WOMEN'S HEALTH AND ACTION RESEARCH CENTRE (WHARC)

STRATEGIC PLAN- 2024 to 2029

Our vision is to upscale our leadership in Africa providing essential and up-to-date information, research, data, and services in sexual and reproductive health and rights

Women's Health and Action Research Centre
Benin City: January, 2024

Content

Abbreviation and Acronyms

AHI	=	Action Health Incorporated
ARH	=	Adolescent Reproductive Health
BCC	=	Behavior Change Communication
BOD	=	Board of Directors
BOT	=	Board of Trustees
CAC	=	Corporate Affairs Commission (Nigeria)
CBO	=	Community-Based Organization
CSO	=	Civil Society Organizations
ED	=	Executive Director
HIV	=	Human Immuno-deficiency Virus
AIDS	=	Acquired Immuno-Deficiency Syndrome
HR	=	Human Resources
IEC	=	Information, Education and Communication
IPC	=	Interpersonal Communication
JD	=	Job Description
MIS	=	Management Information System
MOE	=	Ministry of Education
MOH	=	Ministry of Health
M&S	=	Monitoring and Supervision
NACA	=	National Action Committee on HIV/AIDS
NGO	=	Non-Governmental Organization
OA	=	Organization Assessment
OJT	=	On-the-job Training
PF	=	David and Lucile Packard Foundation
PHC	=	Primary Health Care
PO	=	Program Officer
R&E	=	Research and Evaluation
RH	=	Reproductive Health
SACA	=	State Action Committee on AIDS
SFH	=	Society for Family Health
SRH	=	Sexual and Reproductive Health
STIs	=	Sexually Transmitted Infections
TA	=	Technical Assistance
UNICEF	=	United Nations Children's Fund
UNFPA	=	United Nations Population Fund
USAID	=	United States Agency for International Development
PAC	=	Post Abortion Care
AJRH	=	African Journal of Reproductive Health
FP	=	Family Planning
CPR	=	Contraceptive Prevalence Rate

Preface

WHARC was created in 1993 initially as Women's Health and Action Research Unit (WHARU) located in the College of Health Sciences, Department of Obstetrics and Gynecology, Obafemi Awolowo University, Ile Ife. WHARU was later transformed and registered as WHARC in 1995. WHARC started operations in 1996. After the first five years, a strategic plan was formulated for the second five-year period (1999 – 2005), and another for the second five-year period (2010-2015). WHARC has been generally guided by the strategic plan. This (third) strategic plan marks a significant point in the growth and development of WHARC as a maturing organization, both in program development and institutional capacity building.

The original purpose of WHARC (as WHARU) was to promote the reproductive health of women using community, participatory methods. The main objectives was to bring together a team of multidisciplinary researchers to conduct policy-oriented studies in women's reproductive health. The first (1999 – 2005) strategic plan was designed to transform the main baseline research findings in RH into sustainable interventions. Over the years, WHARC has evolved along this line, expanding to involve post-abortion care (PAC) and HIV/AIDS not only in relation to women but also adolescents and young people. In these areas, we have gained strong credibility, nationally and internationally. In particular, we have used intervention and description research to generate essential knowledge and data to inform advocacy and service delivery. WHARC's award-winning African Journal of Reproductive Health (AJRH) and other publications have remarkable progress in expanding the coverage of program activities and strengthening relationships with federal, state and some local governments as well as NGO and private sectors partners across the country.

This third stage plan builds on the gains of our first fifteen years while seeking to re-position WHARC to respond better to existing and emerging challenges. To this end, we used our strategic review and planning process to assure our organization's ability to focus and gain greater institutional and program effectiveness during the next five-year period and beyond. The strategic review and planning process has widened and strengthened the consensus on the mission of WHARC, internally and among our many stakeholders (government, NGOs, within and outside SRH, the private sector and donors). It has shown how we can better attune the organization to its changing internal and external environments, for better performance and greater success. Moreover, the process has clarified our options for embarking on the critical actions necessary to remain at the leading edge of knowledge and data necessary for advocating changes and designing services to improve the health and social wellbeing of women and young people.

We truly believe that this plan provides an internal source of strong direction and constructive basis for concerted action. We hope that the plan will also inform and enlighten our partners, supporters and donors so that together we can continue to work harmoniously to enhance SRH and rights broadly in Nigeria.

Chair, Board of Trustees Executive Director

1. INTRODUCTION

The strategic review and planning process which produced this strategic plan was designed as an internal self-appraised of the effectiveness of WHARC, as an organization, and in playing a leadership role in women's sexual and reproductive health and rights, focusing on research and RH/FP service delivery. The process was intended to reappraise WHARC's effort to date and envision and shape how it might evolve over the next years.

The process itself involved three main steps over a period of six months.

- A program evaluation focusing on program performance to date and to strengths, weakness, opportunities, and threats of WHARC; and
- A two-day strategy formulation retreat involving WHARC executive director, and senior staff, to formulate the strategy for the future, based on information emanating from the program evaluation and the knowledge and perspectives of participants.

The resulting strategic plan presents a comprehensive and holistic picture of the agenda for action by WHARC during the next five years and beyond. A strategic plan cannot cover every foreseeable need, and is not meant to be static. Also, WHARC is not starting afresh. Considering all these, this strategic plan has been designed as a flexible framework for building on past and current successes, while initiating new lines of action, especially in WHARC institution building. In both cases, the actions are expected to enable a stronger, more capable WHARC to play a more strategic and effective role in influencing legal and policy changes that demonstrably promote the health and social well being of women, adolescents, and young people. The plan is designed to usher WHARC into the "mature" stage in its growth and development objectives.

As will be noted, the strategic plan is presented in ten narrative sections (excluding this Introduction). Each section briefly analyzes the situation and needs in the area covered, and highlights and explains plans and intentions. As is usually the case, annual work plans will be used to more specifically define the issues, targets and actions, and the partners and other organizations with which to link up, in each implementation year.

II. BACKGROUND

1. Where are we: the present situation in WHARC

Since its creation in 1995, WHARC has steadily ground and developed to be a well-known and credible SRH and rights organization focusing on research, documentation and publication to disseminate information and data on the situation of women's health. Although WHARC continues to be based in Benin City, its activities have expanded to other states: Oyo, Kaduna, Kwara, Plateau, Niger and Enugu including Abuja (FCT). Its advocacy program is directed at the entire country and its RH research and documentation have use throughout the country.

It is evidence that over the years, WHARC has recorded important institution building and program development achievements as documented by the program evaluation conducted over the past ten years. Specifically, WHARC has:

- Provided a credible platform for international agencies to support critical developmental issues in the area of reproductive health.
- Promoted evidence-based RH care practices and techniques through its research and publications.
- Generated data and knowledge upon which its capacity building, advocacy, HIV/AIDS and safe motherhood programs are based. The result is a more effective intervention program and diffusion of innovative health care practices to other NGOs and health institutions in the society.
- Provided leadership and directions to public institutions, other NGOs, health personnel, and option leaders in the society in the area of RH.
- Contributed significantly in building a critical mass of trained health personnel to provide needed health services especially in the area of safe motherhood.

As recorded in the program evaluation report, four major challenges confront WHARC in the immediate future: re-appraising and re-defining WHARC's niche within the changing economic and socio-cultural context; formulating an ambitious but realistic community education strategy to complement its advocacy effort; strengthening the governance and management structure and systems, and mobilizing the resources to support them; and expending, strengthening and supporting partnerships and alliances to increase the coverage, effectiveness and impact of stake-holding in women's health and rights issues that constitute WHARC's core concern and mandate.

2. Overview of the External Environment

In Nigeria, WHARC's external environment is similar to that of comparable SRH NGOs. With a population of over 130 million people, Nigeria represents a complex mix of multiple socio-cultural diversities, particularly in language, religion, traditions and beliefs. The following considerations illustrate the point and underlie the macro context of WHARC :

- Three levels of government: federal, state and local government with health and related matters falling within both the concurrent and legislative lists for the three levels.
- National and State Assemblies with responsibilities to review and pass legislation/bills on matters of national or state interest including health. Each state has exclusive right, power and control over its health system, and how the health system should be organized and developed.

- Each state can determine the pace and level of its development, which reinforced the call for WHARC to intensify actions at the state level. WHARC could also explore, the possibility of creating a "model state" on issues relating to women's health and social well being.
- Various house committees in all sectors at the federal and state levels can facilitate passing of legislation. Through these structures, it is possible for various interest groups to penetrate the Assemblies and lobby for the passage of legislations of interest.

Nigeria's multi-ethnic, multi-religious and multi-lingual situation significantly influences people's attitude behavior, practices and what is accepted. This largely explains the various complications and difficulties associated with building consensus on issues of national interest. With respect to SRH and rights in general, the following are important.

- For most Nigerians, culture, traditional beliefs and practices, and religion are strong factors and tend to have profound influence on opinion formation and decision making.
- These factors also play important role in demand for and access to health services and are cited as reasons for non-usage of contraceptives, non-utilization of conventional health services, non-acceptance/use of condoms, and rigid insistence on promotion of abstinence.
- The same influences explain the resistance to exposing young people to RH information and services as well as introduction making on issues relating to fertility regulation, number of wives, and family size.
- The religious establishment further strengthens the male dominance factor and patriarchal system to the extent that men's decisions become the "law".
- The status of women is low and this affects the inability to make decisions on issues affecting them directly and indirectly.
- In some parts f the country, girl children are often withdrawn arbitrarily from schools and given out in marriage even at tender ages, resulting in high incidence of abortion, VVF, and maternal morbidity and mortality.

While raising the type of concerns and challenges highlighted above, the external (Nigeria) environment offers a mix of opportunities. On the positive side, a large number of policies exist to support implementation of various sexual and reproductive health programs.

- National Population Policy for Sustainable Development, 1988 (re-launched by the President in 2005)
- National Reproductive Health Policy and Strategic Framework
- National Policy on HIV/AIDS
- National Youth Policy
- National Adolescent Reproductive Health Policy
- HIV Emergency Action Plan
- Policy on VVF
- National Economic Empowerment and Development Strategy (NEEDS) and the anticipated State Economic Empowerment Development Scheme (SEEDS).

On the other hand, the current law on abortion is considered a major hindrance, perhaps a threat. It is argued that no abortion law exists: only a provision in the criminal code prescribing punishments for both the provider and the beneficiary. Regardless of interpretations and criticisms of the law, the fact remains that in effect abortion is illegal and until the law is reformed, the status quo remains constitutes a threat to the activities and operations of WHARC.

Demographic indicators and trade continue to constitute a great challenge to all SRH and rights actors, including WHARC. Of particular concern are figures related to maternal mortality (100/100 live births) and the incidence of unsafe abortions especially among young people. Also, there is concern about the contribution of young people to maternal mortality, owning to the extent of unsafe abortion among them.

The poor economic situation has implications for the funding of health and reproductive health programs. Unlike some African countries such as Botswana and Namibia that are able to dedicate 15% or more of their GNP to health services, Nigeria allocates less than 10%. Other economic and financial concerns include:

- Lack of access to and inability to pay for services as a result of poverty
- Poverty as a major factor responsible for high sexual activities among some young people
- The resultant effect is unwanted pregnancy and ultimately abortion
- Poverty restricts access to RH services, including safe abortion services, leading to an upsurge in the number of those patronizing patent medicine dealers, quacks and unqualified personnel to procure abortion.

The media is gradually emerging as an ally in sexual and reproductive health programming as a result of the investments by SRH organizations and programs in training them over the last ten years. Other developments with the media include

- Emergence of outfits such as Journalists against AIDS (JAIDS) which have increased attention to the issue of HIV/AIDS.
- Partnerships with different media houses (even if largely informal) to advance reproductive health issues.
- Increase in the reporting of RH issues even if not always positive
- Regular dissemination of RH messages in various languages especially through radio which has the capacity to penetrate rural communities.
- Increasing access of young people to RH education and information through media-based drama, discussions, songs, debates, quiz and other entertaining programs
- Liberalization and privatization of the media which have led to dramatic increase in the number of media houses (print and electronic) notably in the South West.
- The revolution in the film industry, especially the home video which presents both opportunities and threats. The film industry is one of those media that can complement efforts at all levels in responding to the challenges of RH especially among young people.

On the other hand, the developments have their own threats, too.

- Privatization has resulted in or increased the cost of air time often making it unaffordable for some NGOs to air their programs or sponsor enlightenment activities
- Misreporting and disseminating wrong information by some media houses: sometimes outright incitement of people against reproductive health programs which can be damaging to the activities of NGOs
- The role of the media on the abortion issue has been mixed but most of the time rather negative
- Some media personnel are not enlightened and educated or most of the time unable to report reproductive health issues correctly.

Nigeria's communication sector is catching up with the rest of the world with the advent of GSM and Internet connectivity. While the GSM revolution brings with it a lot of blessings, the Internet provides mixed feelings. The Internet draws young people as it has emerged as a preferred source of information and entertainment. On the other hand, the Internet has been identified as a major source of young people's exposure to sex, drugs and other negative tendencies. Access to foreign radio and television through Cable and Satellite channels also presents both opportunity and threat.

Public-private and NGO partnership/collaboration in service delivery is gaining ground. The integration of Post-Abortion Care services into health services (public and private), the training of service providers in PAC and the introduction of providers to the use of MVA technology are recent advances in health care delivery. The involvement of religious organization (FBOs) in the provision of reproductive health services is a development that presents opportunities to WHARC.

In summary, Nigeria currently enjoys relative stability, except for sporadic pockets of religious and communal clashes in some Northern and South-south geo-political zones. With the emergence of groups jostling and positioning themselves for general elections in 2007, one only hopes that current political activities will not pose any danger to the current stability. There is no current or anticipated law or policy posing any immediate or long-term threat to WHARC's existence as an organization.

In Africa and the rest of the world, a number of important developments and changes related to or which broadly impact on SRH and rights of women need to be mentioned, as follows:

- The African Union (AU) was established in 2000 to replace and revitalize the predecessor, the Organization of African Unity (OAU).
- Concern with gender and gender equality is high on the agenda of the AU, and senior positions in the organization are increasingly being filled by women.
- In 2003 the AU passed an addendum Protocol on Women's Rights to the African Charter of Human and People's Rights.
- The AU agenda on women's issues is currently more advanced than that of most member countries with the exception of some-Southern African countries such as Namibia and South Africa.
- The New Partnership for African Development (NEPAD) is the largest project for the economic regeneration of Africa designed by Africans for Africa. It is endorsed by the World Bank, EU and most major donors and financial institutions. While its attention to women's role in economic development was not ideal at the outset, it is currently opening up consultations to include gender issues within their policies and recommendations.
- The Africa Region of the International Planned Parenthood Federation (IPPF) has been organizing a series of sub-regional conferences to advocate expanded and stronger integration of SRH issues in the NEPAD program. The conference for the West Africa sub-region was held in Abuja in June 2005.
- The HIV/AIDS pandemic is ravaging the continent and in some countries threatening to eliminate a sizeable proportion of the workforce needed for development. The effect of the HIV/AIDS pandemic on children and families, the burden of which is carried mostly by women, has not yet been adequately addressed as a public policy issue.
- Africa has become a major exporter of refugees and immigrants and has provided some fertile ground for nurturing fundamentalisms.

In the rest of the world the following developments are also broadly relevant to WHARC:

- Rising global concern about the growing gap between rich and poor countries and its effect on peace and stability. Africa is a major focus for global efforts on poverty alleviation (PA) and economic development (ED).
- Private corporations are starting to pay attention to the increasing opportunities for investment in Africa as well as the emerging markets in the continent. For example the African market for mobile telephone is the largest and fastest growing market in the world.
- The links between sexual and reproductive health and rights (SRHR) and sustainable development agreed on in Cairo in 1994 have now been introduced in the MDG project report produced by the UN Secretary General in 2005 and in various documents produced by the EU, UNFPA and the World Bank. The resurgence of focus on poverty alleviation and economic development 2000 through the Millennium Development Goals (MDG's) initially ignored the important link
- The eight Millennium Development Goals identify two goals related to gender equity (Achieve universal primary education for girls and boys, and Achieve gender equity and empower women) and two to reproductive health (Reduce by three quarters the ratio of women dying in childbirth, and Halt and reverse the spread of HIV/AIDS that can serve as entry points to address services and rights for girls and women. Their inclusion obliges all countries to invest in and report on their progress in these areas.

III. STRATEGIES ISSUES, FACTORS AND PRIORITIES

How best can WHARC make the greatest impact on women's health and social well being, given its mandate and resources, and the efforts of other related organization? What areas and issues of women's health and social well being should WHARC focus on? To distinguish it form other organizations, what strategies and programs should WHARC adopt to address the selected areas and issues? In relation to overall organizational growth and development, these were the major strategic questions that underlay the deliberations, openly and otherwise, at both the strategy formulation retreat and the consultative strategic planning workshop.

Other strategic issues and considerations relate more specifically to WHARC's institutional and program development options, including the following:

- Human resources: the need to complement the current ED with senior, high profile and credible professionals. In this regard, WHARC should give consideration to seeking support and funding from donors to support any Nigerian in Diaspora wishing to return home but demanding compensation package above current practices in the country
- Considering the focus on women and issues affecting the health and social well-being of women, there should be greater involvement and visibility of senior female professionals in the work of WHARC. The next line below the ED should make provision for this, necessary through affirmative action.
- Clearly, the salary structure and compensation package need to be comprehensively revamped in order to attract and retain the right caliber of human resources. A salary survey will be useful to provide the basis for developing a more competitive package at least within the NGO community.
- Should WHARC shrink its current staffing in order to make it possible to attract and retain higher caliber and more capable professionals? This course of action could substantially increase the productivity of WHARC and further enhance the technical

capability and profile of the organization. However, the question is what are the prospects of finding and attracting the required "high caliber" staff?

- The resource mobilization function should become an important focus and should be elevated to a higher level in the organization structure. Resources mobilization is different from marketing and sales, and should become more systematic and aim at generating "big" inputs from big bilateral and multilateral organizations which are better placed in this regard (compared to Foundations). Big inputs are necessary to make substantial impact on the institutional growth and development of WHARC.
- To bridge the current wide gap between the ED and the next line, consider two options; a structure with two directors, one for programs and the other for finance and administration; or a structure providing for two directors in the program area (one overseeing research and service delivery, and the other advocacy, community education, and documentation and publications). In addition to the technical capabilities brought in, either option also promotes succession planning.

Beyond the last ten years of its existence and looking ahead at the five-year period 2006-2010, WHARC needs to consider a number of strategic options for its growth and development. Appendix 1 presents some of the possible directions and "right things" for WHARC to consider. It is possible to take on one or more of the "right things" in the Appendix under each of the broad areas and create a mix of strategic actions.
After considering all the forgoing, essentially four options emerge for consideration and decision, as follows:

1. Consolidate and strengthen the gains of the first fifteen years, focusing on the program areas currently being addressed: research, service delivery, and documentation and publications (front line), and advocacy and training (cross-cutting or behind the scene). This option essentially means doing better what WHARC is currently doing.
2. In addition to program areas in option one take, on and address community education and training more substantively, emphasize development of RH and HIV/AIDS service models for different beneficiary groups, and sharpen the role of research to inform the design of the community education and service delivery programs. This option will necessitate a bigger, more focused, and stronger role in community education, and emphasizing models in the delivery of services rather than service delivery as an end.
3. Consolidate and strengthen the gains of the first fifteen years, focusing on advocacy and community mobilization, development (or refinement) of service delivery models for different beneficiary groups (mainly adolescents and reproductive health aged women), and research to inform the design of the advocacy, community education, and service delivery programs. This option will involve expanded and stronger role in both advocacy and community mobilization, in addition to creating models in service delivery.
4. Consolidate and strengthen the gains of the last fifteen years, focusing on community education, service delivery and research. The research area will cover documentation and publications and the role of research will be as in option three. In this option, too, service delivery will focus on developing models rather than just service provision.

In options 2 and 3, research documentation and publication will be prominent but secondary to the advocacy and community mobilization, and service delivery areas which will be the frontline efforts. In other words, research (including the documentation and publication) will be organized under ACM and SD. In option 4, research will be a department and will incorporate the documentation and publication functions.

IV. VISION AND MISSION

The program evaluation that preceded the strategy formulation retreat and strategic planning workshop documents a generally strong and positive public perception of the technical capability of WHARC. The external stakeholders also endorse the areas and focus of WHARC's work.

WHARC continues to be relevant and well fitted to its environment. The work of WHARC is a reflection of the development and reproductive health and rights vision and commitment of its founders. The mission of WHARC originally derived from concerns about women. Despite the high rate of reproductive ill-health, Nigeria, like most other African countries, I set to produce a coherent and systematic set of policies and programs to address the problems. In the last ten years, national and international developments (e.g. ICPD, the Beijing International Women's Conference, and emergence of the HIV/AIDS pandemic), continue to validate the mission of WHARC, reinforcing its relevance and significance.

ICPD and ICPD+5 as well as the thinking behind the MDGs well articulated magnitude of work that remains to be done to increase the positive impact of population on development. The long-term nature of both development and improving the RH status, and the corresponding necessity for multiple sectoral and institutional actions lend long-term validity and relevance to the mission of many SRH NGOs in Africa, including WHARC.

WHARC remains committed to the original vision of a role beyond the shores of Nigeria, although Nigeria has been and continues to be the main operational arena. Almost from the beginning, through its research and publications, WHARC has demonstrated a large capacity to play an international role. The activities and successes of WHARC over the last fifteen years have further qualified it to expand the international role in Africa and beyond, generating disseminating essential knowledge and data for advocacy and communication on women's RH and rights and developing service delivery models. The international exposure and the challenges that go with it continue to enrich and strengthen WHARC which will become even more able to address the challenges of its mandate.

V. GOALS AND STRATEGIC OBJECTIVES

From conclusions drawn from the program evaluation and discussion on the mandate of WHARC at the strategy formulation retreat, there is agreement that the original thinking of the founding team to address issues of women's reproductive health in the society should continue to be the focus of the organization. The multidisciplinary, research-driven approach remains relevant and compelling in the contemporary Nigerian environment and beyond, and should be strengthen. To this end, WHARC has developed three program goals which will be pursued in the plan period. The goals are in the strategic areas of *community mobilization, service delivery*, and *research*. A fourth goal is *institutional capacity building.* These four strategic objectives were developed for each goal. The sets of goal and strategic objectives are presented in the table below:

Table 1: Goals and Strategic Objectives

Goals	Strategic Objectives
Community Mobilization 1. Increased leadership support and action for SRH and rights of women and adolescents	1. To develop and implement a comprehensive community mobilization program 2. To build partnership with key stakeholder groups and organizations for community mobilization 3. To innovate alternative methodologies and program guidelines for advocacy and community mobilization.
Service Delivery 2. Increased access to quality , specialized and affordable SRH and HIV/AIDS care and support services and delivery systems	1. To experiment and refine alternative service delivery models and guidelines 2. To provide a wide-range of accessible, affordable and quality SRH services 3. To improve the system for referral to and from WHARC
Research 3. New knowledge to support women's reproductive health and rights advocacy and service provision	1. To develop and update a research agenda in sexual and reproductive health & HIV/AIDS 2. To conduct research on specific SRH and HIV/AIDS issues 3. To strengthen partnership, including capacity building, with research institutions 4. To increase access to SRH and HIV/AIDS research findings and information
Institutional Capacity Building 4. Strengthen institutional capacity to manage specialized SRH and HIV/AIDS programs and technical services	1. To strengthen governance and management systems 2. To strengthen capacity of the BOT and SMT to provide strategic leadership and management oversight 3. To build and strengthen the capacity of staff and technical associates on ongoing basis 4. To expand the resource base of WHARC for effective operations and sustainability

The above set of goals and strategic objectives will continue to build on WHARC's past achievements and also address the various strategic and critical issues that have emerged from the program evaluation and various analyses.

VI. TARGET, CLIENT AND BENEFICIARY GROUPS

Target, client and beneficiary groups are those individuals, organizations (governmental and non-governmental), institutions (private and public) and networks within and outside the sexual and reproductive health ad rights constituencies who will either be involved in and/or enjoy services being (to be) provided by WHARC. The beneficiaries as identified will require a wide range of services from WHARC as illustrated in Table 2 below. Others will be involved and/ or participate in the various activities initiated by WHARC. The definition of target, client and beneficiary groups (stakeholders) used is as follows:

- Primary: Beneficiaries to whom the activities and service are targeted and whose behavior and practice WHARC will seek to influence
- Secondary: Intermediaries (individuals and organizations) whose technical skills and management capacities will be improved to provide information to the primary group as partners of WHARC.
- Tertiary: Power brokers without whose support WHARC may not be a successor be able to function

Within this broad categorization, WHARC will concentrate and sharpen its focus on specific groups as stated in Table 2.

Table 2: Target, Client, and Beneficiary Groups

Primary	Secondary	Tertiary
• Women • Adolescents and young adults in and out of school • Young sex workers • Infertile couples • PLWHA • Researchers • Orphans and vulnerable children • Other Children • Men	• Social workers • Peer educators • Public and private health services providers • Religious leaders • Traditional rulers and elders • Community leaders and elders • Federal and state legislators • Relevant federal, state and local government departments and agencies • Leaders of relevant CSOs • Senior executives FBOs • Professional associations • Women legislators and leaders • Trade and labor organizations	• Federal, state and local government regulatory bodies • Federal and state legislators • Community, religious and traditional leaders • Politicians at all levels • National and international donors (bilateral, multilateral, foundations) • Pharmaceutical companies • Corporate organizations

VII. PROGRAM ACTIVITIES AND SERVICES

Deriving from WHARC's vision and mission as well as the goals and strategic objectives adopted, four groups of activities can be defined for implementation during the strategic plan period.

1. Community Mobilization

Situation and Needs

To facilitate popular acceptance and utilization of SRH services, advocacy and community mobilization will continue to be important with leaders to deepen and sustain their understanding and conviction. This critical for sustaining an enabling environment.

At the present time, advocacy on broad sexual and reproductive health is variously undertaken by a number of government agencies, NGOs and other CSOs. Each of these organizations emphasizes one or more of the components of SRH, usually safe motherhood, family planning, adolescent reproductive health, STI/HIV, harmful practices, gender equality, and post-abortion care. PPFN, IPAS, CAUP and WHARC deal with the specific issue of unsafe abortion.

Inclusion of substantive components on SRH and right in broad development strategies, such as NEPAD and NEEDS, is important to further legitimize and strengthen the basis for action. Advocacy and community mobilization will also be important to translate expressed community support into concrete and effective actions. Moreover, advocacy will be critical to assure full and comprehensive implementation of approved policies, ongoing review of obstructive or inhibitive policy, and sustained allocation of resources for SRH programs.

Key Interventions and Main Activities

The main challenge in advocacy and community mobilization is how to garner and sustain genuine commitment and support, especially at the leadership level. While significant progress has been made in obtaining the support of technical professionals in population and development and SRH policy formulation, the political, traditional, and community leadership continues to be less supportive. Often declared support is lip service only and does not translate into adequate resources for effective programs. Researching and analyzing the socio-cultural basis for effective advocacy, community mobilization and behavior change messages is critical. The basis for decision-making on the effectiveness and acceptability of alternative models and approaches are to be found in operations research and analysis.

<u>Strategic Objective 1: Community Mobilization Program</u>

1. Identifying and updating priority issues in advocacy

2. Organizing and hosting seminars and workshops on topical issues with leaders of corporate and civil society organizations
3. Leading the review and drafting of advocacy memoranda, and law and policy changes
4. Training and supporting leaders as champions of public concern with the public health impact of unsafe abortion.
5. Organizing and hosting advocacy and mobilization events with targeted groups

Strategic Objective 2: Partnership and Capacity Building with Key Stakeholders

1. Designing, organizing and conducting training for partners in community mobilization action
2. Establishing and supporting networks of key stakeholders for community mobilization activities
3. Developing and distributing educational and support materials
4. Designing and implementing media-based programs for community mobilization
5. Building, supporting and participating in coalitions around key advocacy issues

Strategic Objective 3: Methodologies and Guidelines

1. Establishing, updating and applying criteria for identifying and selecting partners
2. Identifying and using existing and additional avenues for community mobilization
3. Establishing, developing and supporting SRH peer educators/ promoters at the grassroots
4. Defining critical action areas and researching, designing, and testing strategies and guidelines to make successful action possible

Key Expected Outcomes

1. Advocacy strategies and tools devised, revised, and disseminated
2. Implemented program of dialogue with legislators and leaders of CSOs
3. Increased understanding and appreciation of SRH and rights issues among identifies community groups
4. Approach and methodology for undertaking community mobilization action among leadership groups developed and disseminated

2. Service Delivery

Situation and Needs

After 50 years of FP and RH programs, the average national contraceptive prevalence rate (CRP) is still less than 10%. At the same time the recorded unmet demand for FP is nearly 20% of the eligible population. With the national average of 800 per 100000 live births (contested), maternal mortality is unacceptably high. Although its

incidence is still relatively low (5.0%), the number of people affected by HIV/AIDS is high. The RH policy and other SRH and HIV/AIDS policies allow a wide scope of action in designing and delivery SRH and HIV/AIDS care and support services.

Family planning and RH services are provided by Federal and state governments typically as integral parts of other health care services. PPFN is largest NGO service provider is also service. WHARC's services are based essentially in Benin City although, through certain projects and partnerships, some services are available in Niger, Kaduna and a few other states. Services include the following:

- Family planning
- Infertility
- Post-abortion care
- STIs and HIV/AID care
- Gynaecological complication
- Antenatal and intra-partum care and deliveries
- Laboratory diagnostic and ultra-sound
- Referrals

Successive USAID and other donor projects and activities have established the basic structures and models service delivery systems by developing or refining models and guidelines. To this end, the WHARC clinic in Benin City will continue to be developed as a model with a laboratory complement for developing, testing and refining improved clinical services. It will also serve as a practice site for training in clinical service delivery. WHARC will play a more strategic role in increasing access to a broad range of services by building and strengthening the capacity of others (private health providers, the health services of corporate bodies, and CBOs), through training and technical assistance.

<u>Strategic Objective 1: Service Delivery Models and Guidelines</u>

1. Planning and conducting need assessments and situation analyses
2. Commodity security and logistics management
3. Reviewing and standardizing the service delivery package and charges; updating the package to include IVF and other advanced fertility treatment
4. Developing, implementing and evaluating specialized services, e.g for adolescents and young people
5. Documenting and analyzing service conditions and procedures, and client reactions and preferences

<u>Strategic Objective 2: Provision of Service</u>

1. Developing or refining workable and effective models and guidelines, both for clinic – as well as community-based services.
2. Reviewing and strengthening record keeping and data management systems and procedures.
3. Establishing youth-friendly centers to provide ASHR services

4. Developing and implementing action plans for integrating services.
5. Developing, producing and distributing BCC/IEC support materials.

Strategic Objective 3: Networking and Referral

1. Developing, implementing and reviewing the referral system
2. Acquiring, developing and distributing required materials
3. Organizing and hosting periodic meetings with referral partners to discuss issues and concerns.
4. Developing implementing and reviewing guidelines for partnerships in service provision
5. Strengthening and expanding the existing referral network

Key Expected Outcomes

1. Increased access to clinic-and community-based SRH/FP services through multiple settings
2. Improved quality of services
3. Increased number of non-SRH settings for the delivery of services
4. Service delivery models and guidelines for different client groups

3 Research

Situation and Needs

To date WHARC's research program has covered six broad areas, as reported in the 2003-2004 Annual Report:

- Female Genital Mutilation
- Abortion and Family Planning
- Adolescent Reproductive Health
- Safe Motherhood
- Infertility and Fertility Regulation
- HIV/AIDS Prevention and care

In addition, research has played a role in clinical trials and medication abortion in Nigeria. All these will continue to be major areas of research endeavor to generate knowledge and data not only to deepen and expand knowledge and understanding in those areas but also for designing and re-designing interventions. Both biomedical as well as socio-cultural research will be undertaken. Often operations research will be necessary. At other times documentation and analysis of ongoing activities might be all that is needed to establish a new approach. In some ways, WHARC itself will need to do the piloting, testing or demonstrating. In others, the efforts and participation of partners will be required.

During the next five years, what would be research needs related to women's health and social well being? Within the context of ICPD, ICPD+5 and achieving MDGs, the University of Southampton's RH *Research Opportunities and* Choices framework for research agenda is used to establish the broad framework for WHARC's research agenda. In line with the framework, WHARC will seek to undertake research for the following purposes:

- New knowledge to improve maternal health
- New knowledge regarding HIV and reproductive health
- New knowledge to improve the availability of family planning services
- New Strategies to operationalize delivery of quality care
- Evaluating, monitoring and establishing Research into Practice techniques
- New knowledge of affordability of family planning

Key Interventions and Main Activities

Although there are many research institutions and organizations in Nigeria, WHARC stands out among the foremost and the more capable. WHARC has demonstrated the ability to take on a leadership role and this will be a major institutional objective during the strategic plan period. While providing research partnerships research leadership in Nigeria, WHARC will also continue and expand its research partnership with Africa regional and international research institutions and programs.

Research objectives and design will emphasize knowledge and data to inform advocacy and community mobilization action, and the development or refinement of SRH and HIV.AIDS care and support delivery systems. Research findings and recommendations will be disseminated both through WHARC publications as well as national and international channels.

<u>Strategic Objective 1: Research Agenda</u>

1. Defining the areas of WHARC's research interest and strength
2. Developing, implementing and updating WHARC's research proposal guidelines
3. Organizing and hosing annual research agenda update meetings

<u>Strategic Objective 2: Conducting Research</u>

1. Designing and conducting biomedical and socio-cultural research
2. Researching changing SRH and HIV/AIDS needs
3. Conducting operations research (on strategies, approaches, methods and methods)
4. Undertaking evaluation (of thematic areas, programs, services, and approaches)
5. Through research and analysis, generating, documenting, and assembling relevant knowledge and data

<u>Strategic Objective 3: Partnership for Research</u>

1. Developing and updating a database on current and potential research institutions and researchers

2. Establishing, applying and updating systems for identifying capacity development needs
3. Developing and implementing capacity development plan
4. Development/ updating materials and tools for skills building and technical assistance
5. Establishing, implementing and reviewing systems for mentoring in research

Strategic Objective 4: Dissemination of Research Findings

1. Publishing research findings, books, monographs, working papers, and reports
2. Making presentations at conferences, workshops, seminars, and participating in exhibitions
3. Posting and updating publications list on WHARC website
4. Using multi-media approaches (seminars, workshops, conferences, the Internet, publications, etc) to disseminate knowledge and information.

Key Expected Outcomes

1. Studies on knowledge, attitudes and practices completed among selected target groups
2. Program managers and organizations assisted to translate findings from research and analysis to basis for program design or modifications
3. Alternative service delivery models and approaches tested, evaluated and disseminated
4. Information and data on SRH and rights exchanged
5. Lessons and best practices are captured, documented, analyzed, disseminated and used to inform re-design of existing or planning of new interventions

VIII. COLLABORATION AND PARTNERSHIP

WHARC already collaborates with a large number of organizations, both within and outside SRH circles, and within and outside Nigeria. Currently, WHARC is a member of a number of SRH and SRH-related coalitions and networks, including the National Safe Motherhood Program (NSMP). Also, through membership and active participation in various national task forces and committees and the Society of Gynaecology and Obstetrics of Nigeria (SOGON), WHARC will continue to contribute SRH expertise as needed. At the international level, WHARC is collaborating or partnering with Ipas, Allan Guttmacher Institute, Ventures Strategies Innovation, the University of Aberdeen and the Abortion Research Consortium, among several others. Efforts will be intensified to link-up with organizations outside the SRH circles (such as women's and human rights organizations) that share common general objectives with WHARC. Linking with such organizations has proved useful in providing entry points for SRH services. Beyond this participation, WHARC will seek to empower, energize and enable others to effectively join forces on specific issues and concerns for bigger overall impact through formalized and informal collaboration, networking and partnership arrangements.

During the strategic planning workshop, a preliminary list of key areas requiring new or continuing and CSO partners. WHARC will continue to review, update and expand the list to form the basis for proactive action.

Table 3: Illustrative List of partners

Government Partners	CSO Partners
• Primary Health Care Development Agency • Relevant departments in federal and state ministries of Health, Education, Justice, Social Welfare, and Women Affairs • Presidency (Youth and Intergovernmental Relations) • National University Commission • State Hospitals Management Board	• SOGON • Nigerian Medical Association • NUJ and NAWOJ • PPFN • CAUP • LRRDC • Management Strategies for Africa • Society for Family Health • CEDPA • Ipas • Pathfinder International

WHARC will adopt both proactive and responsive measures in developing partnerships and collaborative links. At the same time, WHARC will be flexible to accommodate collaborative and partnership offers from other organizations where such offers fit within this strategic plan and enhance its implementation. We will continue to use memoranda of understanding to formalize partnership agreements. The MOU will set out the respective roles and responsibilities, the mechanisms for periodic review and re-planning and the procedure for conflict resolution.

IX. RESOURCE MOBILIZATION

Situation and Needs

Virtually 100% of WHARC's funding is derived from international donor agencies. However, sale of publications and savings and investments have yielded very little internal income. This supported the construction of the new WHARC complex in Benin City. The first phase of the complex was commissioned in 2008. The complex now has space for rental and facilities such as the conference hall, Business centre etc. for income generation.

AS documented during the program evaluation, WHARC needs resources for the following activities and operations, among others. Most of the areas were re-iterated during the strategic planning workshop.

1. Development and support of current and planned activities and services
2. Establishment of adolescent-friendly clinics
3. Research

4. Capacity building of WHARC human resource (board members, management technical associates, and staff) in sexual and reproductive health and rights program development and management

WHARC will work to expand its current resources base as a matter of priority. As can be expected, implementation of the various activities identified under the strategic objectives will require tremendous resources in terms of funds, materials and technical assistance. WHARC hopes to build on and take advantage from current and potential networks and partnership relationship over the next five years. Efforts are already on ground to publish findings and results from researches and surveys conducted as one strategy for generating funds. During the strategic plan period, WHARC will target the following resource mobilization objectives.

- To increase self-reliance
- To generate new business (consultancy, training, sale of research and other publications, publishing)
- To generate significant income from three-four new donors
- To maintain current income levels

Key Resources Mobilization Actions

- Developing and updating a resource mobilization strategy/plan
- Preparing and marketing solicited and unsolicited proposals
- Distributing reports, publications, newsletters and other documents illustrating the work of WHARC
- Researching and exploring new sources of assistance
- Circulating marketing and capability materials to relevant organizations
- Organizing and hosting fund raising events
- Aggressive marketing of the center's publications
- Ensuring quality in the processes and outcomes of all work done
- Representing WHARC at events, and publicizing its capacities and services

X. INSTITUTIONAL CAPACITY BUILDING

Situation and Needs

Although WHARC has established a basic organization structure covering board, technical associates and staff, the structure has not been fully implemented. The Board of Trustees has not been as active as should be. The structure is strong at the peak (executive director level). The next (middle) level is non-existent or weak while the base is, in general, adequate. Though provision has been made for senior-level management below the Executive Director, the positions are gradually being filled thereby reducing the wide gap between the Executive Director and the staff currently in position.

Some important management-supporting documents have been developed and are fully or partially in use (e.g. personnel policy manual). The documents guide some actions. However, some of the documents (e.g. accounting manual) are yet to be fully available to the generality of staff. Other documents such as office operations and project management manuals are yet to be developed. Financial management has the features of an emerging organization in terms of staffing, budgeting, and other financial needs. In other areas, procedures need to be established or formalized to guide financial transactions and management.

During the strategic plan period, the institutional capacity of WHARC (governance/ board, management, staff, systems and technology, and materials and supplies) will need to be strengthened in order to achieve the goals and strategic objectives of the plan. By extension, WHARC will need to revise and strengthen critical elements of human resource management such as staff job descriptions, recruitment procedures, compensation planning, and development of training plans. These will be critical to attracting and retaining competent and committed staff especially at senior levels.

Key Interventions and Main Activities

The Objective of the institutional capacity building efforts is to improve the organizational structure and management systems. Specifically, the following actions need to be completed urgently:

- Finalization, approval and distribution of the organization structure
- Development and implementation of a more competitive staff compensation plan; this requires a good salary survey
- Development or revision of financial management, operations management and administrative systems
- Staffing-developing a new staff organogram, defining jobs, and filling of vacant positions
- Revision of roles and responsibilities for developments and units

In response the following main activities will be implemented

<u>Strategic Objective 1: Governance and Management Systems</u>

1. Developing/reviewing, implementing, and updating operations and procedures manuals
2. Developing, implementing and updating functional organogram
3. Constituting and operationalizing the management team
4. Developing, monitoring and updating the staff remuneration package, ensuring competitiveness
5. Reviewing and standardizing staff appraisal, M&E, and functional management systems

Strategic Objective 2: Leadership Capacity Building

1. Planning and organizing training and development workshops for board members
2. Providing or sponsoring specialized training for management team
3. Organizing and documenting regular board meetings, including board committees
4. Developing and implementing, board development activities

Strategic Objective 3: Capacity Building of Staff and Associates

1. Developing and implementing staff pension and insurance scheme
2. Developing, implementing and updating training plan for staff and associates
3. Updating and expanding the pool of technical associates
4. Developing and implementing volunteer and internship policies
5. Providing or sponsoring training and developing courses for staff and associates

Strategic Objective 4: Expanded Resource Base

1. Researching and approaching new donors
2. Searching for and responding to RFPs, and preparing unsolicited proposals
3. Reviewing and revising, donor and client reporting procedures for improved compliance
4. Investigating and capturing endowment, savings and investment opportunities
5. Exploring, seeking and capturing marketing and sales opportunities.

Key Expected Outcomes

1. Board is revitalized with members performing specified roles and responsibilities
2. A new, higher caliber crop of staff has been recruited and has assumed roles in line with the new staff organogram
3. A package of essential operations management and administrative systems has been developed and implemented
4. New and increased funding and other resources have been captured

XI. MONITORING AND EVALUATION

Three broad deliverables are targeted at the end of the plan period and will form the basis of monitoring and evaluation. The deliverables are:

1. Institutional capacity: Comprehensive and functioning governance and management structures and systems appropriate and adequate for WHARC's organizational and program effectiveness and institutional sustainability

2. Technical products: Package of strategies, methodologies and guidelines for advocacy and community mobilization and service delivery
3. International status: Expanded and strengthened national and international partnership in women's SRH and rights research and advocacy

A comprehensive monitoring and evaluation plan will be developed during year one of the plan period. It will define the approach for documenting progress, lessons and challenges as well as determining the effectiveness, outcomes and impact of activities carried out. It will also include provisions for assessing the extent to which the set goals and strategic objectives are being realized and how they are moving the organization towards accomplishing its vision and mission.

While monitoring will be a daily activity, evaluation will be more systematic and will be conducted at periodic intervals – end of first year, mid-way, and at the "expiration" of the plan. WHARC will set up an internal monitoring mechanism to monitor progress. The mechanism will include the preparation of work plans, progress reports, records of activities and services, meetings, and annual strategic reviews involving the board, staff, management and selected partners. For each of the two main evaluations, WHARC will engage the services of an external technical resource person. The evaluation will also document changes in the internal environments that had made the accomplishment of goals and objectives either realizable or otherwise.

One of the outcomes of the strategic planning workshop was to identify and draw illustrative indicators and sources of information against some broad activities, as indicated below. WHARC will review and update this table from time to time to enable it capture new developments or those overtaken by events.

Table 4: key Outcomes and Illustrative Indicators

Program Area	Expected Outcomes	Indicators
Community Mobilization		
	• Community mobilization strategy developed and implemented • Advocacy and community mobilization tools devised, revised and disseminated • Increased understanding and appreciation of SRH and rights issues among targeted community groups • Methodology and guidelines for undertaking ACM among leadership groups developed and	• Number and type of community mobilization programs implemented (e.g. youth and women empowerment programs) • Number and types of IEC materials produced and distributed • Number of media programs developed and aired • Percentage of targeted population reached • Number of people reached with SRH information and accessing

	disseminated	services • Number of youth accessing services
Service Delivery	• Increased access to clinic- and community-based SRH/FP services using multiple settings • Improved quality of services • Increased number of non-SRH settings for the delivery of services • Service delivery models and guidelines for different beneficiary groups	• Range of services delivered • Number of clients • Number and coverage of models and guidelines • Number and spread of service sites
Program Area	Expected Outcome	Indicators
Research	• Studies of knowledge, attitudes and practices completed among selected target groups • Program managers and organizations assisted to translate findings from research and analysis to basis for program design or modifications • Alternative service delivery models and approaches tested, evaluated and disseminated • Information and data on SRH and rights exchanged • Lessons and best practices are captured, documented, analyzed, disseminated and used to inform re-design of existing or planning of new interventions	• Number of different service delivery models developed and disseminated • Percentage increase in sale/distribution of publications • Partnership MOUs executed • Number of joint research projects/activities • Number and mix of research completed • Amount and sources of research funding • Number and qualities of publications produced and sold/distributed
Institutional Capacity Building		
	• Board is revitalized and active	• Number of training work shops

	• A new, higher caliber crop of staff has been recruited and has assumed roles in line with the new staff organogram • A package of essential operations management and administrative systems has been developed and implemented. • New and increased funding and resources have been captured	• Number of BOT members and staff trained • Number of scheduled BOT meetings held and reported • Production of a board manual • Number of solicited and unsolicited proposals developed and marketed • Amount and sources of funding/resources received

Appendix 1

THE "RIGHT THINGS
POSSIBLE DIRECTIONS AND LINES OF ACTION

Expand

1. Replicate the current youth centre/youth clinic activities in other parts of the state (country?).
2. Develop and utilize a network of youth centres/ youth clinics offering a standardized set of services
3. Retain and expand all or part of the current portfolio of activities (advocacy, FP/RH services, youth-friendly services, documentation and publications, etc)
4. Expand program to reach out-of-school youth
5. Spread to other states or work closely with other NGOs in other states

Consolidate

1. Consolidate the current approaches while testing approaches for new lines of action
2. Reduce and strengthen the current portfolio of activities and services.
3. Consolidate in areas covered now
4. Retain and maintain current portfolio of activities and services
5. Remain small and localized
6. Consolidate present work, documenting program activities and processes
7. Consolidate community-based maternal mortality reduction and AJRH promotion work as a basis for national and international policy advocacy work.

Specialize

1. Increase attention and effort to HIV/AIDS prevention, research, and care and support
2. Concentrate on public policy advocacy
3. Retain and strengthen focus on adolescents, i.e exclude young people above 19

Advocate policy change

1. Promote the need for/build enabling environment for sexuality education
2. Analyze policy to identify needed changes to strengthen enabling environment.

Inform and educate (to change behaviour)

1. Expand use of the media (print and electronic)

2. Increase the mix and number of educational materials

Deliver care services

1. Expand the youth clinic program to one or more adjoining LGAs (what criteria?)
2. Expand the youth clinic program to serve other LGAs

Innovate

1. Develop and disseminate the technology for working with adolescents and young people
2. Design and test new service delivery systems/models, e.g. to attract/retain adolescents; demonstrate effective service mix, and/ or promote service use-continuation

Become a technical resource

1. Develop/ update guidelines and curricular
2. Provide initial and refresher training to equip/ reinforce personnel
3. Provide technical assistance/ advice to demonstrate/ support implementation
4. Build/ strengthen institution/ program capacity for women's health and adolescent SRH and SE.

Lead

1. Provide leadership and support for partnership, alliance and coalition building: identify role/ approach for self and partners/ allies in each area of action
2. Develop as an organization that supports other organizations: e.g. technical, re-granting intermediary
3. Provide leadership/mentoring to emergent ARH/youth-focused NGOs
4. Develop capacity of partners to be effective. Ensure even distribution of partners nationwide.