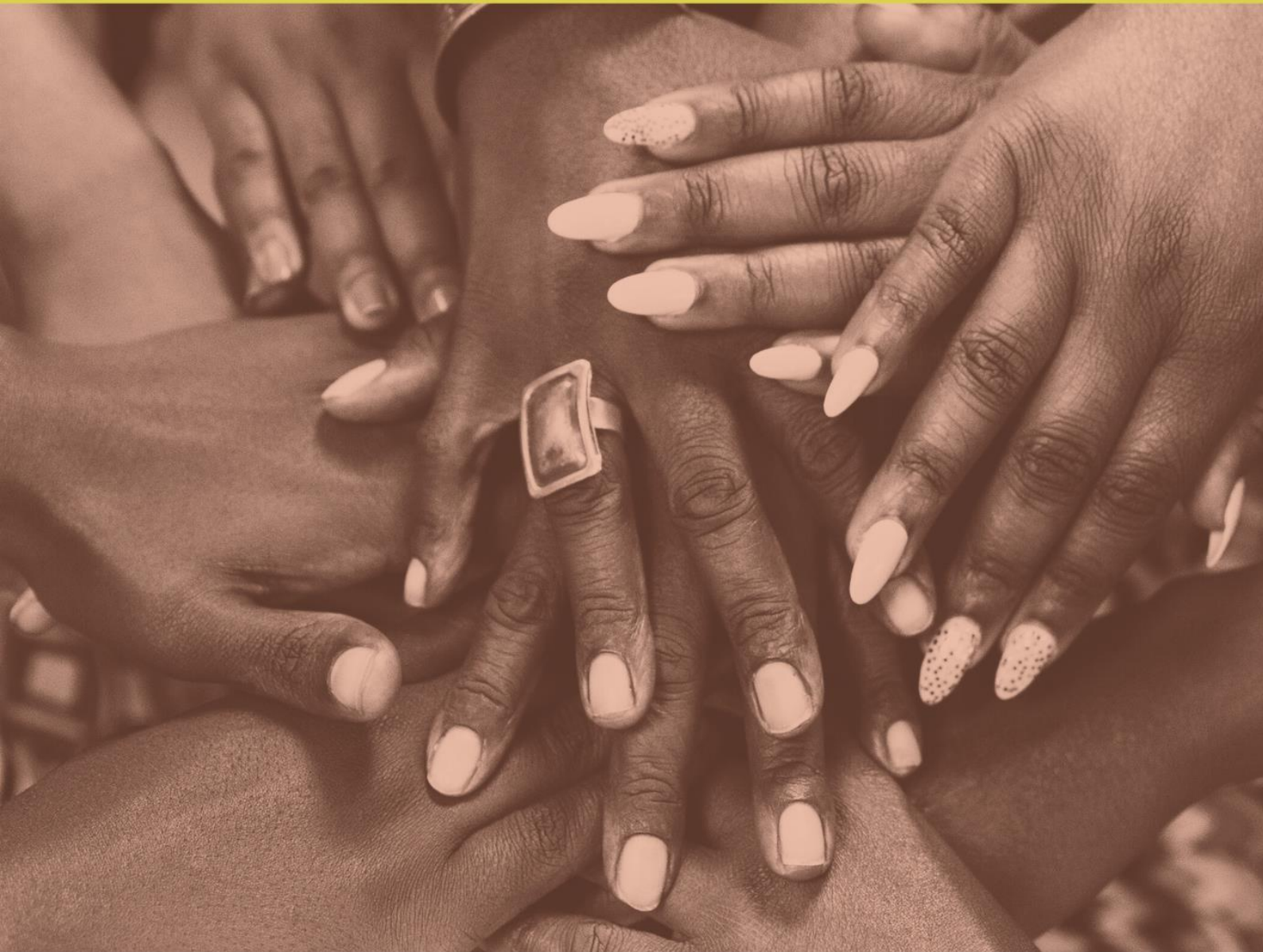




WIDA
WELL BEING AFRICA
WIDA



Five-Year Strategic plan
2023-2027



Well Being Africa

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The Well Being Africa Five-Year Strategic Plan 2023-2027 was developed through internal and external consultative and secondary data collection and analysis processes. The strategy document represents the views of Well Being Africa's Board, Management, Staff and Community stakeholders as extracted from various consultations further supported by desktop research. This strategic document was formulated and developed in coordination with Afregarde Strategies as consultants under the project management of Abisha Kampira, a certified management consultant (IMCSA).

Special thanks also go to the pexels.com and pixabay.com teams for various stock photos/images used to prepare this document.



Mission

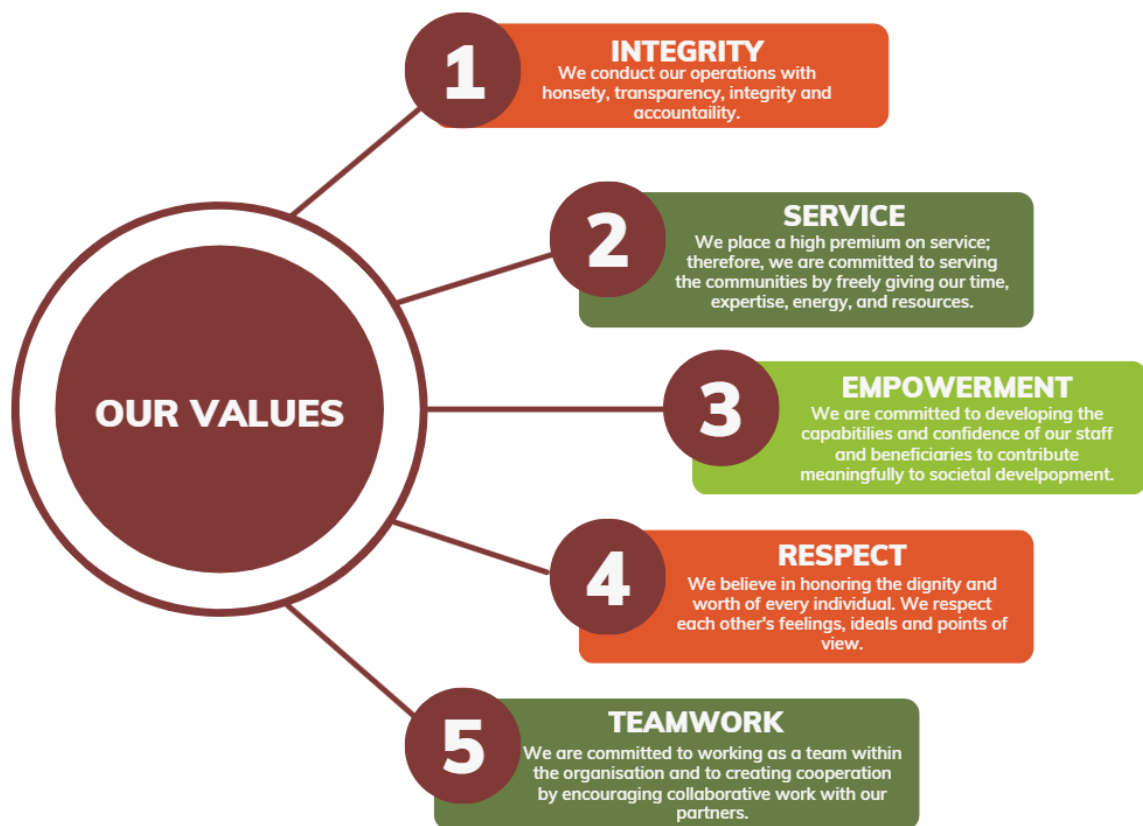
To provide practical solutions to human challenges through nutrition and nutrition-related services, capacity development and psychosocial support, thereby optimising individual existence and, ultimately, the development of African nations.

Vision

Well Being Africa envisions communities where people are healthy, empowered and thriving by maximising their potential for the advancement of Africa.

Values

Our core values include **integrity, service, empowerment, respect, and teamwork.**



Our work in nutrition, psychosocial support, and skills development is intertwined with human rights. Therefore, we engage with the legal frameworks and mechanisms of the African Human Rights system.

We recognise the importance of deploying human rights instruments in improving the well-being and quality of life for individuals and communities. We believe human rights and dignity are fundamental to sustainable development and social justice.

Therefore, our interventions are designed to align with human rights principles and standards, ensuring the dignity, equality, and empowerment of the individuals and communities we serve.



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Introduction

Well Being Africa seeks to find pragmatic solutions to fundamental human challenges to facilitate an atmosphere of optimal individual existence and productivity, and ultimately the development of African nations. We operate by employing a research evidence-based approach in conjunction with stakeholders, policymakers, other NGOs, and implementers. We provide nutrition and nutrition-related services, skills development, psychosocial support and services, consultancy services, and research collaboration with tertiary institutions.

Well Being Africa sees itself making a significant impact in the following areas: Identifying gaps in policies around the areas of our operations, namely breastfeeding support, women empowerment and gender equality; Providing services around WBA's thematic areas, namely community/public health nutrition, psychosocial support and skills development. WBA's scope of operation in the next five years in South Africa, with an extension to Southern African countries, is described by its strategic plan 2023 to 2027.

The strategic plan highlights our focus areas for the next five years. Each focus area is described in terms of the problems and challenges we intend to resolve, the interventions to use, and the related goals, targets, and indicators. The strategic plan has been prepared in response to current challenges versus Well Being Africa's capacities and mandate. It is however not rigid. Some aspects may be changed as necessitated by new challenges and significant changes in our work environments.

Additionally, we understand the funding and resource constraints in our operating environments. These may demand a scaling down of some interventions. At the same time, upscaling is also a possibility in cases where more than anticipated resources become available. However, we are optimistic that our goals will be achieved over the next five years. The greatest beneficiaries of this achievement will be the communities we serve.

Situational analysis

The next five years starting from January 2023, are projected to demand significant interventions to support community well-being. The past few years have unravelled many direct sources of human suffering in South African and African communities. However, it is doubtful that the conflicts, challenges, and problems that sadly shape our society's nature will end soon. The next five years, as stated, would be accompanied by political, socio-economic, and ecological changes that demand the total commitment and preparation of all social partners involved in public welfare. These include communities, the non-governmental and civic sectors, all levels of government, the private sector, and religious and cultural partners. This section outlines the broad macroenvironment with which our interventions to support community health and wellbeing must align. We use the Political, Economic, Sociological, Technological, Environmental and Legal (PESTEL) model to outline the key factors and forces driving intervention needs.

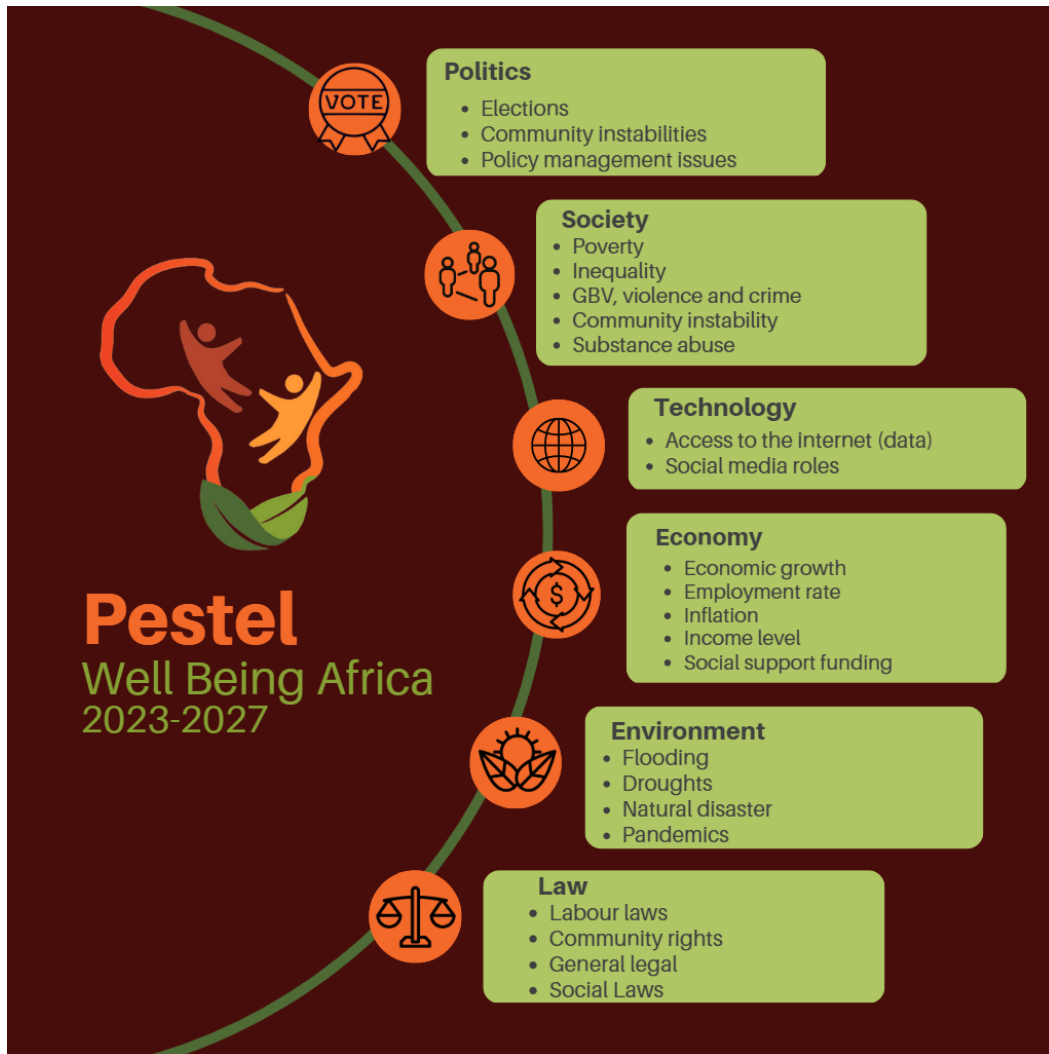


Figure 1: PESTEL Model for WBA's Intervention Needs

South Africa and many African countries will have general elections in the next five years. Politicking and political pressures are known sources of community conflict. These have reduced focus on dire community and household welfare towards political goals. Outside elections, political differences that spill into violent protests are more disruptive to poor communities compared to more economically settled ones. In some economies, political conflicts create socioeconomic victims, exposing people to adverse nutritional and psychological pressures.

On the economic front, local economies' poor post-COVID-19 financial performance has brought inflation challenges, increased joblessness, and inequality. At the same time, the energy crisis has worsened economic adversities threatening further economic slowdown. Youth unemployment remains one of the critical symptoms of low economic growth and is a highly worrisome trend considering its social impact on young people. The economic and political environments also determine the level of financial support for health and well-being interventions. The past five years have seen increasing donor fatigue at a time when humanitarian support needs have been growing. This demands innovative means to make resources available to support new and existing needs.



Socially, community problems that include teenage pregnancy, drug, alcohol and substance abuse, and gender-based violence are not expected to subside on their own. With increasing economic desperation, such pressures cannot be expected to disappear on their own. Increased migration from the rest of the continent due to short or long-term political disturbances and economic needs will continue to demand governmental and non-governmental intervention. Challenges like xenophobia in communities fuelled by genuine community challenges and pressures from political and quasi-political entities, as expected, will disrupt the well-being of affected communities.

On the technological front, we expect an increase in mass technology access that includes smartphones and social media to improve community information. At the same time, we are cognisant of the risks that poorly evaluated communication percolates communities and is mistaken for fact. This could affect how poor communities respond to information promoting and supporting health and well-being. Also, more access to the internet in poor communities is needed to ensure the uptake of interventions.

The environmental front is the source of many communities' health, nutrition and well-being challenges. For example, climatic shifts have brought problems of flooding, extensive hot temperatures, and less predictable winters. All these come with disruptions to food chains and economic activity in communities. Moreover, when intertwined with political instabilities and pre-existing financial inadequacies, droughts and significant food shortages in the region fuel proportionally significant health challenges, thereby compounding community problems. In summary, the abovementioned challenges are highly connected and negatively impact individuals, households and community health, nutrition, and well-being.

Theory of change

Using the United Nations Development Group's definition, a theory of change (TOC) is *"a method that explains how a given intervention, or set of interventions, are expected to lead to a specific development change, drawing on a causal analysis based on available evidence."* Our TOC is based on observations of past outcomes that show strong relationships between adverse environmental factors and nutritional, socioeconomic and psychosocial factors.

On a macroenvironmental level, unfavourable political, economic, sociological, technological, environmental, and legal (PESTEL) factors undermine the well-being of individuals, households, and impoverished communities. PESTEL adversities come with nutritional challenges and psychosocial distress across all demographic groups, especially the poor and marginalised sections of society. Our theory of change in the next five years centres on addressing such challenges to improve the overall well-being of the most vulnerable.

As highlighted, South Africa's and the region's PESTEL mix predict a continuation and expansion of existing challenges that are ultimately felt at the individual, household, and community levels. The model below shows how these challenges require joint interventions that will result in desired solutions.

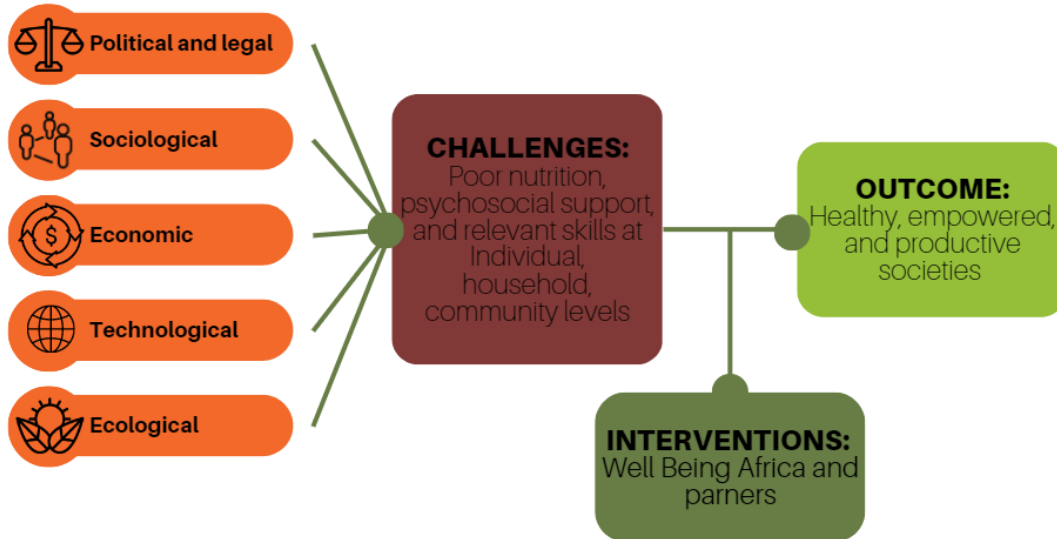


Figure 2: WBA’s Theory of Change

Well Being Africa’s interventions to current and emerging challenges are hinged on five areas referred to as Focus Areas in this document. These will be implemented alongside like-minded partners and stakeholders who desire pragmatic solutions to human challenges, thereby facilitating an atmosphere of optimal individual existence and productivity, and the development of African nations. As indicated in the image below, these solutions are also directly connected to sustainable development goals (SDGs).



Figure 3: Alignment of WBA’s strategic plans with the SDGs



SDG 1 – No Poverty: Our nutrition education and skills development initiatives accommodate this.

SDG 2 – Zero Hunger: this is linked with our breastfeeding support/advocacy and nutrition education.

SDG 3 – Good Health and Well-Being: This is linked with our nutrition and psychosocial support initiatives.

SDG 4 – Quality Education: this aligns with our school nutrition education interventions.

SDG 5 – Gender Equality: Our breastfeeding support and advocacy addresses this.

SDG 8 – Decent Work and Economic Growth: this aligns with our skills development initiatives.

SDG 12 – Responsible consumption and production: this aligns with our breastfeeding support and advocacy initiatives.

SDG 13 – Climate Action: Our nutrition education, breastfeeding support, and advocacy initiatives address this.

SDG 17 – Partnerships to achieve the Goals: this is accommodated in our TOC, which integrates multiple and diverse stakeholder partnerships.

Stakeholder engagement

Our goals and objectives can only be fulfilled with the participation of various stakeholder groups. The largest group remains the communities we serve; their voices must reflect in all we do. Below are the stakeholder groups of interest and their roles.



Figure 4: WBA’s Stakeholder Network

Our stakeholders include our internal team, whose skills, knowledge, experience, commitment, and dedication are expected to fuel the strategy. We also acknowledge the critical roles of other non-profit bodies that support us with networking opportunities to resolve common problem areas. We recognise the options and capacities available to us by our membership of the Solidarity for African Women’s Rights (SOAWR) coalition.

The local, provincial, and national governments play critical regulatory and community identification roles. Our benefactors include national and international donor agencies, individual donors, and private sector benefactors. They represent the major financial and non-financial assistance sources required in pursuing our goals.

Focus areas, goals and objectives

Five focus areas will guide our operations for the next five years. These are:

- Focus Area 1: Breastfeeding advocacy and support.
- Focus Area 2: Community nutrition education.
- Focus Area 3: School nutrition education.
- Focus Area 4: Psychosocial counselling.
- Focus Area 5: Skills training for women, youths, and the vulnerable.



The above focus areas, including the Objectives, Targets, and Indicators (OTI) for each focus area, are presented in the following pages.





Focus Area 1: Breastfeeding advocacy and support

Breastfeeding is a critical element supporting the nutrition of infants and young children, ultimately affecting their short- and long-term health and welfare outcomes. Therefore, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that breastfeeding should be initiated within the first hour after birth, continued exclusively for the first six months of life with appropriate, safe and adequate complementary foods at six months, and continued up to 2 years or beyond¹.

Problems and challenges

The literature highlights several challenges to exclusive breastfeeding in South Africa and other African nations. Some of these are:

- Work and education commitments versus meeting exclusive breastfeeding demands.
- Lifestyle preferences that exclude breastfeeding as a norm.
- Teenage pregnancies and consequential competing life demand such as return to school issues.
- Lack of social support for breastfeeding, such as prejudice and stigma against breastfeeding in public.
- Mother's health issues requiring chronic and strong medication.
- Poor maternal nutrition due to household food insecurity.
- Poor breastfeeding practices leading to inefficient lactation.
- Limited knowledge and skills in breastfeeding.
- Baby's health issues affecting the baby's ability to breastfeed.

Interventions

Our breastfeeding interventions (Advocacy and Support) are spread across four types of programs:

- Information, education, and communication.
- Individual counselling.
- Material support to mothers and communities.
- Community advocacy.

Information, education, and communication are designed to support mothers, community care workers, and community members with up-to-date, relevant knowledge on breastfeeding. In addition, it will encourage breastfeeding using various communication networks, including training, workshops, and symposia.

Individual counselling will target mothers facing breastfeeding challenges and provide information and guidance on how best to manage their breastfeeding journey.

Material support to mothers and communities involves providing resources that support effective breastfeeding or make breastmilk provision possible. This includes food provision to alleviate food insecurity that potentially undermines effective breastfeeding. We also offer

¹ <https://www.health.gov.za/wp-content/uploads/2022/08/World-Breastfeeding-Week-Commemoration-2022.pdf>



innovative materials (breastfeeding-friendly clothing) that support breastfeeding for women in various circumstances.

Noting that breastfeeding is a community-wide and societal challenge, our programmes will include advocacy for safer, more convenient, and healthy policies for breastfeeding. Community advocacy programs include engaging the government (local, provincial and national), the private sector and civil societies on pro-breastfeeding policy change.

Breastfeeding advocacy and support - OTI

Objective	Target	Indicators
Increasing the uptake of appropriate infant and young child feeding (IYCF) interventions through capacity development in breastfeeding support for CCWs and stakeholders.	Community Care Workers (CCWs), mothers and pregnant women, and teenagers who are young mothers.	Train 2500 CCWs in breastfeeding support.
Breastfeeding support for mothers through the establishment of breastfeeding support groups.	Mothers and pregnant women, teenagers who are young mothers.	Establish 80 breastfeeding support groups.
Advocacy training and symposia in IYCF focusing on breastfeeding for the officials and workers for refugee communities.	Mothers, pregnant women, teenagers who are young mothers.	Implement 20 advocacy training programmes and five advocacy symposia in IYCF for officers serving four (4) refugee communities in Southern African countries.
Advocacy training and support for CCWs and stakeholders in the prevention and management of teenage pregnancy	CCWs Mothers and pregnant women, teenagers who are young mothers.	Implement 20 advocacy training programmes for CCWs on preventing and managing adolescent pregnancy.





Focus Area 2: Community nutrition education

Like the rest of the African nations, South Africa has severe nutritional problems. These come with significant health challenges that grossly compromise people's well-being and productivity. These nutritional problems are associated with non-communicable diseases such as diabetes, hypertension, certain cancers, obesity, etc., prevalent in Africa.



Problems and challenges

Community nutrition education comes with propositions to several diet and nutrition-linked challenges. The *Global Nutrition Report*² lists the following as key nutrition target areas:

- Childhood stunting
- Anaemia
- Low birth weight
- Childhood wasting
- Diabetes and its complications
- Raised blood pressure
- Obesity

Interventions

Community nutrition education interventions are centred on providing knowledge and material-related support. These broad interventions can be summarised into the following:

- Information, education and communication
- Material support to vulnerable community groups

² <https://globalnutritionreport.org/resources/nutrition-profiles/africa/southern-africa/south-africa/>



- Counselling and personal support

The above interventions target vulnerable and less-privileged communities, including children of school age. Vulnerable communities lack access to adequate nutritional support and credible nutrition education interventions.

Our nutrition education will include interventions in diabetes mellitus self-management education and support (DSMES). As in several other African countries, type 2 diabetes mellitus (T2DM) in South Africa is generally a poorly controlled condition warranting innovative interventional measures. DSMES is very beneficial in improving diabetes outcomes and is feasible in resource-limited settings.

Community nutrition education- OTI

Objectives	Target	Indicators
Coordinate nutritional assessment and counselling.	Community-based organisations and resource-limited communities.	Conduct 80 nutritional campaigns in the communities.
Disseminate healthy eating messages – South African Food-Based Dietary Guidelines (SAFBDG).	Community-based organisations and resource-limited communities.	Produce a factsheet based on the SAFBDG and translate it into 2 local languages. Widely distribute the factsheet among the WBA network.

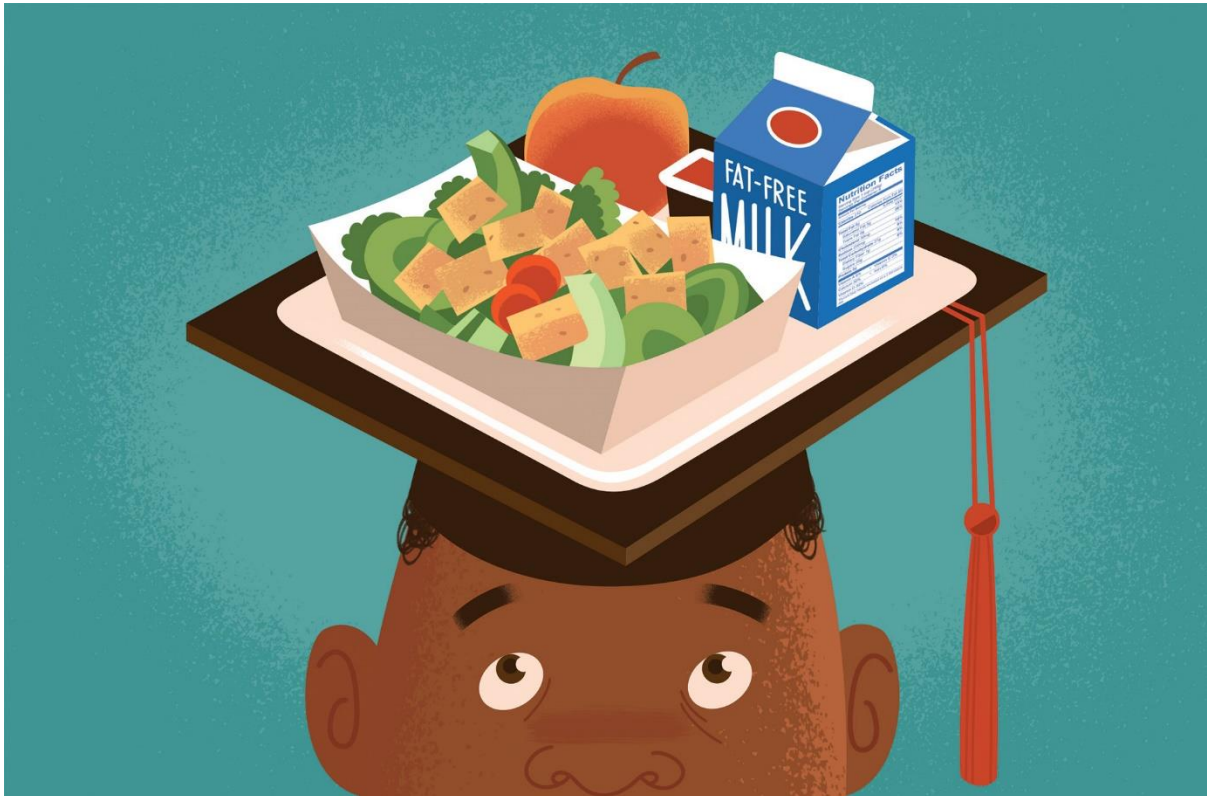




Focus Area 3: School nutrition education

Food and nutritional challenges among school children of all ages are a worrying dynamic in South Africa. Effective nutrition education (NE) is a viable strategy to promote healthy eating and reduce malnutrition among learners and communities. As stated in the Curriculum Assessment Policy Statement (CAPS) of the Department of Basic Education³, “the Life Skills curriculum aims to ensure that children acquire and apply knowledge and skills in ways that are meaningful to their own lives”.

As such, WBA provides training workshops for capacity development in nutrition education to teachers of the Life Skills and Natural Science and Technology (NST) subjects.



Challenges and problems

This identified challenge indicates that educators who teach nutrition topics at Primary Schools are not equipped to teach nutrition effectively, as shown by their:

- Inadequate nutrition knowledge,
- Unhealthy nutrition practices and attitudes,
- Self-assessed limited capacity to implement nutrition concepts at school.

³Department of Basic Education. National Curriculum Statement (NCS). Curriculum and Assessment Policy Statement (CAPS) *Grades 4 - 6: Life Skills*. 2011. Available at <http://www.edu.gov.za>



Interventions

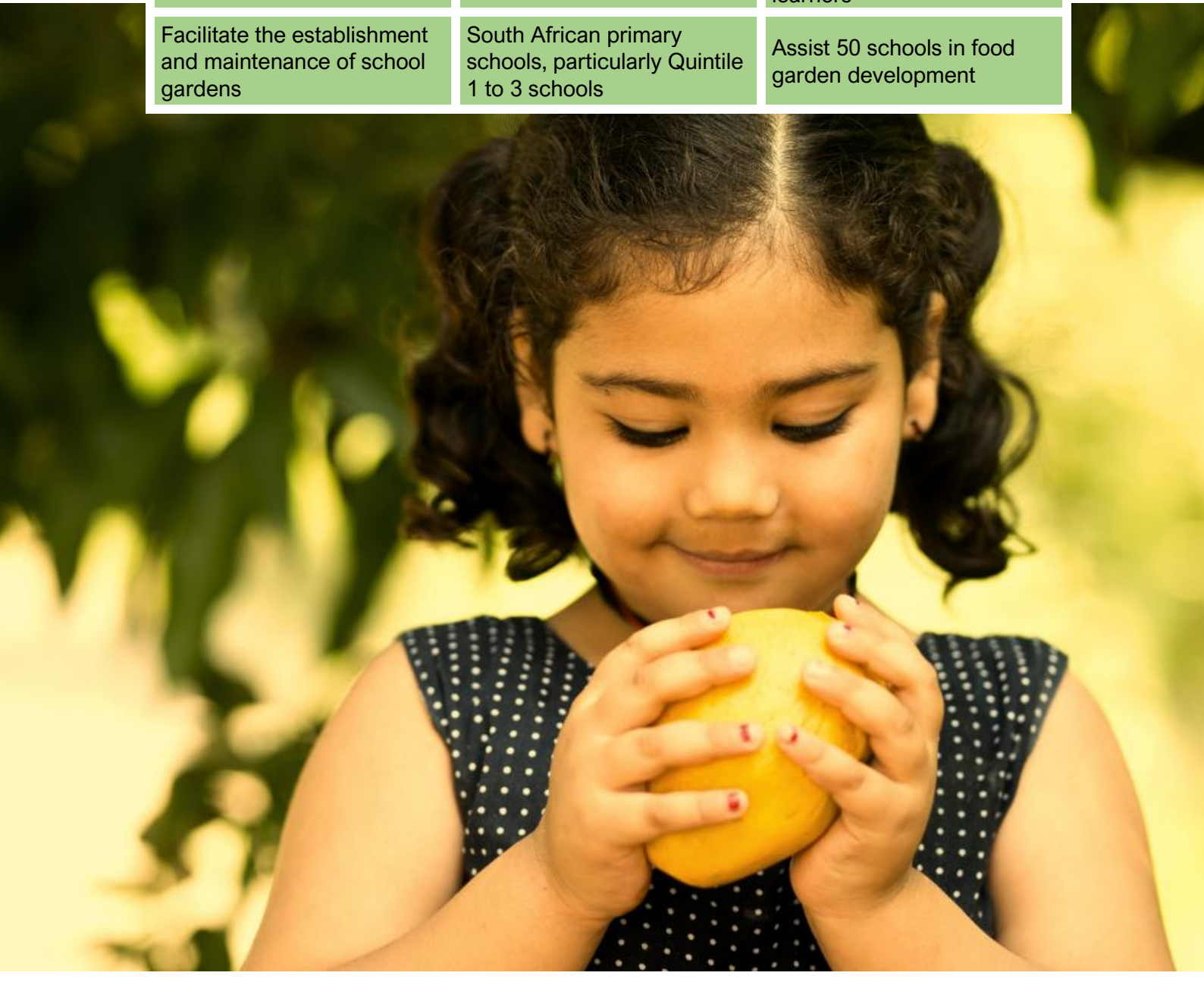
School nutrition education follows our interventional strategies:

- Equipping teachers with a theory-based teaching strategy for presenting nutrition messages to learners.
- Material support to vulnerable community groups.
- School garden facilitation and support.
- Stakeholder engagement and collaboration.

Added to the intervention is stakeholder engagement noting the existence of running school nutrition programmes. We seek partnerships with stakeholders who will assist in expediting the resolution of the above and many other school-level nutritional programmes.

School nutrition education - OTI

Objective	Target	Indicators
Conduct nutrition education workshops for teachers.	South African primary schools, particularly Quintile 1 to 3 schools	Train 400 teachers in 100 schools with the potential of influencing the eating behaviour of up to 24000 learners
Facilitate the establishment and maintenance of school gardens	South African primary schools, particularly Quintile 1 to 3 schools	Assist 50 schools in food garden development





Focus Area 4: Psychosocial counselling

We believe that in a society like ours, the individuals' and communities' well-being strongly depends on the people's state of mind. Various indicators show the need for psychosocial support in our communities, and these are outlined below.



Challenges

- Suicide and other mental conditions.
- Increased cases of alcohol abuse.
- Isolation and loneliness.
- Depression.
- Drug and substance abuse as coping mechanisms.
- Gender-based violence.
- Burnouts from work activity.
- Generally high manifestations of community anger.

The above can be both causes and outcomes of psychosocial challenges in communities and among individuals. They can also be symptoms of bigger social, economic and health challenges. Regardless, there is a need for active interventions.

Interventions

The interventions below are directed to all affected groups, including less privileged employees, vulnerable women and girls, community members, learners, and others. The interventions include:

- Individual counselling.



- Group counselling.
- Information, education, and communication.

Well Being Africa’s team of qualified and experienced psychologists provide the services.

Psychosocial counselling and support - OTI

Objective	Target	Indicators
Psychosocial support for vulnerable groups, especially women and girls	Women, girls, refugees, informal and migrant communities and other vulnerable people.	Facilitate psychological counselling for up to 800 vulnerable people.
Basic training in psychosocial stress identification and primary management	Community Care Workers (CCWs) and team leaders	Raise a pool of 100 CCWs and team leaders as psychosocial support champions.
Psychosocial distress awareness	Women, girls, refugees, informal and migrant communities and other vulnerable people.	Produce a factsheet on triggers of psychological problems and access to support - translate it into 2 local languages.





Focus Area 5: Skills development for women and youths

We believe empowerment is fundamental to physical, social, and psychological well-being. Therefore, our five-year strategy includes skills development for vulnerable groups, especially women and youth.



Challenges

This is motivated by the need to eradicate the following challenges in the communities:

- General unemployment.
- Rising youth unemployment.
- Gender inequality.
- Poverty.

The above challenges are also associated with crime, drugs and substance abuse.

Interventions

The following interventions will be implemented:

- Entrepreneurial skills development
- Formal education resumption support
- Women and youth empowerment initiatives



Skills development for women and youths - OTI

Objective	Target	Indicators
Provide training in essential entrepreneurial initiatives.	Women, girls, youth, refugee, and migrant communities	200 trainees in basic but sellable skills - sewing, baking, and smallholder farming,
Training in social entrepreneurship	Women, girls, and youth with a drive and novel initiatives for social impact	Ten (10) trained social entrepreneurs
Training in financial management skills for start-up entrepreneurs	Women, girls, and youth	20 start-up entrepreneurs empowered with financial management skills





Organisational capacity

Well Being Africa is a registered Non- profit Organisation with the capacity to formulate, implement, monitor and evaluate its intervention programmes.

Human resources management

To effectively deliver on its mandates, WBA has a pool of suitably qualified and experienced professionals who run the various programmes. Various methods of involving skilled labour on a manageable payroll are employed. The workforce comprises the following categories:

- Full-time employees
- Volunteers
- Internships
- Staff exchanges
- Consultants

Also, WBA uses its operations as an opportunity to develop skills among young and upcoming professionals and vulnerable community members. These skills include project and programme administration capacity development. Working with academia, we support research opportunities in our focus areas.

Organisational structure

Our staff team comprises experts working full-time or volunteering for the organisation's cause. These include:

- Qualified counsellors
- Qualified health professionals
- Technical trainers and assessors
- Administration staff
- General assistants
- Student researchers

The number of personnel who serve under each position is determined by the number of people needing services in that area and the project budget. Intervention areas with high demand from the community will warrant more expert staff to enhance the programmes' effectiveness.

The Governing Board

The governing board of WBA comprise a seven-member led by the Chairperson, Mrs Legodi. The board manages the affairs of WBA through sound organisational governance and financial management policies.

Chief Executive Officer

The CEO of WBA, Dr Debbie Kupolati, oversees the day-to-day affairs of WBA. She implements existing plans and policies and works to improve the organisation's financial strength. In conjunction with the governing board, conceptualises and sets out the strategic plan for the next five years.





Project Staff

The project staff comprises personnel whose responsibilities are specific to projects. They are most often contract staff.

Management Staff

The management staff include the directors and senior officers. They perform the roles of planning, organising, directing, coordinating, and controlling the affairs of WBA.

Volunteer Workers

WBA provides volunteering opportunities for highly motivated and self-driven individuals. They are exposed to opportunities to contribute to societal impact while gaining work experience, developing capacity and achieving self-satisfaction.

Funding and resources management

Well Being Africa is predominantly donor-funded. We expect to obtain financial and material support from various stakeholder groups to fund the above interventions. Below are the expected major sources of funding:

- Grants from funders
- Crowd-funding
- General donations from stakeholders
- Voluntary services contributions
- Fundraising projects

We intend to raise a minimum of R2 million annually to fund our five focus areas successfully. Most of the resources will go into project operations, with administration and administrative capital expenditure consuming a minimum range between 7% to 10% of raised funding.

Monitoring and evaluation

Once the project is up and running, we will ensure that set operational and strategic goals and objectives and set systems, processes, and procedures are being adhered to. This is where monitoring and evaluation will feature with complete transparency.

As a donor-funded initiative, we are obligated to ensure that the benefactors of the funds are provided with the project progress and how their funds are utilised. WBA is committed to providing the reports and any other information that our project funders may require from time to time. Furthermore, we are willing to work with donor-supported review and monitoring teams.

Internally, WBA reports on the following:

1. Financial statements: to measure the financial progress.
 - Income statement.
 - Balance sheet.
 - Cash flows.
 - Bank reconciliations.



- Other financial records.
2. Beneficiary information to measure the impact that our project is making on the targeted communities:
- Programmes/projects implemented.
 - Number of beneficiaries supported.
 - Levels of assistance offered.
 - Geographical outreach of WBA.

WBA welcomes any suggestions from financiers or financier-supported agencies on implementing the monitoring and evaluation function to enhance accountability and transparency.

*Materials support comprises the provision of victuals germane to the intervention uptake among our project beneficiaries. Therefore, materials support would vary with different projects, circumstances and beneficiaries. They include the provision of food parcels, breastfeeding wrappers/gowns, seedlings for school food gardens, information booklets etc.



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