

Nursing For All

Strategic Plan 2020-2021

March 18, 2020

Draft for comment

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1. Background

NFA has been very successful in its mission to empower nurses to lead community-based health initiatives. This is evident from the statements made by NFA's nurse leaders, the patients they serve, and the health institutions they support. There are currently 11 different programs led by 15 nurses across two different regions of Liberia. This has grown from 7 programs and 9 nurses in the early years of the organization (see Appendix 1). NFA's nurse-led programs provide services and support in some of the most high profile public health areas (for example antenatal care, HIV education, and family planning) as well as areas that typically do not get as much global attention (mental health, dental hygiene, hypertension). Nurses strongly agree that NFA has given them the opportunity and support to take greater leadership roles in supporting public health in their communities. Furthermore, nurses report that NFA's support ensures that critical medical supplies are delivered directly to communities in need. By all accounts, NFA is having a strong impact on empowering nurses and providing needed health care as well as doing so in a cost-effective manner.

While the strength of NFA's impact easily leads to calls for expansion, the consideration to expand is quite premature. As echoed in conversations across stakeholder groups, the day-to-day operations of NFA rest almost entirely in the hands of one person, Laura Ridge, the founder and president of NFA's Board of Directors. Laura has carried out this work over a seven-year period without accepting any form of monetary remuneration. This is an unsustainable situation and until NFA can streamline and redistribute core operational tasks across the organization, Laura will not have the bandwidth to undertake the crucial strategy and fundraising work that will prepare the organization for growth. Currently, NFA's most senior leader is involved in tasks that must be transitioned to other responsible parties.

2. Strategic Direction

NFA has the potential to expand and deepen its impact, however, it is not prepared to do so at this point. Therefore, the focus of this strategic plan is to prepare the organization for growth. This plan has two focus areas:

- **Focus Area 1:** Redefine the core operations of the organization to unburden Laura and build a system that is able to operate without such extensive reliance on volunteer labor
- **Focus Area 2:** Shift Laura's time and attention to focus on strategy and fundraising in preparation for scaling NFA

There are multiple ways that Focus Area 1 and Focus Area 2 could be implemented, either sequentially or partially in tandem. Following the phase of this strategic plan, NFA will be well-positioned to engage in more in-depth planning around future growth.

2.1 Focus Area 1: Make current operations sustainable

During this phase, the goal is to unburden Laura from tasks that do not include strategy and fundraising such as financial management, project management, and some aspects of Board management. The below outcomes represent what the organization should achieve by the completion of Focus Area 1.

Laura should not be involved directly with the following day-to-day activities:

- nurse-level budget review and approval
- disbursement of funds
- review of individual program spending
- ensuring that program reports are collected on time
- reviewing program reports
- communicating with nurses related to program reports

Laura should also not be primarily responsible for:

- scheduling Board meetings
- scheduling Board sub-committee meetings
- following up with individual Board members to ensure they have completed assigned tasks
- recruiting new Board members

2.2 Focus Area 2: Lay the groundwork for growth

With Laura's time redirected, she will be able to focus on strategy and fundraising for the organization. At the end of this phase, the organization will accomplish the following:

- A clearly defined rationale for why funders should support NFA
- A process and impact monitoring system that reinforces the rationale of the organization
- A plan for how NFA will use additional funding to expand programming
- A revamped website
- A set of fundraising assumptions that have been tested and documented

3. Strategic Plan

3.1 Focus Area 1: Make current operations sustainable

Focus Area 1 activities are directed to taking what the organization is currently doing and redefining the processes to be more sustainable and efficient.

3.1.1 Program management

Current status

There are 2 Program Officers (POs) that oversee the nurses in the two cities of operation, Monrovia and Ganta. The PO for Monrovia is managing 5 nurses, and the PO for Ganta is managing 10 nurses. The nurses compile their bi-weekly data reports in a Google Sheet and Laura reviews them all. Laura will flag missing reports for the POs so they can follow up. The POs will also review them and get back to the nurses with questions if needed. Laura currently leads the Program Sub-committee (PSC) of the Board which is cc'd on communications with POs and nurses.

Proposed change

Redefine the roles of the POs and the PSC to delegate program management tasks. Remove Laura from the PSC and appoint Love Jones as chair of the PSC instead.

Adjustment to PO responsibilities:

- Biweekly collection and review of data submitted from all nurses
- Compiling data from nurses into a summary report that includes both quantitative data and PO analysis of how well the programs are operating and whether there are any changes or supports needed based on their review
- Reports should include a comments section so nurses can include any relevant qualitative information about their programs and results
- Monthly in-person verification checks of nurse records to ensure the data reports are accurate via monthly meetings
- Monthly observations of nurse practice
- Contributing agenda items for a monthly meeting with the PSC

Adjustment to PSC responsibilities:

- Collecting monthly reports from the Program Officers
- Reviewing monthly reports
- Contributing agenda items for monthly meeting with the POs
- Holding a monthly meeting with the POs to review the reports and discuss any needed changes or improvements

Steps in the process:

- Update PO job description
- Establish consequences for late report submission for nurses + POs
- Communicate changes to nurses
- Create PO monthly reporting template
- Define guidelines for how POs will monitor nurse records
- Update description of PSC responsibilities
- Establish calendar of monthly PSC / PO meetings

3.1.2 Financial management

Current status:

On an annual basis, Laura submits a budget to the Board which is approved. An overview of financials is prepared on a quarterly basis for Board review. Expenses are tracked in an Excel spreadsheet. Staff in Liberia are paid their salaries via Ideal Group, though this is a relatively new arrangement. In Monrovia, staff are required to go in-person to the Ideal Group office to pick up their salary. For Ganta, nurses are paid through direct bank deposit in individual bank accounts by Ideal Group. For all program expenses, nurses are given \$500 of funding at a time. PO are given \$200 as an operational fund. Once they run out of funds, they submit a list of their expenses and receipts to Laura and Laura uses Western Union to send funding directly to each of the nurses and POs. Of the \$55K spent on expenses for FY2019, \$49K was spent on program in Liberia including \$21K spent on salaries and \$28K on program-related items in Liberia. Assuming that all program costs were transferred via Western Union in amounts of \$500, that means 56 separate transfers needed to be carried out as an average cost of \$13 per transfer.

Proposed change:

Redesign the financial management system to formalize the budget process, delegate authority at different levels, formalize expense reporting, and streamline financial transactions. This would require bringing on additional staff (one part-time in the US and one part-time in Liberia) that have experience in accounting. A particular goal is to make sure that budgeting and expense reporting happens on a more predictable schedule.

Budget preparation + approval:

- Nurses each prepare their own annual budget in a specific format and submit to POs
- POs review the budgets to make sure they are reasonable and proportional to the impact of the specific program
- POs approve each nurse's budget and enters them into a format that combines each individual program budget into a regional budget
- POs submit their regional budgets to Finance lead (see below for more on staffing)
- Finance lead compiles all program budgets together with other expenses (salaries, fundraising, admin) into a final budget
- Final budget is reviewed by Laura and submitted to the Board

Salaries:

- Once a month, salaries are transferred into staff accounts via direct deposit for both Monrovia and Ganta staff.

Fund Disbursement:

- Based on their approved budgets, nurses submit either monthly or quarterly fund disbursement requests to the POs. The frequency of disbursements will depend on the associated cost of each program. The POs review the requests compared to the Board-approved budget and send them to the Finance lead

- The Finance lead approves and instructs the Finance Associate to make a direct deposit into the nurses bank account

Expense Reporting:

- Nurses submit an expense report with a table showing all expenses as well as itemized receipts.
- All submitted receipts follow guidelines related to what information needs to be included
- POs conduct an initial review of expense reports and follow up with any questions
- Once POs approve of the expense reports, they are sent to the Finance Associate to conduct a secondary review and enter expenses into an accounting software
- Finance Lead prepares quarterly reports showing expenses by program, region, and overall and submits these reports to the Finance committee of the board.
- On a monthly basis, compare NFA's bank statements to the accounting system to reconcile expenses.

Steps in the process:

- Consultation process between POs and Board members to decide on final staffing requirements for financial management
- Determine whether Ideal Group should continue to manage payroll long-term
- Include financial management responsibilities in PO job descriptions
- Preparation of financial staff / consultant job descriptions
- Hiring of financial staff / consultants
- Develop financial policies such as: guidelines for receipts, thresholds where POs can make additional disbursement decisions, responsibility for and frequency of financial reports
- Develop nurse budget template
- Develop PO budget template
- Select and set-up accounting software
- Fund disbursement and expense reporting responsibilities taken over by POs and added financial staff

Option for adding financial management capacity:

Hire a part-time accountant / finance person in the US and a part-time finance person in Liberia

US-based responsibilities (Finance Lead):

Upfront:

- Set-up the financial reporting system including appropriate Chart of Accounts
- Develop budget templates and preparation timelines
- Develop financial management policies for Board approval

Ongoing:

- Reconcile accounts
- Monthly audit of expenses to make sure they are following NFA guidelines
- Quarterly preparation of financial reports for the Board

- Manage budget preparation timelines and present annual budget to Laura
- Manage the Liberia-based finance person
- Review monthly / quarterly fund requests from nurses following PO approval
- Approve payroll* and fund disbursement to nurses

Liberia based responsibilities (Finance Associate):

- Train POs + nurses on how to prepare their budgets
- Support POs with budget review
- Review nurse expense reports to ensure they follow organizational guidelines
- Enter expenses into account software
- Manage payroll and fund disbursement to nurses

3.1.3 Board management

Current status

Laura is President of the Board and responsible for coordinating Board meetings and following up on Board related tasks.

Proposed Change

Laura is no longer President of the Board, another Board member steps up to assume the Board management responsibilities of scheduling Board meetings, delegating tasks, and following up on tasks. The Board formalizes its operations to include specific Board member terms and establishes a specific committee focused on developing a Board member recruitment process and recruiting additional Board members.

Steps in the process:

- Board member is nominated / volunteers to be President for a two year term
- All Board members commit to specific term lengths
- Board establishes a sub-committee responsible for Board recruitment process. All Board members are expected to participate in recruiting Board members
- Draft an document outlining responsibilities of Board members + roles of the sub-committees

3.2 Focus Area 2: Lay the groundwork for growth

Focus Area 2 activities are directed at improving NFA’s case for funding and then pursuing funding opportunities to answer key questions about what type of funding NFA is well-positioned to receive.

3.2.1 Clear rationale for funding

One of the findings from the Strategic Planning processes is that NFA’s current website, messaging, and internal reporting are not coherently aligned to tell a compelling story that

showcases how NFA is different from other public health and health workforce focused institutions. NFA will undertake internal strategic work to define a clear rationale for what the organization should be funded to grow. This will include both a retrospective view of why NFA's work is valuable as well as an explanation for why continued growth is needed.

Steps in the process:

- Develop different potential messages that prioritize specific areas of NFA's work
- Share these messages internally with staff and Board members and solicit feedback
- Take the most popular internal message and share with selected donors to see if it resonates externally as well
- Develop a strategy for how this message will inform NFA's external communications (social media, website, reports) and fundraising (proposals, donor updates)

One way that NFA might clarify its messaging is by assigning a clear priority to either nurse empowerment OR patient impact. The options below demonstrate what a deliberate focus on either area could look like.

Nurse empowerment

NFA believes that in developing countries, nurses are an underutilized resource to improve public health at all levels. NFA is focused on empowering nurses to be leaders -- leaders of direct service public health outreach, leaders in educating other nurses, and leaders in policy advocacy. NFA's flagship program equips nurses to design, implement, and monitor public health outreach programs. Following their successful engagement in direct service, NFA then works with exceptional nurse leaders to provide opportunities to early career nurses to learn from them through sponsored apprenticeship programs. Finally, our nurse leaders who are interested in policy, are supported to research and write policy briefs that are presented to key government stakeholders.

Possible metrics to track:

- Number of nurses running programs
- Number of NFA nurses who have had apprentices
- Number of policy briefs submitted to improve national / regional public health planning and implementation
- Stories of nurse leadership such as: community programs implemented, new nurses they have trained / mentored, government or larger NGO efforts that they have influenced

Patient impact

NFA believes that nurses are an underutilized resource to improve public health. Nurses have the advantage of having the right mix of clinical training and patient care to provide high quality care that is also more broadly accessible. Our nurses provide care to patients who would otherwise not have access to it for reasons of distance, reluctance, and cost. We target some of the most sorely needed and most neglected health initiatives.

Possible metrics to track:

- Number of patients broken down by demographics (age / sex)
- Estimates of reduction in burden of disease / death by program area
- Impact on the Sustainable Development Goals
- Stories of patient impact such as: case of a young woman who finished school and started working while receiving family planning services, case of an older man who is able to provide for his family because he is able to effectively manage his hypertension, cases where NFA support has prevented families from falling into poverty

Reference examples

- **Partners In Health (PIH):** Although the size, scale, and budget of PIH is much larger than that of NFA, there are many lessons to be learned from how they present their mission and their impact. The mission is simple: “Our mission is to provide a preferential option for the poor in health care.”
- PIH does an excellent job at telling their story. NFA has similar stories to tell, but has not captured them in a way that gives a clear rationale for support. (Screenshot from PIH.org)

Our Impact


With your support, Partners In Health delivers health care to the world's poorest places, partnering with local governments to bring about global change. Last year, we provided:



1.6 million outpatient visits in our clinics.



1 million women's health checkups around the world.



Over **800,000** home visits conducted by community health workers.

MATERNAL HEALTH

Fanta's Story

Fanta lives in Sierra Leone, one of the world's most dangerous places to be pregnant. Like many women, she thought she had no safe options. But with PIH's help, Fanta gave birth safely to her son, John, via C-section.

[Read more about Fanta](#)



In 2018, PIH provided **8,400** lifesaving C-sections around the world.



Fanta sits outside her home in Sierra Leone, where she lives with her son, John.

- PIH captures the percentage of funds that go directly towards services. Because NFA has such little overhead costs, this could be an excellent way of highlighting that strength.


DONATE NOW

88.4% of your gift
goes straight to those in need.

- [True School](#) is another reference organization from a different sector. It focuses on empowering teachers to undertake improvement projects within their own schools. It is a relatively small organization that has had a big impact by partnering with teachers around the US.


Empowering Educators To Transform Schools From Within

WE ACHIEVE IMPACT BY DEVELOPING INNOVATIVE EDUCATION LEADERS, EFFECTIVE SOLUTIONS TO PRESSING PROBLEMS, AND GLOBAL NETWORKS TO DRAMATICALLY IMPROVE STUDENT OUTCOMES.



Innovative Educators

TrueSchool develops the knowledge, practices, and mindsets of educators as innovators within schools.



Effective Solutions

TrueSchool leads to the creation and adoption of new solutions with evidence of improving student outcomes.



National Networks

TrueSchool connects a national network of education leaders to collaborate and share ideas.

- While True School cares deeply about the results that teachers have for their students, their impact statement for external stakeholders emphasizes the impact that they are having on the teachers they work with.

1) Educators grew significantly in their sense of collective efficacy.

This belief is the single greatest predictor of student achievement.

Before change occurs, people need to believe. They need to believe that change and improvement is necessary and possible. They need to believe that, together, they can achieve results and create a better future.

This belief, called “collective efficacy” is key to successful schools and systems. When people believe that their team can they can achieve, they go for it. When they go for it, they achieve results. When they achieve results, they tackle even greater challenges. And the virtuous cycle continues...

64% of educators grew in their sense of collective efficacy.

23% of educators grew by more than 10%

2) Educators are more satisfied with working in their schools and districts.

This is the best leading indicator of principal and teacher retention.

America is currently facing a teacher retention crisis, with research predicting shortages of over 100,000 annually.^[1] We use a well-established scale—“net promoter scores”—to measure educators’ perceptions of their school and district. This is a strong leading indicator of commitment and retention. When educators stay, schools and systems retain institutional knowledge, deepen relationships with students and community members, and create pipelines for teacher leaders, mentors, and future school and systems leaders.

[1] Sutchter, Leib, Linda Darling-Hammond, and Desiree Carver-Thomas. “A coming crisis in teaching? Teacher supply, demand, and shortages in the US.” (2016): 499-534.

3) Educators are listening more often and more deeply to students and families.

Keeping students and community at the center is essential to effective + enduring improvement.

TrueSchool educators are making decisions based on input and feedback from students and community members. TrueSchool educators are invested in creating something new *with* students, versus *for* students. Throughout the TrueSchool Process, educators return to student, family, colleague, and community wants, needs, and hopes. Educators engage in rigorous fieldwork to seek out, deeply listen to, and respond to student and family feedback. This helps them build understanding and question assumptions about the communities they serve. When a team of educators believes in their ability to improve student outcomes, they are more likely to solve problems and find effective solutions. This belief, called “collective efficacy,” is the single biggest predictor of student achievement.

3.2.2 Process and impact monitoring

Once NFA has a clear view of how to communicate the mission and impact of the organization externally, then the organization needs to review its existing reporting frameworks and procedures to make sure they are aligned to both internal quality assurance and external story-telling.

Steps in the process:

- Define what type of information NFA will need to collect to be able to effectively showcase impact that aligns to the new messaging
- Define what type of information NFA will need to collect to be able to monitor safety and quality of programs
- Develop and rollout updated reporting templates / procedures to support the data collection needs

3.2.3 Fundraising

NFA will learn a great deal about fundraising from outlining certain assumptions and then engaging in specific actions to determine whether the assumptions are correct. The focus of this strategic plan is not necessarily raising specific amounts of additional funding, but rather gathering information that will allow the organization to develop an approach that is based on lessons learned through experience. Of course engaging with outside expertise during this process is welcome, however it should not be seen as a replacement for the Board and staff to also develop their own understanding of the fundraising process.

Steps in the process:

- Define a list of key fundraising assumptions that NFA would like to test
- Prioritize which assumptions should be tested first
- Develop a plan to test the assumption and execute on that plan
- Clearly document lessons learned and move on to the next assumption

Possible funding assumptions to test:

- If Laura asks current individual donors to introduce NFA to their friends, 50% will do so
- If Laura presents at certain conferences, she will be able to meet 3 funders who specifically fund health-related programs in Africa
- If Laura researches individuals who work at relevant funding foundations on LinkedIn, she will be able to find network connections that could provide personal introductions
- If Laura presents on NFA at a professional associate of nurses conference, she will be able to build a mailing list of nurses who will support and promote NFA to their networks

Appendix 1: NFA over time

	2013	2014	2015	2016	2017	2018	2019
Funding raised	\$20,087	\$40,159	\$43,623	\$14,004	\$48,620	\$50,392	\$111,273
Funding disbursed	\$11,000	\$29,710	\$43,053	\$34,016	\$35,967	\$44,431	\$35,967
Number of nurses	9	13	14*	13	12	11	15
Number of initiatives	7						11
Types of initiatives	6	Ebola response	Ebola response				7