Our reason for being: people

OUR COMMITMENT, THE RIGHT TO HEALTH

#. CONTENTS

1. INTRODUCTION

The document we present here is the result of our association's collaborative endeavors. But it is also more than this: it is a rich tapestry of joint efforts and shared insights from volunteers, members and workers who, reflecting on their own experiences and practice within the organization, look ahead towards a difficult yet bright future.

The project has been led by a core group comprising individuals from the State Board of Directors, representatives of the regional offices and technical team members. Several milestones were reached along the way, including collaborative work developed using online tools and the volunteers meeting held in Madrid in 2016, attracting over 100 participants.

Returning to the document at hand, we have tried to make it more user-friendly than the previous Strategic Plan. It is broken down into different levels, accompanied by additional reference material. Above all, we have made every effort to ensure that the objectives and proposals contained herein tie in better with the association's annual planning – planning we use to manage ourselves on a day-to-day basis and which enables us to see things for how they really are, demonstrating our capacity to fight for a different and just reality.

Image courtesy of Forges on the 25th anniversary of Médicos del Mundo – Médecins du Monde Spain.

2. OUR ASSOCIATIVE DEVELOPMENT PROJECT

"We fight all diseases, including injustice"

A world where barriers to health have been overcome, where health is acknowledged as a fundamental right.

WHO WE ARE

Médicos del Mundo – Médecins du Monde Spain (MdM-ES) is an association made up of volunteers and activists from across different disciplines, united in their commitment to build a fairer world, where the right to health can be freely exercised[1] and all people's fundamental rights are fully respected.

We are independent from any political, religious or financial power or interest when it comes to choosing our programs and how we implement them.

We go beyond speaking out and rising up; we call upon public authorities to facilitate access to healthcare and promote respect for human rights.

We do not provide a service. Our goal is to influence policy-based decisions and relevant legislation in order to achieve better health protection for people and communities.

We are part of an International Network[2] comprising several MdM associations that share a vision, an identity and core values, while maintaining the diversity needed to act in their respective contexts.

HOW WE WORK

We strive to make the universal right to health a reality by adopting a human rights and gender approach through healthcare, denouncement, evidence, social mobilization and advocacy alongside excluded and vulnerable populations as well as victims of crises.

Supported by a strong International Network, we take on new challenges, which ensures continuity and consistency between the domestic and the foreign; among direct action, advocacy and social mobilization; and among emergency situations, post-emergency care and work in chronic and neglected humanitarian crises.

Our activities range in intensity and implementation according to the needs identified, the degree of existing rights violations and local capacities.

[1] Policy on Universal Right to Health.
[2] International Network.

We believe that sustainable change lies in empowering populations to shape their health and defend their rights, as protagonists of their own social setting. Our main objective is to accompany them in this process, helping to build their resilience and partnering with them at the project design, implementation and evaluation stages.

We make strides towards standardization and transparency in our work and its assessment, introducing research-oriented tools and developing innovative experiences that contribute to generating knowledge and improving health systems.

WHO WE WORK WITH

Civic engagement and volunteering are at the core of our associative model. This commitment ensures the quality of our actions, our independence and the reach of our advocacy efforts.

The associative life of Médicos del Mundo – Médecins du Monde Spain (MdM-ES) is characterized by the active participation of everyone involved in our projects. It is for this reason that we work in collaboration with local organizations and agencies, civil society movements and with institutions, prioritizing dialogue with the target people and communities.

Within the framework of the MdM International Network, we promote work in consortium and partnership with multiple stakeholders.

HOW WE ARE ORGANIZED

We follow a horizontal and participatory organization model; decisions fall to the State Assembly, which delegates responsibility to the Board of Directors.

The governing bodies are open and acknowledge stakeholders who are in some way involved in the decision-making process: regional office, headquarters and project staff; our partners; members of the International Network; affiliates; volunteers; donors and collaborating members; and, of course, all rights-holders.

The strength and relevance of our actions are measured by their impact on people's health and lives, and not by the amount of invested funds.

Our sustainability is based on the quality of our work, which is subject to ongoing assessment.

Our financial independence guarantees our ideological independence, which is why we permanently strive to diversify our sources of funding and strike a balance between public funding and private donations, encouraging civic contributions within a framework of ethical management and transparency.

To summarize:

We identify ourselves with an alternative humanitarian model that embraces the principles of health and social democracy.

This means we can guarantee freedom of expression and humanitarian ethics in everything we do, while participating in building active citizenship in defense of human rights to ensure that everyone has effective access to healthcare in their places of origin, transit and destination.

3. MISSION, VISION, PRINCIPLES AND VALUES

MdM is an independent, horizontal and multidisciplinary international humanitarian association made up of volunteers and workers united in their commitment to build a more just world.

MISSION

We strive to make the universal right to health a reality through healthcare, denouncement, evidence, social mobilization and advocacy alongside excluded populations, the vulnerable and victims of crises.

VISION

MdM contributes towards making the universal right to health real and effective within a human rights framework, focusing efforts on social change and comprehensive, public and universal healthcare that everyone can access.

PRINCIPLES

1. Humanitarian movement[3].
2. Human rights, equity, gender and intercultural approach[4].
3. Protecting and strengthening public and universal healthcare systems.
4. Empowering populations.
5. Commitment to people and communities whose right to health is being violated[5].
6. CContinuous consistency regarding healthcare, testimony, denouncement and advocacy.

VALUES

01. We believe that health is a universal human right.
02. We denounce inequality, injustice, abuse and the situations that prompt these outcomes.
03. We strive for equity.
04. We are an independent and critical association.
05. We are transparent and accountable.
06. We believe in relationships of equality and in active participation[6].
07. We embrace an ethical management approach.
08. We are a democratically governed association.
09. Our work is driven by quality, rigour and efficiency.
10. Our commitment to quality and ethics entails responsibilities with regard to environmental protection[7].
11. We are part of an International Network and we build alliances.

[3] MdM Humanitarian Action Policy.
[4] MdM Policy on the Universal Right to Health.
[5] Document on Rights-Holders and the Rights-based Approach.
[6] MdM Participation Policy.
[7] MdM Environmental Policy

4. CONTEXT

SOCIOPOLITICAL CONTEXT

We live in a world where a delicate balance prevails, characterized by economic, political and social instability and uncertainty. In addition, it looks like neoliberalism and consumption will continue to be the prevailing economic and social paradigm in the years to come.

Armed, ethnic and religious conflicts are rife and exclusionary nationalisms resurge. More and more governments are drawing up restrictive human rights policies, claiming them to be in the interest of global security.

Environmental degradation continues apace as well as its effects on human life. Technological and even medical advances are controlled by exclusive and expensive patents.

In this context, the value of joint political and social action loses weight when faced with the progressive increase in power exerted by large corporations. Projects including the European Union weaken. International agencies like the World Health Organization and the United Nations are questioned and discredited, as is the international humanitarian movement based on multilateral institutions.

Wealth is increasingly concentrated in the hands of a small elite. Inequity grows and with it tension between social classes, compounding the tension that already exists between rich and poor countries. As such, we are seeing the scope of excluded populations, vulnerable groups and victims of crises widen. Displaced people seeking refuge are joined by migration flows driven by poverty, climate change and inequality.

New violation areas are emerging, with a greater impact on children, people in an immigration situation, single-parent families and women, while at the same time traditional social networks weaken.

Faced with this magma of imbalances and the legitimacy crisis for traditional democracies, we are witnessing a recentralized shift in the role played by the citizenry via new forms of political and social participation, with social movements gaining in profile. New technologies enable us to share information at a speed and level of coverage never seen before, opening doors to novel ways of collaborating that oppose dominant ideologies and powers.

From this perspective, MdM must maintain a strong position, with the capacity to undertake impact-oriented projects that reinforce our ideology. It is vital that we consolidate the International Network as a true action-based movement on a continuum between the national and international, present in countries that have traditionally defended human rights as well as in those that continue to seriously violate said rights.

ECONOMIC CONTEXT

The economic landscape continues to be dominated by the global crisis, with a general trend towards the lack of funds for development cooperation, more funding needed for humanitarian action, States neglecting their duties and obligations, and incorporating foreign policy into trade policy.

In this context, MdM should reach out to as diverse a donor base as possible within a framework of ethical management. This means working in partnership, building networks and alliances involving multiple stakeholders committed to developing innovation-led projects within the International Network, and strengthening knowledge generation through operational research in the form of pilot projects.

HUMANITARIAN CONTEXT

Despite the dramatic increase in basic humanitarian needs among the world's population, we are seeing a decline in main stakeholders due to the quality and specialization demands of interventions. Not every organization is able to adapt to this environment and only those whose size and experience allows them to evolve will be in a position to continue operating.

The World Humanitarian Summit (Istanbul, 2016) marked a milestone in the history of humanitarianism. It was openly acknowledged that not only is it necessary to help in times of crisis, but it is also crucial to identify and tackle the underlying causes. It was also made clear that every person has an inalienable right to dignity under any circumstances. Moreover, human rights are no less significant or adaptable in emergency situations. Particular attention should be paid to protecting the most vulnerable, children, caring for women and girls who suffer the most from disaster and conflict, and protecting the right to education and health.

The strategic lines set out by MdM involve working directly with NGOs in impoverished countries, protecting people who work in the humanitarian sector, and clearly demanding that international humanitarian law is complied with for those people who find themselves forced to leave their place of origin.

However, despite the 1,500 commitments that emerged from the Summit, there was no clear commitment from the most influential governments (underrepresented at this gathering) that they would deliver on these promises. The political will necessary to put an end to conflict was not shown and nor did they manage to increase the investment required to address the causes.

On the other hand, there is a trend towards direct participation on the part of companies, armies and the governments themselves, linked to economic, political and geostrategic interests, regarding humanitarian intervention. These military, national and multinational interventions run the risk of exacerbating emergency situations and undermining humanitarian action. The independence and neutrality of the stakeholders operating in crisis areas should be guaranteed.

Creating multilateral health forces could end up partially overlapping the work done by NGOs engaged in health, but multilateral organizations present multiple determining factors for the success of these missions. In any event, working with the community, the spirit of our organization, cannot be replaced by any other protagonists.

It has become more and more necessary to join efforts and reach clearer and better defined consensual agreements regarding humanitarian action. It is essential to work with local organizations more actively, with accessibility, safety and resilience building perspectives in the communities.

MdM must therefore be a strong and consolidated organization when it comes to its mission of guaranteeing the right to health in international emergencies, standing out for its post-emergency work and its work in chronic and forgotten crises, where governments cannot take on their responsibilities.

THE RIGHT TO HEALTH

The right to health has suffered serious setbacks in recent years as a result of the financial crisis and budget cuts imposed by States.

Considering this situation, we must highlight the mobilization of broad segments of civil society against budget cuts and the health rights violations that have taken place of late. We have to ask ourselves why we have been unable to dispel the false notion that cuts in cooperation grants were needed in order to maintain the social protection system for Spanish citizens.

In addition, natural disasters, armed conflicts and restrictive policies under claims of security have heightened vulnerability among a significant part of the world's population. Thus, joining the many without access to essential services are communities faced with weakened, overcrowded and underfunded public services, as well as those who find themselves up against increasing obstacles when it comes to accessing standard care.

Meanwhile, the UN Sustainable Development Goals aspire to achieve universal health coverage and access to quality medical care where nobody is left behind. They are firmly committed to ensuring sexual and reproductive healthcare services for all and combating transmissible, chronic and neglected diseases. Some countries have made significant strides in strengthening their public health systems, increasing the coverage and quality of service provided.

MdM understands that the right to health is part and parcel of human rights law, and is therefore interrelated and universal. It is inherent to each and every person regardless of their place of birth, legal and administrative status, gender, age and race, "in transit" status and financial circumstances.

MdM defends the primary care approach as the cornerstone of universal, comprehensive and solidarity-based public healthcare systems. Primary care that encompasses the social determinants of health and participation among populations. MdM defends the value of universality under conditions of equality across all levels of care, based on availability, accessibility, quality and cultural appropriateness.

Given this situation, MdM needs to strengthen its capacity to protect the right to health by adopting an approach that ties in with its lines of action, at a state and global level and in terms of direct action, advocacy and social mobilization. A continuum based on activities that vary depending on the needs identified, the level of rights violations and the capacities of rights-holders to fulfil their responsibilities and obligations.

RIGHTS-BASED APPROACH TO HEALTH

Article 28 of the Universal Declaration of Human Rights states that "Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized". This represents a commitment from all States and/or the international community to adopt the necessary measures so that all people can fully exercise their rights in any economic, social or political situation.

MdM takes a human rights approach to its work, with interventions that involve different players. Here we are talking about rights-holders: all human beings; holders of obligations: State institutions and/or the international community; and holders of responsibilities: individuals, families, communities and social organizations.

This approach is aimed at the groups most at risk of discrimination, who not only have their rights violated but are also prevented from having their voices heard.

Regarding the right to health, and to successfully implement this approach, MdM will work at strengthening each and every holder capacities and demanding fulfillment of their obligations, and will help towards guaranteeing sustainability of the overall framework in cases where the State, as a holder of obligations, does not exist or lacks the capacity to take on its commitments.

THE ASSOCIATION AND ITS VOLUNTEERS

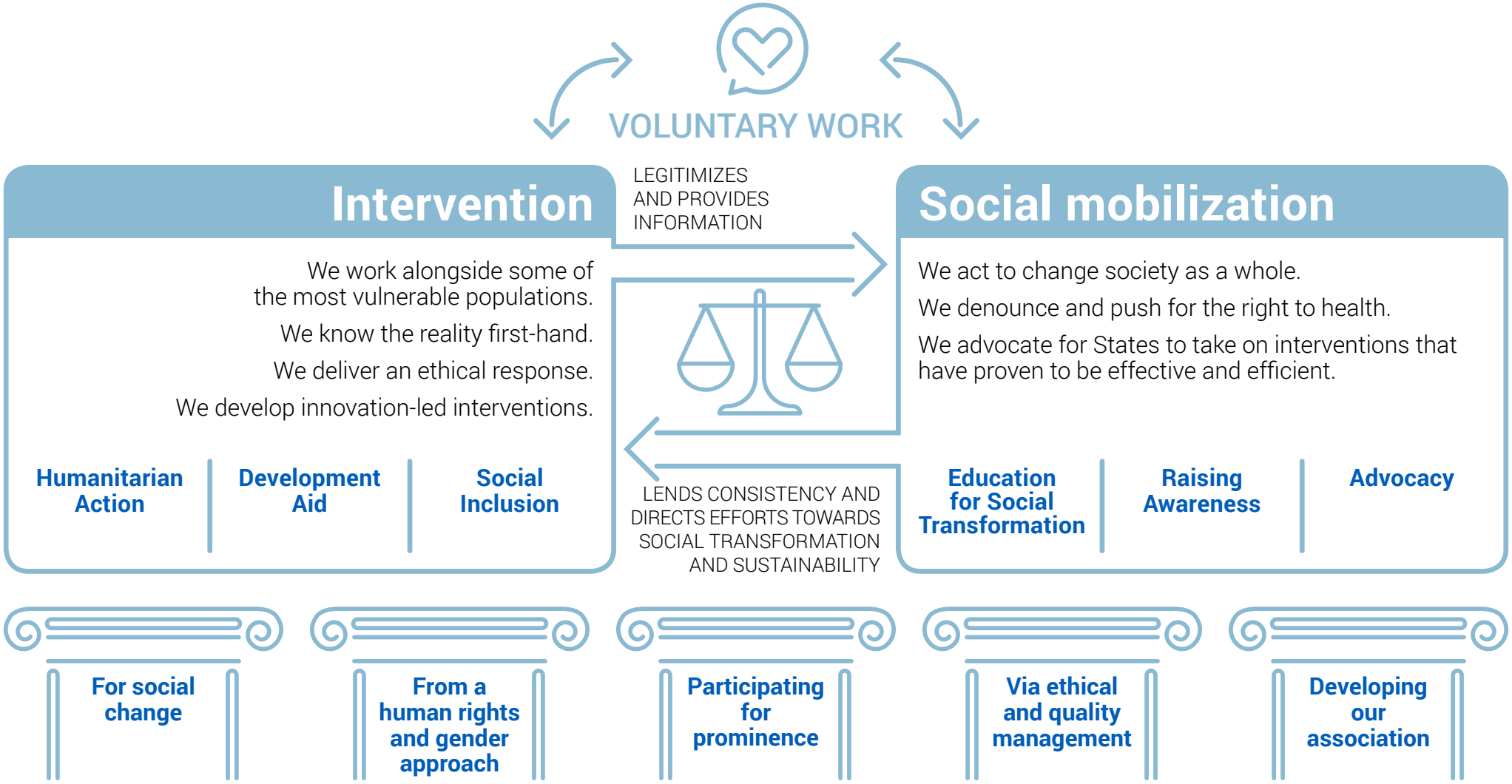
The increase in non-formal avenues for participation and the rise of social networking have paved the way for a different type of volunteer –organization relationship, far removed from the patterns observed over the last few decades, less influenced by a sense of belonging, and more linked to specific actions, at times even sporadic.

All this within a general framework of society where important socioeconomic factors fail to facilitate, or directly hinder, a move towards a fairer, more united society, and which actively contribute to the demobilization of some sectors of the population.

On the other hand, defending the right to health calls for leadership across different areas, not just those devoted to health. As such, there is a clear need for professionals across many disciplines, including the media and communications, law, education, sociology, philosophy and political science, to name a few.

MdM wants to build on its associative and voluntary dimension by involving rights-holders in its social transformation endeavors. To achieve this, we need to review and update our operating methods and organizational structure, welcome the diversity of profiles required, and adapt our forms of participation, allowing for varying degrees of involvement in specific projects in tune with the range of participants.

Our Association: Médicos del Mundo (MdM-ES)



5. WHAT WE DO, HOW WE DO IT AND WHY WE DO IT

COURSES OF ACTION

MdM-ES works on a whole range of lines of action ranging from health assistance to advocacy. In other words, MdM-ES carries out all those actions that are deemed necessary to make the right to health a reality for the people it works with. These actions should fall under a common framework and should feed off and strengthen one another. Thus, intervention legitimizes and provides information for social mobilization, the latter lending coherence and directing intervention efforts.

We must not forget that we are a voluntary association and that our job is to involve and accompany our social base, especially our members and volunteers, along these lines of intervention, seeking their active involvement to ultimately ensure the legitimacy of our association.

HUMANITARIAN ACTION

These are support interventions aimed at helping people affected by natural disasters, conflicts, epidemics and complex emergencies where we see overwhelmed local capacities. Besides ensuring the basic needs for respecting the right to health and life for affected populations, from the outset of any emergency we help to enhance resilience, reduce vulnerability and establish, by empowering the community, the necessary foundations for rehabilitation and development. We promote disaster risk reduction programs intended to prevent the impact and incidence of these disasters, exerting an influence upon healthcare system preparedness.

The crosscutting themes outlined in the current plan are also incorporated, with a particular emphasis on developing advocacy actions and encouraging intervention participation among the target populations.

DEVELOPMENT AID

Development aid intervention promotes primary healthcare from a public perspective, paying particular attention to and monitoring its social determinants and its potential violations as a right, demonstrating a clear commitment – and this cannot be emphasized enough – to delivering universal and comprehensive public health systems.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SOCIAL INCLUSION

The actions that MdM-ES carries out in the field of social inclusion are aimed at helping people at risk of or experiencing social exclusion access existing social and health services on the grounds of equity, adaptability, quality and availability, as well as encouraging the State to assume its responsibilities as a holders of obligations via networking and advocacy. Given that our intervention endeavors center around groups at risk of exclusion, we must continuously review the situation so as to be able us to respond to new social needs as and when they emerge.

EDUCATION FOR SOCIAL TRANSFORMATION

Education for Social Transformation (EST) is a commitment to fighting inequality and injustice. It is about promoting participation and fostering active citizenship based on human rights values. EST generates critical thinking that empowers people and encourages them to act conscientiously and responsibly towards society. It involves education through critical thinking that serves to build on the capacities of the social base and of rights-holders as players that contribute towards social transformation from a rights-based approach.

The education for social transformation initiatives that we plan to develop in the coming years will focus on the right to health and will cover different perspectives: formal and informal education, evidence, awareness raising and advocacy.

Research and analysis into the causes provide learning outcomes and evidence to help develop education for social transformation strategies.

RAISING AWARENESS

Through awareness raising, we want to see individuals and groups learn how to cast a critical eye over the causes of inequality and injustice.

The awareness-raising actions resulting from this Strategic Plan will be guided by the same principles, although different methods will be used. Our aim will always be to disseminate information about situations of inequality and health rights violations among society, as well as generate a critical awareness that lends support to our proposals for social change.

ADVOCACY

Here we promote actions that seek to have an impact on those people and institutions with the capacity to influence and make policy-based decisions through specific legislative, budget and structure creation proposals.

This is about politicians and heads of public administrations adopting measures and providing the necessary resources to not only put an end to health rights violations, but to support actions that promote and protect these rights.

6. ESTRATÉGIC LINES

6.1 SOCIAL CHANGE: WHAT WE DO

At MdM-ES we strive to achieve a shift in society that leads to eliminating the causes of health rights violations.

We understand that health is not just the absence of disease. Health is also conditioned by social, economic, cultural and environmental factors, the social determinants that underlie most health inequities.

In order to ensure that the right to health is a reality for all, it is necessary to contribute towards changing those social structures that create injustice and generate inequality. But it is also necessary to make a commitment to sustainable development and a "safe and secure life", free from violence of any kind and in a culture marked by peace and respect. As agents of social change and through all our interventions, we are actively involved in eliminating the rules, policies and practices that promote and bring about health rights violations.

MdM-ES has the task of developing actions consistent and in line with this principle of social change, where the circumstances warrant it, and that are adapted to each context. Social mobilization, evidence and the denouncement of health rights violations, together with healthcare, will be among the association's key strategies.

Our organization cannot achieve these changes by working alone. It is imperative that we partner with other organizations and participate in networks that share our vision. From this perspective, it is especially important that we enhance our networking activities, particularly within the MdM International Network.

MdM-ES, as an association, will involve its social base, especially members and volunteers, in social change activism.

Through its intervention efforts, MdM-ES is helping shape a more just, sustainable and safer society and world where health rights violations no longer exist.

6.1 SOCIAL CHANGE: WHAT WE DO

Our work in this area includes…

- Helping to strengthen public health systems in a way that caters to the working context as we move towards universal, comprehensive and solidarity-based care.
- Fostering intervention strategies that promote health: public health, environmental health and a culture of healthy and sustainable living.
- Establishing a "scaling" of activities from a human rights and gender approach according to the context, the needs of the population and the capacities of holders of responsibilities and obligations.
- Working on social change in an integrated manner based on our social mobilization strategies: raising awareness, education for social transformation, advocacy and research.
- Strengthening the most vulnerable populations' capacities for action to make the right to health a reality.
- Networking with other organizations that share our values, including local actors and social movements.
- Consolidating synergies with the MdM International Network to achieve greater capacity for intervention and impact.
- Contributing to promoting critical and activist citizenship for social transformation, also from our social base.
- Developing intervention strategies by taking a comprehensive approach in line with our principles in conflicts, disasters and complex emergencies, which help to ensure the right to health and life for affected populations, and enhancing their resilience.
- Developing intervention strategies in contexts of violence, using a human rights and gender approach geared towards social transformation.

6.2 HUMAN RIGHTS AND GENDER: OUR APPROACH

We understand that each and every person is a rights-holder and that social, economic, cultural and racial structures are what determine inequalities; in other words, the unjust and avoidable differences in people's health.

The human rights approach helps us to analyze the inequalities that lie at the heart of development and health issues, makes us question the structural causes behind these problems, and guides us on how to redress discriminatory practice and unjust distributions of power that hinder health rights progress.

MdM-ES understands that the human rights and gender approach considers the person a rights-holder and views the State as being responsible for ensuring that this is exercised within an equal opportunities framework. As such, our actions demonstrate a commitment to protecting these rights in the fight against poverty and health inequalities on the grounds of gender, social class, age, race and region.

In our work, we have encountered States which, for various reasons, are unable to assume the responsibilities that fall to them when it comes to protecting their people's right to health. In these cases, we acknowledge that it is the multilateral agencies and, failing that, the holders of responsibilities who will temporarily take on these responsibilities.

From this perspective, MdM-ES believes that health is socially determined and that gender, being a social construct, gives rise to inequality. In other words, the conditions in which men and women are born, grow, live, work and age, the healthcare system included, determine their health. These life circumstances are often the result of unequal and unjust distributions of power and resources.

For this reason, the projects carried out by MdM-ES seek to include both men and women under equal conditions and help towards their empowerment process as a strategy that guarantees their access to health, addressing the determinants within a broader framework of human rights that the States are obliged to guarantee.

MdM-ES will have succeeded in its commitment, and that of the whole organization, to protect human rights, the gender perspective and the analysis of health inequities as a means to achieve equity in this area.

MdM-ES will have helped in the fight against gender inequality which exists the world over.

6.2 HUMAN RIGHTS AND GENDER: OUR APPROACH

Our work in this area includes…

- Adopting a holistic approach with people, organizations, institutions and their environments.
- Working towards transforming relations of domination, focusing on their structural causes.
- Using the conceptual frameworks and categories of analysis inherent to the human rights and gender approach across all activities and in MdM-ES area of governance.
- Participating in the empowerment process of rights-holders, taking into account the gender perspective and the gaps in knowledge, meanings and practices.
- Incorporating leadership and conflict resolution models based on gender and intercultural approaches.
- Monitoring and denouncing inequalities and situations that threaten human rights, on the basis of rigorously gathered and verified testimonies and evidence.

6.3 PARTICIPATING FOR PROTAGONISM: WITH WHOM AND FOR WHO

Promoting the right to health involves encouraging people and communities to formally and informally participate in decision-making processes that affect their health, including its determinants.

Health participation is both a means and a tool by which to enhance communities' and civil society's intervention capacity regarding their health status and living conditions. As a key element of the right to health, participation should strive to ensure that all individuals and groups become involved in making decisions about public policies in this area.

MdM-ES defends the value of participation, understood as the legitimate right of all people and populations we work with to play an active role in managing their own health and in decisions that affect them.

The Ottawa Charter (WHO, 1986) outlines the following components under health promotion: empowerment, social participation and intersectoral collaboration. It also highlights the importance of concrete, effective action by communities, from defining priorities through to implementing them. As for civil society, its genuine participation represents an effective mechanism for bringing about change in health inequalities and thus ensuring responsibility for health and health equity.

The Alma-Ata Conference (1978) declared that primary healthcare "requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary healthcare, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate."

We therefore acknowledge that the people we serve are rights-holders and that it is up to us to raise their awareness and collaborate with them, as well as with responsibility-bearing organizations. We must work accordingly, so that the holders of obligations guarantee the effective exercise of these rights.

Active participation drives forward ownership and empowerment among rights-holders in the development processes they find themselves involved in, helping to enhance their prominent status. Participation can therefore help rights-holders become capable of demanding and exercising these rights up against holders of obligations and build a civil society able to demand a real accountability system.

6.3 PARTICIPATING FOR PROTAGONISM: WITH WHOM AND FOR WHO

Our work in this area includes…

- Supporting holders of obligations in realizing the right to health and in building better governance that tends towards greater health equity.
- Encouraging organizations in civil society to participate in the design of public health policies.
- Promoting the inclusion of other sectors besides the health sector to ultimately engage them in a multisectoral approach.
- Creating opportunities for monitoring and evaluation and for addressing accountability with regards to the implementation of public health policies.
- Encouraging community-based and social initiatives to drive forward participation in the health field: health committees, associations, etc.
- Introducing an anthropological approach in the policy, strategy and operational papers of MdM-ES.
- Devising tools to incorporate the anthropological approach when diagnosing, implementing and evaluating our actions.
- Fostering intercultural dialogue as a way of encouraging communities and civil society to shape their own health.
- Undertaking empowerment processes with rights-holders, groups and communities that face greater health inequalities.
- Studying the factors that condition participation and acting upon them.

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6.4 ETHICAL AND QUALITY MANAGEMENT: HOW WE MANAGE OUR ORGANIZATION

Our commitment to ethics and quality prompts us to view our organization as a community of people united behind a common project, assuming responsibilities that range from creating codes of ethics to developing and implementing quality policies and recognized total quality management models.

In our commitment to ethical management, we adopt the social sector's ethical recommendations, which cover three areas: people, organizations and society.

The association's own work, in all its wealth and complexity, needs to embrace an evaluative culture that will enable us to keep on learning and creating continual improvement processes, quantitative as well as qualitative, from the perspectives of rights-holders and holders of responsibilities and obligations.

We define continual improvement, transparency and accountability as drivers of trust and credibility. In short, an exercise in responsibility. We want everyone to know what it is we do, how we do it, who we are and how we work.

For us to fulfil our mission, we aspire to the association's sustainability as long as people and populations see their health rights being violated.

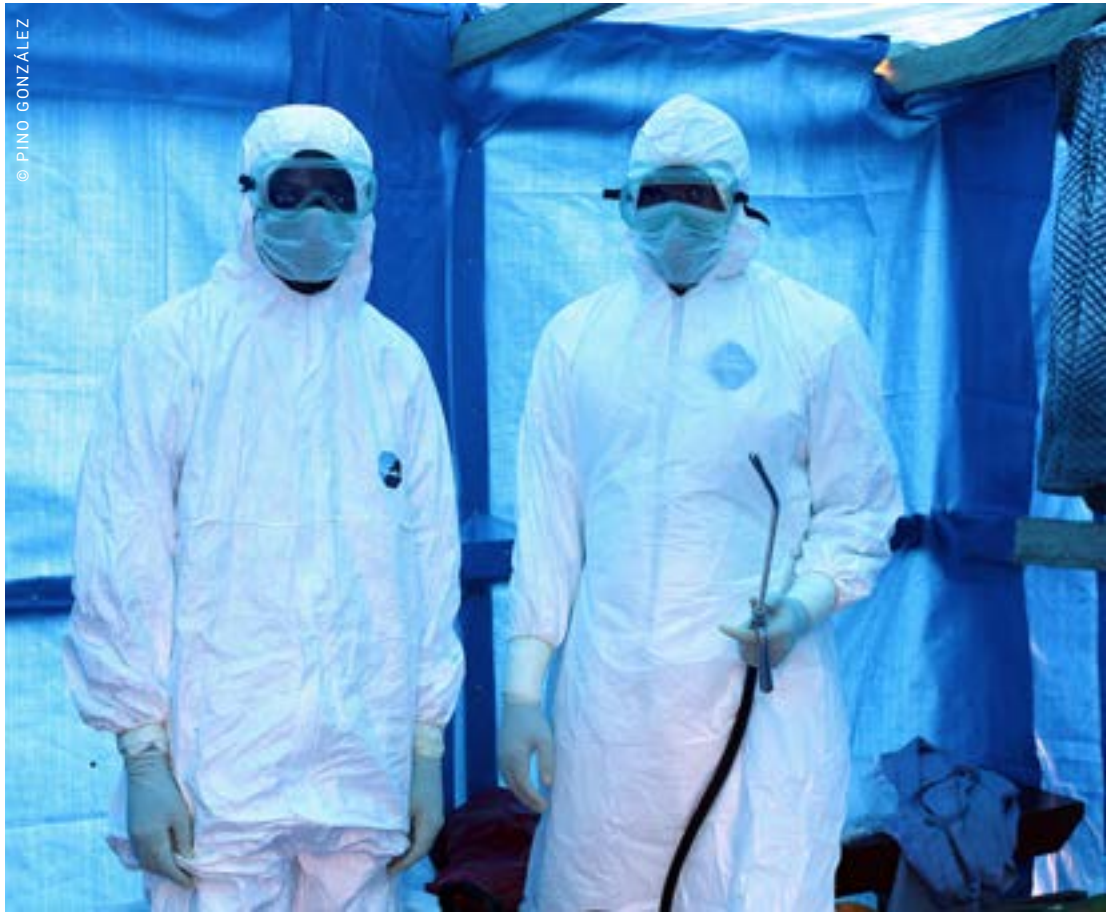
What is more, MdM-ES, aware of the importance that environmental protection has on present and future generations, commits itself to using resources efficiently, minimizing waste generated, preventing pollution and promoting sustainable environmental management across its activities. MdM-ES has decided to incorporate environmental management into its activities in accordance with the criteria set out in the organization's environmental policies.

To be an organization that leads the way in developing ethically driven, quality interventions that defend the right to health, achieving accreditation and external recognition.

6.4 ETHICAL AND QUALITY MANAGEMENT: HOW WE MANAGE THINGS

Our work in this area includes…

- Using updated, evidence-based and quality-driven technical and scientific standards.
- Working with methodologies that allow us to measure the quantitative and qualitative impact in all our programs and establishing continual quality improvement cycles.
- Building trust and effectively communicating our commitment by exhibiting a way of being and acting that seeks excellence through our interventions.
- Striving to improve our capacity to adapt to the demands of social intervention as they arise.
- Improving the capacity for social transformation and impact based on the outcomes of our projects and interventions.
- Ensuring behaviors and interventions underpinned by the codes of ethics defined by the association.
- Maintaining our economic independence by diversifying our sources of funding.
- Operating under a health and environment approach by taking into account the "footprint" of our interventions and contributing towards sustainable development that ensures a healthy life.
- Driving forward and developing tools to ensure a culture of learning, innovation and knowledge generation across the association.
- Involving all areas of the association – partners, workers, volunteers, rights-holders – in defining the strategies and objectives and in measuring outcomes.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6.5 GOVERNANCE AND ASSOCIATIVE DEVELOPMENT: HOW WE ARE ORGANIZED

Governance can be understood as the mechanisms, processes and rules through which political, economic and organizational authority is exercised within our association. The people who make up the organization's political bodies, besides being fully-fledged members, should also form part of its volunteer and activist base.

Our definition of associative development has two parts. First, it involves improving the internal journey of the people who are already part of MdM-ES: members, volunteers and loyal donors; the staff that work at our headquarters and in the regional offices; and those who collaborate with our association on international projects. Second, it involves building the capacities to be able to communicate our message clearly and to enhance this social base committed to our principles.

A broad social base contributes to the impact of our projects and to the dissemination of our principles. We must ensure that the channels and mechanisms that enable our social base to participate in making decisions deemed most relevant to the association function properly, doing so in a transparent manner.

Good governance should result in an effective and efficient association that is assured by complying with this Strategic Plan. The governance of MdM-ES should be aligned with that of the International Network, and participation should be approached constructively.

MdM-ES should promote the integration and development of members and volunteers showing critical awareness and a commitment to social change to help eliminate the causes and consequences of health rights violations and focused on building more just societies.

The association should serve as a platform for professional development that motivates and encourages workers to seek out opportunities where they can put their best capacities at the service of social change.

To provide good governance to the association, which ensures that decisions are made in a transparent, swift, participatory and consensual manner.

Our governance will seek to involve MdM-ES associative and volunteer base, as well as its workers, in order to achieve the objectives set out in the Strategic Plan and to help suitably develop the International Network.

6.5 GOVERNANCE AND ASSOCIATIVE DEVELOPMENT: HOW WE ARE ORGANIZED

Our work in this area includes…

- Reviewing the decision-making process to make it simpler and more agile and, while keeping transparency and participation, clearly defining the levels of responsibility according to the role within the association.
- Defining, implementing and monitoring the internal communications strategy.
- Strengthening the link and relationship with the International Network and playing an active role in its governance.
- Consolidating MdM-ES as an organisation governed by a participatory democratic system where majority decisions taken in the governing bodies elected by the organisation are respected.
- Promoting information and training as key aspects in the creation of a critical social base geared towards social change.
- Creating a mainstreaming strategy for our social base made up of vulnerable rights-holders.
- Fostering multidisciplinary capacities among members and volunteers as well as hired staff.
- Driving forward the associative developmental model at a national and regional level and particularly supporting the international arena.
- Establishing the necessary measures to improve the work climate across all areas of MdM-ES.
- Promoting professional career development and training.
- Striving to achieve collaborative work and analyzing best practices among technical teams, volunteers and government bodies attached to the association.
- Encouraging worker involvement in the association's mission

7. OBJECTIVES AND INDICATORS

1. SOCIAL CHANGE

GENERAL OBJECTIVE 1.1
TO PARTICIPATE IN BUILDING AN ACTIVE AND CRITICAL GLOBAL CITIZENRY INVOLVED IN PROTECTING THE RIGHT TO HEALTH

SPECIFIC OBJECTIVE 1.1.1

TO MOBILIZE AND RAISE AWARENESS AMONG CIVIL SOCIETY AND OUR SOCIAL BASE BY DEVELOPING A SOCIAL CHANGE STRATEGY THAT ANALYZES THE CAUSES BEHIND HEALTH RIGHTS VIOLATIONS

INDICATORS 1.1.2

- Strategy geared towards social change drawn up during the first two years of the Plan, with development plans across the different areas and participation by regional offices.
- 100% of projects and campaigns, incorporating the proposed social change approach, carried out upon strategy approval.
- At least a percentage of the campaigns' spokespeople are rights-holders.
- Citizen mobilization and awareness-raising actions, revolving around the interventions staged within the organization, developed by voluntary groups.
- Number of initiatives geared towards social change and defined in the Strategy developed alongside political parties, influential audiences and public institutions.
- Changes in attitude and behavior among civil society identified in a percentage of projects upon Plan completion, through research and an evaluation system that enables social change action adaptation.
- Number of joint manifestos and statements with other organizations drawn up and a number of campaign signatures collected in line with the objectives set out in the Strategy.

SPECIFIC OBJECTIVE 1.1.2

TO HIGHLIGHT AND DENOUNCE THE SITUATIONS THAT VULNERABLE POPULATIONS FACE BY DIRECTING EXTERNAL COMMUNICATION TOWARDS SOCIAL CHANGE

INDICATORS 1.1.2

- Communications Plan defined (or reviewed) based on the social change Strategy during the first two years of the Plan.
- At least a percentage of the country and project, social inclusion and office coordinators as well as communications and advocacy volunteers trained in how to communicate MdM-ES mission and vision to an outside audience.
- Percentage of people involved in external communications consider that MdM-ES external communications are directed at explaining the structural causes behind the problems underlying the interventions undertaken by the organization and reach new relevant audiences.
- Percentage increase in the impact of our communications that raise awareness of and denounce the situations that vulnerable populations face: appearing in the media, on social networks, etc.

1. SOCIAL CHANGE

GENERAL OBJECTIVE 1.2
TO HELP MAKE THE RIGHT TO HEALTH A REALITY FOR THE MOST VULNERABLE POPULATIONS

SPECIFIC OBJECTIVE 1.2.1

TO DEVELOP INTERVENTION PROJECTS PROMOTING INNOVATION TOWARDS SOCIAL CHANGE, WHICH HELP TO ENSURE THE RIGHT TO HEALTH AMONG THE MOST VULBERABLE, WITH AN EYE TO THEIR SUSTAINABILITY

INDICATORS 1.2.1

- Innovation towards social change criteria defined in our projects and incorporated into the intervention strategies, models and plans across the different areas during the first two years of the Plan.
- Sustainability criteria defined in our projects during the first two years of the Plan, enabling transfer to holders of obligations and project continuity.
- At least a percentage of projects providing outcomes on enjoying the right to health for the most vulnerable population.
- Intervention models across all areas revised to include the innovation-based criteria geared towards social change.
- At least a percentage of projects include innovation-based criteria relating to the defined criteria.
- Percentage increase in number of projects with sustainable outcomes upon completion of the implementation period.
- Percentage of "key" projects met the social change objectives proposed in the Strategy upon Plan completion.

1. SOCIAL CHANGE

GENERAL OBJECTIVE 1.3
TO DEVELOP MEANINGFUL COLLABORATION INITIATIVES (VIA STRATEGIC ALLIANCES AND NETWORK AND PLATFORM PARTICIPATION) THAT EFFECTIVELY CONTRIBUTE TO ENSURING THE RIGHT TO HEALTH

SPECIFIC OBJECTIVE 1.3.1

TO DEVELOP A COLLABORATION STRATEGY THROUGH ALLIANCES AND NETWORKS THAT INCLUDES REGULAR MONITORING AND EVALUATION

INDICATORS1.3.1

- Participation strategy towards social change involving alliances and networks defined during the first two years of the Plan and an evaluation system to monitor and measure the impact of our participation on networks and platforms established.
- Number of network participation actions developed in every field/office in accordance with the defined strategy, including social base participation.
- The perception of contributing or being able to contribute effectively to the right to health in at least a percentage of the networks in which we participate.

2. HUMAN RIGHTS AND GENDER

GENERAL OBJECTIVE 2.1
TO ENSURE THAT THE STRUCTURE, MANAGEMENT AND RELATIONAL CULTURE OF MDM INCORPORATES HUMAN RIGHTS AND GENDER APPROACHES INTO ITS PRACTICE (INTERNAL)

SPECIFIC OBJECTIVE 2.1.1

TO IMPLEMENT A CONTINUOUS TRAINING PLAN ADAPTED TO THE DIFFERENT KNOWLEDGE LEVELS THAT HELPS EVERYONE DEVELOP ATTITUDES, KNOWLEDGE AND SKILLS IN THE HUMAN RIGHTS AND GENDER APPROACHES

INDICATORS 2.1.1

- Conceptual frameworks MdM wishes to use to incorporate the human rights and gender approaches Identified and drawn up during the first two years of the Plan.
- Multilevel training plan drawn up following needs identification, including objectives aimed at improving attitudes, skills and knowledge regarding human rights and gender.
- Percentage of focal points and benchmarks play a role in implementing the Training Plan and in resolving issues relating to human rights and gender.
- Percentage of people within the organization trained in human rights and gender.
- Percentage of participants acknowledge positive changes in attitude, skills and knowledge concerning human rights and gender.
- Percentage of people involved in project management know the conceptual frameworks and use them as reference.

SPECIFIC OBJECTIVE 2.1.2

TO ENSURE CONTINUED DEVELOPMENT OF THE EQUALITY PLAN FROM ITS THREE PERSPECTIVES: THEORETICAL, METHODOLOGICAL AND POLITICAL

INDICATORS 2.1.2

- MdM-ES Second Equality Plan approved during the first year of the Plan.
- Monitoring of Second Equality Plan conducted by the Steering Committee at least every quarter and by the Full Board of Directors every year of the Plan.
- At least a number of the actions programmed in the Second Equality Plan carried out.

2. HUMAN RIGHTS AND GENDER

GENERAL OBJECTIVE 2.2
TO ENSURE THAT ALL MDM INTERVENTIONS EFFECTIVELY INCORPORATE THE HUMAN RIGHTS AND GENDER APPROACHES IN EFFORTS TO ATTAIN EQUITY (EXTERNAL)

SPECIFIC OBJECTIVE 2.2.1
TO EFFECTIVELY DEVELOP, INCORPORATE AND PROVIDE TRAINING IN ANALYSIS, DIAGNOSIS, MONITORING AND EVALUATION TOOLS USED FOR MANAGING HUMAN RIGHTS AND GENDER INTERVENTIONS (TO INCORPORATE THE HUMAN RIGHTS AND GENDER APPROACH INTO ITS ACTIONS)

INDICATORS 2.2.1

- Tools to incorporate the human rights and gender approach into MdM interventions drawn up and reviewed following needs analysis.
- At least a percentage of people involved in project management trained in tools that allow interventions to incorporate the human rights and gender approach.
- At least a percentage of projects include data disaggregation, which enables an intersectionality approach (at least by age, gender, ethnicity and race).
- Percentage increase in project counterparts and advocacy actions by organizations promoting and defending human rights, the right to health and the rights of LGBTI groups and women.
- At least a percentage of project participants use the tools and consider them useful.
- At least a percentage of projects incorporate the human rights and gender approach in accordance with the tools developed or reviewed for this purpose.

SPECIFIC OBJECTIVE 2.2.2
TO REINFORCE EMPOWERMENT ACTIONS WITH AN EXPLICIT GENDER PERSPECTIVE

INDICATORS 2.2.2

- At least a percentage of projects incorporate empowerment actions with a gender perspective among rights-holders in any one of the dimensions.
- Percentage of rights-holders participating in empowerment actions in the defined key projects show improvement in any one of the dimensions.

3. PARTICIPATING FOR PROMINENCE

GENERAL OBJECTIVE 3.1
TO PROMOTE PROMINENCE AMONG THE MOST VULNERABLE POPULATIONS IN DEFENDING THEIR RIGHT TO HEALTH

SPECIFIC OBJECTIVE 3.1.1
TO ENABLE RIGHTS-HOLDERS TO BECOME PROTAGONISTS IN THE IDENTIFICATION, DEVELOPMENT, IMPLEMENTATION, MONITORING AND EVALUATION PROCESSES OF MDM-ES INTERVENTIONS

INDICATORS 3.1.1

- Multidisciplinary and interdepartmental focus group on participation and participatory methodologies set up during the first year of the Plan.
- Framework document defining what MdM regards as participatory methodologies drawn up during the first two years of the Plan.
- Percentage of new state and regional projects/programs and percentage of new projects/programs at an international level involve rights-holders in the identification and development stages.
- Percentage of state and regional projects and percentage of projects at an international level involve rights-holders in the implementation stage.
- Percentage of state and regional projects and percentage of projects at an international level involve rights-holders in the monitoring and evaluation stages.
- Percentage of awareness-raising projects and/or actions based on rights-holder testimonies.

SPECIFIC OBJECTIVE 3.1.2
TO ENSURE KNOWLEDGE AND USE OF PARTICIPATORY METHODOLOGIES ACROSS ALL INTERVENTION STAGES

INDICATORS 3.1.2

- Training plan on participatory methodologies drawn up during the first two years of the Plan.
- Percentage of all staff directly involved in the intervention (at state, regional and international levels) trained in participatory methodologies.
- Percentage of developed projects/programs incorporate effective and evaluable participatory methodologies.

SPECIFIC OBJECTIVE 3.1.3
TO HELP IMPROVE THE CAPACITIES (MOTIVATION, AUTONOMY, SKILLS AND KNOWLEDGE REGARDING THE RIGHT TO HEALTH) OF RIGHTS-HOLDERS SO THEY CAN PARTICIPATE EFFECTIVELY IN CIVIL SOCIETY

INDICATORS 3.1.3

- Percentage of our actions and/or training with rights-holders include content aimed at enhancing their empowerment (right to health, gender approach, leadership, autonomy, sexual and reproductive rights, etc.).
- Percentage of rights-holders participate in advocacy actions (disaggregated baseline by context/project type).
- Percentage increase in rights-holders who, after having required MdM intervention, are capable of autonomously exercising actions to claim their right to health in at least 1 pilot project at a state and international level.

3. PARTICIPATING FOR PROMINENCE

GENERAL OBJECTIVE 3.2
TO STRENGTHEN THE CAPACITIES OF CIVIL SOCIETY ORGANIZATIONS SO THEY CAN PARTICIPATE IN DEVELOPMENT AND HEALTH POLICIES

SPECIFIC OBJECTIVE 3.2.1

TO PROMOTE CLOSER RELATIONS AND THE INVOLMENT OF RIGHTS- HOLDERS IN ASSOCIATIVE GROUPS DEFENDING THE RIGHT TO HEALTH

INDICATOR 3.2.1

- Percentage increase in associations/networks/associative spaces defending the right to health, with the participation of right-holders we have intervened with.

SPECIFIC OBJECTIVE 3.2.2

TO DEMAND, ALONGSIDE RESPONSIBILITY-BEARING ASSOCIATIONS, PUBLIC PARTICIPATORY POLICIES AS WELL AS EFFECTIVE AND SHARED PARTICIPATORY SPACES THAT ENSURE THE RIGHT TO HEALTH

INDICATOR 3.2.2

- A percentage of our in-country missions and regional offices seek to demand participatory public policies via networking.

3. PARTICIPATING FOR PROMINENCE

GENERAL OBJECTIVE 3.3
TO INCORPORATE THE ANTHROPOLOGICAL APPROACH ACROSS ALL LEVELS OF THE ORGANIZATION

SPECIFIC OBJECTIVE 3.3.1
TO FOSTER INTERCULTURAL DIALOGUE AS A WAY OF ENCOURAGING COMMUNITIES AND CIVIL SOCIETY TO SHAPE THEIR OWN HEALTH

INDICATORS 3.3.1

- Focus group with intercultural expertise set up during the first year of the Plan, offering strategic support, promoting, and monitoring the implementation process of the anthropological approach at MdM-ES.
- At least one training plan in intercultural communication carried out in each area and regional offices.
- At least two new projects centered on intercultural health in the health systems field (state, regional and/or international level) carried out, aimed at incorporating the cultural approach into health-related services and programs offered to the population.

SPECIFIC OBJECTIVE 3.3.2
TO INCLUDE THE ANTHROPOLOGICAL APPROACH IN THE POLICY, STRATEGY AND OPERATIONAL PAPERS

INDICATORS 3.3.2

- Anthropological approach at MdM-ES and its implementation guidelines defined during the first two years of the Plan.
- Percentage of volunteer and technical staff (state, regional and international level) trained in the anthropological approach.
- A percentage of people directly involved in project management (state, regional and international level) trained in how to incorporate the anthropological approach into projects.
- A percentage of policy, strategy and operational papers incorporate the anthropological approach.
- At least one protocol for culturally appropriate interventions drawn up and at least one best intercultural practices care model developed.

SPECIFIC OBJECTIVE 3.3.3
TO INCORPORATE THE ANTHROPOLOGICAL APPROACH WHEN DIAGNOSING, IMPLEMENTING AND EVALUATING OUR ACTIONS

INDICATORS 3.3.3

- Implementation Guide on the anthropological approach adapted to the different areas of the association drawn up during the first two years of the Plan.
- A percentage of regional offices and of teams at the international level design projects and actions based on participatory appraisals that reflect the social and cultural reality of rights-holders.
- A percentage of new projects and of continuing projects incorporate the anthropological approach across all project cycles (diagnosis, implementation, monitoring, evaluation).

4. ETHICAL AND QUALITY MANAGEMENT

GENERAL OBJECTIVE 4.1
TO DEVELOP AN ETHICAL MANAGEMENT CULTURE THAT ENSURES THE CROSS-CUTTING OF PRINCIPLES AND VALUES THROUGHOUT THE ORGANIZATION

SPECIFIC OBJECTIVE 4.1.1

TO DEVELOP AN ETHICAL MANAGEMENT MODEL FOR THE ENTIRE ORGANIZATION

INDICATORS 4.1.1

- Needs identified and an ethical management model that incorporates the principles and values of the organization defined during the first two years of the Plan.
- A percentage of project managers know and apply the principles and values consistent with the defined ethical management model by the end of the Plan.

SPECIFIC OBJECTIVE 4.1.2

TO ENSURE THAT SOURCES OF FUNDING ALIGN WITH OUR ETHICAL PRINCIPLES AND VALUES, IDENTIFYING THE ELEMENTS THAT MAY BE INCOMPATIBLE WITH THEM

INDICATORS 4.1.2

- Framework for public funding that includes ethical criteria defined during the first two years of the Plan.
- After framework approval, 100% of public donors we work with adapt to our ethical principles.
- Collaboration framework with companies applied to all financial decisions over the Strategic Plan period.

SPECIFIC OBJECTIVE 4.1.3

TO ENSURE THAT MDM IS RECOGNIZED EXTERNALLY, ON BOTH A NATIONAL AND INTERNATIONAL LEVEL, FOR ITS ETHICAL MANAGEMENT CULTURE

INDICATORS 4.1.3

- MdM-ES externally accredited in ethical management upon Plan completion.

4. ETHICAL AND QUALITY MANAGEMENT

GENERAL OBJECTIVE 4.2
TO INTRODUCE A TOTAL QUALITY MANAGEMENT MODEL BASED ON MDM-ES PRINCIPLES, VALUES AND APPROACHES

SPECIFIC OBJECTIVE 4.2.1
TO ENSURE THAT MÉDICOS DEL MUNDO IS RECOGNIZED EXTERNALLY, ON BOTH A NATIONAL AND INTERNATIONAL LEVEL, AS AN ORGANIZATION OF EXCELLENCE

INDICATORS 4.2.1

- Training and self-evaluation of the organization carried out during the first year of the Plan.
- Quality management accreditation model selected during the first year of the Plan.
- Accreditations in recognition of the chosen model obtained upon Plan completion.
- A percentage of stakeholder satisfaction regarding quality management at MdM-ES reached upon Plan completion.

SPECIFIC OBJECTIVE 4.2.2
TO ESTABLISH EVIDENCE-BASED, BASIC QUALITY STANDARDS ACROSS ALL AREAS

INDICATORS 4.2.2

- Quality standard indicators across intervention areas defined (Humanitarian Action; International Operations Programs; State and Regional Programs; Associative Development), allowing us to measure the efficiency and effectiveness of our mission.
- Percentage of projects meet the defined quality standards.

SPECIFIC OBJECTIVE 4.2.3
TO DEVELOP A KNOWLEDGE MANAGEMENT MODEL THAT ENSURES LEARNING IN THE ORGANIZATION, ENHANCING ITS CAPACITY TO RESOLVE ISSUES AND CONTRIBUTING TO ITS SUSTAINABILITY

INDICATORS 4.2.3

- Knowledge management model designed during the first two years of the Plan.
- Knowledge management process covering criteria, responsibilities and tools established by the end of the second year of the Plan.
- At least a percentage of people in the organization believe that knowledge management has improved and has contributed to learning and quality improvement.

SPECIFIC OBJECTIVE 4.2.4
TO DEVELOP A PEOPLE MANAGEMENT MODEL BASED ON TRAINING AND PERSONAL, INTELLECTUAL AND PROFESSIONAL GROWTH

INDICATORS 4.2.4

- People management model that includes these criteria (training, personal and professional growth) defined during the first two years of the Plan.
- People management adapted in accordance with all criteria outlined in this model (policies, processes and procedures).
- A percentage of hired workers better trained for personal and professional growth thanks to MdM-ES people management.
- A percentage of hired workers report increased satisfaction with the organization's human resource development.

4. ETHICAL AND QUALITY MANAGEMENT

GENERAL OBJECTIVE 4.3

TO ENSURE ECONOMIC SUSTAINABILITY, INDEPENDENCE AND AUTONOMY FOR OUR ASSOCIATION AND TO CONTRIBUTE TOWARDS ENVIRONMENTAL SUSTAINABILITY

SPECIFIC OBJECTIVE 4.3.1

TO ENHANCE THE ASSOCIATION'S AUTONOMY AND INDEPENDENCE, INCREASING INCOME AND DIVERSIFYING SOURCES OF FUNDING (INCLUDING PUBLIC AND PRIVATE)

INDICATORS 4.3.1

- Sustainable rate of growth in private funding of at least 3% per annum.
- Stable funding (regular donations) ratio of at least 60% in private versus non-stable fundraising (one-off donations) maintained over the Plan period.
- At least a 2% yearly growth in number of active donors maintained.
- Increase in number of international financial backers.
- No financial backer accounts for more than 40% of the organization's total revenue.
- Cash ratio that stands at 6 months over the Plan period.
- Monthly budget monitoring by unit and department under the supervision of the Steering Committee and Board of Directors.

SPECIFIC OBJECTIVE 4.3.2

TO CONTRIBUTE TOWARDS ENVIRONMENTAL SUSTAINABILITY AND PROTECTION, REDUCING THE IMPACT ("ZERO FOOTPRINT") OF OUR ACTIVITIES BY APPLYING MDM-ES ENVIRONMENTAL POLICY AND MDM-ES' BEST PRACTICES MANUAL

INDICATORS 4.3.2

- Measuring and reduction system introduced across our interventions (zero footprint) during the first year of the Plan.
- Effective reduction of our environmental impact or some type of impact compensation system established.

SPECIFIC OBJECTIVE 4.3.3

TO INCORPORATE THE ENVIRONMENTAL APPROACH INTO OUR MISSION (PROJECTS) THROUGH RAISING AWARENESS, TRAINING AND THE APPLICATON OF INDUSTRY-RECOGNIZED TOOLS (AIMED AT MDM EMPLOYEES AND RIGHTS-HOLDERS)

INDICATORS 4.3.3

- A percentage of people at the organization trained in the environmental approach.
- A percentage of project managers trained in order to incorporate the environmental approach into projects.
- A percentage of projects designed taking into account the environmental approach.

5. GOVERNANCE AND ASSOCIATIVE DEVELOPMENT

GENERAL OBJECTIVE 5.1

TO IMPROVE THE ASSOCIATION'S GOVERNANCE AND ITS INTERNAL COMMUNICATION PROCESSES USING A MODEL THAT ENCOURAGES PARTICIPATION, TEAM WORK, RIGOUR AND TRANSPARENCY IN ORDER TO MEET THE MISSION'S AIMS

SPECIFIC OBJECTIVE 5.1.1

TO ENSURE THAT RESPONSIBILITIES AND DECISION-MAKING ACTIONS ARE PROPERLY FULFILLED ACROSS ALL AREAS BY REVIEWING THE ASSOCIATION'S GOVERNANCE MODEL AND BY APPLYING THE PARTICIPATION POLICY

INDICATORS 5.1.1

- Governance model reviewed and updated during the first two years of the Plan, following diagnostic analysis of existing documents and identified problems in the following: responsibilities, decision-making processes, operations and team work (associative, associative-operational and operational).
- Processes and procedures on team work, internal and external participation, and conflict resolution created by the end of the third year of the Plan.
- A percentage of internal and external lines of participation defined in the participation policy.
- Improved perception by a percentage of associative and operational staff regarding the proper fulfilment of responsibilities and decisions made across each area.
- A percentage of people acknowledge a positive change in attitude and behavior when it comes to team work, associative participation (in line with policy) and conflict resolution.

SPECIFIC OBJECTIVE 5.1.2

TO ENCOURAGE PARTICIPATION, TEAM WORK AND RESPONSIBILITY FULFILMENT BY PROMOTING FLOW AND FEEDBACK IN COMMUNICATION PROCESSES ACROSS EVERY AREA OF THE ASSOCIATION (ASSOCIATIVE AND OPERATIONAL AREAS)

INDICATORS 5.1.2

- Assessment carried out during the first two years of the Plan that analyzes the processes and behaviors associated with internal communication (flow of information, transparency and positive feedback)
- Internal communication tools designed or reviewed in accordance with the needs identified by the end of the third year of the Plan.
- Number of activities that promote a communicating culture of exchange in accordance with the assessment outcomes carried out.
- Percentage improvement in associative and operational staff's perceptions of flow, transparency and positive feedback in internal communication processes upon Plan completion.

5. GOVERNANCE AND ASSOCIATIVE DEVELOPMENT

GENERAL OBJECTIVE 5.2

TO DRIVE FORWARD THE ASSOCIATION'S DEVELOPMENT AT THE DIFFERENT TERRITORIAL LEVELS (NATIONAL AND INTERNATIONAL) WHICH ENSURES THE ASSOCIATION'S GOVERNANCE AND MOTIVATES OUR BASE TO ENGAGE IN SOCIAL CHANGE

SPECIFIC OBJECTIVE 5.2.1

TO BOOST GROWTH OF THE SOCIAL BASE ACROSS THE DIFFERENT TERRITORY LEVELS (MDM NATIONAL AND INTERNATIONAL), PROMOTING ITS DEVELOPMENT BY ACCOMPANYING IT ON ITS JOURNEY AND APPLYING PARTICIPATION POLICY

INDICATORS 5.2.1

- Management and revitalization process implemented at the voluntary work cycle in a percentage of current and new territorial areas upon Plan completion.
- A percentage of established lines of action in the participation policy on social base growth and development fulfilled.
- A percentage of volunteers trained annually at MdM-ES.
- A percentage increase in members and volunteers for every year of the Plan.
- A percentage increase in ratio of volunteers becoming members.
- Increase in new territorial areas with associative growth (national and international) upon Plan completion.

SPECIFIC OBJECTIVE 5.2.2

TO BOOST OUR SOCIAL BASE'S COMMITMENT TO THE ASSOCIATION AND TO ACTIVISM FOR SOCIAL CHANGE

INDICATORS 5.2.2

- A percentage increase in activities developed alongside the social base committed to the organization and activism.
- Increase in advocacy/activism actions which, based on evidence gathered from our interventions, lend legitimacy to the proposal of alternative actions aimed at social change in protecting the right to health.
- A percentage increase in voluntary participants engaged in MdM-ES activism activities.

SPECIFIC OBJECTIVE 5.2.3

TO CONTINUE COLLABORATING WITH THE INTERNATIONAL NETWORK ACROSS ITS DIFFERENT AREAS, LEADING THE ASSOCIATIVE DEVELOPMENT MODEL (MDM-ES) WITHIN THE INTERNATIONAL NETWORK

INDICATORS 5.2.3

- Associative development model promoted by MdM-ES within the International Network via information, training and accompanying actions.
- International Network Roadmap co-led by MdM-ES, promoting training and allocating resources.
- Percentage increase in MdM-ES collaborations with the International Network (projects, meetings, joint processes).
- Increase in new organizations encouraged to be MdM or which share mission-based values.

8. MONITORING AND EVALUATION

An essential part of our Strategic Plan lies in establishing mechanisms to monitor and evaluate its development. To this end, a series of quantitative and qualitative indicators have been developed, which measure the outcomes achieved on completion of the Plan.

Its evaluation will be the process that offers both an assessment of the reach and impact achieved and of the learning from the collaborative work experience undertaken, plus the knowledge generated.

Monitoring will be carried out continually for the duration of the Plan and will allow us to measure the progress and development of the strategic lines and lines of action instituted in order to achieve the specific objectives, and any possible shortcomings in its implementation can be corrected and made good. Indicators have been approved for each specific objective at this monitoring stage, which will be monitored by evaluating the annual planning and progress reports.

During 2017 and 2018, efforts will be directed at attaining some of the indicators relating to the drawing up of strategies, conceptual frameworks, models and tools needed to guide the attainment of the remaining indicators. The necessary baselines for measuring progress in some indicators will also be established. Once this first stage of the Plan has been completed, interim outcome evaluation will be carried out; target values for those indicators that require it will be established; and recommendations to take into account for the next period will be made. We will compile all the conclusions in progress reports and in a final report, which will enable us to communicate and share these conclusions and implement recommendations and lessons learned.

As with the previous Strategic Plan, the monitoring and evaluation of the current Plan will cover two levels. First, a technical and operational analysis of the implementation of its strategic lines and of the areas of interventions carried out by the Management Team and other technical support. Second, policy analysis at the Board level, setting up a dedicated group tasked with assessing the ultimate goal of our intervention, and always acting in line with our values and principles. The goal: this social change that we seek, placing people as rights-holder at the center of what we strive to achieve.

9. FUNDING OUR STRATEGIC PLAN

The implementation of our Strategic Plan requires that our organization Invests in technical, human and financial resources for the period that the Plan is applicable. It is therefore essential that the strategic objectives align with the available resources.

Our responsibility as an organization is to allocate resources and capacities as best as possible to the different objectives. Accordingly, this Strategic Plan will be the framework for action, and all our actions will be aligned with the Plan. This section outlines the budgetary forecast for the first three years of the Plan, that is, our budget forecasts for 2016, 2017 and 2018.

To ensure that the activities and programs carried out by the organization are consistent with the strategic lines set out in the Plan, the planning process and annual budget for all areas of the organization will be done on a yearly basis, approved by the governing bodies. From a budgetary point of view, each area of the organization identifies and ensures that the Strategic Plan is driven forward based on indicator assessment.


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BUDGET FORECAST FOR THE FIRST THREE YEARS OF THE PLAN, DRAWN UP IN ACCORDANCE WITH OUR STRATEGIC PLAN CRITERIA.

	FORECAST 2018			FORECAST 2017			FORECAST 2016		
	Income	Expenses	Result	Income	Expenses	Result	Income	Expenses	Result
FUNDRAISING									
Fundraising	8,078	2,979	5,099	7,724	2,829	4,895	7,580	2,687	4,893
Allocated funds	700	700	0	700	700	0	700	700	0
Total Fundraising (1)	**8,778**	**3,679**	**5,099**	**8,424**	**3,529**	**4,895**	**8,280**	**3,387**	**4,893**
MISSION									
International Cooperation (2a)	9,987	11,270	-1,283	9,944	11,218	-1,274	9,517	10,874	-1,357
Associative Development (2b)	107	1,281	-1,174	107	1,266	-1,159	211	1,371	-1,160
Social Inclusion (2c)	2,770	2,947	-177	2,742	2,918	-175	2,686	2,868	-182
Education for Development (2d)	343	396	-53	340	392	-53	303	355	-52
Cross-cutting, Advocacy and Learning (2e)	86	670	-584	86	663	-577	96	564	-469
Total Mission (2)	**13,293**	**16,564**	**-3,271**	**13,219**	**16,456**	**-3,237**	**12,812**	**16,031**	**-3,219**
SUPPORT									
Support	76	1,790	-1,714	76	1,767	-1,691	20	1,744	-1,724
Total Support (3)	**76**	**1,790**	**-1,714**	**76**	**1,767**	**-1,691**	**20**	**1,744**	**-1,724**
CONTINGENCIES (minimum 1% of total expenditure)		**220**	**-220**		**218**	**-218**		**457**	**-457**
FUNDING UNIT			**0**			**0**		**54**	**-54**
APPLICATION OF 2015 SURPLUS							**560**		
TOTAL	**22.147**	**22.253**	**-107**	**21.719**	**21.969**	**-250**	**21.672**	**21.672**	**0**

NOTE: this forecast will be updated in accordance with the association's economic projections.

#. ACKNOWLEDGMENTS

We wish to thank each and every person who took part in drawing up this Strategic Plan, for the creativity and enthusiasm shown and for the time and effort dedicated.

#. REFERENCE MATERIAL

The reading of this document should be accompanied by knowledge of the previous Strategic Plan (2012-2015) and its evaluation, as well as by our existing policies and positions and other related reference material that provides further information on certain concepts and lines of action mentioned herein.

MDM-ES DOCUMENTS

All MdM-ES documents can be found in the section "Actualidad y publicaciones" (Latest News and Publications) on the association's website: **www.medicosdelmundo.org**

- Strategic Plan 2012-2015
- National and Regional Strategy 2016-2020
- Rights-holders Document
- Policy on Universal Right to Health
- Participation Policy
- Environmental Policy
- Humanitarian Action Policy
- Policy, Procedures and Strategy Manual on Humanitarian Action
- Education for Development Strategy (2012-2015)
- Operational Lines of International Cooperation

EXTERNAL DOCUMENTS

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