

GUIDELINES FOR NON-GOVERNMENT COMMITMENTS TO THE *GLOBAL STRATEGY*

Every Woman Every Child is a multi-stakeholder movement to implement the United Nations Secretary-General's updated [Global Strategy for Women's, Children's and Adolescents' Health](#) (2016-2030), focusing on countries with a high burden of health problems, to help implement the new objectives put forward by the Sustainable Development Goals framework.

Spearheaded by UN Secretary-General Ban Ki-moon, *Every Woman Every Child* recognizes that all partners—including governments, philanthropic organizations, multilateral institutions, civil society, business, health professionals and academia—have an essential role to play in improving women's and children's health. Commitments to the *Global Strategy for Women's, Children's and Adolescents' Health* represent pledges to address a specific need outlined in the *Global Strategy*, ultimately reducing preventable mortality and promoting the health and wellbeing of women, children and adolescents everywhere.

WHAT KIND OF COMMITMENTS ARE ENCOURAGED?

All commitments advancing the goals outlined in the new *Global Strategy for Women's, Children's and Adolescents' Health* are encouraged, in particular those which are sustainable (e.g. public private partnerships with sustainable business models), innovative (e.g. innovative policies, new low cost technologies, innovative partnerships, innovative business models), and have a long-term focus. Commitments can be individual in nature or multi-partner-based coalitions. Commitments can be financial or non-financial. Most importantly, commitments to the *Global Strategy* should aim to have clear measurable impacts. Examples of commitments are listed in the Annex.

HOW ARE COMMITMENTS TRACKED?

Since the UN Secretary-General's first [Global Strategy for Women's and Children's Health](#) (2010-2015) was launched, accountability has been a cornerstone of all of its efforts. With a [Commission on Information and Accountability \(CoIA\)](#) and an [Independent Expert Review Group \(iERG\)](#), resources and results for the commitments made to the first *Global Strategy* were measured and tracked.

A key strategic priority for *Every Woman Every Child* is the development of an updated accountability framework to ensure strong implementation of the updated *Global Strategy for Women's, Children's and Adolescents' Health* in tandem with the SDGs. To this end, an Independent Accountability Panel (IAP) was created and will report annually on progress and challenges to help strengthen the response from the international health community and countries. In subsequent years, the annual report is expected to coincide with the relevant Sustainable Development Goals follow-up and review processes. Each commitment-maker will be required to report annually on progress related to implementing their commitment. Further information will be shared once a commitment has been accepted and guidance provided on reporting mechanisms.

HOW TO MAKE COMMITMENTS?

By filling in the below form, your commitment(s) will be submitted to the *Every Woman Every Child* secretariat for consideration as a *Global Strategy* commitment. Commitments should be defined as clearly as possible with an emphasis on measurability to support the tracking and monitoring processes. This is to enhance the accountability processes both at the country and global levels. Submissions are accepted all year round, but will be grouped together for approval and announcement at key moments; approved commitments will be showcased on the [Every Woman Every Child](#) website. Please skip sections not relevant for your specific commitment.

Should you require any assistance while filling out this form, please contact:

everywomaneverychild@unfoundation.org

Please send your complete commitments adhering to the checklist in the guidelines to:

everywoman.everychild@un.org

COMMITMENT SUBMISSION FORM

About the commitment-maker:

Primary Organization Name	The BabyWASH Coalition		
Headquarters Location	The steering group organizations for the Coalition are listed below. Each organization maintains their individual identity and works towards the overall goals of the Coalition through a commitment of time and in-kind resources.		
CEO/President Name	The Coalition is led by the steering committee with day to day operations carried out by a BabyWASH program coordinator housed in one of the BabyWASH partner organizations (currently World Vision International)		
Point of Contact (POC) for Commitment Communications	Name	Email	Phone
	Peter Hynes	admin@babywashcoalition.org	+16174625493
<i>If this is a multi-partner coalition based commitment, specify the other organizations that are part of this commitment in the following rows. (Please submit only one form per commitment.)</i>			
Organization 1:			
Organization Name	World Vision International		
Headquarters Location	1 Roundwood Avenue, Stockley Park, Uxbridge, Middlesex, UB11 1FG, UK		
CEO/President Name	Kevin Jenkins		
Point of Contact (POC) for Commitment Communications	Name	Email	Phone
	Stefan Germann	Stefan_Germann@wvi.org	+60162100554
Organization 2:			
Organization Name	WaterAid		
Headquarters	47 – 49 Durham Street, London, SE11 5JD, United Kingdom		

<i>Location</i>			
<i>CEO/President Name</i>	Barbara Frost		
<i>Point of Contact (POC) for Commitment Communications</i>	Name	Email	Phone
	Dan Jones	DanJones@wateraid.org	+44(0)2077935015
Organization 3:			
<i>Organization Name</i>	FHI 360		
<i>Headquarters Location</i>	359 Blackwell Street, Suite 200, Durham, NC 27701, USA		
<i>CEO/President Name</i>	Patrick Fine		
<i>Point of Contact (POC) for Commitment Communications</i>	Name	Email	Phone
	Julia Rosenbaum	jrosenbaum@fhi360.org	
Organization 4:			
<i>Organization Name</i>	World Health Organization		
<i>Headquarters Location</i>	World Health Organization, Avenue Appia 20, 1211 Geneva 27, Switzerland		
<i>CEO/President Name</i>	Margaret Chan		
<i>Point of Contact (POC) for Commitment Communications</i>	Name	Email	Phone
	Helenlouise Taylor	taylorh@who.int	
Organization 5:			
<i>Organization Name</i>	UNICEF		
<i>Headquarters Location</i>	UNICEF House, 3 United Nations Plaza, New York, New York, 10017, U.S.A.		
<i>CEO/President Name</i>	Anthony Lake		
<i>Point of Contact (POC) for Commitment Communications</i>	Name	Email	Phone
	Lizette Burgers	lbuffers@unicef.org	
Organization 6:			
<i>Organization Name</i>	Action Against Hunger		
<i>Headquarters Location</i>	1 Whitehall Street, New York, NY 10004		
<i>CEO/President Name</i>	Andrea Tamburini		
<i>Point of Contact</i>	Name	Email	Phone

<i>(POC) for Commitment Communications</i>	Nicolas Villeminot	nvilleminot@actionagainsthunger.org	
Complete list of involved organizations (as of September 1st, 2016) can be found in annex 1.			

This commitment is a... (check all that apply)

<input type="checkbox"/>	Commitment building on a prior commitment to the first <i>Global Strategy on Women's and Children's Health (2010-2015)</i>
<input checked="" type="checkbox"/>	New commitment to the <i>Global Strategy on Women's, Children's and Adolescents' Health (2016-2030)</i>
Commitment to a specific supportive initiative:	
<input type="checkbox"/>	Family Planning 2020
<input type="checkbox"/>	A Promise Renewed
<input type="checkbox"/>	Every Newborn Action Plan
<input type="checkbox"/>	Other:

Type of Commitment (check all that apply)

	<i>Financial</i>		<i>Research</i>	<input checked="" type="checkbox"/>	<i>Monitoring & evaluation</i>
	<i>Scaling-up programming</i>	<input checked="" type="checkbox"/>	<i>Issue and policy advocacy</i>		<i>Technical assistance</i>
<input checked="" type="checkbox"/>	<i>Education and Training</i>	<input checked="" type="checkbox"/>	<i>Political mobilization</i>		<i>Direct provision of services and/or products</i>
<input checked="" type="checkbox"/>	<i>Health systems strengthening</i>		<i>Innovation for RMNCAH</i>		<i>Policy</i>
<input checked="" type="checkbox"/>	<i>Cross-sectoral (please specify)</i> WASH, Nutrition, ECD and MNCH		<i>Others (please specify)</i>		<i>Others (please specify)</i>

Please describe your commitment below using the SMART principles, i.e. Specific, Measurable, Achievable, Realistic and Time-Bound.

The BabyWASH Coalition is excited to use its multi-stakeholder platform to support Sustainable Development Goal 17 and to increase the focus on more effectively integrated programmes for children and their caretakers. It is our belief that more integrated approaches to health and development interventions in the first 1,000 days, especially those that integrate water, sanitation, and hygiene (WASH); nutrition; early childhood development (ECD); and maternal, newborn, and child health (MNCH), will lead to more positive health related outcomes than the traditional siloed approach. Existing evidence supports the link between WASH and nutrition; and, the hypothesis of Environmental Enteric Dysfunction (EED) leads us to conclude that an ECD emphasis is crucial to address the need for sanitary play spaces and feeding environments to protect children from chronic infection of the gut. Also, a new study on WASH in healthcare facilities shows how gravely lacking WASH is, which is an important provision needed to reduce maternal and neonatal mortality deaths due to sepsis.



Despite the positive potential integration presents, barriers in funding, policies, and attitudes often keep organizations from integrating their programmes or partnering with other organizations to provide a more holistic package of interventions. To increase the focus on this important area, the BabyWASH Coalition commits to the following:

- 1) By the end of 2017, raise awareness and build support for integration through the BabyWASH community of practice, expanding the group from 300 to 500+ individual members.
- 2) Foster connection and collaboration amongst the sectorally diverse BabyWASH community members through bi-monthly webinars (at least 6 in 2017), monthly newsletters (at least 10 in 2017), hosted online discussions (at least 2 in 2017), and bi-monthly updates to the BabyWASH website at babywashcoalition.org.
- 3) Advocate for funders and policymakers to focus more on integration by arranging at least two events per year that aim to bring together and influence global- and national-level decision-makers to include language for increased integration in policy documents, and by producing at least two advocacy and influencing publications per year.
- 4) By the end of 2017, create a toolkit including a set of proposed practices for programme implementers to develop cross-sector, child-centered programming and to help implementers collaborate with other organizations in their geographic area.
- 5) By the end of 2018, research gaps in integration metrics and suggest key indicators to determine the level of programme integration.
- 6) By the end of 2017, ensure BabyWASH Coalition membership includes at least 5 academic partners and 4 private sector partners, in order to explore innovative funding models and to help create operational research in support of integration.

Information on the focus of the support being provided (as relevant):

Please specify on what grounds/basis is this commitment made?

The BabyWASH Coalition is founded on the principle that we can do more together than we can apart. By leveraging our unique individual and organizational strengths, coalition members can, through collaboration, make significant changes in the structure of development funding and programming that no individual organization could do singlehandedly. The BabyWASH Coalition does not promote integration as an ends, but rather as a means for improved outcomes. We seek to optimize integration in instances where, according to evidence and experience, doing so makes sense—specifically, the areas where more holistic approaches improve health outcomes in the first 1,000 days. Conversely, the BabyWASH Coalition also aims to emphasize the contexts where integration doesn't contribute to improved health outcomes and thereby dispel myths that say all integration is good integration.

This Coalition is comprised of three workstreams (more may be added as time goes on, and others may finish their tasks and be dissolved). The three workstreams are focused around:

- 1) Integrated Programme Guidance – This workstream will be responsible for finding successes and failures of integration and distilling learnings for programme implementers. Where gaps are discovered, BabyWASH Coalition partners may work together to implement programs or perform operational research to fill the gaps. In the end, this workstream will provide preferred practices to the global community on how best to integrate during the first 1,000 days.
- 2) Integration Metrics – This workstream will flow out of the integrated programme guidance workstream to find current metrics that measure integration and define which indicators might be missing. Ultimately, this group will produce a set of standard metrics that any organization can use to measure the level of integration in their programming.

3) Advocacy – This workstream will focus on advocating with policy makers and funders. By amplifying the results of the other two workstreams, the advocacy workstream will break down the barriers to integration and make a strong case for the benefits of an integrated approach to achieving the SDGs. A change in the siloed nature of government arrangements, donor funding, and ultimately programming will allow more intersectoral action to accomplish the relevant and inter-connected SDGs on health, nutrition, education, and WASH. The advocacy group will be the driving force behind changing the global culture to be more favorable to integrated programming.

1) **By age-group:** Which age groups are targeted by your commitment? Please specify the estimated affected population.

	Age group	Result target: Estimated Number Affected
X	Newborns	1 million newborns die each year from unhygienic birth practices or from failure to start breastfeeding immediately; increased integration of sectors pushed by this Coalition will assist in reducing this number.
X	Children Under-5	Malnutrition is linked to 3 million under 5 deaths each year; the Coalition will speed progress in reducing this number through a multi-sectoral focus on the interventions that work.
	Adolescents	
	Women of Reproductive Age	
X	Other (Mothers – can include adolescents and a section of women of reproductive age)	Each year, 31,000 mothers die in pregnancy from sepsis; the Coalition will help to reduce this number through an increased focus on the cross-sectoral nature of hygiene.

2) **By theme:** Check which of the following themes relate to this commitment.

X	Women’s health priorities and interventions
	Adolescents’ health priorities and interventions
X	Children’s health priorities and interventions
X	Newborns’ health priorities and interventions
X	Early Childhood Development
X	Nutrition
	Socioeconomic, environmental and political determinants
	Health systems resilience and health workforce
	Innovations
	Financing
	Human rights and equity
	Humanitarian settings
	Social mobilization / community engagement
X	Other themes (please specify): WASH priorities to improve the hygienic conditions of birth, and ECD priorities for play, feeding and stimulation of young children
	None

3) **By geographic scope:** Global, multiple countries, regional, national, sub-national.

The BabyWASH Coalition will work at a global level to share programme learnings, integration metrics, and advocacy strategies. Individual partners can then work with their country offices and regional networks of actors to integrate across sector lines and perform operational research to elucidate best practices. Special information will be provided for emergency settings to provide suggestions for those actors that are not in a strictly development context. Key priority countries have not been chosen, but the highest burden of stunting and lowest rates of hygiene are in South Asia and sub-Saharan Africa. Therefore, partners that chose to move forward with operationalizing the Coalition's proposed programmes will likely do so in these regions.

- 4) How does this commitment target any intersectoral links relevant for the implementation of essential RMNCAH interventions, such as: education systems, nutrition (including agricultural programs), transportation systems, improved sanitation facilities, improved drinking water, humanitarian and disaster response systems, etc.?

The essence of the BabyWASH Coalition is intersectoral. In order to decrease maternal and neonatal mortality rates, WASH services in healthcare facilities must improve; it is essential that clean water and soap are accessible for caregivers, patients, and family members at every birth. Exclusive breastfeeding messages need to be given early and often to protect the health of newborns. Sanitation and household hygiene are key components in nutrition as 50% of cases of malnutrition are associated with poor WASH facilities and practices; programmes should respond accordingly. If children receive the proper nutrients but lose them from episodes of diarrhea, or if their body doesn't digest nutrients efficiently due to the effects of chronic levels of infection (EED), then the child will still end up stunted. Proper early childhood development is key to giving children the best start in life and in making sure their environment and food is hygienic. All four of these sectors—WASH, nutrition, ECD and MNCH—must work together to achieve the best possible health and well-being outcomes. The Coalition will aim to discover and advocate for the most effective coordination methods to bring cross-sectoral interventions together where appropriate.

- 5) How does this commitment specifically relate to, and advance the goals of, *Global Strategy for Women's, Children's and Adolescents' Health*? (e.g., health workforce capacity building, coordinated research and innovation)?

	Country-led health plans
	Comprehensive, integrated package of essential interventions and services
X	Integrated care
	Health workforce capacity building
X	Coordinated research and innovation
	Other ways (please specify):

- 6) For non-financial commitments:

Expected Outcome (e.g. lives saved or improved, population impacted)	The BabyWASH Coalition will significantly impact children and their caretakers by helping to lower rates of stunting and maternal/neonatal mortality through increased integration of the four sectors. See the ToRs
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	for the Programme and Advocacy Workstreams in Annex 2 for how we plan to achieve these outcomes.
Estimated Value (either in USD or local currency) of services, products and other resources provided	Over the next few months, Steering Committee members will work with each Workstream to create a business plan that addresses their respective ToRs. These business plans will help each organization determine the level of estimated monetary value they will be giving to the coalition.
Explanation of how this estimated value was determined	The Coalition will ask each organization to submit an estimated financial statement in support of the business plan for the workstream they are in, and will update this commitment with those numbers.
Planned timeline for implementation	Start: Month: <u>September</u> Year: <u>2016</u> End: Month: <u>December</u> Year: <u>2018</u>

7) For financial commitments:

Expected Outcome (e.g. lives saved or improved, population impacted)	n/a
Total amount, either in USD or local currency.	n/a
Proportion of the financial commitment that is above your institution's current spending levels for RMNCAH expenditures.	n/a
Proportion of the financial commitment delivered as in-kind, rather than cash, support.	n/a
If the funding for this commitment is from an external source, not from your institution, please specify the source:	n/a
How funds will be channeled (e.g. bilaterally, multi-laterally, through NGOs or other national partners)	n/a
Planned timeline for implementation	Start: Month: _____ Year: _____ End: Month: _____ Year: _____

- 8) How do you intend to track and share information on progress towards implementing this commitment to the *Global Strategy*? For instance, releasing an annual shareholder report that includes this commitment, joint reporting efforts together with other stakeholders (please specify), etc.

The BabyWASH Coalition will use its monthly newsletter to provide an update on the progress each workstream is making towards achieving its commitments in addition to updating subscribers on key

resources and tools. On a biannual basis we will publish an update on progress made towards reaching our EWEC commitment and send it in our newsletter and disseminate it on our website: BabyWASHCoalition.org.

Each workstream is led by a set of organizations that have made a one-year commitment to leadership. These organizations will be in charge of ensuring their workstream contributes to the overall EWEC commitment and will report progress to the BabyWASH Coalition steering committee at monthly steering group meetings.

Annex 1 – Coalition Membership

Core Participants (involved in creating deliverables)

WaterAid	IMA World Health
World Vision	Catholic Relief Services
WHO	Action Against Hunger
UNICEF	Graca Machel Trust
FHI 360	CARE
Global Public-Private Partnership for Handwashing	Emory
1,000 Days	Initiative for Creative Development and Health Empowerment in Nigeria

Associate Participant (involved in reviewing deliverables)

PAI	Medical Care Development International
Results Canada	Helen Keller International
Results UK	Grand Challenges Canada
Benin Health Movement	Simavi
Improve International	University of North Carolina
USAID	London School of Hygiene and Tropical Medicine
World Bank	UN Foundation
PATH	

Community of Practice Participant (contribute case studies and knowledge to community)

Spring Project	Food for the Hungry
Loma Linda University	Solidarites International
Samaritan's Purse	Development Media International
General Board of Global Ministries	Save the Children
SPOON Foundation	

Annex 2 – Workstream ToRs

About the BabyWASH Coalition

The BabyWASH Coalition is a group of organisations focused on increasing the use of more effective integrated approaches between the water sanitation and hygiene (WASH), early childhood development (ECD), nutrition, and maternal newborn and child health (MNCH) sectors to improve child well-being in the first 1000 days. We recognise that there are many policy, attitudinal, and funding barriers to integration. Therefore, our aim is to leverage our collective strengths to decrease these barriers. We will do this through an increased focus on advocacy, the development of integration metrics, and the suggestion of preferred practices for programmatic implementers.

Integrated Programme Guidance Workstream

Organisations are exploring new ways to integrate their programmes, but relatively little guidance exists to assist in the integration process. While programs have recently begun integrating WASH and nutrition and nutrition and ECD, little information exists around MNCH integration and integrating WASH-nutrition and ECD. Programme implementers have few success stories, case studies, or toolkits to follow or adapt. The BabyWASH Coalition's Integrated Programme Guidance (IPG) Workstream, therefore, seeks to showcase programmes that demonstrate promising examples of MNCH, ECD, nutrition and WASH integration, and record learnings from experiences that did not succeed. The group will adapt or create guidance materials for integration and document promising practices. Where few programmes exist, subgroups of coalition partners may pilot programmes to showcase the results of integration as funding allows. Depending on the views of those participating in this IPG workstream, deliverables will likely include:

- 1) Case study creation – Case studies will be written about the most successful programs found by the desk study
- 2) Integration toolkit – a larger toolkit will be created to guide organizations on how to integrate in the first 1000 days. The toolkit will be piloted and tested with partner organizations

Advocacy Workstream

In order to change the mind-set of governments, programme implementers and funders, there needs to be a much larger focus on cross-sectoral collaboration, coordination and integration. Many of the barriers to integration fall into policy, funding or attitudinal categories. Therefore, the coalition will focus on influencing policy makers and funders, including by showcasing preferred practices of integrated programming. A change in the siloed nature of government institutional arrangements, programming and donor funding would allow more intersectoral action to accomplish all relevant and inter-connected SDGs on health, nutrition, education and WASH. A range of influencing strategies and tactics could be implemented by the coalition to achieve this shift towards more integrated cross-sectoral approaches. Depending on the views of those participating in the Advocacy Workstream, this might include deliverables such as:

- 1) Joint influencing of governments, donor agencies, researchers and international institutions
- 2) Producing key messages, policy briefs and reports on behalf of the coalition that articulate a strong case for the benefits and cost-effectiveness of an integrated approach

- 3) Organizing cross-sectoral events, conferences and seminars to bring together decision-makers and practitioners to share examples of effective integrated programming and to encourage political and financial commitments to a more integrated approach
- 4) Using media and social media tactics to target key international and national decision-makers.

Timeline

The BabyWASH Coalition was created as a 5-year initiative (September 2016-September 2021). Each workstream will create a simple business plan with more specific timeline targets for each deliverable agreed upon by partners. The business plan will be revisited and revised each year in August to make sure it aligns with the Coalition goals and is realistic in scope. Workstreams will meet approximately once per month to move product creation forward and to check in on progress. Workstream members will discuss and vet the deliverables mentioned above and determine how best to start. A defined, final set of deliverables will be started in year one and carried forward, with other deliverables added as needed.

Annex 3 – Summary of Commitment

The BabyWASH Coalition is excited to use its multi-stakeholder platform to support SDG 17 and to increase the focus on integrating programmes for children and their caretakers in the first 1,000 days of life. It is our belief that more integrated approaches in the first 1,000 days, especially those that integrate water, sanitation, and hygiene (WASH); nutrition; early childhood development (ECD); and maternal, newborn, and child health (MNCH), will lead to more positive health related outcomes than the traditional siloed approach.

By leveraging our unique strengths through collaboration, Coalition members can make significant changes in the structure of development funding and programming. The BabyWASH Coalition seeks to optimize integration in instances where, according to evidence, doing so makes sense. Conversely, the Coalition aims to emphasize contexts where integration doesn't contribute to improved health outcomes and dispel myths that say all integration is beneficial.

The BabyWASH Coalition commits to various activities between September 2016 and December 2018, including:

- Awareness raising and support building for integration, expanding the BabyWASH community from 300 to 500+ individual members.
- Fostering connection and collaboration amongst the sectorally diverse Coalition members through bi-monthly webinars, monthly newsletters, hosted online discussions, updates to the website, etc.



CHECKLIST FOR MAKING A COMMITMENT

- **SUMMARY OF COMMITMENT**
 - Detailed description of commitment (please see the *How To Make Commitments* section above for specific information to be included). Any other relevant information is encouraged.
 - Brief summary of commitment (no more than 200 words) to be used on the website and for communications. The *Every Woman Every Child* communications team will work with you to use this language in the movement's communications strategy (including on <http://www.everywomaneverychild.org/>).
- **LETTER FROM LEADERSHIP – Announcing the commitment**
 - Letter from organization Chief Executive Officer or President to United Nations Secretary General announcing the commitment and reviewing the basic parameters of the commitment (this is required only for organizations that have not previously made a commitment to the *Every Woman Every Child* movement).
- **WEBSITE/MEDIA MATERIALS**
 - High-resolution logos of your organization for use on *Every Woman Every Child* website
 - Quotations from CEO, President, employees, partners or others on why your organization is participating
 - Pictures, video, testimonials of your programs in action

The Secretary-General is grateful for your interest and contribution to help save and improve the lives of women, children and adolescents around the world.

Together we can do more than any one of us could do alone.