



CORE Group Strategic Plan SUMMARY

2009-2013



8/2009

1. INTRODUCTION

The purpose of this Strategic Plan for 2009-2013 is to establish the overall strategic direction to guide the staff, Board of Directors, and members of the CORE Group over the next five years. This plan will provide the highest level guidance to the CORE Group staff and Working Groups as we make choices about program direction, set fundraising priorities, allocate the use of limited human and financial resources, and develop long-term action plans. Good governance by the Board, leadership and management from the staff, and leadership and direction from the Working Group chairs and voluntary contributions will enable us to succeed.

Successful implementation of this strategic plan will help the CORE Group provide top-quality services to a more diverse and greater number of organizations, individual professionals, and auxiliary members. It will strengthen and increase the CORE Group's role as catalyst and diffuser of innovations. It will bring us closer to our aspiration that practitioners and donors view the CORE Group as the "go-to" global organization for community health systems. We are poised to fulfill these aspirations in pursuit of our mission that is as compelling as it was ten years ago, to generate collaborative action and learning to improve and expand community-focused public health practices for underserved populations around the world.

2. CORE Group's VISION, MISSION, AND VALUES

CORE Group's purpose, as stated in its Articles of Incorporation (2000), is to assist member organizations to reduce child and maternal mortality by improving the health of underserved populations. For the 2009-2013 period, we will strive to build the world we envision, pursue our mission with commitment and drive, and reflect our group values in all that we do.

Our Vision

CORE Group envisions a world of healthy communities where no woman or child dies of preventable causes.

Our Mission

CORE Group's mission is to generate collaborative action and learning to improve and expand community-focused public health practices for underserved populations around the world.

Our Values

Collective Capacity

CORE Group values the diversity of its member organizations, promotes collaboration among them, and leverages their organizational strengths and resources.

Openness

CORE Group widely shares information and resources, encouraging constructive dialogue and exchanges among all partners to continually refine state-of-the-art knowledge and best practices.

Equity

CORE Group values equity, intentionally prioritizing policies and strategies to reach the poorest communities.

Local Experience and Knowledge

CORE Group members remain intimately connected with communities, families, mothers and children, thereby bringing local practitioner-based realities to the policy table.

Participation of Civil Society

CORE Group builds partnerships and strategies that empower families, communities, local civic organizations, and local and national governments to participate in health decision-making.

Impact

CORE Group values accountability and monitors its work to ensure a positive health change at the local, regional and global level.

3. CORE GROUP'S KEY COMPETENCIES and VALUE ADDED

CORE Group's strategic priorities for 2009-2013 are built upon the key competencies we have developed over the past decade and reflect the added value that we bring to programs and partnerships. These key competencies are:

- 1) CORE Group fosters strategic alliances for in-country collaboration to increase the scale and impact of community-focused maternal and child health and development programs.
- 2) CORE Group promotes technically sound community health approaches that are flexible, responsive to local needs and influences, and designed to reduce dependency on insecure resources.
- 3) CORE Group identifies and disseminates NGO-tested innovations and local experiences to strengthen program models and influence policy affecting child health and development outcomes.

4. OUR STRATEGIC FRAMEWORK for 2009-2013

CORE Group's overall goal is to improve child and maternal health in communities struggling with poverty, infectious diseases, lack of access to health services, and newly emerging chronic diseases. The Millennium Development Goals (MDGs), adopted by governments around the world in September 2000, created a global vision for reducing extreme poverty. Our members and their local partners are committed particularly to reaching the MDGs 4 and 5, which call for reducing child mortality worldwide by two-thirds and reducing maternal mortality by three-quarters by 2015. As NGOs, CORE Group members are uniquely positioned to contribute to this effort through community-based approaches that build support for primary health care, embrace partnerships, and encourage innovation. And the CORE Group, as an association with this unique

membership, is uniquely positioned to foster alliances among its NGO members, the academic community, and the advocacy community to improve and expand these innovative practices and policies.

 **Strategic Framework 2009-2013**

Our Vision			
Healthy communities where no woman or child dies of preventable causes			
Our Mission			
Improve and expand community-focused public health practices for underserved populations around the world through collaborative action and learning among NGOs and partners			
Strategic PROGRAM Priorities	<ul style="list-style-type: none"> • Increase member and partner engagement and collaborative action to advance community health. • Focus and strengthen our program direction to advance community health approaches that save lives and promote development. 		
How CORE GROUP advances community health.			
1. Convene and expand the <i>Community Health Network, Working Groups, and Practitioner Academy</i> to share and create knowledge, build partnerships, and improve skills of the global public health workforce.	2. Catalyze and support global health program initiatives to unify community health efforts for greater impact and learning.	3. Refine and diffuse innovative cross-cutting community health program strategies, tools and best practices to overcome barriers to program coverage, quality, equity, and sustainability.	4. Advocate for effective community-focused health approaches within global and regional policy arenas to mainstream community health in international policy and practice.
Strategic INSTITUTIONAL Priorities	<ul style="list-style-type: none"> • Grow and diversify our funding base and partner linkages. • Strengthen our internal capacity to achieve program priorities. 		

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The overarching strategic objective for 2009-2013, in support of the MDGs and in line with CORE Group’s mission, is to generate collaborative action and learning aimed at improving and expanding community-focused public health practices for underserved populations around the world. To achieve this objective, we will build on the solid base established in CORE Group’s first decade to bring our full expertise, set higher standards and facilitate members’ ability to meet those standards. The CORE Group staff and Working Groups will advance the field of community-focused health through four critical activities (shown in the box above).

5. STRATEGIC PRIORITIES for 2009-2013

For this five-year period, our strategic priorities will be to strengthen our programmatic focus while strengthening our institutional base. We have identified four strategic priorities:

I. Focusing and strengthening our program direction

During 2009-2013, we will focus our program direction while continuing to strengthen and expand our collective action and learning. Collective action and learning has been and will continue to be at the heart of what the CORE Group is and does. We will identify and fundraise for three to four CORE Group Initiatives, areas of community-focused public health where we have the most potential to contribute to global knowledge and have a

positive impact on underserved populations. For each initiative, we will generate and disseminate state-of-the-art products and knowledge through and with existing or new Working Groups, CORE Group's "Communities of Practice". Working Groups are teams of individuals from multiple organizations interested in deepening their knowledge and expertise and contributing to the further development of a technical or cross-cutting topic on an ongoing basis. The Working Groups are self-organizing, self-governing, and adaptive entities that transcend organizational boundaries. We will choose the most effective mechanisms for field engagement to enhance regional and country linkages through member and partner collaboration. We will seek to influence local, national, and global health policies that affect the health of children, women, and communities by building upon our programmatic expertise in community-based primary health care, community case management, nutrition in the community context, integrating infectious disease, maternal health and related activities.

- Objective 1: Strengthen CORE Group's effectiveness to impact selected community-focused initiatives
- Objective 2: Strengthen and expand collective action and learning among a growing membership base
- Objective 3: Create systems and processes through which to more effectively disseminate CORE Group products

II. Raising our profile and increasing member and partner engagement

During 2009-2013, we will articulate and share broadly our unique identity and the value we offer our donors, our members, and other partners. We will increase our membership by 20% and explore associate memberships (for individuals, private sector organizations, and/or non-US organizations) to increase organizational diversity and build organizational strength. Through new and improved engagement strategies, we will increase our profile as a leader in community-focused public health. We will communicate our expertise to a broader and more diverse audience and disseminate our state-of-the-art products globally.

- Objective 1: Rebrand CORE Group and build our outreach capabilities
- Objective 2: Increase modestly the number of organizational members and build a base of associate members
- Objective 3: Implement a communications strategy in support of program priorities and initiatives

III. Growing and diversifying our funding base

One of the top organizational challenges the CORE Group faces for the 2009-2013 period is fundraising. A tremendous challenge lies in finding replacement funding for activities currently covered by our USAID Cooperative Agreement which will end in early 2010. To date, USAID has provided most of the financing for training workshops, conferences, and Working Groups, as well as our core operating costs. In response to this challenge, we have conceived of a multi-pronged strategic approach. As a first step we identified the need to change the no-compete clause in our bylaws to allow greater flexibility of funding opportunities. This bylaw change was approved at the Board's January 2009 meeting, opening new doors for fundraising. Going forward, we will use our enhanced marketing, outreach, and communications capacity to raise knowledge of our organization's accomplishments and key competencies and to strengthen our competitive position for grant and contract funding. We will work closely with members to identify opportunities where a partnership with CORE Group will make their bids more competitive. We will pursue traditional paths of grant-raising from traditional sources, while also exploring new funding sources and avenues. This will modify our business model in ways that generate

revenue that is more aligned with the costs of providing services to members and non-members

- Objective 1: Enhance CORE Group's competitive position
- Objective 2: Secure significant U.S. government resources to fund partnerships with members to improve program quality
- Objective 3: Diversify grant and contract funding for member services, the CORE Group Initiatives, and achievement of other programmatic goals by securing non-U.S. government funding
- Objective 4: Increase revenues from member-oriented services and products

IV. Strengthening our capacity to achieve organizational goals

Since CORE Group's Board of Directors was formed and the first Executive Director hired in 2002, the institution has grown steadily in membership, staffing, and programs. Until 2008, there was little pressure to significantly modify either the governance model or the staffing structure. The organization functioned well within a framework in which institutional change occurred incrementally rather than in response to a unifying long-term strategic vision. At this critical juncture in CORE Group's history, however, the 2009-2013 Strategic Plan calls for some bold steps that will require not just increases but also shifts in institutional capacity. We propose making timely and strategic modifications to our Board structure and composition, revising outdated aspects of our by-laws and Board policies, and building a stronger leadership model for our staffing, Working Groups, and Board of Directors.

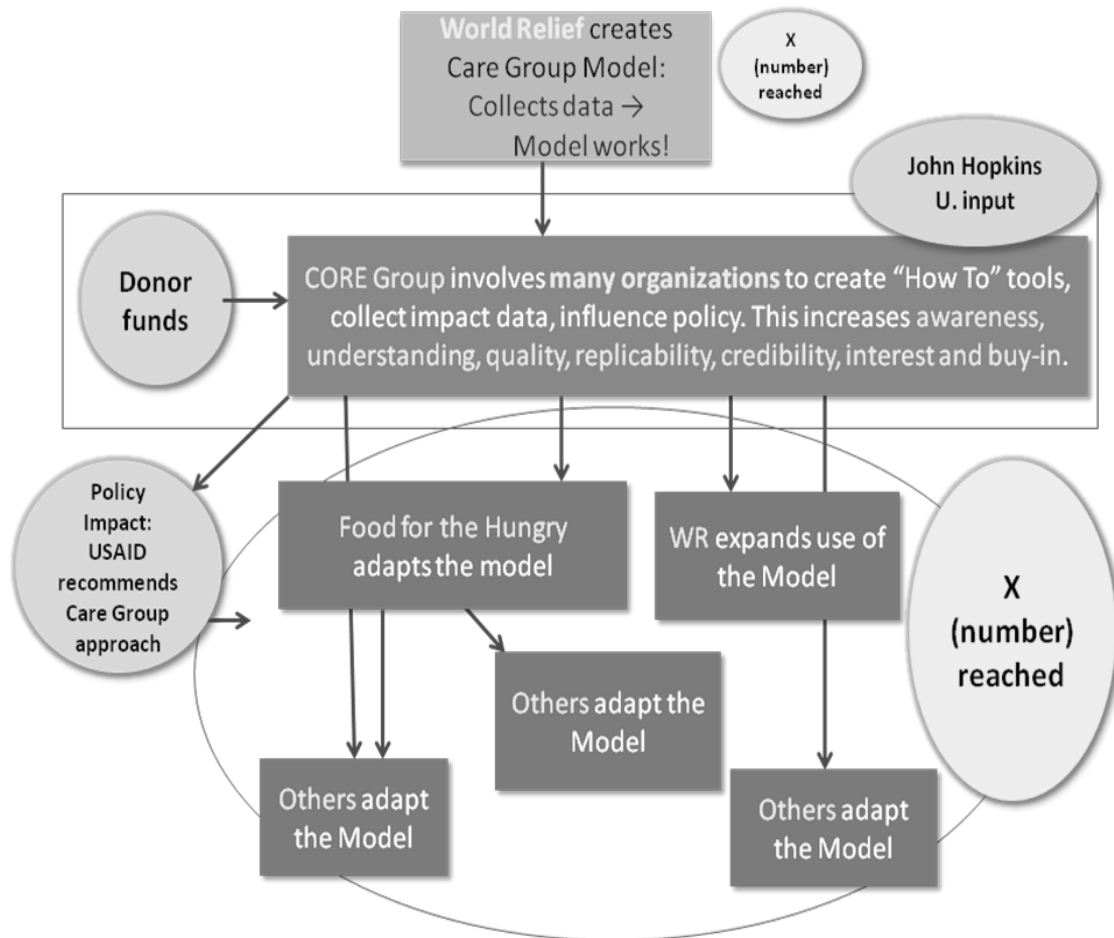
- Objective 1: Develop the Board to meet the governance needs and requirements of the future
- Objective 2: Acquire the necessary staff and Working Group leadership competencies to achieve program, fundraising, and communications goals

Annex A: Decision Making Criteria for CORE Group Opportunities

The following criteria – developed in 2008 by a Board of Directors’ strategic planning task force - exist to guide the staff and Board in deciding which opportunities the CORE Group should pursue. In general, we will proceed if the opportunity:

1. Leads to increased collaboration and learning at HQ level among CORE Group members
2. Leads to increased collaboration and learning at country level among CORE Group members and partners
3. Promotes integrated MCH above single-disease focus programs
4. Actively involves more than one working group
5. Significantly contributes to reduction of maternal and child deaths
6. Enables integrated MCH services to reach the most vulnerable / underserved populations in countries
7. CORE Group adds significant value added (e.g. improved networking, advocacy, alignment, voice) over and above its individual members
8. Supports member services functions (e.g., strengthens working groups, improves website, subsidizes annual meetings)
9. Enables larger number and diversity of CORE Group members to be involved
10. Promotes global learning around integrated MCH
11. Supports documentation of NGO impact in integrated MCH programs
12. Leads to development of new public-access tools and methods to reduce maternal and child deaths
13. Provides opportunity for CORE Group to ensure service quality through alignment of NGO systems / approaches, and NGOs at the country or HQ level, ***and***
14. Enables CORE Group to identify and change key policy barriers for integrated MCH.

Annex B: Example of How CORE Group Diffuses Member Expertise



The Care Group model was developed by Dr. Pieter Ernst (Child Survival Project Director for World Relief in Gaza Province, Mozambique) and Dr. Muriel Elmer (WR’s former Dir. of CS Programs and Training Specialist) in 1995. Drs. Ernst and Elmer designed the Care Group model in order to reach a large population with critical health information, services, care and support while maintaining cost-efficiency, sustainability, and intensive support to volunteers and beneficiaries. During a three-year period, WR, through their Health Information System, documented a 62% reduction in the under-5 mortality rate in their project area of 107,000 people in Mozambique. To check the reliability of the findings, CORE Group supported an independent mortality study by Johns Hopkins University (eventually published in the Journal of the Royal Society of Tropical Medicine and Hygiene) using a pregnancy history questionnaire, which showed a reduction of 49% and 42% in infant and under-5 mortality. This same CORE grant funded a study of Food for the Hungry’s use of Care Groups in Sofala Province, Mozambique, where a 62% decrease in under-5 deaths was found and a 94% reduction in the Child Mortality Rate (children 12-59m of age). World Relief’s studies at 20 months and 30 months post-project have shown that the results are highly sustainable.

Since its inception, the model has proven to be a popular and effective strategy for implementing volunteer-based health promotion and community-based services that can

reach all targeted households in project communities. As a result of a 2003 Diffusion of Innovation grant from CORE Group to detail practical implementation steps, the *Care Group Difference: A Guide to Mobilizing Community-based Volunteer Health Educators* was created. The CORE Group facilitated the documentation and editing of the guide by gaining collaboration among CORE Group member organizations (that normally compete with each other), enabling members' knowledge and experience with Care Groups to be replicated by other World Relief country offices and NGOs seeking an effective strategy of using volunteer health workers. Through a CORE Group-supported WR training in Mozambique for ministry of health and NGOs working in Mozambique and other countries, WR enabled other groups to apply the model. WR also used the Guide to help other NGOs to apply this model in Cambodia, Malawi and Rwanda, where they have implemented and expanded the model with equally impressive results. Only 10 years ago, only two NGOs were using the model. Now it is being used by more than 13 organizations in over 11 countries. Along with diffusion of the model, organizations continue to improve the model and improve its cost-effectiveness. Food for the Hungry, for example, has now been able to achieve a cost per life saved of only \$305 in 2.5 years in its expanded impact child health project.

The Care Group model was featured in UNICEF's 2008 State of the World's Children Report and highlighted in USAID guidance for NGOs. In Malawi, Care Groups are now being used in the \$70 million USAID-funded iLIFE food security program by a consortium of seven NGOs in seven districts to deliver nutrition and health interventions. As of mid-2008, over 7,000 Care Group volunteers have been trained to reach more than 60,000 households in Malawi through the iLIFE program. The Government there has shown an interest in scale-up of this model to extend the life-saving information and services of their health extension workers.

Through support of studies, peer-reviewed "how-to" practical guides, skill-building trainings and presentations, CORE Group has been able to widely and inexpensively diffuse an experience-based strategy that has the power to rapidly bring life-saving health information and services to underserved populations around the world at low cost.