection criteria is described in the chapter above. In this section, the whole topic of “Partnership” in the context of working together with partner organisations is elaborated.

---

further. Hopefully, the described principles will lead to a better and more productive cooperation with them.

A functional, viable and productive partnership is a cluster of relationships with well-defined roles, responsibilities, rights and obligations. Common objectives or shared interests are the most powerful motives for forming a partnership, but they are not sufficient in themselves.

Other factors, outlined below, are necessary for a sustainable operation in a partnership.

**Transparency**
Transparency is achieved through dialogue (on equal footing) with an emphasis on early consultations and early sharing of information. Regular information sharing, easy access to relevant (including financial) information, openness about expectations from each other is essential for a transparent partnership.

**Mutual Accountability**
Accountability means the requirement that those in position of responsibility answer to stakeholders regarding the disposal of their powers and duties, act on criticism or requirements expected of them and accept responsibility for failure, incompetence or deceit. Mutual accountability means that both WHI and the partner are accountable to each other.

**Mutual Trust and Respect**
It is a result of experiences of people working together and of sharing common values and commitment as well as mutual expectations. Mutual respect must not preclude organizations from engaging in constructive dissent.

**Ownership**
Ownership refers to the degree to which the stakeholders effectively participate and are held responsible and accountable for all that is done in the partnership. If ownership is lacking or perceived to be lacking, it will be very difficult for a partnership to be sustained.

**Equality**
Equality requires mutual respect between members of the partnership, irrespective of size and power. The participants must respect each other’s mandates, obligations and independence and recognize each other’s constraints and commitments.

6. **Geographical Concentration**
Currently, WHI does not envision expanding its areas of operation. But in the near future, this will be a logical step. The following points provide the rationale for working in a certain country and at the same time also provide objective reasons for starting to work in a new area.

**Basic considerations**
We concentrate our work on a few selected countries in Africa and Asia, which have a high maternal mortality rate. In considering programming aspects, Africa has priority over Asia.

**Criteria for the selection of a new country:**
• Maternal mortality rate
• Number of medical doctors and midwives per population.
• Openness towards civil society organizations.

Key questions to be answered before we start working in a new country or a new region:

**Leverage effect**
Can we achieve anything? What? How does our contribution provide a major added value? What and where are our particular competencies? Where does the application of our modest means promise the largest possible effect?

**Responsiveness**
Is our engagement really targeted at central reproductive or maternal health issues? How well do we know what the real health issues are? How can we contribute to addressing the problems of the poorest and fostering their empowerment?

**Synergies**
What are the other donors doing? What is the government doing? How are we linking our activities to those of the others and making them complementary? Can the new involvement be linked to existing WHI programs?

**Capitalization of best practices and lessons learned**
Have significant experiences already been made in domains similar to that of the activities planned? Has such experience been analysed, evaluated, and exchanged?

**7. Managing for Development Results**

Our key concern is to design and manage programs in order to see measurable outcomes with a long-term impact.

The following criteria are used to assess and evaluate the project planning and performance of projects/programs (adopted from DAC):

**Relevance**: Indicates the extent to which the objectives of a project/program are consistent with the beneficiaries’ needs, country needs, global priorities and partners’ and donors’ priorities.

**Efficiency** is a measure of how economic resources/inputs (funds, expertise, time etc.) are converted into outputs.

---

16 The same questions need to be asked before starting a new program. The questions were adopted from “Creating the prospect of living a life in dignity. Principles guiding the SDC in its commitment to fight poverty”. http://www.deza.admin.ch/de/Home/Dokumentation/Thematische_Strategien

17 Development Co-operation Directorate (part of Organisation for Economic Co-operation and Development, OECD)
Effectiveness indicates the extent to which a project’s objectives were achieved, taking into account their relative importance.

Sustainability is a continuation of benefits from a development intervention after major development assistance has been completed.

Impact is the positive and negative long-term changes produced by a development intervention, directly or indirectly, intentionally or unintended.

The internal manual “Result Based Project Cycle Management” describes the methodologies to ensure an efficient, effective and sustainable impact in our project and program work.

8. Management of the Department International Programs

The description of the management structure in this section is a future scenario. Currently, the position of Head of Department and CEO are combined. At the moment WHI does not yet have a Programme Officer or a Country Coordination. Nevertheless, the functions described below show the way ahead for WHI as a growing organisation.

Head of Department International Programs
The Head of the Department is reporting to the CEO. He/she is responsible for the management of the entire department. This includes developing and implementing coherent and relevant country strategies, guidelines and concepts regarding the international program work. Forging new partnerships with new partner organisations is also her/his responsibility. Finally, she/he directs and supervises the program officers.

Program Officers
Program Officers are responsible for the thematic, financial and operative planning, monitoring and evaluation of the respective country program. They are also responsible to line-manage the country coordination person. Finally, they are responsible for applications to public funding institutions and the negotiations and reporting which goes with it.

Country Coordination
Country Coordinators are located in a country of operation. They represent WHI vis à vis the government, other development actors and partner organizations. The Country Coordinator bears the overall responsibility for the development, coordination and implementation of the country program, which involves initiating, building up and maintaining structures, projects, partners and personnel. Country Coordinators support partner organizations through management and organizational consultancy and capacity development. Periodically the Country Coordinator organizes exchange workshops for knowledge sharing and learning.

Program Review Committee (PRC)
The members of the PRC are external experts. They meet regularly, approx. three times a year. The meetings can also take place as a teleconference via Skype. The members of PRC need to appraise all new projects and programs (with a yearly budget above CHF 100'000) and give their recommendations. Only projects and programs which are endorsed by the PRC and the Board will be implemented. Running projects and programs also need to
be appraised by the PRC periodically. In this way, the PRC plays an important role in the internal knowledge management. Members of the PRC have a proven expertise and also field experience in at least one of the main strategic areas of WHI: Safe pregnancies and birth, obstetric injuries, empowerment of women, policy change in reproductive health and reproductive rights.

Endorsed by the WHI Board February 10th, 2015

Adopted and endorsed by the WHI Board, June 28th 2016